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**“...are you gonna wait until it kills you or are you gonna kill it?”:
Narratives of individuals dependent on Crystal Methamphetamine**

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AJDYOS001

**A dissertation submitted in fulfilment of the requirements for the award of the Degree of
Masters of Social Science in Research Psychology**

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DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work or works, of other people, has been attributed, and has been cited and referenced.

Y. A. H AJODAH

January 2008

ABSTRACT

The aim of this study was to investigate the current crystal methamphetamine problem and its trends of abuse as manifested in the local context of Cape Town, South Africa. Twelve individuals (four ex-users, five users in recovery and three current users) who were dependent on crystal methamphetamine took part in the study. They ranged between the age of seventeen and twenty eight years. Semi-structured interviews were conducted in order to gather participants' stories about their subjective understanding of their dependence on crystal methamphetamine. Onset of use was often driven by curiosity and/or peer pressure, as well as to avoid states of psychological discomfort. Crystal methamphetamine use was usually maintained due to the enjoyment of its rewarding effects. Smoking the substance became especially important with more regular use as it served as a powerful, albeit temporary, stress eliminator. Crystal methamphetamine ubiquity appeared to be highly influential in the onset as well as maintenance of the substance's consumption. A range of debilitating physiological and psychological symptoms comprised the state of dependence. The presence of psychotic symptoms was rife within the sample and was often indicative of severe and prolonged crystal methamphetamine use. An inability to function within the external 'drug-free reality' was characterised by participants not being able to fulfil responsibilities and thus was also suggestive of maladaptive patterns of use. Polydrug use was generally common among participants. Some female participants' narratives also pointed towards the association of crystal methamphetamine use and sexual risk-taking behaviours. Identifying an external motivating factor was important in encouraging cessation of use but internal motivation often appeared to be just as significant in attaining as well as sustaining abstinence. Sleeping was the most common strategy used in dealing with the state of severe withdrawal which followed post use. In general, most participants did not perceive treatment as being the most useful means of achieving sobriety. Identifying goals and a perceived sense of purpose appeared important in motivating the individual along the path towards recovery as well as in the maintenance of abstinence.

TABLE OF CONTENTS

Acknowledgements	vii
CHAPTER 1: INTRODUCTION	1
1.1 Background	1
1.2 Rationale for current study	2
CHAPTER 2: LITERATURE REVIEW	4
2.1 Introduction	4
2.2 Defining drug dependence	4
2.2.1 The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)	5
2.3 Explaining drug dependence	7
2.3.1 Psychological theories	8
2.3.2 Biological theories	9
2.3.3 Sociological theories	10
2.4 Crystal methamphetamine	12
2.4.1 The historical aspect of CM	13
2.4.2 Types of amphetamine	13
2.4.3 Routes of administration	13
2.4.4 Prevalence	14
2.4.5 Reasons for CM use	15
2.4.6 Effects	16
2.4.7 Side effects	16

2.4.8 Polydrug use	20
2.5 Chapter summary	20
CHAPTER 3: METHODOLOGY	22
3.1 Sample	22
3.1.1 Characteristics of participants	22
3.2 Data collection methods	23
3.2.1 Measures	23
3.2.2 Procedure	24
3.3 Method of analysis	26
3.3.1 Introduction	26
3.3.2 Narrative analysis	27
3.3.3 Narrative research in contemporary studies of lives	30
3.3.4 Rationale for using narrative analysis in this particular study	32
CHAPTER 4: RESULTS I: CONSTRUCTING A CM-DEPENDENT IDENTITY	33
4.1 Introduction	33
4.2 Beginnings	33
4.3 Initial effects	36
4.3.1 Feeling nothing	36
4.3.2 Feeling good	37
4.3.3 Increased levels of energy	38
4.3.4 Increased sense of self worth	41

4.4	Effects sought with regular use	43
	4.4.1 Immediate satisfaction	43
	4.4.2 Enjoyment	44
	4.4.3 Stress eliminator	46
4.5	Precipitating and perpetuating factors	48
	4.5.1 Availability	49
	4.5.2 “Everybody uses it”	51
	4.5.3 Normalisation	51
	4.5.4 Multiple drug use	52
4.6	Chapter summary	54
CHAPTER 5: RESULTS II: CM-DEPENDENT STATES		55
5.1	Introduction	55
5.2	Patterns of use	55
	5.2.1 Frequency and quantity of use	56
	5.2.2 Stopping and resuming use	57
5.3	Withdrawal symptoms and cravings	59
	5.3.1 The comedown	59
	5.3.2 Cravings	60
	5.3.3 Wanting more	61
	5.3.4 Wake up fix	62
	5.3.5 CM as a necessity	63

5.4	Strategies to feed dependence	64
5.5	Prolonged CM use and effects	67
	5.5.1 Physiological deterioration	67
	5.5.2 Psychological deterioration	69
	5.5.2.1 Psychological breaks	69
	5.5.2.2 Collective psychological breaks	74
5.6	Other undesirable states	75
	5.6.1 Frustration, anger and violence	75
	5.6.2 “Feeling pathetic”	77
5.7	Relationships with other users	78
5.8	The dependent self vs. external reality	79
	5.8.1 Relationship shifts	80
	5.8.2 Abandoning responsibilities	83
	5.8.2.1 Employment	83
	5.8.2.2 Education	84
	5.8.2.3 Parenting	84
5.9	Sexual and reproductive health	85
5.10	Chapter summary	87
	CHAPTER 6: RESULTS III: PATHWAYS TO RECOVERY	88
6.1	Introduction	88
6.2	Motivations for stopping use	88

6.2.1 Ex-users' narratives	88
6.2.2 Narratives of individuals in recovery	90
6.2.3 Narratives of users who are trying to stop	91
6.3 Post use effects	93
6.4 Support	95
6.5 Attitude towards treatment centres	98
6.5.1 Ex-users' narratives	98
6.5.2 Narratives of individuals in recovery	101
6.5.3 Narratives of users who are trying to stop	102
6.6 The present and future	103
6.7 Retrospect	106
6.8 Chapter summary	108
CHAPTER 7: DISCUSSION AND CONCLUSION	110
7.1 Introduction	110
7.2 Reflexivity	110
7.3 Findings	111
7.3.1 Reasons for onset of use	111
7.3.2 Dependent states	115
7.3.3 Pathways to recovery	118
7.4 Limitations of the study	122
7.5 Recommendations for future research	123

7.6	Conclusion	124
	REFERENCES	125
	APPENDICES	137
Appendix A	Interview schedule	137
Appendix B	Background information sheet	139
Appendix C	Consent form	141
Appendix D	Transcribing conventions	144
Appendix E	Pen sketches	145

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CHAPTER 1: INTRODUCTION

1.1 Background

Substance use is not a new phenomenon. For thousands of years, humans have experimented with and used substances for escapism and fun, to achieve spiritual enlightenment, in ritualistic ceremonies as well as for the purposes of healing (Stoppard, 1999). Most substances that people have used in the past were available to them in their natural environment as these substances, in essence, were obtained from plants. Naturally occurring substances that have been used in the past and that are still being used today can produce a range of sensations. Although many of these natural substances can be powerful, they have a limit in terms of the types of altered physical and psychological states that they can generate in a person. With the advance in technology over the centuries, we are today capable of synthesizing substances that can target specific areas of the brain in order to produce particular sought-after feelings, sensations and states of mind.

Nowadays, drug use is fast becoming a major problem for many communities across the world. Access to substances (both legal and illegal, as well as both natural and artificial) has become much easier. Substance abuse as such has “grown in diversity and prevalence” (Brecht, Anglin & Dylan, 2005, p. 337). A number of drugs (e.g., cannabis, heroin, mandrax and cocaine) are commonly abused in South Africa. Cannabis has in general remained the most popular illicit substance used while alcohol is still the most commonly abused legal substance in South Africa (Plüddemann et al., 2007). Until recently, the primary substance of abuse in Cape Town had been alcohol, followed by the abuse of cannabis and mandrax in combination (the ‘white pipe’) but this trend of abuse has however changed in the past few years (Cerff, 2007).

Currently crystal methamphetamine, a synthetic substance, is causing a major drug crisis within South Africa. A significant increase in the treatment demand for crystal methamphetamine users has been reported in Cape Town, making this substance the most common primary substance of abuse. Crystal methamphetamine is generally easily available in the local South African context. Users currently account for over 40% of patients who are seeking treatment in various specialist treatment centres all over Cape Town (Cerff, 2007).

In South Africa, the street name for crystal methamphetamine is 'tik' (Science in Africa, 2005). "On the Cape Flats it is responsible for the fastest addiction rates ever seen in those communities associated with gangsterism, notably Mitchells Plain, Elsies River, Hanover Park and Retreat, surpassing mandrax as the drug of choice and presenting short- and long-term health and social hazards" (Science in Africa, 2005, p. 1). The escalating percentage of users reported by treatment centres (from practically 0% in 2002, to 2% in 2003 and 42% in 2006) is alarming (Cerff, 2007).

1.2 Rationale for current study

This study seeks to investigate the current crystal methamphetamine problem as it manifests itself in the local context of Cape Town, South Africa. The stories of crystal methamphetamine users were collected in order to get an insider's perspective into the world of the user. As such, the current study is a presentation of stories about the numerous yet fundamentally unique experiences that constitute the reality, however maladaptive, of the dependent individual.

The trends of abuse regarding this substance have been very little researched in the South African context because the crystal methamphetamine problem is somewhat recent. Thus extensive research is currently needed in order to obtain a comprehensive picture of what this drug pandemic could entail for the future. As outlined above, the crystal methamphetamine problem has been on the rise every year. This severely addictive substance is easily available and users range from children as young as eight years old (as reported by many participants within this study). Therefore the severity of the problem is far from being exaggerated.

The current study analyses the crystal methamphetamine issue from a qualitative point of view and as a result moves away from the quantitative nature of past research conducted on the problem in Cape Town and other cities affected in South Africa (Plüddemann et al., 2003). Quantitative studies have significantly improved our understanding in terms of the growing severity of crystal methamphetamine abuse. However statistical figures are not useful in even beginning to understand why an individual develops a dependence on crystal methamphetamine. The current research project is thus driven by a perceived need for more subjective accounts

about the experiences of the drug user. The aim is also to gather facts that can better inform prevention and treatment strategies for the future.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The following review of the literature seeks to inform the current study by first exploring the concept of drug dependence. Many theories have been rendered by differing authorities in an attempt to understand the notion of drug addiction. This literature review focuses on some key standpoints within the substance abuse field. The concept of drug dependence can be understood from different perspectives as there are many variables which are interconnected and influence one another in shaping the identity of the dependent individual. The theories presented are neither mutually exclusive nor exhaustive. In keeping within the parameters of this study, the theories included are those which appear most relevant to the type of study being undertaken.

The literature review also takes an in-depth look at the substance under scrutiny, i.e. crystal methamphetamine (henceforth referred to as CM). The substance is traced back to its historical roots and the reasons for its use are examined. CM's current prevalence and trends of use and abuse in other countries are also discussed. The effects produced by the substance and the resulting symptoms which come with prolonged use are investigated. Thus the maladaptive cognitive and behavioural patterns manifested by the CM user are explored.

2.2 Defining drug dependence

Whether the type of substance under scrutiny involves alcohol, heroin, or crystal methamphetamine, drug dependence is perceived as a state of being which defies the norms ascribed by a given society. Society's attitudes with regard to what substances should be classified as legal are nevertheless not completely logical because many substances which are potentially dangerous (for example, alcohol, cigarettes, caffeine and 'prescribed' anti-depressants) are still consumed by virtue of their legality.

Does drug addiction involve merely the abuse of and dependence on substances, is it a disease, or is it a behavioural disorder (McNeece & DiNitto, 1994)? Is it simply a question of choice (Skog, 2000)? Drug dependence is maintained by a significant percentage of the population "in the face of cumulative costs, such as psychological distress, social conflict and physical harm to

health” (Gifford & Humphreys, 2007, p. 353). However the fact remains that any type of substance dependence involves a combination of cognitive and behavioural patterns that is extremely maladaptive.

2.2.1 The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

The American Psychiatric Association has recognised a set of maladaptive patterns in an attempt to define drug dependence, and some important criteria are listed in the Diagnostic and Statistical Manual of Mental Disorders, the DSM-IV (1994) to aid in the definition of substance abuse.

Three sections of the DSM-IV are illustrated within this review of the literature in order to obtain a more comprehensive picture of substance abuse. These sections cover the criteria for substance dependence, substance abuse and substance withdrawal.

The DSM-IV (1994, p. 181) defines *substance dependence* as a “maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

- 1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect
 - (b) markedly diminished effect with continued use of the same amount of the substance
- 2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for the substance (refer to Criteria A and B of the criteria sets for Withdrawal from the specific substances [outlined below])
 - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- 3) the substance is often taken in larger amounts or over a longer period than was intended

- 4) there is a persistent desire or unsuccessful efforts to cut down or control substance use
- 5) a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
- 6) important social, occupational, or recreational activities are given up or reduced because of the substance use
- 7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)”

The criteria for *substance abuse* are outlined as follows by the DSM-IV (1994, p.182-183):

“A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

- (1) recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance related absences, suspensions, or expulsions from school; neglect of children or household)
- (2) recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use)
- (3) recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct)
- (4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights)

B. The symptoms have never met the criteria for Substance Dependence for this class of substance.”

In terms of the criteria for the diagnosis of *substance withdrawal*, the DSM-IV (1994, p. 185) provides the following guidelines:

“A. The development of a substance-specific syndrome due to the cessation of (or reduction in) substance use that has been heavy and prolonged.

B. The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.”

2.3 Explaining drug dependence

Fishbein and Pease (1996) argue that there are two important issues that many theories of addiction fail to address. First, there is a lack of distinction with regard to the factors that contribute to why a drug is first used, the reasons for maintaining use and the reasons for relapse. The second issue concerns the difficulty in ascertaining 1) those factors that precede and as a result bring about drug abuse, 2) those factors that are the outcome of drug abuse and 3) those factors, in the form of personality traits that co-exist with drug abuse.

Anderson and Mott (1998), in their study investigating drug-related identity change, point out that motivation and opportunity may be significant in initiating drug use. It has been suggested that in the initial drug experimentation phase, drug availability and peer pressure may be of significant importance “while the reward value of the drug and the desire to avoid withdrawal may be more important in sustained usage” (Fishbein & Pease, 1996, p. 82).

As Fowler and his colleagues (2007) contend, drug experimentation generally takes place during adolescence, a transition period that can be very difficult for many individuals. Although the abuse of substances during adolescence has been typified by the quicker development of several drug dependencies and more serious psychopathology, the fact remains that the

majority of adolescents who partake in drug experimentation do not become problem users (Fowler et al., 2007).

Many theories have been developed in an attempt to explain drug dependence. These theories can be divided into three main categories namely psychological theories, sociological theories and biological theories. Each theory has something significant to contribute to our understanding of dependence. In isolation, any one of these theories cannot fully explain the whole spectrum of variables which contributes to the state of dependence. In keeping within the parameters of the current study, addiction theories which seem most relevant for the purposes of the current study will be discussed in an attempt to explain the notion of drug dependence.

2.3.1 Psychological theories

Learning theory postulates that substance use produces a decrease in psychological states such as anxiety, stress and tension, and by so doing positively reinforces the user (McNeece & DiNitto, 1994). Substances are generally repeatedly consumed due to the remembered pleasure anticipated and consequently generated with every instance of use (Robinson & Berridge, 2000). Negative consequences associated with maladaptive use serve to maintain the actual instrumental behaviour of drug taking. As Fishbein and Pease (1996, p. 82) contend, substances “stimulate those areas of the brain that create the sensation of pleasure and suppress the perception of pain, thereby reinforcing further drug-taking behaviors”. As such, a substance is used repeatedly if it serves in alleviating unwanted psychological states by replacing them with what is experienced as more rewarding states. This learnt response is often responsible for maintaining physical dependence which is a state whereby the main motivation for drug use is to avoid withdrawal symptoms (McNeece & DiNitto, 1994). The approval of peers and what drug users perceive as an improvement in social interactions (as a result of their drug use) have also been suggested as some of the other rewards for maintaining drug use.

Personality theories have also proposed some explanations for drug dependence. According to Eysenck (1997), an individual’s drug taking habit is maintained because the substance used fulfils a specific purpose for the user. The purpose fulfilled is directly connected to the individual’s personality characteristics.

Eysenck and Eysenck (1985) have proposed three primary personality dimensions namely psychoticism (P), neuroticism (N) and extraversion (E). Some of the characteristic traits of the psychoticism dimension are aggression, egocentricity and impulsivity. Neuroticism traits are more involved with emotional elements such as moodiness, anxiety and irritability (Eysenck & Eysenck, 1985). It has been suggested that we all have a combination of P, E and N personality traits which actually constitutes our personality and it appears that individuals with higher than normal P and N scores are more likely to abuse substances (Francis, 1996). It is however essential to emphasize that there seems to be no single group of psychological characteristics (P or N) that can account for all addictions but that there are certain important personality factors that can bring about dependence in an individual.

The directional nature of drug dependence and its relationship with certain personality traits must be carefully considered in an attempt to better understand the user (Teesson, Degenhardt & Hall, 2002). Individuals who feel socially alienated, have a tolerance for deviance, who act impulsively, who have difficulty in delaying gratification or are sensation seekers, appear to be more predisposed to developing drug dependence (McNeece & DiNitto, 1994). However, through the development of a drug habit, it may be that the individual becomes moody, aggressive, or irritable “as a result of changes that occur due to [his] drug use” (Teesson, Degenhardt & Hall, 2002, p. 43).

2.3.2 Biological theories

Leshner (2005) states that using substances repeatedly over a long period of time modifies the brain structure and function to such an extent that changes in the brain mechanisms can persist after the individual has ceased using drugs. “Addiction comes about through an array of neuroadaptive changes and the laying down and strengthening of new memory connections in various circuits in the brain...those long-lasting brain changes are responsible for the distortions of cognitive and emotional functioning that characterize addicts, particular including the compulsion to use drugs that is the essence of addiction” (Leshner, 2005, p. 57).

There is enough credible evidence to show that substances of abuse operate directly on brain mechanisms that are responsible for reward and punishment (Fishbein & Pease, 1996). The

chemical make-up of substances, by nature of its addictive properties, is to a large extent responsible for bringing about dependence in many individuals. Substances that bring about an immediate euphoria are more prone to being abused as are substances which one can develop a high tolerance for, as there will be a need for larger and larger doses to be consumed by the user to achieve the same effect (Fishbein & Pease, 1996).

The notion that certain personality traits have a high degree of heritability is also paramount to our understanding of the drug user. Genetic theories perceive so-called 'addicts' as individuals who are inherently inclined to develop a dependence on substances, and as a result, drug dependence is defined as a disease (McNeece & DiNitto, 1994). As Bigelow and his colleagues (1988, p. 166) claim, "[b]y definition, all drug abusers must have some degree of biological vulnerability, otherwise they would be biologically invulnerable and could not have become drug abusers". There is some evidence that some inherited traits could render certain people more susceptible to substance abuse (Fishbein & Pease, 1996). Studies point to the likelihood that the environment plays a greater role in the initiation of substance abuse but that genetic influences may play a bigger role in maintaining use (Rhee, Hewitt, Young, Corley, Crowley & Stallings, 2003). Certain studies have also found significant genetic influences on initiation of use, which however vary according to the particular substance under scrutiny (Rhee et al., 2003; McGue, Elkins & Iacono, 2000).

2.3.3 Sociological theories

Theorizing drug dependence from a sociological point of view is essential since an individual who abuses substances must be more comprehensively understood from his immediate environmental and/or cultural context. Sociological theories as such focus on the relationships between the individual's social context and his or her maladaptive patterns of use in an attempt to explain how the user's drug problem can also be a result of societal variables that either directly or indirectly impact on the individual (Gifford & Humphreys, 2007). For the purposes of this literature review, strain theory, control theory and subculture theory will be discussed briefly.

Strain theory developed from anomie theory. Anomie can be defined as a state of normlessness when viewed in relation to a society's current state of affairs (Rock, 2002). Anomie theory postulates that society's function consists of regulating the wants and needs of its citizens, so that everyone can work towards achievable goals (Featherstone & Deflem, 2003; Merton, 1968). However, during a state of anomie, such as war or rapid economic development, individuals can become confused in terms of what is expected of them and this can contribute to an increase in conflicting norms and values. Strain theory however assumes that societal goals are generally clear but that anomie takes place when individuals are denied the opportunities to fulfil their goals. The theory posits that individuals are more likely to practice illegitimate ways of attaining their culturally stipulated goals when they are denied access to the institutionalised means to these goals (Merton, 1968). "[T]he social structure strains the cultural values, making action in accord with them readily possible for those occupying certain statuses within the society and difficult or impossible for others" (Merton, 1968, pp. 216-217). Hence, many individuals, who in the first place are at a social disadvantage, choose to reject societal goals. Drug acquisition, use and dealing may as a result of these inequalities, become some individuals' primary goals (Fishbein & Pease, 1996).

Control theory contends that crime is committed because it is "profitable, useful, or enjoyable" (Rock, 2002, p. 56). As Hirschi (1969) postulates, when a member's bonds with society are weak, the likelihood that he or she will behave in a deviant manner is increased. Attachment, involvement, commitment and belief are four primary factors that are claimed to motivate people to follow and thus conform to societal norms (Rock, 2002). If the individual has strong bonds with the family, church, school and community, then that person is less likely to become a deviant. When these bonds are weak however, the individual is left to deviate and may become a delinquent (Fishbein & Pease, 1996).

A subculture has been defined as "...a large set of people who share a defining trait, associate with one another, are members of institutions associated with their defining trait, adhere to a distinct set of values, share a set of cultural tools and take part in a common way of life" (Fischer, 1995, p. 544). According to the subculture perspective, it is the process of affiliation that is central to the development of deviant and delinquent behaviour (Matza, 1969, as cited in

Segrave & Hastad, 1985). If an individual associates himself or herself with a subculture whereby illegal behaviour is the norm, he or she will adopt the values and attitudes that define that culture. "If delinquency is committed in accord with values and attitudes learned from peers, it follows that delinquent behavior should be exhibited by individuals who have delinquent associates and by individuals whose peers approve of illegal behavior" (Segrave & Hastad, 1985, p. 2).

The various theories discussed above are far from exhaustive with regard to attempting to understand drug dependence, but they are helpful nonetheless in highlighting that drug use is not an easy concept to define. There are many psychological, biological and environmental factors that have to be present and interacting with and influencing one another, in order to bring about the actual state of drug dependence. As Gifford and Humphreys (2007, p. 352) state, addiction "is a hypothesis, namely that a cluster of correlated phenomena are linked by an underlying process... Without the behaviour of persistent, destructive substance abuse, the environmental availability of the substance itself, and the environmental effects on the behaviour, it would be difficult from a scientific viewpoint (and meaningless from a clinical viewpoint) to verify the hypothesis that addiction really exists."

2.4 Crystal methamphetamine

CM is a substance with a long history of use and abuse. However the reasons for its increased popularity and contemporary use are somewhat removed from the initial purposes it served and/or was consumed for. The review of the literature below highlights the key aspects of the substance necessary for a more in-depth understanding of the notion of CM dependence. Within the following review, CM is often referred to in numerous ways. The different names attached to the drug are dependent on where the substance is used, and what type of methamphetamine is used. CM (which is methamphetamine in crystal form) is a type of amphetamine and therefore the characteristics of amphetamine are often discussed intermittently with the more specific characteristics of CM.

2.4.1 The historical aspect of CM

The origin of what we today call amphetamine dates back about five centuries to a Chinese medicinal herb used for treating respiratory problems (Levinthal, 1996). In 1887, amphetamine was first synthesised but its pharmacology as well as therapeutic application only started in 1927 (e.g., Schlaadt & Shannon, 1994; Levinthal, 1996; Laurie, 1967). During the 1930s, amphetamine was not only used for the treatment of rhinitis and asthma (Derlet & Heischober, 1990), but also in treating narcolepsy as well as hyperactivity in children (Schlaadt & Shannon, 1994; Laurie, 1967). In World War II, soldiers were given amphetamine to keep them awake since by that time, it had been established that amphetamine stimulated the central nervous system and encouraged wakefulness. Around the same period, amphetamine was also fast becoming popular as an appetite suppressant (Levinthal, 1996).

2.4.2 Types of amphetamine

There are different types of amphetamine. D-amphetamine is one of the more potent types known. CM, 'meth' or 'speed' is a modified version of d-amphetamine and constitutes the primary form of amphetamine abuse (Levinthal, 1996). Methamphetamine is said to be twice as toxic as amphetamine and its effects are very similar to that of cocaine (Beebe & Walley, 1995). Due to a slight change in its molecular structure, CM permits a quicker passage across the blood-brain barrier, thus bringing about instantaneous euphoria (Levinthal, 1996). The substance is a white odourless, bitter-tasting, crystalline powder which easily dissolves in alcohol or water (Plüddemann et al., 2004).

2.4.3 Routes of administration

In terms of mode of administration, CM can be smoked, snorted, injected or swallowed (Molitor, Truax, Ruiz & Sun, 1998). The preferred route of administration varies from country to country. The injection of CM however does appear to be a very pervasive way of consuming the drug in many parts of the world. In Australia for instance, intravenous use of the substance is the most common way of administering the drug (Darke, Cohen, Ross, Hando & Hall, 1994; Hando, Topp & Hall, 1997; Vincent, Shoobridge, Ask, Allsop & Ali, 1999). In various parts of the United

States as well, injecting CM is a popular route of administration (Cretzmeyer, Sarrazin, Huber, Block & Hall, 2003). A number of problems have been associated with the intravenous use of CM. Darke and colleagues (1994) state that the injection of CM is related to greater dependence, as well as more significant health and psychological problems.

Although both smoking and injecting CM have addictive properties, Matsumoto et al. (2002), in contrast to Darke et al.'s (1994) study, found that smoking the substance involved the potential for stronger dependency than the injecting route. It is proposed that there may be plausible reasons for these differing opinions. Darke et al.'s study was conducted in a different country to that of Matsumoto and his colleagues' study, which was conducted in Japan. The type of CM available in each respective country may vary in potency and as a result produce different levels of dependency depending on whether the substance is being smoked or injected.

It is claimed that smoking CM parallels the effects of injecting, since the substance's rapid absorption from the lungs brings about immediate euphoria (Molitor, Ruiz, Flynn, Mikanda, Sun & Anderson, 1999). Derlet and Heischober (1990, p. 626) also claim that the "popularity of smoked methamphetamine is due to the immediate clinical effects of a euphoria resulting from the drug's rapid absorption from the lungs. Thus, the effect of intravenous use can be achieved without using needles."

Smoking CM is said to be a relatively new form of abuse (Matsumoto et al., 2002). The smokable form of CM is generally known as 'ice' (Beebe & Walley, 1995) and in South Africa, smokable CM is known as 'tik' (Science in Africa, 2005). Smoking consists of inhaling the vapoured fumes of the powder on pieces of aluminium foil or by using a glass pipe (Matsumoto et al., 2002). In South Africa, CM is smoked by placing the powder in a light bulb whose metal threading has been removed. The bulb is heated using a lighter and the resulting fumes are then smoked (Plüddemann et al., 2004).

2.4.4 Prevalence

According to the WHO (World Health Organisation), "amphetamine and MA [methamphetamine] are the most widely abused illicit drugs after cannabis. More than 35

million individuals regularly use/abuse amphetamine and/or MA, whereas 15 million persons regularly abuse cocaine” (Rawson, Anglin & Ling, 2002, as cited in Urbina & Jones, 2004, p. 890). In Japan, methamphetamine continues to be the most widely consumed drug (Matsumoto et al., 2002; Zhu et al., 2000) but epidemics of methamphetamine have also been found in the United States, Spain and Sweden (Cunnigham & Liu, 2005; Murray, 1998). The abuse of CM appears to be a common phenomenon in Thailand as well. In the mid-1990s, it was estimated that over 250 000 people suffered from CM dependence across Thailand (Parrell & Marsden, 2002). In the last decade, CM has become a huge source of concern in Taiwan where the substance is in fact the most frequently abused drug among adolescent students (Lin, 2004). In the United Kingdom and Australia, amphetamine-based substances are the second most popular illegal substances used after cannabis (Baker, Boggs & Lewin, 2001; Cantwell & McBride, 1998; Topp, Degenhardt, Kaye & Darke, 2002). In the Czech Republic, methamphetamine is perceived as the most misused drug among substance users (Csémy, Kubička & Nociar, 2002). The phenomenon of CM abuse has also become a huge issue for South Africa since in recent years, the number of CM users has increased dramatically (Plüddemann et al., 2007).

2.4.5 Reasons for CM use

The reasons for the onset of CM use are few and far between in the literature with most studies focusing on the effects, prevalence and problems associated with long term abuse of the substance. A recent study investigating the reasons for methamphetamine use showed that primary motivations for consuming the substance were ‘to get high’, to experiment and to party (Semple, Patterson & Grant, 2004). Brecht, Greenwell and Anglin (2007) also found that one of the reasons for earlier age of onset of CM use was related to sensation seeking, i.e. to have fun and to get high. A study conducted by Cretzmeyer et al. (2003) partly focused on some important motives for CM use. Within their study, participants disclosed that the main motivation for CM was because the substance was easily available. The second reason for using CM as stated by females was to be more productive and for males the second motivation for use involved consuming CM out of curiosity. In general, females were more likely than males to initiate CM use in order to escape, to cope with emotional problems or family problems, to

improve their strength and to lose weight. Males on the other hand were more likely to initiate CM use because their parents used substances (Cretzmeyer et al., 2003).

2.4.6 Effects

CM's chemical interaction with the central nervous system (CNS) brings about a release of stored energy from the body reserves and thus stimulates the brain's synaptic sites causing a state of arousal, wakefulness, elevated mood and suppression of appetite (Murray, 1998). In the past, methamphetamine was used purposefully for increasing wakefulness and controlling weight (Schlaadt & Shannon, 1994). Sommers, Baskin and Baskin-Sommers (2006) state that a key factor which contributes to the increase in use of CM is the seductive nature of the substance itself. As Wermuth (2000) contends, effects of the substance include sensations of euphoria, increased levels of energy and feelings of power and control, and these stimulant and euphoric effects of methamphetamine are extremely reinforcing. Hyperactivity is also common in CM users (Yacoubian & Peters, 2004). The feelings of well-being, mastery and power which users experience often lead to the drug being used more frequently than expected (Sommers et al., 2006).

Euphoria constitutes the immediate effect experienced by methamphetamine users who are often prone to gather together and talk continuously (Murray, 1998). At first, the users' gathering seems purposeful but as time goes by and the effects of the drug decreases in intensity, activities appear less purposeful and sometimes compulsive. As Wermuth (2000, p.425) states "...despite the perceptions of enhanced productivity with methamphetamine-induced energy and euphoria, anecdotes abound of compulsive and repetitious activities such as cleaning and disassembling and assembling items, often without productive results."

2.4.7 Side effects

Initially, CM can bring about some very pleasant feelings, however the resulting side effects after prolonged use can become very problematic for the user. At high dosages, regular use of amphetamine eventually leads to tolerance (Schlaadt & Shannon, 1994). The side effects associated with the abuse of the substance have been well documented in the literature

(Cretzmeyer et al., 2003; Molitor, Truax, Ruiz & Sun, 1998; Schlaadt & Shannon, 1994; Wermuth, 2000). The short-term effects of methamphetamine use include poor appetite and weight loss, fatigue, racing heart, insomnia, tremors, forgetfulness, headaches, joint pains, stomach pains, muscle pains, shortness of breath and chest pains (Hando et al., 1997).

With regard to the psychological problems associated with the abuse of amphetamine, one study found that younger individuals who abused the substance reported “feeling scattered, vague, distracted and problems with concentration that impeded work performance or study” (McKetin & Mattick, 1997, p. 235). Severity of dependence was a key factor in predicting the extent to which an amphetamine abuser would suffer from poor memory, impairments in attention/concentration and neuropsychological functioning generally (McKetin & Mattick, 1997; Hando et al., 1997).

Molitor and colleagues (1999) highlighted the association between methamphetamine use and sexual risk-taking behaviours. Their study showed that methamphetamine use is linked to increased sexual activity with regard to both the number of partners and types of sexual behaviours that users engage in. Prostitution behaviours as well as the decrease in condom use among many users indicate that “methamphetamines appear to impair judgment as to the potential negative consequences of unsafe sexual and injection activities” (Molitor et al., 1999, p. 490). Therefore, it is not surprising that together with the misuse of methamphetamine comes the increased risk in users to contract sexually transmitted diseases, the most consequential of them being HIV. Urbina and Jones’s (2004, p. 890) study on the consumption of methamphetamine among gay and bisexual men and its resulting consequences highlighted that the drug “is used to initiate, enhance, and prolong sexual encounters. Intoxication can lead to lapses in judgment with regard to safe sex, leading to unprotected receptive anal intercourse.”

Depressive symptoms appear to be common among amphetamine users as well (Chen et al., 2003; Gorman, Gunderson, Mariatt & Donovan, 1996; Morgan, 1994; Rotheram-Borus, Mann & Chabon, 1999; Siever, 1996). In their study that investigated methamphetamine use and depressive symptoms among heterosexual men and women, Semple et al. (2005) found that the

greater the amount of methamphetamine consumed, the higher the levels of depressive symptoms recorded among users.

One of the most problematic effects associated with the abuse of methamphetamine is that of psychosis. As Chen et al. (2003) put forward, the reasons why some methamphetamine users present with psychotic symptoms, while others remain non-psychotic, even after frequent use over an extended period of time, still remain unclear. They further point out that “pre-morbid vulnerability and dose-related toxicity are factors associated with [methamphetamine]-induced psychosis...[Methamphetamine] users with psychosis are more likely to have major depressive disorder, alcohol dependence or antisocial personality disorder than those without psychosis” (Chen et al., 2003, p. 1414).

It is not uncommon to find amphetamine users being diagnosed as schizophrenics of the paranoid type (Bell, 1965; Connell, 1958). Many heavy users claim to experience feelings of paranoia. Schlaadt and Shannon (1994) also claim that one of the first signs of amphetamine psychosis is fear or suspicion. “The user feels uneasy but is not quite sure why. The fear soon becomes intense, causing paranoia and a specific delusion. This amphetamine-induced paranoia contributes to a high rate of violence among speed freaks” (Schlaadt & Shannon, 1994, p. 93). A study conducted by Sommers and colleagues (2006) also found that distorted feelings of being under threat often contributed to violence among CM users.

Murray (1998) also contends that amphetamine psychosis is similar to paranoid schizophrenia with regard to paranoid ideation, personality alteration, ideas of reference and change in affect. Laurie (1967) also argues that psychotic symptoms experienced by heavy methamphetamine users can sometimes be indistinguishable from acute or chronic schizophrenia. Derlet and Heischober (1990) claim that in toxic doses, it is not uncommon to find that methamphetamine brings about unpleasant CNS symptoms such as hallucinations and delirium. Matsumoto and colleagues (2002) observed psychiatric symptoms in the form of auditory hallucinations, visual hallucinations and delusions of persecution and observation in many of the participants who took part in their study.

Japanese researchers have documented a number of methamphetamine related psychiatric disorders such as manic-depressive states, delusion-hallucinational states and delirium and amotivational-deteriorated states (Nakatani, Kato, Yamada, Iwanami & Fujimori, 1991; Sato, Nakajima & Otsuki, 1982; Tatetsu, Goto & Fujiwara, 1956 & Tomiyama, 1990, as cited in Matsumoto et al., 2002). Nakatani et al. (1991, as cited in Matsumoto et al., 2002) moreover stated that the high purity of methamphetamine may be responsible for the increase in psychosis as well as delirium in users. In a study conducted by Sommers and colleagues (2006), 38% of methamphetamine users claimed to have experienced some form of hallucination while under the effect of the substance. In a study conducted by Brecht and colleagues (2004) on methamphetamine use behaviours and gender differences, hallucinations were experienced by 61% of the participants.

McKetin, McLaren, Lubman and Hides (2006) contend that although it is now well documented that the probability of experiencing psychosis is salient among methamphetamine users, there is however presently a limited understanding of the prevalence of psychotic symptoms among this population of drug users. Although it is known that methamphetamine abuse can cause substance-induced psychosis, the individual's subjective experiences of psychotic symptoms are not well documented. The notion that substance users in general have personality traits and characteristics that predispose them to using or abusing drugs is an important issue. However, the case in point is that many drug users develop psychotic symptoms, in the absence of co-occurring mental disorders. The presence of co-morbid psychotic disorders nevertheless can only be fully investigated in the individual once he or she presents with a drug problem.

Methamphetamine abuse has also been associated with a number of behavioural problems. Individuals with substance abuse problems very often appear to have histories of abuse and violence, with the onset of these problems usually beginning in childhood (Cohen et al., 2003). In a study conducted by Cohen and colleagues (2003), it was found that within the population of methamphetamine abusers, abuse and violence were rife. In fact "past and current interpersonal violence is a characteristic of the lifestyles of the majority entering treatment for methamphetamine dependence" (Cohen et al., 2003, p. 377). Zweben and colleagues (2004) also found that methamphetamine use was linked to violent behaviour particularly in the intoxication

phase and that there were many users that also reported significant levels of problems with regard to controlling anger. Relationship issues and financial problems are very common among the CM-dependent population (Hando et al., 1997; Semple et al., 2005). “Nurturance and protection of children often take a backseat to the frenzied activity of getting and staying high. And the irritability and violence associated with withdrawal can precipitate emotional and physical abuse” (Wermuth, 2000, p. 425).

2.4.8 Polydrug use

Polydrug use appears to be a very common pattern of drug use among CM users (Baker et al., 2004). Vincent et al. (1999) found that polydrug use was universal in the sample of CM users that took part in their study. In fact participants had used at least one licit or illicit drug six months prior to being interviewed. Nemoto, Operario and Soma (2002) also discovered a high level of polydrug use among their research participants. Ninety-nine percent of their sample of participants had used cannabis, 87% had used cocaine, 74% had used crack and 42% had also used hallucinogens. In a study conducted by Baker et al. (2001), amphetamine users consumed a mean of 4.58 classes of substances per person in the month preceding the study. As Darke and Hall (1995) postulate, substance users usually do not restrict their drug use to just one primary substance but rather their use of one primary drug is usually embedded in a broader pattern of polydrug use.

2.5 Chapter summary

The literature review served to inform the current study on CM by first providing some viewpoints with regard to the concept of drug dependence. The state comprising drug dependence was defined according to the DSM-IV (1994). Some important psychological, biological and sociological theories were further discussed in an attempt to explain the notion of substance dependence. Various aspects of CM were also portrayed in order to obtain a more in-depth understanding of what the substance essentially is, and what constitutes its trends of abuse.

CM’s trends of abuse and its resulting impact on those who use this substance have been fairly well documented within the literature. Many quantitative studies have been conducted in order

to generate more knowledge about CM abuse and have thus contributed immensely in informing us about the severity of the CM problem. However, qualitative studies on CM remain few and far between. A more in-depth understanding of the reality of the drug dependent individual (in terms of what contributes to and maintains his or her drug dependent identity) is essential in any attempt to comprehend what constitutes the state of CM dependence. The CM pandemic is a somewhat recent phenomenon within South Africa and considerable research is needed to further our understanding about its local trends of abuse. This study is thus driven by the need for more subjective accounts related by CM users so as to pinpoint the possible factors which encourage and sustain the maladaptive use of this substance within the South African context.

CHAPTER 3: METHODOLOGY

3.1 Sample

The initial intention for this study was to recruit participants through the snowball sampling method, i.e. through word of mouth. However, only three participants within this study were recruited through this method. As a result of some initial difficulties in obtaining participants, the mode of recruitment changed. Contact was made with an outpatient drug counselling centre situated on the Cape Flats (Cape Town), a leading non-governmental organisation whose main aims lie in the prevention and treatment of abuse of alcohol and other substances. The remaining nine participants were as a result obtained from this drug counselling centre.

3.1.1 Characteristics of participants

Twelve participants, six females and six males, were interviewed. The participants ranged between the age of 17 and 28 years. Participants recruited from the drug counselling centre were all Coloured¹ and the remaining three participants (obtained through word of mouth) were White. Of the six male participants, only three were permanently employed at the time when the interviews were being conducted and the remaining three participants did not have any form of employment. Of the six female participants, four did not have any employment at the time that interviews were conducted, one was awaiting her Grade 12 results and one was still in high school.

Of the twelve participants who were interviewed, the three participants who were recruited through word of mouth stated that they ceased their CM use without resorting to any type of drug treatment. Two of these participants had attended a few Narcotics Anonymous (NA) meetings

¹The terms 'White', 'Black' and 'Coloured' originate from the Apartheid era. They refer to demographic markers and do not signify inherent characteristics. They refer to people of European, African and mixed (African, European and/or Asian) ancestry, respectively. Their continued use in South Africa is important for monitoring improvements in health and socio-economic disparities, identifying vulnerable sections of the population, and planning effective interventions.

but found that they were not particularly helpful. The three above-mentioned participants together with a fourth participant stated that they perceived themselves as ex-users, having stopped using CM for over a period of seven months. The fourth subject mentioned above opted for therapy despite having stopped using the substance for over a year, due to family pressure.

The remaining eight participants within the study had been attending drug counselling sessions for a period ranging between one week and three months. Although they were undergoing therapy, three participants confessed that they were still using CM due to the severity of their dependence. The remaining five participants were categorised as users in recovery², having stopped CM use for a period ranging between a few days and three months.

3.2 Data collection methods

3.2.1 Measures

A semi-structured interview schedule (see Appendix A) was the primary measure used to collect the participants' stories and served numerous functions. It was helpful in guiding the interview process, especially in instances where there was a need to obtain more in-depth information from the participant. It also aided in the clarification of certain points and aspects of the participant's story and further served to bridge the gaps within the participant's overarching narrative.

Finally, the interview schedule proved quite useful in helping the participant reflect on certain aspects of his or her story and in understanding how he or she constructed meaning in relation to the experience of being drug dependent. By assisting in the exploration of the subjective reality of the drug dependent individual, the interview schedule uncovered significant details which might have appeared unimportant or irrelevant to the individual being interviewed but which

² The distinction between those "in recovery" and "ex-users" is made for utilitarian purposes and because it reflects participants' self-perceptions within the present study. This distinction does not necessarily reflect how these terms are used within the substance use field more generally. For example, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) see being "in recovery" as a permanent state, even if the former substance user has not touched the substance for years.

could nevertheless be highly informative to a non-user attempting to understand the complex behaviour of a person dependent on CM.

Following the techniques of the narrative paradigm which are discussed later in this chapter, the stories of the participants' lives pre-use and post-use (in the case of those individuals who stopped using crystal methamphetamine) were considered as paramount in an overarching understanding of how identities are constructed and reconstructed. Thus, questions posed to the participants involved those that aided in locating the stories within a bigger picture and in so doing provided the participants with the opportunity to tell their respective stories with a sense of continuity and coherence. Therefore, in collecting their stories, participants were encouraged to reflect on how they were introduced to crystal methamphetamine and what life circumstances were present at the time.

Additional data was collected using a Background Information Sheet (see Appendix B) which was given to participants in order to capture their demographic details. Information such as gender, age, race and marital status was noted in order to have some general notion of participants' particulars. A few questions relating to the prevalence of drug use or abuse within the immediate familial network of the participants were also included in the background information sheet to get some idea of the prevalence of substance abuse within one's familial network.

3.2.2 Procedure

Approval: Ethical approval was received from the Ethics Committee of the Department of Psychology at the University of Cape Town before any type of fieldwork was undertaken.

Pilot study: One pilot interview was conducted with a participant in the beginning phase of data collection in order to test the quality of the interview schedule. On the basis of this interview, what appeared to be irrelevant questions were excluded from the initial interview schedule and questions which could potentially encourage more detailed accounts were added on. The pilot interview in effect assisted in the reconstruction of a more pertinent interview schedule which served to improve the flow of the interview process.

Consent: Written informed consent was obtained from all twelve participants before any type of data gathering was undertaken (See Appendix C). In the case of one research participant who was under 18 years of age, written consent was also obtained from her mother. The participants were given a detailed account of the objective of the study and they were guaranteed that whatever was disclosed within the interview would be kept safely in that only the researcher and her two supervisors would have access to the participants' original stories. The participants were also assured that there would be no written records of their names on any documents or sections of the final study in order to ensure their anonymity and maintain their confidentiality. The fact that the participants' respective interviews would in no way be used in such a manner that they could reveal their identity was stressed as it was hoped that the more secure the participants felt, the more at ease they would also feel in relating their stories as honestly as possible. In this study therefore, the twelve participants have been given pseudonyms in order to ensure their anonymity. The names of other individuals which the participants mentioned within their narratives were also changed in a further attempt to respect their identity.

Written consent was also specifically obtained for tape-recording the interviews. A small mini-disk recorder was used together with unobtrusive clip-on microphones in order to record the participants' stories. The interviews took between forty minutes and one and a half hours to complete. The interviews were subsequently transcribed verbatim (See Appendix D for transcribing conventions). Within transcriptions, non-verbal aspects of speech such as pauses, intonations and speed were not rigidly illustrated as these were not deemed crucial in the capturing of an overarching story centred on the experience of drug dependence.

Interviewing process: Once the participants filled out their demographical details on the Background Information sheet, each of their stories was gathered through open-ended, semi-structured interviews. Collecting the participants' stories in this manner gave the participants the opportunity to share their stories in a way that they felt comfortable in relating the events that took place in their respective lives. The stories of these individuals were in themselves personal accounts of a series of experiences that involved sensitive and often times painful issues, and the interview was conducted bearing this fact in mind. As such the participants were allowed total freedom in firstly telling their stories at a pace that they saw fit and secondly in ascribing

meaning and their subjective understanding to their unique experiences in relation to their dependence on crystal methamphetamine.

Setting: The interviews were conducted in three different types of settings. Two of the three participants who were recruited through the snowball sampling method were interviewed in coffee shops of their choice. This environment provided a relaxed atmosphere where the two participants had the space to relate their stories at their leisure. The third participant was interviewed in her home. The nine participants recruited from the drug counselling centre were all interviewed on the premises of the centre itself. A comfortable office with a high level of privacy was used in order to accommodate the researcher and provided a safe space for both the interviewer and interviewee. Some participants chose to be interviewed on days other than those when they needed to be present at the drug counselling centre for group therapy while others made arrangements for the interview to take place before or after their group sessions.

Debriefing: At the end of each individual interview, a few minutes were taken so as to debrief the participant. Questions such as “*How did it feel talking about your experience?*” or “*How are you feeling now, after having shared your story?*” were posed in an attempt to assess how the participants experienced the process of being interviewed. It was felt that debriefing was necessary as talking about a sensitive issue such as one’s drug dependence can in itself be quite difficult and at times draining. It was important that the interview did not end too abruptly so that the participants did not feel that their stories held more importance than their own selves. Besides, since the participants themselves were the main protagonists within their respective stories, it was vital that they felt that they were still the exclusive owners of their own narratives even once the stories had been delivered. The assumption is that within both the process of delivering their stories as well as afterwards when they were debriefed, a certain sense of empowerment was experienced by the participants.

3.3 Method of analysis

3.3.1 Introduction

Drug dependence is a very complex phenomenon and the more one tries to understand how such a phenomenon comes about, the deeper one has to dig into the many layers of the problem in order to get the fuller picture. Although in any society it is generally a proportionately small part of the population that is affected by drug dependence, it is nevertheless a serious enough matter to warrant our attention.

To understand the concept of drug dependence, one must first and foremost understand the drug user. Most importantly however, before one can begin to know and empathise with the drug user, one must listen to what he or she has to say. An informed understanding of the so-called addict's subjective reality (and hence what it means to be dependent on a substance) entails listening to storied accounts of 'addicted' experiences. Hence, the reason for collecting the narratives of drug dependent individuals was driven by this belief and the narrative technique was utilised in rendering interpretations of the participants' stories and gaining an in-depth understanding with regard to the making of an 'addict'.

3.3.2 Narrative analysis

Stories are not only the way in which we come to ascribe significance to experiences...they are one of the primary means through which we constitute our very selves... We become who we are through telling stories about our lives and living the stories we tell (Andrews, 2000, pp.77-78).

Narrative analysis as a research technique in the field of social sciences is gaining more and more popularity. Beck (1992) states that modern society is bestowing a new sense of importance on its individuals and in so doing, is casting more responsibility onto individuals to choose their subjective identities. With this new type of focus being placed on individuals, it is assumed that individuals' narratives can shed light on important aspects of human behaviour and thus help in understanding social phenomena from a more fundamental point of view, i.e. the individual as he or she subjectively experiences the world.

The Oxford dictionary (1999, p. 948) defines the word '*narrative*' as "a spoken or written account of connected events; a story." The idea of what constitutes a narrative involves a

number of discourse styles, including artistic and popular genres, but as Ochs (1997) explains, narrative in essence is a genre that categorises the way in which we think and interact with others. The power of conversation takes on a new meaning when we become aware of how verbal interaction is used in our everyday lives in order to help us make sense of our subjective selves and our external reality, and thus “[t]he most basic and most universal form of narrative may be the product not of poetic muse, but of ordinary conversation” (Ochs, 1997, p. 185).

Narrative is based on the account of an experience lived at a given point in time in the past. When the story is related or narrated to the listener, even if it is being related for the first time, it becomes an account which is rendered together with an added meaning that the narrator attaches to it. Each time the story is told, the meaning attached to the story may change according to the way in which the lived experience is processed over time. In the words of Bill Ayers, quoted by Amos Hatch and Wisniewski (1995, p. 114), life histories and narratives assume “a dynamic, living past, a past open to interpretation and reinterpretation, to meaning-making in and for the present.”

The link between the notion of ‘selves’ and stories and hence that our very own selves are storied has been explored by various authors (e.g., Bruner, 1990; Rosenwald & Ochsberg, 1992). Day Sclater (2003, p. 327) argues that the story offers a transitional area of experience whereby the self “continuously negotiates its position in the world, inscribes itself in relation to the available cultural scripts, integrates past, present and future through acts of remembering and telling.” Therefore, the notion that the self is never fixed but rather constantly changing is an important one when analysing stories. This is because the meanings and interpretations attached to stories (and therefore the subjective reality of the individual himself or herself) are context-bound and as such are influenced by social, cultural and historical elements (Riessman, 1993).

The power of narrative and its resulting impact in shaping an individual’s identity can be further understood from a social constructionist standpoint. Ochsberg (1996, p. 98) argues that “[t]o tell a story allows one to make something of experience and, thereby, of oneself.” The notion of social constructionism entails that “in creating and negotiating the complex and detailed time-space relations between ourselves and others, we also craft our own unique selves. In other

words, we become and are ourselves only in relation to others” (Shotter, 1996, p. 6). Following this line of thought, Harré (1990) believes that the primary human reality is essentially face-to-face conversation. The idea is that narratives which emerge through our conversations serve to communicate to others the experiences that we have either physically or psychologically lived and in so doing, directly influence and shape the meaning we ascribe to our subjective experiences.

The way in which a story is delivered and changes over time is directly influenced by the linguistic and discursive tools available to the storyteller at that moment. Within the social constructionist paradigm, language and discourse are perceived as vital tools which the individual uses in order to create his or her reality (Terre Blanche & Durrheim, 1999). As Gergen (1988, p. 102) claims however, individuals are not entirely capable of disclosing their real selves within their narratives because they “are only able to construe their lives within the confines of linguistic and social conventions...the data one gathers when collecting self-narratives are viewed not as kernels of truth about a person’s life, but as temporary constructions of what seems most appropriate from the perspective of the narrator at that time.”

An analysis of narratives that does not pay attention to the functions of language within a narrative is one that cannot do justice to either the story or the storyteller. Riessman (1993) proposes three functions of language within narratives, namely the ideational, the interpersonal and the textual. The ideational function of language is to essentially impart the person’s experiences, and thus the content of the narrative itself becomes important. When meaning is analysed at the interpersonal level, the relations between individuals become central, and an analysis of the structure of a narrative is crucial at the textual level (Riessman, 1993).

As Chase (1996, p. 55) contends, the purpose of narrative analysis is not “to impose immutable or definitive interpretations on participants’ stories or even to challenge the meanings participants attach to their stories. Rather, its goal is to turn our attention elsewhere, to taken-for-granted cultural processes embedded in the everyday practice of storytelling. With this shift of attention, questions of content become deeper and more complex.” In an attempt to understand the significance of a person’s story and how that person creates meaning for himself

or herself, attention has to be paid not only to what is being communicated but also to how the story is being delivered.

Within narrative analysis, particular interest is given to the way in which storytellers structure their accounts. Gergen (1988, p. 97) proposes that in order to be comprehensible, a narrative must agree with certain rules with regard to what makes up a reasonable story within a specific culture. By establishing a valued *endpoint* or goal towards which the action within the story is targeted, a coherent narrative line is attained through the selection and ordering of events around a particular endpoint. Murray (2003) postulates that by definition, narratives consist of accounts with a beginning, middle and end, and that within this framework, a plot is present and keeps the story together. When transformed from story form to a linear form, a narrative plot can be perceived as a story line. Gergen (1988) states that the story line is dependent upon a two-dimensional evaluative space (positive and negative) and time, and proposes three basic types of story lines, namely the stability narrative, the progressive narrative and the regressive narrative. The stability narrative is one typified by an unchanging story line in terms of its evaluative component. As such, the story line remains either essentially positive or negative throughout. The progressive narrative is one where experiences become more positive over time. A regressive narrative is the opposite in that events continuously get worse over time.

Another vital feature of narrative is the concept of sequence and this can be observed in either a chronological, thematic or consequential manner within narratives (Murray, 2003). A chronological narrative is one that arranges events and experiences along a time-line. Thematic sequencing on the other hand depicts the essence of the narrative through specific themes. A consequential narrative focuses on the causal relationships between experiences lived, and how as a result, events influence each other to bring about a sense of meaning.

3.3.3 Narrative research in contemporary studies of lives

The occurrence of major changes within a person's existence often entails a process whereby the individual's identity, as it is previously lived, undergoes a fundamental change in order to better fit the new circumstances the person finds himself or herself in. As such, one's reality is understood as existing within a constant state of flux and one's identity is as a result

ever changing in an attempt to adapt to new life circumstances. Within the field of research psychology and more specifically the qualitative study of lives, an understanding of the process through which an individual goes about constructing a new identity is paramount.

The interaction between individual experience and cultural constructions therefore is vital in the study of life changes. This is due to the fact that the construction or reconstruction of one's identity is very much dependent on one's subjective reality and how this subjective reality is renegotiated with the help of available tools within one's external environment. As Hänninen and Koski-Jännes (1999, p. 1838) state, "[t]he formation of a self-narrative is particularly important in times of life change, where it is essential to maintain a sense of continuity and to create new visions for the future."

Narrative research has proven to be particularly useful in the study of individuals' experiences with illness (e.g., Hyden, 1997; Kelly, 1992; Roberts, 2000; Williams, 1984). Williams (1984) conducted a study on how individuals' experiences of chronic illness may affect their sense of identity and participants' narratives depicted many limitations of medical science in offering an adequate explanation for the physical and social breakdown which chronic illness can bring about. Other researchers in the field rendered similar findings (e.g., Brody, 1987; Szatmari, 1999). In a similar vein, narratives which have focused on other major life changes such as unemployment (e.g., Hänninen, 1996) and the experience of crime (e.g., see Maruna, 1997) have been particularly insightful in understanding the relationship between the individual's subjective reality and the broader social and cultural context.

Narrative psychology in the substance abuse field has been gaining increasing importance. Within such mutual help movements such as AA (Alcoholics Anonymous) and NA (Narcotics Anonymous), telling stories about one's dependence on substances comprises more than just the sharing of subjective 'addicted' experiences. The storytelling process which individuals attending NA or AA meetings embark upon is seen as the most important method in the construction of a non-dependent identity (Rafalovich, 1999; Davis & Jansen, 1998). Within this "normative narrative community" (Rappaport, 1993, pp. 239), identity transformation (i.e. abandoning a dependent identity by reconstructing a non-dependent identity) takes place through

the use of storytelling. Thus members' self-disclosures are useful in developing belonging and commitment, and substance abstinence becomes the primary collective goal (Rafalovich, 1999). Emrick (1987) found that a significant number of individuals succeeded in maintaining alcohol abstinence for prolonged periods of time through AA.

3.3.4 Rationale for using narrative analysis in this particular study

For the purposes of this study, narrative analysis is used in an attempt to bring about a meticulous investigation of how participants' stories of being dependent on CM are constructed, but more specifically how the way in which their stories are constructed informs their understanding of themselves at a given point in time. Within narrative analysis, the assumption is that narrative and identity are inextricably linked. The analysis of narratives of individuals who suffer from drug dependence can thus shed light on the meanings that these individuals attach to their experiences and in so doing contribute to a sounder understanding of what the concept of an 'addicted self' represents for those who are dependent on substances.

Undertaking narrative analysis as a method of gaining insight into the world of the individual who suffers from drug dependence was further driven by the notion that when a person shares his or her story with a listener, he/she is given the opportunity to communicate what is individually perceived as important and relevant in constructing his/her identity. In so doing, the narrator is the best informant available in obtaining an insider's perspective about what the fundamental characteristics are that in combination, could potentially render a person vulnerable to substance abuse. Since the reality of drug dependence is and remains fundamentally subjective, there is no definitive true narrative or reality of drug dependence. Each story rendered by the participants within this study therefore has been appreciated for its uniqueness. Participants' stories have been dissected and categorised for the purposes of interpretation and analysis not in an attempt to reconstruct one ultimate 'addicted personality' but rather with the intention of taking an in-depth look at the sometimes universal and sometimes exceptional factors that constitute the reality of an individual who suffers from drug abuse. How the subjects live their addicted subjectivities, as well as what they feel but perhaps do not or are not able to communicate about their drug dependence are explored within this study through narrative analysis.

CHAPTER 4: RESULTS I: CONSTRUCTING A CM-DEPENDENT IDENTITY

4.1 Introduction

This chapter is the first of three chapters which will be illustrating the analytical results of the current study. In attempting to explore the experiences an individual undergoes in constructing his or her CM-dependent identity, i.e. the so-called CM 'addict', a basic understanding of what the substance comes to represent within the dependent individual's subjective reality is essential. Participants' narratives are thus presented for the purposes of analysis in an attempt to explore the processes through which the CM-dependent identity comes into being. Both the similarities and differences within the participants' stories, in terms of what the subjective meaning of developing a dependence on CM involved, are explored in this chapter. This chapter serves as an essential prerequisite to both Chapter 5 and 6. Chapter 5 focuses on the lived dependent reality of the CM user and Chapter 6 investigates how the CM-dependent individual undertakes the process of reconstructing a non-CM-dependent identity.

In the current chapter, I start by exploring participants' stories with regard to how they describe their initial relationship with CM. The altered states which are considered important by users in sustaining use are illustrated. Some important factors which may have influenced the onset as well as maintenance of CM consumption are also presented. Thus participants' subjective accounts in relation to how they process and ascribe meaning to their CM use are included within the analysis. Within this chapter, participants' excerpts are sometimes used more than once in cases where their narratives evoke more than one meaning.

4.2 Beginnings

Eight participants reported that they either started using CM out of curiosity and/or because of peer pressure. When asked how they were introduced to CM, these participants shared the following:

By my friends /.../ They offered me...so I...do it...and...We used to um go out...and then if we have money left, then we'll go buy and stuff... (Shafie, in recovery)

*I just saw friends doing it, friends actually [selling] it...I wanted to know yah more about it... just seeing people using it...and stuff like that... (Anju: Why do you think you started using?)
Just to experience the drug... (Greg, still using)*

I was at a club /.../ I used to go there often and some guy approached me and said to me 'Hey man, like you look like you are having a lot of fun, do you wanna come and smoke some [CM] with me in the car?' and I'd recently told my friends that I was actually looking for a new type of 'high', so yeah, I did not think twice about it! (Tristan, ex-user)

...um, I was staying in Somerset West at the time...we were all pretty drunk and we went to someone's house and we just saw these people smoking something out of a globe so, obviously I wanted to know what it was (laughs)...whatever, and I smoked that night and that was basically the first time that I got to know about it all... (Adam, ex-user)

...a friend of mine came over /.../ and then my other friend opposite the road...I never knew they did [CM]...first of all /.../ they took out like a glass pipe and they were throwing in whatever, so I asked 'What is that?'...so they said 'No, it's [CM]'...so I'm like... 'I know nothing about [CM], so like tell me'...so they said 'You wanna try it?'...so I first said 'No'...a couple of times I said 'No, I don't want, it's fine'...and then my friend Noleen, she took...and I'm like, 'What do I do? What do I do?' She said 'No, it's lekker, it's lekker'...so I'm like 'No man, I don't want...it's fine' /.../ and then they were like 'Come, just take a hit' so I said 'No man!'...so they were like hitting in front of me and all of that and I was like looking at them...and then afterwards, so I said 'Okay fine...let me just take one hit'...I saw them doing it and I wanted to try it out, what do I do man? And then I was like curious also about it...and I told them 'Okay fine, let me take a hit'... (Mia, in recovery)

It was one night at a friend's house with her older brother...in the wine cellar...and it was before our history exam...and they were like 'Oh, we gonna go and get some [CM] like, do you want to smoke?'...and my friend went to sleep and I was like 'I'll smoke'...and it was so cool... (Jade, ex-user)

It was, my first time was like, we were like friends, my cousins and her friends, and we like had each one like, bought a packet of Cider, Spin, they were like just drinking and [smoking CM] like yah...just having a good time...(Melissa, in recovery)

I came from writing exams one day with my friends and then we went into one of our friend's /.../ house and then they were using [CM] but it was not in where we were sitting, they were using it right in the back room...and then, they asked 'Who wants to [smoke CM]?' and then I said 'No, I tried it 5 times' but I did not try it once yet and then I said 'No', I just lied, I said 'I tried it 5 times already' and then, so they said I must take my hit, they call it hits, and I said 'No, you all first hit and then I'll see first how you do it', and when it came to me, I just took a couple of hits and after that I left because I didn't want to come so late at home, and that was basically how it started...(Rose, in recovery)

Although eight participants reported that CM use started as a result of curiosity and/or peer pressure, for the remaining four participants, CM was used almost right from the beginning for a more specific purpose. Two participants started using CM at a time when they were grieving over the loss of loved ones:

Um, it first started at...when my mother passed away...um...it, that was now 2 years ago...um, when my mother died, it became more...stronger every day, I used it every day /.../ my friends, they came with the drug there and that was how it began and that was the time when I feel like I want my mother now here and that was the time that I started with the drug... (Laura, still using)

Uh...it was the time when my grandfather passed away in December, while grieving...in January I lost my best friend, car accident, it was about 5-6 years also...um...I was drinking say now and then uh...my family did not know about it um...then I started using [CM] and then it went on from once a week to maybe once every 3rd or 4th day /.../ when I started using, he was not there anymore, thinking of him uh...he was much younger than me, um...we were very close /.../ waiting for him when he comes out of school, um...knowing that he's not coming out of school so...waiting for him was no more there... (Saif, still using)

Haran and Alysha also started using CM at a time when circumstances were stressful within their lives. Both participants reported that their onset of use was due to problems they were encountering within their respective married lives:

Well my main reason for using was the fact that right through our marriage it was where he used...does not matter what substance it was, and when it was [CM] , it was even worse, because then he started like stealing my things /.../ that's when I made up my mind you know, I had enough /.../ and I said to myself, 'I'm gonna do to you what you doing to me' ...and then I started using [CM] /.../ that is the reason why I started using, cos I wanted him to feel 'This is what you are doing to me...this is how you are treating me, this is the life you are giving me'... (Alysha, ex-user)

3 years ago...uh...me and my wife, we were having problems...so my cousins came there and they had [CM] on them and they tell us to use, so then we started using [CM] with them... (Haran, in recovery)

4.3 Initial effects

The first few times that CM is used constitutes a period of experimentation whereby the initial effects of the substance are learnt in two ways. Firstly, and especially if the user has never engaged in any type of smoking behaviour before, he or she has to learn how to smoke CM. Secondly and most importantly, the user must learn how much to smoke in order to achieve the potential pleasurable state, a state which at the onset of use is by definition inconceivable and unknown by virtue of the substance not having been used before. Once the potential rewarding effects of CM (very often referred to as the 'high' or the 'feeling' by the participants within this study) are experienced, the user is then able to understand as well as identify something about the effects of the substance that he or she finds subjectively appealing.

4.3.1 Feeling nothing

Three participants within this study explained that during the experimentation phase, it is only once the substance was tried out more than once that the 'high' it generates was understood and appreciated. Although the initial effects of CM are more often than not instantaneous and

rewarding, these three users reported that when they first started using CM, they thought they felt 'nothing'. Having no knowledge in terms of what the actual effects of the substance were incited these three participants to smoke again and in higher quantities:

...at first you never understand the feeling but then when seeing other people do it again, you've tried it before but the first, the first time you thought it did nothing to you, trying it a second time, having a larger amount of it inside of you makes you want to do it again after that and that's how you start getting addicted... (Rose, in recovery)

You feeling nothing man, you just feel because you know, you don't really know what the drug is doing but I can see, no, you, you're high already, and now we are doing, we are hitting, hitting, hitting, and I say come, now at first you see you can't do it right, and I do it for you, you see, and I know I'm like giving you like a solid hit now, you see...and now right, but I know cos I'm already experienced with the drug...but you, you don't know, you just feel like the [CM] lets you feel, the next day if it pulls out, like you withdraw, you feel...but that time you just feel nothing...so you getting addicted because you are feeling nothing... (Greg, still using)

...I told them 'This ain't doing nothing...', so they said 'Yes, you must just wait a while'...so I said 'Okay, fine'/'.../ looking at everybody and then it like just caught me man, to be curious again...and the second one that I took it's like...okay I felt a bit, I felt wakey man, so I did not understand, so I said 'Yeah, I feel awake, I feel mad'...so I said... 'So that's what it does, it makes you awake'...I said 'Okay, fine'/'.../ at the time when you do it, it's fine...it's, it's...you feel nothing man, it's almost like you are smoking air...it's almost like you are smoking air first of all... (Mia, in recovery)

4.3.2 Feeling good

The most rewarding effect of CM is that it can produce a particular state of well being which, once thoroughly experienced, makes the substance extremely alluring to the experimenter. Within this study, participants depicted the substance's potentially rewarding effects in a number of ways. Their depictions of what was enjoyed about CM held different meanings at different

points in time and this conveyed their shifting realities as participants progressively learnt more about the effects of CM.

The way in which Jade describes what she enjoyed about CM the first time she used it is a succinct yet excellent depiction of all the initial effects that users usually experience within the early phase of experimentation. These effects are each explored in turn within this section of the analysis in order to illustrate why CM use is highly enjoyable:

...everyone was just so chatty...and I...I had like a crush on him...so it was like already...so it was just like an instant connection with everyone...and everyone was like, our conversations were so like yeah...everyone...like it was so easy to talk to everyone...about anything...like the conversation just flowed and like...I felt really, really good and confident...and I felt really awake and like yah...I was feeling really, really happy...and good... (Jade, ex-user)

Jade's description of her first encounter with the substance pinpoints what a powerful mood enhancer CM can be. In describing what they enjoyed about smoking CM, two other participants also spoke about CM's capacity to make one 'feel good':

...at the beginning it was like that, everything...everything is just...you see everything in a different light, it's exciting cos it gives you a rush, that is the rush that you get /.../ It's like the rush is almost like where it gives you this feeling of achievement you know when you've achieved something /.../ you just feel good about yourself, you feel good about everything, that is what you feel actually... (Alysha, ex-user)

...it makes me feel very good about my job, what I do...um...my wife...it makes me feel very great about my wife...um...my wife was Hindu...and most of them they don't um...turn their religion...um...it makes me feel great I've got my wife to become the same religion that I'm in /.../ it just makes me feel great knowing my wife is Muslim, my 2 kids...(Saif, still using)

4.3.3 Increased levels of energy

One of the first perceptible effects of smoking CM is a significant increase in one's level of energy. Nine participants spoke about CM's ability to increase one's energy levels. However their subjective narratives show that increased energy levels produced by the substance were

often enjoyed for different reasons. For example, within a social setting, where other CM users were present, increased levels of energy were enjoyed not only because CM made users feel 'hyperactive' and alert, but also because the substance generated increased verbal interaction:

You are hyperactive...you are talking whole time I can see...like by me...okay, a lot of my friends that know me they tell me...like I'm a very talkative person as you can see I am talking now...just like someone who is high on [CM] but people who are on [CM]...that's what they do all the time...they talking all the time...I can see man...it has different effects on a lot of people but the thing that is all the same, you speak a lot... (Greg, still using)

It made me hyper, it made me like very hyper, the first time I did it I was like hyper... I was like jolly and you know happy and happy go lucky and everything was just fine...I used to make, I used to make like fun and go on and I used to make people laugh and you know... (Mia, in recovery)

[CM] made me stay awake, high, talkative, loudy...and fast, everything I'd do, I'd do it fast... (Rose, in recovery)

Two participants often frequented clubs where drug taking was the norm. They spoke about why increased energy levels brought on by smoking CM were enjoyed within this particular social setting:

A couple of months later, at a club with some people in a car, and I just...I thought 'Well, this will be really, really cool to dance to'...because you know what I mean, I'll be dancing all night...and I know what this is gonna do to me and before I'd even smoked it, as soon as these people mentioned it...I was like 'This would be like...this would be so cool to have in this environment'...cos it's so easy to make friends and like meet new people...yah...(Jade, ex-user)

Initially right, it was fun because...I mean it just heightened your experience when you were partying, it gave you incredible amounts of energy (Tristan, ex-user)

While many narratives centred more on how the initial effects of CM were enjoyed within a collective intoxicated environment, a few stories illustrated some other situations in which the increased energy levels CM generated were enjoyed:

...it made me hyper, and then I was not lazy cos I don't like doing work and when I do [CM], I start cleaning and so that's what I liked about it... (Rose, in recovery)

Yah, it's like you can do anything, it makes you like, you can clean the house...and you, you just do stuff...like clean the house or wash the washing, you just keep you busy and mostly it's when at night, 2 o'clock at night, you feel like doing the washing, or you feel like cleaning the house, the whole house you wanna clean, that is when you are high, when the drug is in you (Laura, still using)

...I wanted something to keep me awake, so I could work longer so I could make more money (laughs) and then it just ended up going in a circle, I never really made more money because I was spending more on buying... (Adam, ex-user)

I just feel um...like I wanna do anything....and stuff like that...yes...I feel up yes, just wanna work and stuff like that... I have a lot of energy... (Shafie, in recovery)

Of the nine participants who spoke about the initial increased energy levels brought on by smoking CM, only one participant talked about how she specifically did not enjoy that particular effect of the substance:

...at first it's like you are very energetic and you can't sleep and you wanna move and you wanna clean, it's not a lekker feeling, you become sweaty and stuff like while you on it, quick sweaty, quick chilly but like when, when you addicted, it's a much better feeling...(Melissa, in recovery)

Other than Melissa's personal experience as to why she did not enjoy the increased levels of energy generated by smoking CM, it is clear from the other eight participants' narratives that the increased energy levels produced by CM played a significant part in terms of why the substance was enjoyed.

4.3.4 Increased sense of self worth

Seven participants disclosed that CM was initially enjoyed because smoking produced a positive shift within the individual's sense of worth. This positive psychological shift was described in a number of ways. As already illustrated in the opening quote, Jade spoke about how she felt *'really, really good and confident'* the first time she smoked CM. In depicting the feelings enjoyed when smoking CM, seven participants' stories centred on feelings of power and control, courage, strength and confidence. Two participants reflected on CM's capacity to boost one's self esteem for example:

You are filled with so much illusion when you use the drug, stories that people tell you, um about the lekker feeling, you know...how much you gonna enjoy it and the rush that you get and things you can do when you using it and the courage it gives you because especially if you somebody with low self esteem and somebody tells you 'You know what? If you use this drug, you can face up to them'... 'Hmmm, I think I'm gonna try it'...you try it and you see 'Yeah! I'm strong now' because it's telling you you are strong now... (Alysha, ex-user)

I'm not, I'm not particularly one who has esteem or confidence issues, but like completely soaring to different heights, you become a whole separate entity and it's very empowering...(Tristan, ex-user)

Within the state of intoxication, the boost in one's sense of self can be experienced and enjoyed to such an extent that the person believes that he or she is capable of achieving anything desired. One participant disclosed how smoking CM not only made her more outspoken but also fearless:

The funny thing was, when I started, I did not know what effect it was gonna have on me but the effect that it actually did have was where I was open-minded, you know I was not afraid anymore /.../ it made me become like...it made me...at the beginning where I was more open minded, I would say what I was feeling, and I would do what I wanted to do and I was not afraid and...I was not afraid of the consequences... (Alysha, ex-user)

Yah...[CM] nah, you know what [CM] does, really...everything you want to do as a human being...you will succeed...by [smoking CM] you succeed because it's almost all that you got in

your brain...your brain, it's got like this space /.../ but if you [smoke CM] you use this space...all that space you see...so you think of everything and you just now you believe now you can do it...when it's gone, when it withdraws, no...you are slow, your brain is like finished... (Greg, still using)

I can do anything and stuff... (Shafie, in recovery)

Two participants revealed that another reason why smoking CM was enjoyed is because it appeared to enhance their intellectual and creative capacities. The fact that smoking CM made them think faster appeared to be an important effect which contributed to them enjoying the intellectual and creative boost brought on by the substance:

...it almost like...it makes you think...how can I? ...it plays with your mind first of all...cos it makes you think that you thinking of stuff that...yo...you can't do when you normal, when you are sober because...it...how can I now say? ...it makes your mind go faster...you, you, you think so fast...it's almost like you think of reality faster but in the meantime, it's the [CM] that's talking...you can think of it like when you are normal, you can think of this stuff but you are lazy to think of it but that gives your mind extra work, [CM] gives your mind extra work... (Mia, in recovery)

What I liked about the drug was actually the fact of how creative a person can be...just the things that you think of it's like...um...the effect that the drug has on you it's like something to do with your intelligence, I don't know how it works but it's like, you just think of things faster /.../ you don't have to sit and think /.../ when I was using, you know you think of things you never thought of, you see things so clearly and I think that is what draws you more to the drug...to use more because it's like um...for example me, I do poetry, so when I used and I sat with pen and paper, it like flowed from me, it came out without me having to really think about it, I could write a poem with so much meaning, so much depth without really having to think about it and that would actually...you know when I read through the poem and I thought 'Yah...this is actually good'... (Alysha, ex-user)

In the above narratives, a perceived increase in one's sense of worth was a state enjoyed more in relation to one's self. However for one participant, this state was physically manifested and enjoyed in relation to his external environment. Adam disclosed that he enjoyed the power CM gave him to have control over others:

Um...put it this way, with all the people who are smoking [CM] ...I can't say it works for people that don't smoke [CM] but...if you learn how to control yourself (on CM) and sort of like try to keep yourself in reality, um, you can do, get, say and carry on just like you like and people always do what you want them to do...it's...um...comes as like a power play, you never have to worry about anything, you don't have to do anything...cos you can always get someone else to do it for you... (Adam, ex-user)

4.4 Effects sought with regular use

With regular use, CM users begin to identify particular effects of the drug which they enjoy. Anticipated effects were most often responsible for encouraging users to consume the substance. Smoking CM is extremely rewarding because it has the capacity to boost a person's sense of self in numerous ways. Users in fact seem to learn about this effect of the substance quite quickly since within a short experimentation phase, they learn that regardless of what their state of mind is prior to smoking CM, there is a potentially more pleasurable state that can be reached once one is intoxicated. Hence, 'feeling good' (which appears to comprise a state of intense enjoyment/euphoria) becomes an anticipated reward that the user wants to attain by smoking CM. This state is enjoyed both on a physical and psychological level as illustrated through the participants' narratives presented above.

4.4.1 Immediate satisfaction

A common sought after effect of CM is that it has the capacity to produce immediate satisfaction and this appears to be an important reason why the substance is enjoyed and abused. When describing their experiences on CM, four participants spoke about why CM's capacity to bring about immediate satisfaction was enjoyed:

I don't know how to explain it...it's...I would assume it has a lot to do with the immediateness of your satisfaction, you know regardless of...if you have not eaten in 4 or 5 days and you are feeling hunger like you'll have a hit, a nice big fat hit and all of a sudden it's like it's gone yeah, and it's immediate...I mean like that's like the most crucial, the most crucial thing about [CM] ultimately cos it regulates you to...it makes immediate satisfaction the norm /.../ you become so used to just like having something that just fixes everything for you immediately that you sort of, you find it difficult to...the idea of 'Well, hey, maybe if I stop smoking, then ultimately I'll get better' ...that 'ultimately' seems like an unattainable sort of thing... (Tristan, ex-user)

It definitely is so instant, like you smoke it and you are high! There is no like waiting or um... (Jade, ex-user)

...when I started using (again), it took everything away...and I...I got drawn into it because the problem disappeared immediately...and I thought maybe if I continue, my problems will just disappear...cos if you use that, you take things lightly man... (Mia, in recovery)

...I think it's all in the mind because even if you are tired and you do feel down, normally you would just wait it out and it would go away quite quickly, but I think it's all in your mind... thinking there's a quick way out, quick way to do this or... (Adam, ex-user)

4.4.2 Enjoyment

Instant gratification by definition comprises two important components, i.e. the immediacy with which the drug delivers an altered state of mind and the actual highly pleasurable aspects and effects which constitute the altered state of mind sought. Participants were asked whether they enjoyed smoking CM. Aside from having to deal with physical dependence which developed with more regular use, smoking CM was described by ten participants as a behaviour which they enjoyed engaging in:

I did yes, right up until the last...like the actual smoking of it...and like the initial 5 minutes afterwards was always...like I can never, I can't lie and say I did not enjoy it...like I always enjoyed it...um...I only did not enjoy it when it was finished...(laughs)...I did not enjoy my life

like while I was smoking it but I actually enjoyed smoking it...like to just sit by myself and feel unhappy, but smoking makes you happy... (Jade, ex-user)

(Anju: What did you enjoy about it?) ... (laughs) ...I don't know actually...It's just that I enjoyed myself...and I'm high whatever /.../ like [CM] takes you high and heroin is like a downer...so mostly we use it together, [CM] and heroin, it's just like you feel crazy everything...like especially when we had money...we bought all two...we bought it to use it together...to feel that feeling... (Haran, in recovery)

...I can't really say that I did not enjoy it because I would have stopped a long time ago if I did not enjoy it, um even now like if I enjoy...I don't think that is the right word but basically I would enjoy it if I smoked it again... (Adam, ex-user)

...The whole activity is so much fun, even now when I think back to it, if there was not so much bad that came along with it...it, it's a fun thing to do... (Tristan, ex-user)

...my reason for starting was to get back at him, but then when I used it the first time it was like 'Wow, it actually feels good!' and then I kept on using and I kept on using /.../ but it did feel good in the beginning, it was something that, it was almost like something that I was chasing, something that I wanted all my life and there it was even though it was just an illusion, it was...it was there... (Alysha, ex-user)

Yes, I did /.../ I mean when you take it, it's like, you are so relaxed man, it's like you can breathe and now you can, you...you feel alive again...like you...this is in the stage where it's like when you get already addicted... (Melissa, in recovery)

Yes. (Anju: What did you enjoy about it?) I can't really say, I just enjoyed myself if I do it /.../ I liked the high... (Shafie, in recovery)

Two additional participants also disclosed that they enjoyed smoking CM. However, once they were asked whether they enjoyed smoking CM, other than responding in the affirmative, two participants focused more on the after effects:

I used to, but it's just the after effects of it, you'd be hungry, can't eat, sleepy, can't sleep, just tired and so... (Rose, in recovery)

Um...mostly it's for the cravings...if I kill the craving while I'm starting to smoke it, at that moment, it feels like enjoyment...but the next day when it start to pull out again, then it's hard because the cravings start again...I feel like smoking... (Saif, still using)

Another participant who also admitted to enjoying smoking focused on a different aspect of the substance. What he spoke about is already illustrated in 4.1.2.1 above:

Me...yah... (Anju: What is it about [CM] that makes it so enjoyable you think?) Yo, can I tell you the secret, what makes a lot of people addicted?...I learned a lot of people...[CM] and that's what makes them addicted and that's why I became addicted...with [CM]...if you smoke a cigarette, you can now feel (makes a coughing noise)...ganja, mandrax...you like...[CM], you feel nothing man... (Greg, still using)

4.4.3 Stress eliminator

As discussed above, CM use often did not start in order to eliminate states of discomfort (except for four participants). However maladaptive patterns of use usually started when the euphoric feelings of CM were not just merely sought to feel good *per se* but rather because of the capacity of CM to eliminate particular states of discomfort (brought on by factors other than physiological and psychological dependence). Using CM as a temporary stress eliminator came about much later for three participants who initially started using just to have fun:

...every time then there's a baggage on me, then I walked...when there's like something pressing on me, then I...then I go do it...and there was times that studying also came and there was pressure on me and then I went to go do it...then I, then I just do it /.../ when I took that nah, it felt like all of my problems went away...for a moment, it like...nothing...everything disappeared, I was like free of all the stress, stress and that's why I think I carried on with it...because as soon as I stopped everything came on me again...and it was like hectic...it was seriously hectic... (Mia, in recovery)

...it has a very sneaky way of...hiding the things that are nagging at you, like be it stuff that's on your mind, the way that you, you physically feel, anything, it just sort of makes you not recognize those things /.../ I don't think anybody goes...turns to crystal meth as a solution to fix any of their problems or to run away from anything, but any vulnerability that you might have in your life and when you do partake in smoking [CM] like it completely capitalizes on it /.../ it makes you dependent on it because it eliminates slowly all the things that are important to you...and you would not really um some things...your emotional state of being will only really be affected by things that are important to you so if you have a problem of some sort and, something is able to not make you recognize it, ultimately that thing that was important to you and was causing you grief gets lost and so once it's lost...completely, it no longer grieves you because you know, it's gone now....(Tristan, ex-user)

...that was my hobby, for me, it was my hobby you see...actually I came out of a relationship now with my kid's mother...I'm like someone, action speaks louder than words man...and actually through our problem now that made me deal with...go all deeper down with the drug (Greg, still using)

With regard to three of four participants who, right from the beginning, used CM in order to deal with difficult life circumstances, they eventually continued using the substance in the face of any type of stressful situation which they encountered within their daily existence:

...it's just when I do the drug, it...it...ease my mind, all the trouble and...my sister's voice that's stressing me and she's [shouting], I don't hear it and, it does not...sometimes it made me feel like 'Oh, I'm lekker, I'm feeling lekker' but when it pulls out of the system, then it's not like lekker, then it feels like, can't explain it but it does not feel right /.../ if I wanna smoke, I don't, I don't do it like a hobby or anything like that, it's normally when my sister is stressing me out or just if something is stressing me out or my children, my child don't have milk now, then I'm stressing, then one of my friends came with a packet, then it's a time when I will smoke and so, so that is basically what it is... (Laura, still using)

...just getting money, getting the [CM], smoking it, to get all, everything off my head, when I do smoke it, it takes a lot of the stress, it takes away everything, someone can stand and [shout] next

to me, it's like they not [shouting at] me, it's almost like they speaking normally, normal to me... (Saif, still using)

...what the drug does is instead of concentrating on your problems and everything else, you concentrate, you focus more on um...feeling that feeling you know, chasing that feeling, wanting to feel that again, wanting to feel that contentment, that happiness even though it's fake, you know, you still wanna feel it, it still feels like it's there... (Alysha, ex-user)

4.5 Precipitating and perpetuating factors

CM is a substance with highly addictive properties. The addictive aspects of this substance however are usually only recognised by the user at a much later stage of use, i.e. when dependence on CM is the lived reality and the substance is used not only to chase its initially rewarding effects but also to eliminate physiological and psychological discomfort. Essentially, the fact that CM is highly addictive is probably the biggest factor which perpetuates the maladaptive cognitive and behavioural patterns which come with its abuse. However, there are some other significant factors which appear to contribute to the instigation and maintenance of the user's consumption of the substance.

Participants' narratives often contained accounts of subjective life events that could have potentially played an influential role in bringing about their state of dependence. Having a parent or sibling who is/was also a drug user was a potentially significant factor which may have played a role in one's development of a CM problem. Due to the parameters set for this study, all the possible life conditions and salient vulnerabilities which may have contributed to CM consumption are not discussed within the analysis. However the pen sketches (See Appendix E) provided outline the crux of participants' narratives and offer an indication where applicable of particular circumstances which may have had some impact on users' onset of use. For the purposes of analysis, precipitating and perpetuating factors which came about as a direct result of one's interest and initial association with CM are discussed. These factors were discussed in many narratives and seemed to indicate that they may have played a significant part in maintaining the subjective dependent identity of the users.

4.5.1 Availability

The participants' stories pointed to the fact that the substance was easily available. The availability of the drug contributed to both the onset of use and the maintenance of use. For example, three participants spoke about how drug dealers often offer CM for free to experimenters:

Yah, your first time, it's for free, I'm telling you, the second time, maybe you will get it for free but the third time, you gonna have to start taking money out of your pocket, start stealing, lying and so /.../ [CM] is a very big part in the community, young children up to 7 years old uses [CM], 11...many children use [CM] yah... (Rose, in recovery)

I was at a club /.../ and I used to go there often and some guy approached me and said to me 'Hey man, like you look like you are having a lot of fun, do you wanna come and smoke some [CM] with me in the car?' and I'd recently told my friends that I was actually looking for a new type of 'high', so yeah, I did not think twice about it! /.../ the first time was, it was with that guy, two weeks later, I saw him again at the same club, and he approached me again, same story... (Tristan, ex-user)

...most people that start smoking, they smoke very little at a time, and like what the dealers do, they use people to...to get...basically they giving the stuff away, cos it's so cheap for them, and then you would go and you pour like a whole gram into a lollipop, and for someone that smokes a little bit, it's like a big 'Wow' for them and you are not asking them for money or anything, so they do it anyway...and once they do do it, they sort of notice the way they have been smoking, that it's not as hectic as they thought, and they will basically start smoking a lot more than what they used to... (Adam, ex-user)

Having friends and relatives (siblings or cousins) who were using or having a partner who was also a user were extremely influential in precipitating as well as perpetuating problem use:

Yah...I had like friends and I had like, when I was using, I had a boyfriend so it was easy for me to get it /.../ my ex-boyfriend...he's an addict, he was and he is still, and I just started using it (regularly) with him cos it was, I had access to it every day...and yah /.../ even without him, we

broke up many a times and I still used it, with my brother, with my friends, yah... (Melissa, in recovery)

...like Tristan and I would just sit for days in the bedroom, just the two of us and like just smoking and talking and like...yah...then obviously it was like so much easier...he was like...I can't really remember but like we would go and we would buy a straw like, 'Wo...like we bought a straw', then we would smoke on the straw the whole night or something and we would put like one little crystal in it and then like by the end of it, it was like 2 grams and like rrrrrrr... (Jade, ex-user)

...mostly, at first, I did it with my cousin and friends, but after I met my, the father of my child, and then we started doing it together until now...only the two of us... (Rose, in recovery)

It's normally the friends...they came there with the drugs and then we just do it and most, most of them, their father or their mother, they are drug dealers and that is how I began to use it now, and that is why I'm using it still... (Laura, still using)

I just walk around the corner and I just go to my friend and it's there...wherever I go, it's there or if they say 'Mia, come around this time that time, we have a packet for you', then it's there...so, but yah /.../ I could get it like this man (snaps her fingers)... (Mia, in recovery)

...we were just using because um... my cousins came there and went to collect and everything, afterwards we started using it like everyday...and my wife was also involved...and afterwards we started using heroin...because my cousins always came there to come buy heroin because we were living in Manenberg then...they came to come buy heroin and then maybe use [CM] with it and we started using the heroin then... (Haran, in recovery)

...I knew most of his friends and most of the contacts and whatever, and so, most of them like knew my motive for doing it, especially his friends, a lot of his friends were also, were not using and those that were using um...they would like tell me 'Ok, we'll go buy for you'... (Alysha, ex-user)

...sometimes I go to him if I feel I've...the cravings is too much for me...then I go to him and I'll ask him if he's gonna go get me something...um...then he will tell me...I must not...I must not

try and use this stuff whatever, then if I smoke in front of him, then he says 'Ah, give me now a couple of hits' /.../ I go to him after work every night just to pop in, see if he needs anything or whatever... (Saif, still using)

4.5.2 "Everybody uses it"

Four participants, who all come from different parts of the Cape Flats, where CM use is rife, spoke about the fact that 'everybody' within their community used the substance. Their belief with regard to how prominent the CM problem was where they lived emerged when they responded to different questions but their responses nevertheless pointed towards the severity of the CM problem within their respective environment:

...I have tried stopping many a times but you just...you land into the trap again cos everyone around you is just using and there's so much people like, I bet it, in every second of it, there's something using this drug, from different ages, if I have one friend, even her mother uses it, she's like 30 odd, almost 40 years old and everybody uses it... (Melissa, in recovery)

...[CM] is in fashion now...it's in the fashion, you want to now...you feel...that's why the youth they feel lekker because they are using [CM]...if you don't use [CM], you feel out because everyone is using [CM]...everyone...you'll feel out...you see...that's...all ages /.../ everybody is doing it so we are all doing it...you see, so we just go on... (Greg, still using)

...basically everybody in the community I was in does [CM], and I thought that well maybe this is...I should also try it and then I did, so I got addicted to it... (Rose, in recovery)

...everybody in Maitland knew me, everybody in Maitland know me...and most of them are like on [CM]... (Mia, in recovery)

4.5.3 Normalisation

Four participants reported that at some point, they came to perceive their CM use as a normal behaviour. This belief seemed to arise as a result of being part of a drug subculture or a community where many people were using. In perceiving the smoking of CM as being a normal activity, two participants report below that CM use often brought on a new lifestyle:

...drugs beforehand were a recreational thing so the recreational aspect of things while I was on [CM] did not change, my lifestyle changed, my day to day behaviour was involved in [CM] /.../ there's a whole community of people in Cape Town that live with this lifestyle...so, you know, it stopped being really an event... (Tristan, ex-user)

...I think that the best way to explain this is that it's a way of life, if you gonna do it, then you have to do it all the time, you can't just do it every now and then... (Adam, ex-user)

...when you become an addict, it's like, it's like, it becomes like smoking a cigarette everyday and so much people use it that it becomes...actually after using it, say now if you buy a lot, it becomes almost like you drinking the whole day, 'Ok, boring!', it becomes like that but then the next day, when the moment you crave, it's like 'Oh yeah, so we gonna take now', you know what I'm saying...yah, but it's like a, it's like a normal thing, I think everywhere not only where I live, it's like a normal thing will be like, 'Ok, we are smoking a cigarette, ok, we taking a hit, ok, then we drinking a glass of beer', like normal...it's become normal... (Melissa, in recovery)

...you see for me myself, drugs was almost like a drink I can say, a lot was afraid because 'No, man! You can't sit like that on the corner', because I'm like, 'So what? We are sitting and drinking on the corner', but no, I got guts to do anything man...if I'm doing something, I do it, I don't worry about people or what because I feel the creator in me...now if I'm sitting in the corner now, taking a hit here, other people can walk past, or stand here because they all know, they know people are doing it, for me it's almost like you smoking a cigarette you see... (Greg, still using)

4.5.4 Multiple drug use

A potentially important perpetuating factor salient within the participants' narratives was their multiple drug usage. Nine participants reported that they had used other substances other than CM. Within their narratives, three participants also spoke about their use of other substances prior to trying out CM. The use of CM in combination with other drugs was also common:

...ecstasy I have been using since about the age of 15 /.../ I never stopped using ecstasy, I was using it semi regularly, I was smoking a lot of marijuana /.../ I very often would not...I would go

partying and I would not take any crystal meth with me, I'd use other intoxicants, so...depending on the environments, I used mushrooms, acid, ketamine, MDMA, marijuana... (Tristan, ex-user)

I used ecstasy before...I was drinking before...and I used to smoke joints /.../ I started using heroin afterwards... (Haran, in recovery)

I was using the ecstasy (before)...um...(CM is) something close to the ecstasy... (Saif, still using)

(Anju: Were you using other substances while you were using [CM]?) Um, everything...I'd say yah, every now and then, you'd get sort of tired of smoking [CM] and you'll try something else just to get like a different feeling in your head or... (Adam, ex-user)

(Anju: Can you give me an example of what else you use?) Tarangan... (Anju: What is that?) Its ganja man, yah and I'm drinking, and yah, drinking now...but occasionally you see...but I'm drinking now a lot more and smoking (ganja) a lot more... (Greg, still using)

(Anju: When you were using [CM], were you using other substances as well?) Oh yah... (laughs) [CM] was like only to...[CM] was like the...the stable...under like with...with everything, there was [CM]...um but you needed other things just to...cos just to...like 'Oh, we are smoking now', but smoking with a pill or smoking with even, like smoking with shrooms and smoking with acid and just like...it was hectic, the combinations were not good...but yah I used everything... (Jade, ex-user)

(Anju: Have you ever used any other things?) (laughs)...yes...I have, I've used dagga, heroin, I've used kat, um ecstasy yah...that's all...and obviously [CM] now... (Anju: Were you using these at the same time or...?) Yah...a lot...okay there was, there was certain times, it's like 3 or 4 times that like I used ecstasy and [CM], there was...separately when I used heroin...dagga and wine and [CM], that will be like a party like for me... (Melissa, in recovery)

(Anju: Have you ever used anything else besides [CM]?) Yah, alcohol and dagga... (Laura, still using)

(Anju: You said that you were using dagga as well, were you using other substances as well?) No, only dagga and [CM]...and then cigarettes that's it... (Rose, in recovery)

4.6 Chapter summary

This chapter focused on the main findings which emerged from participants' narratives about their onset of CM use and the factors which contributed to the regular use of the substance. Participants' initial experiences with CM were presented in an attempt to reveal how they went about developing their CM-related identity. The chapter focused predominantly on the initial effects of the substance and thus the sensations learnt and eventually sought by the regular CM user. Some factors which precipitated and perpetuated users' consumption of the substance were also presented. The next chapter centres on participants' actual state of dependence. Narratives conveying what it means to be dependent on CM are illustrated in order to portray aspects of the user's daily existence which combine in maintaining the CM-related identity.

CHAPTER 5: RESULTS II: CM-DEPENDENT STATES

5.1 Introduction

This chapter investigates how participants within this study described their subjective dependent states. Thus the analytic results within this chapter concentrate on the meaning these twelve individuals attach to their dependence on CM. Participants reflected on many aspects of their drug taking, especially in terms of why it becomes difficult to terminate use of the substance. Their narratives thus depict the severe cognitive and behavioural dysfunctions which characterise the CM-dependent reality of the user.

Within this chapter there are often overlapping themes. For example, one section of the analysis specifically explores the participants' descriptions of withdrawal symptoms and cravings.

However these two states are directly responsible for many of the resulting states which come about as a result of CM dependence, such as the shifts in the cognitive and behavioural processes that the individuals engage in. In a similar vein, certain sections within the analysis illustrate some aspects of CM dependence which influence more than one facet of the user's existence. For example, increased levels of anger, which constitute one of the undesirable states brought on by CM dependence, also have an impact on the relationships which users share with other people.

Thus the analysis of participants' narratives in relation to their dependent states are illustrated below from different standpoints and sometimes contain overlapping ideas which need to be presented separately in order to get a more comprehensive picture of what CM dependence entails. Certain excerpts from participants' narratives have as such been used more than once in cases where they were useful in conveying more than one particular facet of the CM problem. In order to present the stories of the participants as fully as the parameters of this study permit, multiple excerpts from single individuals are presented where applicable.

5.2 Patterns of use

The way in which many participants defined their patterns of use clearly portrayed their subjective understanding of the severity of their dependence. Within their narratives, participants

indicated that they were aware that their CM use was a problem. In describing how their dependence on CM came about, many participants talked about their increased frequency of use, the greater amount of CM they would consume and also how they would often go back to using the substance after varying periods of abstinence.

5.2.1 Frequency and quantity of use

In accounting for the different aspects of their dependence and how it came about, nine participants disclosed the increased frequency with which they began to use the substance. Five of these nine participants moreover spoke about the increased amount of CM they consumed in order to describe the severity of their CM problem:

...6 months after I had started, I was smoking everyday /.../ towards the end, I was smoking between a quarter to half a gram a day...well not just towards the end, but for about...the last...4 months... (Tristan, ex-user)

Whereas where I started out, I would just like occasionally use, like maybe weekends or 2 days in the week or whatever depending...and then by 3, 4 months, and then I was like using practically as much as he was at that stage...yeah I would be everyday and I was like...like a gram a day or something like that...it was hectic... (Alysha, ex-user)

...in the beginning you smoke like maybe a quarter of a gram for 2 or 3 days, but after a while you...half a gram, a gram...yeah I think, well, a gram was about 300 rands and that's what we were spending per day for each of us that were smoking sort of together so... (Adam, ex-user)

I had access to it every day /.../ a quarter would be a lot for me...even like in a group, now four people, a quarter is too much /.../ so then you'd buy half, or afterwards you smoke whole grams and in one day you like, you and your friends would like buy 2 grams altogether and yah...and there will never be left...never... (Melissa, in recovery)

...it got so bad last year that I like did it every single day...I like did it every single day...every single day and I am not at home /.../ there was like a pop that I had, it's one head but it had like 2 stems and then I used to smoke through both of it...and it was like grams, grams, grams, grams... (Mia, in recovery)

...and then I started using it every day /.../ I started using heroin afterwards and...and because of the heroin, I started stopping [CM] ...because I had to take heroin everyday...so I started using heroin first and then I stopped with [CM] and I only used [CM] during weekends... (Haran, in recovery)

...there was a time that I started doing it every day and then I said 'No' /.../ he'd come from work on Fridays, get paid, we'd have [CM], we'd have money for [CM] on Fridays, then on Saturdays and then Sundays, we don't have money... (Anju: Did you ever smoke during the week at that time?) No, I did not smoke during the week, we only smoked on the weekends when we had money...at first we did smoke during the week but, that was not right and then we just started smoking during the weekends when we had money... (Rose, in recovery)

(Anju: Were you using every day?) Not everyday...uh uh...no, weekends mostly but if I have money during the week, then I would do it...I sometimes craved during the week... (Shafie, in recovery)

(Anju: And how often do you use [CM], everyday or...?) No, only weekends, Fridays and Saturdays...sometimes during the week... (Laura, still using)

5.2.2 Stopping and resuming use

When asked whether they tried quitting the substance at any point in time, eight participants spoke about their attempts to stop CM use but how they would eventually go back to smoking the substance:

Yah, first it was like more than a year...afterwards again 5 months...like now I'm trying but yo, it's like hectic again... (Greg, still using)

...I stopped for about a month...and afterwards I started using it again...then I stopped again maybe for 2 weeks or for 1 week, and every time I just go back just to using it again... (Haran, in recovery)

...within about I'd say a month into regular usage of smoking it, I realized that...this is just...this is bad news, it's gonna destroy my life...where was I?...oh yah, I realized that it was bad news

and even then I tried to stop /.../ you can't really be honest with yourself, when you know ... you're an addict because um, you don't know whether or not anything that you do is ultimately just to feed the CM, it's got such a power over you that even stuff that seems that you doing for one reason like (inaudible) ...so when I was at varsity, I went to see a counsellor at varsity, um, she told me that it was out of their scope to help me...she referred me to an addiction centre in Kenilworth, NA, I went to see a psychologist, he told me about the 12-step programmes, he said...well he thought that I should be in in-patient for 3 weeks followed by a 12-step programme, I had been to a few meetings /.../ like myself and my girlfriend at the time, we would very often end the meeting and go smoke even though we had not smoked that whole week, um...I don't know how honestly I...how honestly I really wanted to help myself...well, I know I wanted to help myself and I had wanted to for a long time but whether or not the steps that I was taking were really that or ways of the CM making me believe that I was trying to do something about it...(Tristan, ex-user)

...we went out for about a year, a year and a half, then we decided we gonna get married, I was still using, then I stopped say for about 6 months...then my wife fell pregnant with my first child, a daughter, she is 2 years old now...um, after she got born um...I had a bit of difficulties and...because um...there was now another one that I had to support um...I did not expect it to be so hard...then started using again...um...then...I was using for say about a year...let's say a year and a half...then I stopped for...it was about 5,6 months, then my wife fell pregnant again, a second child um...it is a boy, he is 2 months now...um...I started using while she was pregnant...that can be in January...um...it was going on now for 6 months, so I'm trying for about 3 months now to stop, it's a bit hard, it's very hard...(Saif, still using)

...then I just started to sit by my neighbour and he like did it and even then I just started doing it...occasionally...and then I left it for like 8 months and I did not still worry cos I did not go like sit by anybody...and then now 2...um last year...so I started again... (Mia, in recovery)

...like Tristan and I broke up about it and everything...and we like 'Ok, we are gonna stop' and he was gonna stop...and when we got back together again, I found out that he had been smoking the whole time with other people and I had found myself this boyfriend like who...just because he

was like good friends with a dealer and he was smoking and like...so it did not work at all... (Jade, ex-user)

...I started going to rehab but then I relapsed again /.../ I wanted to feel like what it feels like again, and then I went back to it and ever since then I started getting addicted... (Rose, in recovery)

...I have tried stopping many a times but you just...you land into the trap again cos everyone around you is just using... (Melissa, in recovery)

5.3 Withdrawal symptoms and cravings

Dependent states are primarily characterised by two factors, i.e. withdrawal symptoms, which come about due to physiological dependence, and cravings for the drug which are in turn characterised by psychological dependence. Withdrawal symptoms and cravings are unpleasant states which the user experiences once the effects of the substance wear off. Thus the more severe the individual's dependence, the more intensely he or she will suffer from withdrawal symptoms and cravings. The states which define the onset of withdrawal symptoms and cravings for the substance are investigated below.

5.3.1 The comedown

Once the sought-after effects of the drug wear off, users experience what they call a 'comedown', a state which is characterised by the after effects of the substance. The 'comedown' brings about the inception of withdrawal symptoms and cravings which the dependent individual has learnt will last until the substance is smoked again. Five participants described their experience of the period of 'comedown':

(Anju: What did you dislike about [CM]?) The after effects! That was not nice...because you are miserable first of all...you are totally miserable, you, you, yo...you don't even...you can't even smile /.../ The comedown...is when you moody, you [don't want to see anybody], when you don't wanna take...like if someone's working on your nerves, you so wanna break their neck or something...and you you...tired, you are like hopeless, you can't do anything and then it gives you the urge to just take another hit to make you feel better you see... (Mia, in recovery)

(Anju: What did you dislike about smoking [CM]?) *The comedown... (laughs)...the emptiness and um...most of all like, though most of that time I was still at school and like having to come back home on a Sunday or like make some excuse to like, 'Tristan will take me to school', and I would come back on the Monday and like having to come back home and then not smoke and like deal with all...basically in my mind, it was just dealing with everything in the world which was out to get...against me, just to try and get out of the way and to have the next hit... (Jade, ex-user)*

...the moment you are on your comedown, you like miserable and you feel down and then you use again... (Alysha, ex-user)

...with the comedown, um...which there's no real rule to it but basically, you start feeling a bit uncomfortable, um, it's difficult to physically be comfortable, it's difficult to concentrate on anything, your mind is very, very scattered... (Tristan, ex-user)

...sometimes it made me feel like 'Oh, I'm lekker, I'm feeling lekker' but when it pulls out of the system, then it's not like lekker, then it feels like, can't explain it but it does not feel right... (Laura, still using)

5.3.2 Cravings

When asked what made them sustain CM use despite the unpleasant after effects generated by the substance, three participants reflected on how their craving for the drug was one of the main reasons why they kept smoking:

...but they throw something in that like make you crave...you crave you see, first you did not get that in it, in [CM]...but now...yah, that's why you could use it now and you don't worry again because, but now it's like cravings few years ago /.../ if I smoke (cannabis), it helps...like but if I'm drinking, it like, that makes you almost more weaker man, if you drinking, because you are not conscious you see and it makes you crave more...like that's what it is for me now...yah, and that's how I gave into it...how I got a relapse by drinking and stuff... (Greg, still using)

I'm still using it now at the moment, just for the craving...say after I've managed now so far when I started at [the drug counselling centre], I started with 3 days, then I went on to 4 days

without it, I managed to get to 7 days, to stay clean for the 7 days, after the 7 days, I just have to get it...um...it's the cravings... (Saif, still using)

Family stress and school but just the craving for it made me take it...I started craving it terribly... (Melissa, in recovery)

5.3.3 Wanting more

The need for CM, as a result of both psychological and physical dependence (manifested by the onset of withdrawal symptoms and psychological cravings), was often expressed in more than one way within the participants' narratives. Other than describing 'comedowns' and cravings, four participants' increased dependence on CM was often portrayed through their accounts of wanting to smoke more:

(Anju: What do you think you liked about it that made you keep doing it for so long?) I (laughs) just like to use it...it's like sometimes, I close my eyes and when I close my eyes, I can see it in front of me...and I just feel like I want to use it again...it was fun sometimes also but...I just always feel...I had the feeling that I had to use more...like I...I can't stop...sometimes, I'd tell myself 'I'm gonna stop' but when it comes in front of me, I just use it again...when it is in front of you, you just don't know how to say 'No'...and after the first hit, then you just feel you want to take more and take more...after the first one, you just feel like you can't go without it...and you just want more... (Haran, in recovery)

(Anju: What did you enjoy about it?) The feeling and but if it pulls out then I must just get money for more, or if the [CM] is up there man...go look for money and stuff... (Shafie, in recovery)

...in the beginning it was still sort of like very controlled, very like...like we would use it but we were still cautious about it...and then it just...as you get used to it and whatever, and you just sort of...you think you know, and you know how it works whatever, and before you know it...you just smoking and like you just finish...you like...after a while, you finished that straw and you'll be like 'Oh, you want more?' and like 'Ok, let's get another straw' ... (Jade, ex-user)

...then afterwards, the more you use, the more you have to go for this...it's like...you need more and more to get that; to get to that high...they always say you always chasing your first high...you know, because that very first feeling that you got, you'll never get it again...so you'll keep using just to feel that again, even though you know it's not gonna be like the first time, because the first time it's like, you set your mind free and you'll never be able to do that again because once you using regularly, it's like you thinking about 'Hey, this stuff is getting little, I have to get more'... (Alysha, ex-user)

5.3.4 Wake up fix

Five participants described another aspect of their dependence by talking about how they would need the substance from the moment they woke up in the morning. Three of these participants moreover reported the difficulty in falling asleep in the first place when one is severely dependent on CM:

At night if I can't sleep and in the morning, then I feel tired, my breath is like that...short...then ...I must get more money to get more... (Shafie, in recovery)

Sometimes you just wake up in the morning or you wake up whenever, wherever and you have a hit so that you like feel a bit more awake and you get on with your day... (Tristan, ex-user)

(Anju: And when you take that hit, do you feel better?) It...it works on you but...you feel better but in the long run you like...it actually makes you worse...and as soon as it pulls out, it's like...you are tired, you wanna eat, you are hungry, all that hunger and the tiredness, it piles up...cos it takes your taste buds away first of all...and the sleepiness...you can fall asleep now, like the time now when I took it so much, I actually [smoked] myself to sleep...I [smoked] myself to sleep at the time because at first I could not sleep but in the long run, I actually [smoked] myself to sleep...so yah...and then in the morning when I wake up, I need to [smoke] myself awake again... (Mia, in recovery)

(Anju: Why do you think you started using every day?) I don't know, just because every morning I wake up, I just felt like I want to use it again... (Haran, in recovery)

...the thing is you don't really sleep...so when you wake up you are still half wasted, you can't sleep properly, so you are still awake most of the time...and once it becomes an addiction, it's very unlikely that you won't have some stash somewhere in your room or in your cupboard...or wherever else you might hide it...but the thing is you...you don't plan like... 'Now I'm going to sleep', it's sort of you...fall asleep from exhaustion, your body just can't go anymore...you'd sleep for 4, 5 hours until your body sort of feels like it can go again and even then you struggle to stand up and you are dizzy until you go and smoke your first hit again... (Adam, ex-user)

5.3.5 CM as a necessity

Participants' dependence was also evident when they talked about how the need to smoke CM would often take over their cognitive and behavioural processes. Four participants disclosed their personal experiences with regard to how CM turned into a necessity:

...you just feel...everything you searching for is just for drugs, drugs, drugs...you can't think clearly...you must now right wake up and you must score...you take a hit...they call it 'wake up' you see...It now refreshes your mind again right and you just, but...everything is like... we call it 'skarrull', that's now you're looking for money and stuff and what...although you must steal whatever now you see...looking for money, they call it like 'skarrull' in the ghettos but everything is skarrulling...for what? It's just for drugs! (Greg, still using)

...like your whole life, just...just becomes about [CM] and you can...it's almost like...if you can think of someone's world being like crammed into a little bubble and you are racing around in this bubble thinking that you like...you are like conquering the world, in the meantime you literally like...you would go from person to person's house, then it's all about you know...how much are you gonna get? Where can you get the cheapest?... (Jade, ex-user)

...any sort of activity which I thought I needed to be alert for, be it my varsity work or I needed to get some function or something, regardless of its nature, seemed appropriate to smoke before then or during as if it would give me a, like some sort of edge and but eventually it just became... I was smoking just to stay awake...regardless of how much of a junkie you become like you can't...like it never got to a stage where I completely abandoned any responsibility that I

had...there were still tasks that I had to perform um, and just to perform those tasks like any one of them meant that I needed to smoke... (Tristan, ex-user)

...if I stop and they make me angry then I just go back to it again...and I feel tired, then I must do it...I must get money to do it... (Shafie, in recovery)

5.4 Strategies to feed dependence

When a user becomes dependent on CM, he or she develops numerous maladaptive cognitive and behavioural patterns which serve the sole purpose of feeding the physical and psychological need for the substance. Nine participants within this study spoke about how they went about supporting their CM problem. Often their inability to support their drug consumption arose as a result of financial and material ruin. As such, selling possessions, borrowing money or lying in order to get money were common strategies employed by participants to feed CM dependence. Stealing money or other people's property was also another method to support CM use. Seven of these nine participants resorted to one or a combination of these methods in order to support their CM problem:

...anything, anything for drugs...now I'm saying anything for drugs but that time I said anything for money because you don't want to say it's for drugs...because you want to cover up with the drugs...nah really /.../ you wanna go steal now...I'm like, although I know hey, I'm quite...they gonna shoot me dead inside there when they catch me, but I'm still going you see...they can have a lot of money that's why I say it robs you also because...a lot of money...[CM] just makes you, it makes you think 'There's money, ah, you can make again', you gonna do that that that that...and that money you will get again...but once the [CM] is out 'No...you are not gonna get to that money, ooooh...it must jolts your brain man...it is craziness... (Greg, still using)

...we started stealing stuff and so...the time when I lost my job, my mother-in-law took all 2 children, and afterwards they put us out and we were living maybe by my mother's house sometimes or with her father but we were still using it and every weekend, we started stealing stuff and so...me and my wife together...maybe stuff in the house...maybe, see my grandmother had a tuck shop...maybe she go in the back, or she would go ask her grandmother money for

food...and we used the money for drugs...we started selling our clothes and stuff...also...and maybe sometimes she go through the back...we go inside the house maybe...go steal her mother's clothes, her mother was selling clothes also...maybe cell phones...anything... (Haran, in recovery)

...in this couple of months, I've been borrowing money by everyone, um...to whoever I can borrow by, I borrowed money...um...then now a lot of people started asking when am I paying them back, I've paid a lot of people back already, um...paying them every week...when it comes to the new week, then I have to borrow from someone again because while trying to catch up with paying all the people, that is making me stressing out much more, so the cravings is much worse... (Saif, still using)

...I don't actually say I steal money to support the habit, there is times when I maybe walk in the house, then I see my mother put money down, I used to take the change...then what I did was, now recently, I saw the money laying on the table, I counted the money and then I actually took a hundred rands out of it, just to go and buy me something and then after that I regret taking the money, the temptation was there, the money was there, there was no one around, I took the money, I bought the stuff um...that was when I started realizing I must stop with it, because all my money is going for that... (Saif, still using)

...I would have never stolen, if I was not on [CM], I would have never stolen money, sometimes I'd steal wires for the copper inside and go to scrap yards and then change it for [CM] and so... sometimes I'd sell my clothes, shoes and stuff like that so, just to get hold of [CM]...sometimes I'd lie to my mom to get money, go to other people and (borrow) money, but for the actual use of [CM], and not telling them that it's for [CM], that's what happened to me... (Rose, in recovery)

I lost my like...my integrity, because I would never go to somebody and ask them for money or like his father always used to give me money and so on for whatever when I needed, I could just say I needed so much and he would give me and I went to him and I said I needed 300 rands for the doctor, I went to him and I said I needed a 100 rands for this or I need 100 rands for that, and he'd just give me without asking questions... (Alysha, ex-user)

...I used to...I used to take my mommy's money...I used to take my mommy's money and say 'No, it was not me' and lie my way out of it...(Mia, in recovery)

I usually said to my mommy, I'm going out and I need money then...she will give me...I will tell her I'm going out...or my girlfriend used to give me money...cos she is working...I tell her I'm going out and I need money and then she will give me...(Shafie, in recovery)

Two individuals had more specific approaches in terms of finding the means to somehow support their drug use. For example, within Jade's overall narrative, she spoke about three different men she dated and how they supported her drug use. Prior to meeting Tristan, she disclosed that she dated another man just so she could have access to CM:

"...I sort of was with a guy but I did not really like him and I was with him just for that and then he came to my house and he was really like 'Urrrrgh'...and then I stopped going (clubbing) for a while..." Then she met Tristan, and she described her first encounter with him as follows: *"...he smoked and the two of us together was just like, we both just really cos...we would, we would like, we had a hit and we went back to the dance floor and it was just like, it was amazing...we were like dancing and it was like, I like literally thought like 'Wow', this is like... 'We are like meant for each other'...like 'I love this guy'...yah...it was like 'Wow'...um...yah and then obviously it was like so much easier..."* At one point, she temporarily broke up with Tristan and during that time she met another CM user: *"...I had found myself this boyfriend like who...just because he was like good friends with a dealer and he was smoking /.../ like in general in life, I would never go and sit in a house like with 2 men I don't even know and like...and like let them do whatever but like I would, I like did and I ended up with like dealers and their friends..."*

Adam's strategy to support his dependence on the other hand was to befriend drug dealers and start selling CM himself. He explained that he eventually recruited someone else to sell the substance for him:

I used to sell the stuff and I wanted to get away from it but I still wanted the money...so I got a guy at one of the dealers and I sort of made him into a runner...so I would still go speak to all the dealers and stuff and we would just go pick up the stuff and take it to whoever it has to go...I

did not have to do anything at all and all my drugs were still free and I sort of always had money to spend, go out and things like that...

5.5 Prolonged CM use and effects

Prolonged and severe CM use brings about a state of dependence which is often characterized by increased lack of sleep and a severe loss of appetite. Extended states of sleep and food deprivation are commonly experienced by CM users because smoking the substance is described as immediately eliminating any physical discomfort which may be brought on by fatigue and/or hunger. However, depriving the body of nourishment and rest entails depriving the individual of two of his or her most basic survival needs, which often leads to physiological and psychological complications.

5.5.1 Physiological deterioration

Nine participants reported how their dependence on CM was accompanied by physiological changes. These changes often appeared to be a direct consequence of extended periods of food deprivation. When asked how they thought CM affected them physiologically, weight loss was in fact the most common physiological problem which seven participants reported:

...I was getting all thin... (Haran, in recovery)

Everything shrunk, my arms became thinner, my legs, all my pants was, just fell off, all my jeans, all my sweaters...my chest also got smaller, bones started sticking out here, bones started sticking out everywhere...and I just got thin, extremely thin...because I never ate in the morning...I never ate for about 2...2 weeks, I never ate straight... (Mia, in recovery)

...it made me lose a lot of weight and a lot of muscle, like actual muscle I lost um...yah it just made me really weak and very fragile, like it messed my mouth like a lot, like my mouth has never been the same, like my gums and all that... (Jade, ex-user)

Like physically with me...um...I started losing weight...a lot of weight, I had these black rings around my eyes, my eyes were like in...deep in my head...my cheeks...I did not have cheeks, it was like everything in... (Alysha, ex-user)

I saw I've got these...white spots all over and then I told myself 'Oh, I have to stop' because why, I have to get all these white spots away...it is worse than what it used to be, um...I've noticed it, other people that's got it, you can see it running from behind the ears, from...down from the nose downwards, into the neck...I get it mostly on my back, running down onto my legs...uh, I noticed this time it's worse...um, for the last...say for the last month, I've been losing a lot of weight, but I'm eating more than what I used to eat...so, for me it's a bit strange, not smoking so much a lot of the [CM], I told myself, it's just myself...my mind telling me I'm losing weight that's why I'm losing weight...um /.../ I've realized a lot of stuff about it, um...where I stand up maybe, I get pains in my back, like this morning, I got up and I had this pain down here...which still, I can still feel it...um...if I maybe hurt me...whenever...I can really feel I've hurt myself... (Saif, still using)

It made me extremely thin, I was, I was chubby, it make me extremely thin, it makes your hair thin, it's makes your hair like brittle, it does not make it so strong...yah and you, you...your face becomes thin and um...like it hangs like, so you look old man, you look old and the colour in your face would change and you'll get this ugly mark, like pimples... (Melissa, in recovery)

Makes you thin, you lose weight rapidly or, and your face, it gives you pimples, stuff like that...you weak also and you get out of breath easily, out of breath yah because they say...once you smoke [CM], it turns crystals on your lungs again yah...turns crystals on your lungs again and it starts eating on your lungs and that's why, yah...you start losing breath, you can't run very far, if you just do a little, your lungs will start burning, so it affected me a lot physically /.../ and whenever you eat, you excrete, and you [smoke CM], you excrete...yah, whenever you eat, you excrete...it can't stay in your system, if you, if you like take a hit and before, you've eaten now, you take a hit and then you start excreting, you just run to the toilet, your stomach actually starts like...yah... (Rose, in recovery)

Yah, your eyes...I've been getting pains around here in my brains, you see a lot of pains /.../ shortness of breath... (Greg, still using)

...dry mouth, dry lips (laughs)... your skin is always coming off... (Adam, ex-user)

5.5.2 Psychological deterioration

As depicted above, physiological deterioration was brought on by extended periods of food deprivation. On the other hand, prolonged periods of sleep deprivation affected many of the participants' psychological functioning. Paranoia, suspicion, auditory and visual hallucinations as well as severe anxiety were commonly experienced by users. Some participants' descriptions of their altered states of mind also pointed towards severe, albeit brief, psychotic states, often described by participants as brought on by prolonged sleep deprivation and the consumption of large quantities of CM. Forgetfulness, feeling disconnected and experiencing a perceived loss of control are some of the other themes within participants' accounts.

5.5.2.1 Psychological breaks

With the exception of Laura, all participants spoke about how they experienced instances where they felt some kind of psychological break from reality. Some participants' experiences were more severe than others and pointed towards potential psychotic states. Six participants provided more than one example of their subjective experiences as illustrated below:

...you'll be awake for months...a lot of times, people say it's impossible and stuff, but it's not like you are really awake, but you are not sleeping cos you know, you can hear what's going on....you can see things moving around you so /.../ after about the 2nd week (of not sleeping), you start hallucinating and then it just like takes a turn, and you sort of...you go off and you...you do things...and you carry on with your life but you are not really there, you sitting in the backseat, watching yourself go run around and do things but for some reason, you don't have control over most of the things around you... (Adam, ex-user)

...um I was walking around in town and I went to one of the guys that still owed me whatever money but he ended up giving me drugs and that day I took like everything he gave me at one go cos I thought that it was really little and weak and stuff and I lost all orientation...I did not know where I was, I did not know who I was or anything like that...I ended up getting arrested and...I was trying to climb over someone's fence because I wanted to swim in a pool (laughs), and the cops picked me up and while I was in the cop car, I don't know how I got the hand cuffs off but I

got the hand cuffs off and they took me to a cell and I basically rammed against the gate the whole time...well, straight afterwards I could not remember it but slowly but surely like bits and pieces were coming back to me and I sort of realized like what happened...(Adam, ex-user)

...I was sitting in my house...it was a so-called bad week where no one was really around or whatever, and I was smoking by myself, sitting in my lounge and my step auntie came in the lounge and said something or other to me but when she said it, I sort of like switched off and I put everything in a little bag next to me but am pretty sure she saw what I was doing but I just acted like I don't know what's going on, but straight after that I turned around and I looked back and I was busy having a party but there wasn't anyone there (laughs)...so then when she walked out again, I stood up and I asked the people what they were doing in there, and then I walked out the back door into our shed and then took one of my friends that was not there (laughs) and I went to smoke with him in the shed... (Adam, ex-user)

(Anju: What did you dislike about smoking CM?) Um...mostly the fact that um...it felt like I was completely disconnected with my own body and mind...it was kind of like, you feel like you are a shell, a human being walking around...everything that...that you come to recognize or accept before the time you start smoking [CM]...you are aware...you are aware of those things, that they were there...but you are unable to identify what they were...or at best you are uncertain if it was like this or like that...so you are just completely lost...completely lost and uh...not just your decisions that you make have any groundwork to it because you just don't have anything to refer to anymore... (Tristan, ex-user)

...after you haven't slept for a few days, you are very fully aware of the fact that you are delirious and it's like not a very comfortable place to be at all, it's really, really uncomfortable and it's very scary and uh...but you'll continue to smoke knowing that it's gonna heighten your paranoia, heighten your sort of...well you sort of know you feel...you know...nothing actually, nothing is real, nothing is concrete anymore... (Tristan, ex-user)

...there was one that was the longest stretch when I'd just not slept, I completely, completely fucked out, I have flashbacks to being in one place and then I'm on the other side of town...then I'm like somewhere else, um, very horrible things, um, yeah well...like I don't actually know how

I ended up in this person's bed but I actually somehow got into bed in someone's house, um, apparently they were trying to wake me up and they could not wake me up...I was shaking, I was screaming at people like completely not...I'd get scared by myself in the bed, like complete fuck out like complete, complete, people they did not know if they should just lock up the room and like wait for me to get over it or if they should call the hospital and many of the people they did not even know who I was, so...like it was very...at that time I had not slept in 9 days... (Tristan, ex-user)

...you getting little sleep, you like mad you see, sometimes you think people want to make you dead and stuff you see...you hallucinating, see maybe it's, it's, it's raining, you see a lady with an umbrella...you see...that happened to me, saw a lady with an umbrella and I'm like running man because I'm, I'm seeing that like that is now a shotgun she's got now there...(laughs) yah but like I'm running you see and I'm running, running and...everywhere when I see now, I see there's someone coming and it looks like that to me and it's that lady and I was running like for like 2, 3 hours...from nothing...now I mean, if it comes to your conscious that time, maybe a few days after that, you sit still and you thinking 'But really, I'm fucking getting mad'...you see, yo... it's hectic man... (Greg, still using)

...you see...everything, you just, like the 2 of us are in a relationship, other times you went maybe shopping or whatever, or maybe you went with your family and stuff, I don't care because right, you went out, but now, you going and I'm on drugs now and you come back and it's like you were now by other...you see, other men or something you...you see, it's just like that, everything you just...opposite, you don't trust no one and that you see... (Greg, still using)

...in the beginning I could go for like a week smoking and I would still by the end of the week...like having slept only like a few hours or not at all, I would still feel like cool, I'd still be like happy...but in the end like I don't think like I really got high...and like uh...it was just sort of slightly there...but more of a...more of a wired sort of...confusion, like not knowing what is going on, like psychosis kind of...paranoid...not...not really high as in 'Yeah!' you know, more of like...which would drive me then to smoke more...cos you'd be like 'What's wrong with this

stuff? Is this just bad stuff?' or...you know what I mean? But in the meantime, it's just... (laughs)... (Jade, ex-user)

I'd like get home at 7, and I've got like so many hours or whatever to like...like sort everything out, get into bed before they get home but the whole time I wouldn't be able to, like I kept going to check if they were home all the time, like I'd have to go and check and I would not actually get anything done in that time and then they would finally get here and I'd, I'd just like go to my bed like they've been here the whole time (Jade, ex-user)

...and I definitely...I used to hear voices...and like I would like, um...I mean Tristan...oh my god, I was convinced that Tristan, when he had like a flat upstairs that was empty...when they were building, I was convinced that he would like tell me that he was going somewhere and he would like go upstairs and like he had a whole lot of people up there and he would have a party over there and they would like smoke and whatever and then he'd like come back down and like 'Oh no' you know...it was hectic, like I used to, it was hectic, there would be people at the door... I used to like go up the steps and listen at the other flat's door, like I could like hear them and yah, I used to do all kinds of things like that...yah, like especially towards the end when like I did not want to go anywhere, I did not want to do anything and he would like go out and he'd be like 'Look, I gotta go sort this thing out, I gotta go meet this person' or like I did not even know where he was going or what he was doing and like I was convinced that he was like cheating on me... (Jade, ex-user)

I was very paranoid, I used to think that people were walking on the roof because of the sounds that I heard on the roof...I was very paranoid for that, the seeing part was not so bad, but the hearing part...cos you are alert 24/7 and it felt like people walking on the roof and people are by the window and every time I use to like look out by the window, I used to look so up there by the roof and stuff like that used to make me paranoid, and hooters that's going off, then I think it's for me and so...sometimes I would hear...but it's like the TV and I would hear 'Come here, come here, Mia'...but in the meantime it's the TV, when I get up and I look, but then it's like, there's no one, the voices yah...I used to hear a lot of voices yah... 'Come Mia, there's a suckie (smoking device) for you...there's a suckie for you, there's a packet for you', and then I get up,

then I walk, then I go to the door and there's no one...or I'll hear like a stone...someone whistling, I think it's for me, there's a packet waiting for me so...that type of thing... (Mia, in recovery)

...there would be a lot of times where you know I would say 'There's somebody on the roof' or 'There's somebody in the room' or 'There's somebody in the house' and it would not be so, or I'll be like 'I saw something now', and it was nothing, um...you get hallucinations, I mean you also get to the point where your body is so exhausted that you pass out um...you don't sleep for a couple of days, um...you can't think straight... (Alysha, ex-user)

...it's like you start something and you just can't function, you know it's...there's a lot of negative things about the drug and there's times when you'll sit and you know that you did something...this is where the crazy part comes in, you'll sit and you'll know you did something and you'll hold your head and you'll think 'What is it that...where is it...what is it that I'm supposed to remember?' and that drives you insane because, or if you think, you put something here and now you want that thing and you can't find it and it's like...it's working on you because 'I know I put it there' and you are turning the whole house upside down and you are looking and you are looking and you can't find...and that is when you start getting...you think 'Hey, am I going mad?' (Alysha, ex-user)

...and sometimes I was awake maybe for a few days already...then I am tired already but I can't stop [using]...and it makes you hallucinate also /.../ like at the time I was living there, it started coming [mice] in the house, sometimes when there are flies flying, I started seeing the flies as [mice]...and afterwards I realized...(laughs)...I must stop because yah... (Haran, in recovery)

It made me forget...yah...because...like you put something down...like I have it in my hand now...and after a minute, I just...it's gone...or maybe we are talking about something, now you ask me where I am and I immediately forget...I just forget everything...(Haran, in recovery)

...sometimes I feel like somebody is chasing me and I just look past me, then I see nobody... (Shafie, in recovery)

...there's spiders, where it comes into the house, and it's walking against the ceiling, and sometimes when I use it, maybe after I've used it, then I'm laying in bed, there's times when I feel almost like it's walking all over me, then I will jump up and I will tell myself, 'There's nothing', it's just my body temperature rising, maybe the hair is rising or whatever, then I tell myself 'I'm just imagining myself', then I'll get back in the bed... (Saif, still using)

...but now I'm scared of spiders, I was never scared of them but because of that day, because I was like tripping on spiders, and now I have this phobia of spiders, so because of the drugs I, I'm scared of spiders /.../ cos what you seeing is what's in your mind and it's obviously what you feel is coming out and obviously you will be scared cos I mean it's your fear...oh and the first time, the spiders... (Melissa, in recovery)

...there was twice when I don't remember what happened the night because of that, there was like some parts, twice, there was like some parts that I can't remember actually because of how much I used, yah, so ya...kind of scary but if you with people you know and trust, that I think I trust, it's like, it makes it much easier to accept, like oh my god, anything could have happened... (Melissa, in recovery)

...I go on a trip, like I see things, like once I was sitting with my cousin but we were [smoking CM] in a car, but in the car we sat so like we can see the main road and then there's like the lamp post, the road lights, and I'm seeing these people [shouting] at me and I'm [shouting] back at these people and they are asking me 'What is wrong with you?', I'm saying 'Just look at those people, they are [shouting] at me' and...it's not...no people so, and that's as far as I went yah...and now like accusing the father of my child, hearing voices so...maybe I hear voices call him or him speaking to people and then it's not like what I'm hearing and so...(Rose, in recovery)

5.5.2.2 Collective psychological breaks

Two participants also spoke about discomfoting experiences that they lived through within a group of other CM users. Their respective stories depict a state which a group of users can collectively experience following a period of heavy consumption of the substance:

...often when people, well they refer to it as being 'spun', it's a sort of point that you get to when you been smoking a lot where sort of all sense just breaks down and when you have a group of people...you have 6, 7, 8 people sitting and talking to each other and they are actually...they hear that the other person has spoken but they have not recognized at all what they'd said, so either they'll just continue with what they have previously said or they will just start something new but all 8 of these people are doing it like with each other as if they are having a conversation, but they are all completely...like in their own heads...and like also I mean, um, you just, you feel it's part and parcel of that whole sort of like...you are not you...you are not anyone really...you are just this thing that smokes [CM], I don't know maybe there are people out there that are comfortable with being that way but like to me it's really, really horrible... (Tristan, ex-user)

...but then if you use too much and...then there's certain times during the night when everybody goes paranoid, it's like 2 o'clock, 4 o'clock when...it's like when you hear something, you like 'Who's that?' or you paranoid about who might come there or yah, everybody feels the same...if one's....if one's that way, then it makes everybody feel that way, it's almost like uh... (laughs) How do you say? It's like a, like um...contagious man the paranoia...it's contagious now... (Melissa, in recovery)

5.6 Other undesirable states

Participants spoke about some other states of being that they experienced as undesirable and that often came about as a direct result of using large quantities of CM over a period of time. Often these undesirable states would not only be experienced during a period of a 'comedown' but also accompany the actual desirable states sought by the user.

5.6.1 Frustration, anger and violence

Six participants' narratives describe one or more occasions whereby they experienced feelings of frustration and anger as a result of their maladaptive patterns of CM use. In some cases, these feelings of frustration and anger were physically manifested in the form of violence:

...you are frustrated if you don't have money to drug, to drug and stuff you see...and you frustrated, you get quickly frustrated man... (Greg, still using)

...afterwards it made me become like frustrated and irritated and the children's cries would irritate me...just looking at him would irritate me and I'd get...I'd, I'd become almost like...before it came to a point where I actually became violent /.../ he said one thing wrong and I lost it and I beat him up and then I said to him 'How does it feel?' I have this...I can still remember the smirk on my face /.../ and I said to him 'How does it feel? How does it feel being beaten up, being kicked while you're down...how does it feel when you feel your bones aching? /.../ you are actually capable of killing somebody if you are high because where the strength comes from, heaven only knows, but you get the strength to actually kill somebody...and the fact is you only have remorse like once the drug is worked out of you, once you on a comedown and you realise 'Oh god, what have I done?'... (Alysha, ex-user)

...when the drug is in my system, then I don't feel like I'm gonna pick my child up and I'm gonna kiss my child now and I'm gonna say to my child that I love you, and normally, my most...my eldest child, when she came in and the drug is in my system, then I just shout at her and I'm saying 'Go out, don't come in the house, go play outside!', even if she wants to be in the house, and she wants to kiss me, then I say 'Don't kiss me!' and stuff like that...(Laura, still using)

...but when I'm using the [CM], if I hear something then...um...I start getting aggravated, um...I get angry, I get violent, I will jump into the car, I'll go try and get that person so I can do something to him... (Saif, still using)

...sometimes I do get cross for the ways [my wife] is teaching my little one...where she teaches her 'Please', 'Thank you', where I tell her she must teach the little one um...the ways we say um...then she do it the opposite way um...then that is sometimes stuff that gets to me and then the cravings come out... (Saif, still using)

If I don't use anymore...then I feel tired...and aggressive and stuff then I must use more... (Shafie, in recovery)

...my sister, I treat her badly...and stuff like that... (Shafie, in recovery)

I used...I never shouted at my mother but I do it now and stuff like that...it's not nice... (Shafie, in recovery)

[CM] made me deceive my mommy, it made me...um, so irritated, agitated, it did everything negative...it made me a negative person from the time that I got heavy into it cos I used to do it every day... (Mia, in recovery)

5.6.2 "Feeling pathetic"

With regard to the initial effects of the substance, many participants explained how their onset of CM use increased their sense of self worth in a number of ways. Four participants however disclosed how as a result of their subsequent state of dependence, they eventually started seeing themselves as 'pathetic':

You become a very pathetic human being because everybody around you, everything around you, you just try to latch onto something that makes, that would make any sense to you but you can't and uh...yeah...you just feel like an incredibly, incredibly pathetic piece of nothing...(Tristan, ex-user)

...they say if you use it by yourself, it's kind of a bad thing (Anju: Why?) Because I mean, it's kind of like drinking, socializing you know but when you do...if someone goes to buy a beer and sits in the room, I mean it's bad, so if you go buy and go sit in your room and take hits, it's...it's very bad... (Anju: Has it happened to you that you ended up doing it by yourself?) (laughs)... yes...afterwards, I felt...then I started realizing, I'm pathetic and...that's after I took it now...before it's like the excitement of now going to take it, and then the numbness comes and then relax, then after that feeling, I think, I like realized 'Yo', not realized, that's when I realized that I'm an addict man, I'm starting to like go off now, like drift off my path that I'm supposed to be on, and I'm doing the wrong thing and I feel pathetic about myself, I feel worthless and then that, that triggers your mind to like 'Ok, now take another one, maybe you'll feel better afterwards' ... (Melissa, in recovery)

(Anju: What do you think it did to you?) Like really, really, sad and pathetic, empty person...like very unhappy and very...um...very...um like I did not care at all about anyone else's feelings...or

who or anything around me...like I did not care about anything...just as long as like...I did not even care about myself at all, like you lose all caring for anything...yah /.../ if I was upset or something, or like if I could see that Tristan was like getting uncomfortable in his surroundings or whatever I'd be like, I'd act like as if I don't know, or like 'I don't know what you are talking about' and be like cool because it would help me to just get over it and eventually I would go and find somewhere and I'd go sleep until I'd feel better again... (Jade, ex-user)

...that was six months that I was using and I went from having my...you know having everything I wanted and having um...at least respect for myself, I went from having respect for myself to having nothing... (Alysha, ex-user)

5.7 Relationships with other users

Seven participants within this study had partners who were also CM users. Four of them provided some details in terms of how CM use impacted on their romantic relationships. One participant, Laura, disclosed that her boyfriend was an occasional user. Despite the fact that her husband also smoked CM, Alysha carried out her CM consumption on her own. Thus her narrative about her own personal relationship with CM cannot be included in this section. The narratives of the remaining four participants are presented below:

(Anju: You've told me about how it has affected your behaviour towards your sister who also uses, how do you think it has changed your behaviour towards other people?) *It's changed my behaviour against my boyfriend yes, because why, when I use the drug and then I don't take note of him, then it's almost like I ignore him and I don't usually do stuff with him that I used to do...but when I'm not on it, then I'm the most loving kind person that I used to be, but when this drug is in my system, then I'm not...It's almost like I don't want him to be around me, and I don't want him to touch me and that sort of stuff... (Anju: And your boyfriend, does he use?) Yes, he does use...but he don't use it like I'm using it, it's because why, this is his first child and he is crazy about her (smiles) and he will do any, everything for her, so basically he's not so heavy on the drug like I am... (Laura, still using)*

...it started interfering with our relationship, like we did not really spend that much time alone...more like we would just go somewhere where we could smoke and be happy...it...it interfered in our relationship a lot...we could not...we could not connect, like at all, it was like...we were really, really distant from each other...so then it would be more in a group, I would find myself like going off without him, to my brother and do my own little thing, not because I liked those people, just because I could go and smoke there... (Jade, ex-user)

...like Tristan and I broke up about it and everything...and we like ok, we were gonna stop and he was gonna stop /.../ the fact that we broke up, we just took each other away from the other but we still had our little world with it... (Jade, ex-user)

...like my boyfriend, it made him very aggressive, violent...he'd sometimes beat me, so or he'd also hear voices, and then it's voices of other men speaking to me which is not true and then, he'd start getting vulgar and stuff /.../ we both realized it was a problem because we'd fight a lot of the times and say, he'd come from work on Fridays, get paid, we'd have [CM], we'd have money for [CM] on Fridays, then on Saturdays and then Sundays, we don't have money, then he'd start getting aggressive with me because there's no money for [CM], he'd start fighting with me, call me names and so, so it had very...it affected our relationship... (Rose, in recovery)

Most of the problems that I was having me and my wife...um, how do you explain this... she...she...started...uh...how do you call it...she started thinking I was involved with every other, with everybody...either maybe with money or with girls maybe and...we started using it together so...(Haran, in recovery)

5.8 The dependent self vs. external reality

Participants revealed how being dependent on CM meant not being able to function in or identify with the external drug-free reality, a reality which was sometimes described as frightening as well as insignificant with increased and prolonged CM use. As a result of enduring periods of sleep and food deprivation, users reported a decreased ability to function. Participants in this section illustrate how they lost control over their own selves, and/or that which constituted their external subjective CM-free reality. Practical responsibilities such as education and

employment, as well as personal responsibilities in the form of relationships (with non using friends, partners, parents or children) were described as some aspects of external reality which became difficult to sustain or were often neglected and/or abandoned.

5.8.1 Relationship shifts

All twelve participants within the study spoke about how their relationships with individuals who were non-users changed. Often relationships which existed with significant others became strained and sometimes even unsustainable. Below, the twelve participants account for the deterioration that their relationships underwent *vis à vis* non-using parents, friends, partners or children:

...every time, then I'm in a different mood, I snap at my mommy, I snap with my daddy, I snap with everybody in the house and I just wanna be out of the house /.../ I was totally different, nobody in that house knew me...my sister did not know who she was living with /.../ I used to keep me all to myself man, always one corner, one side...at that time I was a black sheep in the family...when I did it...cos I never used to communicate, I never used to go out with them, nothing, I just wanted to stay at home and be alone...that's what I did... (Mia, in recovery)

...any people that you had...any sort of caring relationship with cannot be sustained with [CM]...so that's one thing that you lose all those people /.../ you ultimately surround yourself with people who you don't really like...and they don't really like you...nobody really likes themselves in this...this surrounding so...you can't...you just feel like one person stuck in this world of things that are happening... (Tristan, ex-user)

...the people that was not using, they, they, they tend to, they can see there's something wrong with you, so then they ask you and you get all defensive and stuff, so that's the point when you start drifting away from them cos you feel uncomfortable in their company, it's almost like they pushing you down but in actual fact, they not, they just care about you so that's when I just drifted away and started hanging out more with the people that do [CM], that does [CM] /.../ you will even like sly out your friends so there is not too little for yourself, like friends for me is very important but I just threw them away for that...I used to have a lot of friends but, I just drifted away from them more, yah... (Melissa, in recovery)

...it makes you not able to socialize with the people that does not do it, you become like, not shy but like you like just want to extract yourself from the company of people that don't do it...it's kind of hard to like be on the same level as sober people when you are high and you think very low of yourself when you on it and when you are in the company of people that is sober and happy in their...high on life, you feel kind of bad about yourself...(Melissa, in recovery)

(Anju: How did smoking [CM] change your relationships with other people...your friends, people you were close to?) Most of the times you really stop seeing those people...because the circles you move in...you move where you are comfortable...and at times I would not go home for 2, 3 months... (Adam, ex-user)

...I don't worry about anyone in the house I come in and I just eat, 'Mommy, what is there?' I did not speak to her for a whole 2-3 months, the whole...my mother, my sister...my brother's son... (Greg, still using)

...my family, they saw there was something not right with me...my sister, I treat her badly /.../ I never shouted at my mother but I do it now and stuff like that... (Shafie, in recovery)

...because if he worked and he came from work, he got home, the food was on the table and you know, everything was sorted but I still...it was almost like...like you would make time for...there's a time for work, there's a time for play...that is the way I did everything and then afterwards when it came to about 3 months, 4 months and then I started unravelling where I could no longer keep up /.../ I did not worry about what they were eating because to me that was just you know 'You deal with it! I don't want to, I don't feel that I have to' you know... (Alysha, ex-user)

I don't need...uh...the little one of 2 years old...not fighting with my wife, I do [shout], I do swear, sometimes very rude, then after a while I will realize that I was wrong swearing at her, I will apologise to her, sometimes she accept it, sometimes she don't...most of the times she don't /.../ she started getting cross with me, um if I tell her I need to get money to...get something just to calm me...which is starting to become a problem for her, and I told myself, I have to stop, because why, she's my only support at the moment so I can't become a problem for her, she's already got the 2 kids, where it's a bit hard for her to look after him... (Saif, still using)

(Anju: And your relationship with your children?) *When I'm not using the drug, I feel like I'm a mother, I feel like 'Oh, I love my children', I kiss them and I hug and I talk to them, but when the drug is in my system, then I don't feel like I'm gonna pick my child up and I'm gonna kiss my child now and I'm gonna say to my child that 'I love you'... (Laura, still using)*

...relationships broke up cos I had many friends, they did not [smoke CM] and I started [smoking] and they started, like they broke up with me and so, because I was like the only one [smoking]... (Rose, in recovery)

...my parents don't believe in me, I grew up with people who don't believe in me anymore, they don't trust me, they don't, basically they don't want nothing to do with me anymore, so because of [CM], because it became a big part in my life, yah...and I started going less there... (Rose, in recovery)

...at home, studying and school and teachers and everything that yah, you are so disconnected from, like having to...like lunch break at school and having to like sit there with people that you don't give a shit about anymore, like you just want them to shut up like 'What are they even talking about?' You just gotta sit there cos where else are you gonna sit and eat during lunch? (Jade, ex-user)

...everything was like just scary especially when I used to get home, I used to be like so scared cos I had, like the whole week I had been making up lies to cover the lies, where I am, and what I'm doing and then I'd get home on the Sunday whatever I...like can't even remember...now [my mom is] gonna ask me 'How was the movie?' and I'm like 'Did I tell her what movie I saw?' but I can't work this all out now and how am I gonna...and I was so wired every time she would like try and speak to me and stuff and so you think like...like they know and purposefully asking you this cos like they trying to catch you out, it was so weird... (Jade, ex-user)

...like there was a lot of time I wasted...on using the drugs...instead of maybe spending time with my family... (Haran in recovery)

....and I can't support, I could not support my children anymore also...because every time I have money I would run back...go buy more... (Haran, in recovery)

5.8.2 Abandoning responsibilities

Eleven participants described the severity of their dependence by disclosing how they could not uphold responsibilities and obligations which characterized their external drug-free environment. Leaving or being dismissed from their jobs, neglecting studies, dropping out or decreased academic performance were the major themes which emerged from participants' narratives. For some individuals, parenting duties became increasingly difficult to fulfil and were in some cases neglected altogether.

5.8.2.1 Employment

Four participants talked about job related problems which came about as a result of CM use. Two participants left their jobs and one was dismissed from his workplace. A fourth participant spoke about how his job was at risk at the time he was interviewed:

...in the beginning, I did not realize actually...I was addicted to the drug...because I was working and every day I had money, food and...maybe a year later I started realizing...I started leaving my job...I was at home, did not have money also...and I realized I was getting thin also, and afterwards I only realized also I am addicted to [CM]... (Haran, in recovery)

I left my job, I did not even want to work...I work and I was on drugs, I work a week or two, of course I'm earning a little money, cos I'm earning like 1200 rands a week, and for me it's like less money because that's what, I know that's what I make in a day...if I take, take 2 phones and already say a 1000 rands that I've got...for a day, 10 minutes you see...(Greg, still using)

I used to work slow in the morning, because Monday mornings, the Sunday maybe I [smoked CM] and the Monday I don't feel...then I work slow and I don't worry, stuff like that...that's why I lost my job, every day I used to, I was at work but sometimes if I use it during the week...they say 'I'm working slow' and stuff like that...and that's why I lost my job... (Shafie, in recovery)

...the reason why I want to stop is um...my work was in jeopardy not so long ago...um...then I told them about the problem I've got, um...I asked them if I can take my leave...and whatever sick leave I've got left...to...I was gonna book myself into an in-patient programme for about a month, a month and a half, then he said they've got people they send...people to, if they've got a

problem...I told them 'Why can't I try my way first?' and they said if I'm gonna try my way first, then I have to resign from the company or they gonna have to fire me... (Saif, still using)

5.8.2.2 Education

Five participants related how their CM use affected their schooling. One participant dropped out of school because she fell pregnant. Two participants spoke about how their grades started dropping. The remaining two participants spoke about how they stopped attending their courses at their respective tertiary institutions:

I dropped out of school, I became pregnant...because like I'd do it on weekends and as I told you, the next morning you can't sleep and the Sunday you still can't sleep and then say you go, you get to sleep at 3 on Sunday and then I'm still tired on Monday and then I don't go to school the Monday, then the next day I'm still tired cos I only get to sleep the Monday night, and I'm still tired and so, I don't go to school, just, I start bunking to go and [smoke CM]... (Rose, in recovery)

Shortly, I wanted to drop out of school, last year I almost did not pass because of this, I stayed, last year and this year I stayed out so much times, I could not even tell you how much time... (Melissa, in recovery)

Well, um...my grades started dropping...I was an A student, I dropped to a D student... (Mia, in recovery)

...and then it got to the point where when I started varsity and I would stay at Tristan's house and I remember my mom would always phone like, 'You'd better go to varsity' and she'd phone to make sure I was awake in the morning and I was going to varsity and I'll be like 'I'm awake' and then I just would not go and...and yah...I did not... (Jade, ex-user)

...I completely abandoned my university... (Tristan, ex-user)

5.8.2.3 Parenting

Three participants reported that their parental duties were affected as a result of their CM use. One participant spoke about how he and his wife exposed their children to their substance use:

(Anju: Were they around when you were doing it?) *They were around sometimes...most of the times and...but...the one was always around...and the small one we always left him at home, then we run away, to go buy the drugs...then we came around we'd be with him or we just around... (Anju: Were they at an age where they knew what was going on or...?) The one yes...she is gonna be 3 now, but she always...she was watching us and she always said, so maybe when we busy, she say 'Mommy, give me also'... (Haran, in recovery)*

...I neglected the things that was most important to me and it became so drastic, it became so bad at the end, at the 6 months period, where I looked at my children and I would burst into tears because it makes you emotional as well, the drug itself makes you emotional as well, and naturally, I'm an emotional person, so I would look at my children and I would burst into tears thinking you know 'Do you still see me as a mother? I don't read you bed time stories anymore, I don't sing you nursery rhymes when you go to sleep, I don't sit with you until you go to sleep, I put you to sleep in your room and I close the door and I expect you to just doze off'...(Alysha, ex-user)

...when my child is crying, I... it's almost like I don't wanna hear her crying, I just ignore...that is when the drug is out of my system...and normally it takes 2 days to get the drug out of my system so when the 2 days are over, then I feel my normal self again...(Laura, still using)

5.9 Sexual and reproductive health

Within five female participants' narratives, some important themes related to sexual and reproductive health emerged. The loss of inhibitions that comes with smoking CM and which often leads to risky sexual behaviour was explicitly recounted by three female participants. Additionally, unprotected sex during the state of dependence resulted in unplanned pregnancy in the case of three participants. Two participants also shared their thoughts on whether smoking CM while pregnant affected their children:

(Anju: Can you tell me some of the experiences that you had on CM, good or bad, that looking back now, you think would have never occurred had you not been using?) *Um...yah...it's kind of personal but um...like when I was on it, like getting sexual with a guy but not at the beginning*

because at the beginning you don't, you still, you don't want to even look at a guy when you on your own buzz but when I got heavy into it, it's like...you just want to be...like close to someone man...and ...and yah, that's when I started getting sexual with like my boyfriend and whatever, something that I would not have done, like seeing that I'm so young and so on but yah you...it's kind of sad though that it would have to be because of that but yah... (Melissa, in recovery)

...so afterwards I took again...and I took again, and then we were like just sitting there and dancing and whatever...and then my cousin, my cousin?...my friend she was like with this other boy, with Peter, the opposite neighbour and his friend was also now busy trying to...try something or whatever...so at first I said 'No' ...so afterwards I said 'Ok fine' and so we like got together and it was now like a couple thing...and then they were busy and okay, I also got involved and I was busy with... (Mia, ex-user)

...like in general in life, I would never go and sit in a house like with 2 men I don't even know and like...and like let them do whatever but like I would, I like did and I ended up with like dealers and their friends...(Jade, ex-user)

I fell pregnant...and my mother...cos Tristan told my mother, cos Tristan did not want to have the baby...so Tristan told my mom that like Emma was conceived on drugs and then...so she knew and everything and everyone knew...(Jade, ex-user)

I carried on smoking while I found out...even after I found out that I was pregnant....and then only when I made that decision to have Emma that I stopped... (Jade, ex-user)

...Like my sister say...I got 3 children and um...you can say the 2 is now, not the eldest one but the other 2 is, I used the drug [CM] when I was...carrying them, the two, but my sister say the reason why I'm so on it, is because why, every man that comes along I sleep with...and, it's because I have the drug in my system...most people, most of my friends are sleeping with the guys to get it and stuff but I did not sleep with guys to get that...but my sister is saying so but I don't believe her and...I don't know... (Laura, still using)

...I was worried, because why, my son, he is now turning 2, basically, women that's pregnant they don't...they don't worry about their pregnancy...even if they are doing the drug, because

why, they don't worry but they gonna say now, um, 'My child is gonna be better, he's not going to have any problem when he is coming out' and all that stuff, but no, it's not so, because the child is going to be affected...because why, my son is affected...(Anju: Your son is affected?) But you can't see it, normally people can't see it but I, I did see it, because why...when he runs his leg is kind of twisted and his arm is, but you can't, nobody can see, but it's only just, just sometimes when it happens...and I can't say nothing about my baby because I used now, my baby's a month, she's turning a month tomorrow, later maybe probably I will see it, but I hope it's not so but...(Laura, still using)

(Anju: How old is your child?) 6 months... (Anju: Did you fall pregnant when you were smoking?)Yah... (Anju: And were you using while you were pregnant?)...yah, I did smoke for three months and then I quit...I quit yah... (Anju: Do you think that because you smoked at the beginning while you were pregnant, it may have had an impact on your child?) Not actually, because he's normal, he is not actually affected but we'll see as he grows old...I think yah, maybe he will walk late, talk late and so I think maybe it will affect him that way, so... (Rose, in recovery)

5.10 Chapter summary

This chapter focused on narratives about what it means to be dependent on CM. Withdrawal symptoms (due to the development of physiological dependence) and cravings for the substance (as a result of psychological dependence) characterized participants' daily existence and as such were the predominant states of being responsible for the range of maladaptive cognitive and behavioural patterns manifested by participants. Physiological and psychological deterioration brought on by prolonged CM use, and their resulting impact on the user was outlined. This chapter moreover illustrated the way in which participants' dependence on CM affected their relationships (with other users as well as non-users) and how responsibilities salient within their external CM-free reality became difficult to sustain. Some female participants' narratives about the effect of CM use on their sexual and reproductive health were further portrayed. The next chapter focuses on participants' pathways to recovery and thus illustrates their attempts at reconstructing a non CM-dependent identity.

CHAPTER 6: RESULTS III: PATHWAYS TO RECOVERY

6.1 Introduction

The current chapter investigates the processes which participants underwent or are undergoing in an attempt to reconstruct a non-dependent identity. As already discussed in Chapter 3 (See Section 3.1.1), the twelve participants within this study have been classified into three main groups namely, ex-users, individuals in recovery and users who are trying to stop their CM use. Within this final chapter of analysis, the way in which the participants ascribe meaning to their attempts at recovery is often closely influenced by their status as either a current user, user in recovery or ex-user. As such, within certain sections of the current chapter, narratives of participants are sometimes presented according to where participants fit in along the path of recovery.

First, this chapter presents narratives about participants' motivations for stopping CM use. Second, accounts about the experiences which individuals go through post CM use are illustrated. Participants' level of support within their immediate environment and their attitudes towards available treatment are also explored. This chapter furthermore presents participants' present and future goals and what they perceive as important in the maintenance of a non-dependent identity. Finally, the reflections of some ex-users and users in recovery (in relation to their overall experience of being dependent on CM) are presented.

6.2 Motivations for stopping use

6.2.1 *Ex-users' narratives*

Stories of four ex-users are illustrated below. At the time of the interview, Tristan and Jade had not used CM for over a year, Adam had not used for a period of seven months (prior to which he had only used the substance once in the four preceding months) and Alysha had not used for over two years:

(Anju: How did your recovery come about?) *Oh yah, ultimately I stopped using because um, the girl that I had occasionally been seeing at the time told me she was pregnant and she was gonna keep this child and I realized that unless I sobered up I was not gonna be able to function at all*

in this child's life /.../ and she's great! Well like if it was not for her, I don't...I don't know if I would even be alive today so... (Tristan, ex-user)

(Anju: What made you stop smoking?) I fell pregnant...and my mother...cos Tristan told my mother, cos Tristan did not want to have the baby...so Tristan told my mom that like Emma was conceived on drugs and then...so she knew and everything and everyone knew and like basically my option was like 'You have this baby, you coming clean and you sorting out your life or you are not having this baby and...you can become a drug addict and we will just disown you' ...

(Anju: When did you stop using?) I carried on smoking while I found out...even after I found out that I was pregnant...and then only when I made that decision to have Emma that I stopped... (Jade, ex-user)

(Anju: What brought on your decision to stop?) ...the first time that happened that I could not remember my name or that type of thing, it was such a big thing in the whole event of it...that was just the last part and it's sort of all you really remember, something like that or bad if I could say...once something bad enough happens and you sort of realize what's happening, then it's not a choice anymore...you just, I think you automatically just stop /.../ it was just, it came to a point, and it was... 'Carry on and don't get anywhere'...or 'Stop and actually try do something' ...it was not really a thought about decision, it was just like 'Ok, now I'm stopping' ...I decided that 'Ok, that's enough now' ... (Adam, ex-user)

...my main priority...was my children, that was what gave me the courage to say 'Enough!' um... 'Stop!' and I was lucky in a sense where I did not need to go for detox, I did not need to go for rehab...I just stopped on my own...I said 'This is not the life for me, I choose to stop' and then I stopped and I never looked back, I never tried it again /.../ like I replaced the drug with things that were more important, things that actually had meaning...that was actually real, unlike the drug that just kept on giving you an illusion of what you want...I had something in reality that I could live for...that I could create, that I could mould to what I wanted it to be... (Alysha, ex-user)

...I think a lot of the reason why I also stopped using is because I realised...I...I told myself you know what, all my life I've never been good enough and now I'm proving it, I'm using drugs,

I've gone, I've sunk to the lowest level, and then I said to myself, I gave a big 21st, my sister didn't, she was married, she was pregnant when she was 16, she was married, I gave a big wedding, my sister did not, I finished Matric, she never did, I have my driver's license, I have my gun licence, I was studying child psychology, and ok, I never finished my studies because I had to come back to Cape Town, so at the end, I was, I thought to myself 'I am better than what people say I am'... (Alysha, ex-user)

6.2.2 Narratives of individuals in recovery

Five participants within this study can be categorised as users in recovery. At the time when they were being interviewed, all five participants were undergoing drug counselling sessions in an out-patient drug centre. Of the five participants, two participants, Mia and Haran, stated that they had managed to quit CM use before going for counselling. Mia had been clean for over three months and Haran for five days. The remaining three participants declared that they only stopped using CM once they started coming to the drug counselling centre:

(Anju: What made you stop using?) It's the fact that I saw that it hurt my mom...oh my word...my mom...it got to my mom and it got to my dad...cos I was like me and my mommy we were always close, we were like alike man and the fact that I saw her face and it hurt me so badly...it hit me so bad that I could not even face myself, I could not look at myself in the mirror...and I could not look at my mommy, I could not...I was whole day isolated, I kept myself isolated from everybody because I could not stand the fact that I am hurting them... (Mia, in recovery)

(Anju: Ok...so why did you eventually come for help?) Well...because in case I get to the point where again that pressure comes...because if I go into...wherever I walk into Maitland, everybody knows me and all of them smoke and if they invite me, I can say 'No' cos there was a time that I used to go and then I put my mind onto it now "No, I'm not gonna smoke" but, then it's like I just get into it without me realizing it...and I like just wanted to become stronger man, cos I am a strong person but I don't think that I am strong enough for that yet /.../ and the reason why I'm here also is to help myself, to motivate myself, to move further, to say 'No'... (Mia, in recovery)

(Anju: What made you come to [the drug centre]?) *I was going down...I always had money and stuff like that but, if I do that, then I never have money...and actually for my girlfriend's sake also because...she cried and stuff like that...(Shafie, in recovery)*

(Anju: Have you stopped using?) *Yah, at this time of my life now, yes, um, exactly um, this is exactly 2 weeks, I think today is exactly 2 weeks yah... (Anju: What made you stop using?) My mother and Matric...Matric, cos you can't, you can't pass if you on something, totally you cannot and my mother, I stopped for her, honestly I told all my friends, if it was not for me being in Matric and me and my mother going through all this, I probably would not have stopped... (Melissa, in recovery)*

(Anju: What brought your decision to come to the drug counselling centre?) *(laughs)...because I was getting all thin...I don't have clothes anymore, and I must support my children and my wife...so I just told...started telling myself I must stop /.../ they sent my wife away...for rehab also...then I started trying, started trying to come to this place so...but when I came here, I was already five days clean...um...yah /.../ I just felt um...if she is coming back from rehab, I must be ready...I must not use drugs anymore... (Haran, in recovery)*

(Anju: What made you decide to come for help?) *For the sake of my child and it's not the way to go, and 'Yo', I look terrible, thin, my face was going in like that... (Rose, in recovery)*

6.2.3 Narratives of users who are trying to stop

At the time they were interviewed, the three participants who were still using CM were also attending counselling sessions at a drug centre. Two had had a relapse three and four days prior to being interviewed. The third participant simply stated that she was still using at that stage:

(Anju: What brought your decision to come to [the drug centre]?) *You see...yo...I'm me by myself also, I'm going down because I don't know myself like that...some of my friends yah, that's not on drugs...they clean...They like tell me 'Eh, Greg, what you doing? See you are going down and what and what', you see and I'm like shy you see, I don't even want to mix with them and that, all that now, it makes me...made me, now I thought...that's why I came here...you see...otherwise, I would not have come here /.../ I was sitting last weekend Thursday...I was*

sitting outside...I was deciding to come in, why? Because I did not have a cent to pay, you see stuff that keep me back...you see I have not got a mother that I am doing this for or whatever...I am doing it for myself... (Anju: Are you still using at the moment?) Me...I'm on rehab nah, but I can tell you...I had a relapse, yah, once now, in 2 weeks now I had a relapse already... (Anju: You had a relapse?) Thursday (four days before the interview), yah, because they were whole time speaking of drugs, I was starting to crave, the whole time crave, crave, crave...yah, I was craving, craving, craving, craving, they were like speaking, and just everything is just about drugs and you see... (Greg, still using)

I'm trying to stop, it's a bit hard...struggling to leave it /.../ so I'm trying for about 3 months now to stop, it's a bit hard, it's very hard... (Anju: Tell me...when was the last time that you used?) The last time it was on Friday (three days before the interview)...um...I smoked it cos I could not get out of bed to go to work...no energy...um... (Anju: What would you say is the main reason for you to have come to [the drug centre]?) Main reason for me to have come here...um...where I realized that I'm gonna lose my job, if I lose my job, it's gonna be my fault, there's no one that's gonna be willing to keep me, money...uh...where I saw a lot of people lose their children...the marriages break up...the one, maybe the husband he kills himself, then I told myself 'I'm not gonna go through the same thing, losing my wife, losing my kids', um going on the streets, doing stuff that I don't want to do, that is my main reason why I told myself, 'I'm gonna sort myself out' and come here also... (Saif, still using)

(Anju: Are you still using?) Yes... (Anju: What motivated you now to come to [the drug centre]?) Mostly it's my children, I'm thinking about them because why, I know that what I'm doing is wrong, mostly not for me but for my children and I know if I'm not gonna stop now, they gonna take my children away from me and at the end of the day, I'm gonna, I'm gonna sit with nothing, then I'm gonna be a drug addict on my own with no children and that stuff...I don't wanna do that because why, I love my children a lot and I'm not doing it for myself or for my family and what, I'm doing it for them, that's why I can, when the group sessions here, that's why when I stand up and then the first thing on my mind, I'm thinking about them...I am gonna stop, I know I'm gonna stop and I'm not doing it for myself, I'm doing it for them because why, I want them to have a better life and I don't want them to have a life that I had and I don't want

them to grow up and when my child is 8 years old, and 8 year olds are also using that stuff, I don't want her to use it, and I don't want my other children to use it, that's why if I'm not gonna stop now, I don't know what is gonna happen, that's why... (Laura, still using)

6.3 Post use effects

Eight participants who stopped using CM spoke about how they felt post use. Sleeping was common as a method to help in the recovery process. One participant however stated that post use, she had been struggling to sleep:

For the first few days, you sort of don't know what to do with yourself, um ...I just basically started working day, and sleep and work, and sleep and work... I stopped going to, out to see people, stopped doing all those things, I sort of just really withdrew from everyone I knew and everything I used to do, I withdrew from that... (Adam, ex-user)

(Anju: And when you stopped using, how did you deal with that?) *Well...um...I was...ok...I was ...how can I say? I was shaky...it's just the fact that I never, there was not anything to kill my problems, there was not anything to kill my pain first of all and the pain got to me man...cos I always look for other ways to...I'll subside the pain, I'll like compress it, I'll put it somewhere, that's what I always used to do but I could not do that anymore, first of all and then but like I used to sleep, I slept a lot, I ate a lot...I was whole day, everyday in the house, every single time I'm in the bed, you'll see me in the bed, I'll like get hot flushes, I'll itch...I'll itch like...out of nowhere, I'll start itching, I'll scratch and my mommy like gave me this detoxing tablets also...*

(Anju: Did it help?) *It helped...I was like restless also man...for a month...it went on for a month cos my mom kept me in her room, like just to watch me man...and I could not sit still, I was always...there was a time when I broke down also...and my mom was of course there and she helped me and... 'Don't worry...' and the priest also came in and they were like, there was a whole...and I went to church, all of that and my mommy took me to my sister also so I stayed there also and that's like what brought me up again...(Mia, in recovery)*

...I used to get a lot of headaches and migraines but I never used to...now when people talk about it, I also...I think about it 'Hey, I can' but then I withdraw that thought first of all...that's

what I do /.../ I think the after effects now, my hair is falling out now, because I don't do it anymore...my hair's falling out at the moment nah, I get this, this like red stuff in my neck and my body and I scratch and it's like red...spots on my skin I get that...I get pimples...and am, I'm now more relaxed also now... (Mia, in recovery)

(Anju: How have you been feeling since you stopped using?) In the beginning, I was just feeling tired...I'm always hungry...back pains, headaches...sometimes I get a pain here under my heart... (Anju: And any withdrawal symptoms?) I just go to sleep again... (Haran, in recovery)

(Anju: How are you feeling now?) In the beginning it was tough...because I was tired and...but I...if I feel like I wanna do it again, then I just go sleep or I by me relax and I just sit at home... (Shafie, in recovery)

...the only thing that I experienced was like sleeping forever and maybe like toothache or something like that, but nothing major like back pain or anything like that...(Alysha, ex-user)

(Anju: How long has it been since you stopped using?) Say 3 weeks... (Anju: How's that going?) It's fine, but I just don't like...I've used [CM] and dagga, so but, I don't sleep that well at night and like I'll wake up in the middle of the night and then be awake for a couple of hours and then I'll doze away for 5 minutes or so, and wake up again, but when I was under the influence of it, I'd sleep right through, so it's not, it's not nice...(Rose, in recovery)

(Anju: Was it a difficult phase?) Um...not really to stay away from it because...under the circumstances like I was not...I was not surrounded by that I mean anymore, and I was not really allowed to like go anywhere, my mom knew and also like in my mind I was like...like ok, I have...like I became really, really scared that I had somehow damaged the baby and like that was hanging on me all the time, and so I just thought maybe when I'm not pregnant like after I've had her or whatever...and then over the months when my mind was cleared, I just...it just was like "How could I possibly go back and do that all again?", knowing like how I was then...if I've come this far /.../ and there were times when I would think like 'How am I gonna get my hands on just like a little bit?' or whatever...and then like over the months when I was pregnant,

because I was not going out and I was not like...my mom knew about it, and I was just like at home and, like I just did not... (Jade, ex-user)

I've realized when...that I had a big gap in my whole like growing up...um...and I had lost all my friends...I had not maintained anything that should have been important to me...so now I was sober but I have nothing...I had to like rebuild everything and also I did not know who I was, and like um...also I was really depressed, and now I have this baby and 'What am I gonna do?' and like 'Ohhhh' /.../ like even though like I felt better...like when I was alone and no one was around, it was really, really scary...it was scary, now I actually have to face the world, like there's no excuse and I can't bury myself in anything...and I, I can't not just care cos I do care now... (Jade, ex-user)

(Anju: How have you been feeling these 2 weeks you have not been smoking?) Oh my god (laughs)...I feel energetic, I feel excited for nothing, and I feel happy, it's like...even until the last week, the beginning of the week also, like...like...ok, the first week, it was like more about during the day it will be horrible...between the first week and the second week, it was more like 'ok', at night I won't feel so lekker, and I'll be edgy, in the morning when I wake up, I'll feel heavy, so it's different totally but I feel, there will be each time during the day where I feel very excited and happy for myself...and I'm clean and stuff...(Melissa, in recovery)

...I'm a very strong minded person, like if I put my mind to it, so the second I think about [CM], it's like, it's like I think and then I like, this is what happens, I think and then I move forward and I get to this craving part and I move quickly, think of something else, you have to think positive when you try to stop...it is very difficult... (Melissa, in recovery)

6.4 Support

Participants spoke about their levels of support or lack thereof. In the case of participants who were attending counselling sessions, they were asked about their support system outside of the drug centre. Rose stated that she was on her own with regard to her recovery process (even though she reported that she and her boyfriend decided to come for counselling sessions together). Earlier in his narrative, Greg stated that he was receiving no support from anyone but

towards the end of his story he disclosed that his mother and sister were beginning to show some interest in his attempts at recovery:

I came to make an appointment...the 2nd of January...nobody knew...yah because it's been like 4, 5, 6 months...I've... "I need help, I need help, I need help", I've been speaking to my mother and stuff but everybody's just thinking like "You are mad on the [CM] man...you are speaking stuff" and so... "Hey wait man, you are mad" ...so like that, you don't worry anymore like by me, I don't worry anymore what I do because like my own family don't have interest in me so, why worry? (Greg, still using)

...my sister's now...like this morning she was like more, she like smoked now a cigarette...I can see...someone was in my room...it must be she because, and she smoked and she has not got a pack of cigarettes, it was a loose cigarette but she nipped it and put it there for me because she knows and they are now again a little more concerned...like my mother tell me, "Hey...", so I can see man...everybody like that I thought nah, they don't like me anymore...they are not interested, they becoming now...they putting effort in, so it showed me...they want to help me...like my mother also spoke to me and told me "Yah, you know one thing I'm glad...because I see you...because you went yourself there" ...and so man...yah...(Greg, still using)

... my mommy's still disappointed, yes, no doubt about it, cos she can't believe her youngest daughter went into it...and I told her 'Look here, this is how I felt, and why I did it' and so I told her 'I promise...', she told me it's the first time and the last time she's gonna help me cos if I go into it, if I go into it again, she's not gonna do it, and I still wanna get far in life, I still wanna do a lot with myself...so I told her I can't, I'm not gonna do it and my daddy also, he's coming around, everybody is coming around in the house... (Mia, ex-user)

...well lucky for me my auntie was always sending me money into my bank account and making sure I've got money and things like that... (Adam, ex-user)

(Anju: How do you get along with your wife?) My wife, she is actually the only support that I have...um...there's no one that supports me if I say I've got a problem or anything...if I say I need money, there's no one I can go ask in the house or brother or any other family, I've got a

friend that I used to work with, he's no more working now for the company, he's the only one that I can run to...if I really need something um...he's a really good inspiration in my life um...so it's only my wife and then it's him, that's the support I've got /.../ I can't go without her also, she is a very great help to me, um, knowing she is looking after my children, knowing...there is someone looking after them...and giving me support, all the support that I need /.../ the guy I'm working with at the moment, he is very supportive...I think he's a very big help also... (Saif, still using)

(Anju: Do you have any support outside of the drug centre?) Yes, my granny and my uncle...

(Anju: So, they know that you are using?) Yes...they are the reason that I'm here, because why, they agreed, and they phoned here and...it's because of them that I'm here...and they are bringing us here and they are taking us home, and they are just doing anything in their power to help me stop the drug... (Laura, still using)

...my mother just stayed out from work because...I'll just run over the road, I told her cos I had to tell her cos I'm honest I mean, I'm not gonna help myself if I'm not honest, I told her 'Mommy you need to be here because I will run over the road, and I'll go to my brother and so you have to be here'... cos I'm not strong enough at the moment... (Melissa, in recovery)

(Anju: At this point in time do you have anybody that supports you?) Now? No, just the father of my child who supports his child, and that's it... (Anju: And do you have any type of support from anybody, someone who you can talk to and who can encourage you to go further?) No, I'm doing this on my own... (Rose, in recovery)

...(my wife) was waiting for...this time...for January to come, since last year, she was told they were gonna send her away...her mother...so when they sent her away...I was still a week at home and still using it...and afterwards I told my mother to bring me here... (Haran, in recovery)

...my family...everybody supports me, they just try to help me so... (Anju: Ok, so your family, your girlfriend, they are helping you?) Yes, they are supporting me in every way that they can... (Shafie, in recovery)

...I think a lot of those people don't have what I had living with my parents, I had so much support... (Jade, ex-user)

...(my boyfriend) always motivates me, he always encourages me, he always tells me you know, 'You don't need that, don't think about that, don't worry about that'...and that is also the good thing because neither of us use, we don't drink, we don't...ok, we smoke cigarettes, but that is... that is it...and we both have a past and we both also know better and we encourage each other... (Alysha, ex-user)

6.5 Attitude towards treatment centres

Participants were asked about their views on treatment programmes specifically tailored for CM users. Of the twelve participants, only Adam had never been to any type of drug rehabilitation centre. Tristan and Jade sought help at NA (Narcotics Anonymous) while they were still heavily dependent on the substance. However when they eventually stopped using, Tristan and Jade did not seek any type of treatment to help them overcome their dependence. Jade consulted a psychologist only after her baby was born (roughly a year after she stopped using). Alysha sought help almost two years after she stopped using. Below participants' views about treatment are presented in relation to their status as ex-user, user in recovery or current user:

6.5.1 Ex-users' narratives

(Anju: And did you ever seek professional help?) I did /.../ I went to see a counsellor at varsity, um, she told me that it was out of their scope to help me... she referred me to an addiction centre in Kenilworth NA, I went to see a psychologist, he told me about the 12-step programs, he said... well he thought that I should be in in-patient for 3 weeks followed by a 12-step program, I had been to a few meetings... um this was the previous year... with my girlfriend because her mom found out that we were... and she suggested but I mean... I found that the approach though great was not going to be successful with me, um, and also I found that those meetings just made me want to go smoke more, like myself and my girlfriend at the time we would very often end the meeting and go smoke even though we had not smoked that whole week ... (Tristan, ex-user)

(Anju: Do you think that there is a specific treatment tailored for [CM] users?) *No. /.../ from what I've heard, the success rate of people who do go to...is not that high, it's not...I think it's...the drug...the moment...the moment that a user right is an adult, you cannot force them to participate in a treatment program /.../ with this drug like I think that people themselves don't recognize that they have a problem...they just don't recognize it, like they know their life has gone down the drain and instead of identifying it as the drug being the cause, they just not ready to...do you know what I mean, they just not ready to let it go /.../ I think that something very very different and innovative needs to come along which specifically treats this drug... (Tristan, ex-user)*

(Anju: Did you ever seek professional help?) *No...I didn't, I don't believe in it...I think it's people trying to make money off wanting to help people...and I don't think that's right... (Adam, ex-user)*

...as far as I know anyone that is smoking won't go to rehab and if they are forced into rehab, when they come out they will go smoke straight away again /.../ if you can't get hold of [CM], you can always take other drugs to like prolong it for...however long you need to prolong it for until you get it /.../ I believe if someone's gonna stop, they will stop on their own but if they go and look for help, it's in the back of their head, they are thinking 'I don't really want to stop... I want to carry on but maybe I should just go find some help, and see what comes of it or whatever', but I can honestly say not one person I know that's gone to get help or gone to rehab or gone to clinics or things like that have stopped completely...they all still go back... (Adam, ex-user)

(Anju: Do you think that there is any rehabilitation programme in Cape Town that is specifically targeted at people who are [CM] abusers?) *I know there are lots of them but I do not believe they work...I think the help is good and whatever...they want and if they can afford it...but still they should not even bother going there if they have not decided that 'No, I'm going to stop'...cos even with that they would already be stopping, they would not still need to go and get the help, they would just be able to keep themselves back... (Adam, ex-user)*

(Anju: Did you ever seek any type of help?) *Um...only after I had, only after I [had Emma]...I went to a psychologist or something, but not before...oh wait we did go to NA, yah, that was the first time my mom caught us and she thought we'd stopped but I remember actually leaving a meeting once to go and smoke...(laughs)...but that actually did not help...it just opened my eyes up to how many people out there are like smoking, and different kinds of people out there, like people you would never think...like just sitting there and like telling you they'd been taking drugs for seven years, they've been clean for three days...it's like hectic... 'This chick could be my teacher or something' ...weird like, just people you know... (Jade, ex-user)*

(Anju: Do you think there is available a particular sort of programme tailored for [CM] users?) *I think it can help but I think it needs to be over a really long period of time because it's more the after effects /.../ if you go into some kind of rehab or something like for 2 weeks, it's not gonna...for a [CM] habit...it's gotta be like over a year, long enough for you to stop smoking, recover and rebuild something for you to like actually feel good about...I think a lot of those people don't have what I had living with my parents, I had so much support, so they like stop smoking but like what do they have? Life's not...life is not really better without it so...what's the point? So it's like at least, that way, they are with what they know and the people that they know...cos you have to just disconnect with all of it... (Jade, ex-user)*

(Anju: Do you find that the treatment being offered here, although you are personally coming to group even though you have recovered, but do you think the treatment here is helpful or can be helpful?) *Yes, I think it is, because a lot of the things that I've, I've learnt in the sessions is actually things that I can use now even though I'm clean...um, I can still use it, it still helps me like self-esteem, um, we did a session on anger management, there's a few sessions that we did where you get to express yourself and you get to deal with things um...you are more aware of what causes these feelings and what causes these things that you do and whatever the cause is /.../ when I started here, it was partly because of (my family) and then mainly also because I was interested in it /.../ and when coming here and speaking to (my counsellor) and telling her how I feel, you know just, opening up to somebody, um...somebody who did not pass judgment, somebody who would not...that would speak in her opinion but would not put me down or that*

person down but would look at both sides of the story, and also you know weigh both options...um...it helped me a lot... (Alysha, ex-user)

6.5.2 Narratives of individuals in recovery

(Anju: What do you expect to come out of these sessions the few weeks that you gonna be here?) I don't expect it to help me because before I came here, I stopped myself...but...it's still ok...I just thought maybe they could help me...like the things they do...the talks, stuff they talk and stuff...I can say it is useful as you start learning stuff about the drug also, it's not good for you /.../ I don't think it's gonna help a lot of other people...because like I said it's totally up to you...only you can help yourself...so...other people...who's gonna help them?, because they might have to get something maybe to stay off it...where I, I maybe...don't need something to stay off it /.../ like the other guy, Greg, he said in the week, he needs something to make him stop...now maybe more of them are gonna need something to make them stop... (Haran, in recovery)

(Anju: What do you think of the programme they are offering at [the drug centre]?) It's helping me...not a lot but ok... (Shafie, in recovery)

(Anju: Do you think that there is a specific treatment that is helpful for [CM] users?) No...because it hangs from yourself, it's like you've got to put your mind to it and say that I don't want to because once you've tried [CM], I guarantee you, you want to go back to tik because it's addictive, it's very addictive, it makes you want to go back, you like the feeling... (Rose, in recovery)

(Anju: How long have you been coming to the programme for?) Thursday is gonna be my 3rd week...and it helped me a lot but actually, how can I say?, it opened my mind to actually reality, what actually happened to me /.../ the worse...the worse...sometimes when people came to me in this time, people came to me 'Come we go smoke', so I tell them 'No'...and I can actually see by going through this programme, it helped me to say 'No' to it...and actually I, that's what I want because...I don't want that anymore in my life... (Mia, in recovery)

6.5.3 Narratives of users who are trying to stop

(Anju: What do you think the programs will be able to do in order to help you?) *My counsellor, she is explaining a lot to me and I've given her a lot of answers and I've been honest and straight to her so I know that they are gonna help me and I know that if I leave here, I'm gonna be clean, I'm not gonna use it anymore... (Laura, still using)*

(Anju: How have your sessions been going?) *You learning man, I like to learn you see yah...now I'm learning right a little about the reality of...more you see...the reality what's life really about and so you see...yah... (Anju: Do you think that coming here for treatment will help you or is helping you?) Only on that day...the next day...maybe the day before /.../ But they need to do workshops maybe...something to keep me busy...like today...what am I doing today? What am I doing tomorrow? What am I doing after tomorrow? I need to keep me busy...that's why I say, I need to, by me I need to be booked in maybe in a rehab and I know now...so I can stay away...periodly away... (Greg, still using)*

(Anju: Having been coming here you said since March (three months prior to being interviewed), how are you finding your group sessions?) *It is helping a lot, it is a very great help, knowing I must come here if I used, coming here I feel very guilty...knowing that I used, I have to say to the group that I used, where I feel very bad....um...where they will tell me that I was... 'It's not necessary to use', for me it's like they (shouting at) me, it's more motivation...towards me using again...put pressure on me to stop /.../ that is also more motivation...but (the drug centre) for me, it's a great help, a very great experience and I think if I finish here, I can help someone else with the information that I got from here... (Saif, still using)*

I'm still using it now at the moment, just for the craving...say after I've managed now so far when I started at (the drug centre), I started with 3 days, then I went on to 4 days without it, I managed to get to 7 days to stay clean for the 7 days, after the 7 days, I just have to get it...um...it's the cravings and it's almost like the body does need it...after the 7 day, 7th day, say after the 6th day...I have to sleep, it's like I have to sleep whole day, if I get up, it's to get to the toilet, it's hard to get up, to get to the toilet or to eat something, then I will go back to sleep...(Saif, still using)

6.6 The present and future

Participants were asked about their salient circumstances and whether they had any short term or long term future endeavours. Identifying and reaching the goals set for oneself was a very important theme within participants' narratives. The most common goals included finding employment, completing (or furthering) one's education, and taking care of children. The need for purpose was as such an underlying theme in most participants' stories:

(Anju: So where are you at now?) ...in terms of where I want my life to be or...I've recovered in that sense, I've managed to identify goals, where I wanna be and I've managed to put myself into an environment and get the tools to do that...um, however there are more subtle things that need to be worked on...for example, finding the time to...to...um, expand my friends base for example, you know, I've still got a lot of work to do with the friends that I had cos I had very close friends before I'd started smoking and our relationships all got incredibly fucked up, even though fortunately for me, they were all still there, the relationship got really messed up...once the recovery...once well, you know the initial part had to be all about me, get myself sorted out and now obviously, now that I feel that I'm on the right path and know where my life is going, I'm comfortable enough to have people be close to me and intimate, so that still...that still needs to be worked on and um, just, also like for example, you know I used to be a very relaxed person...I still am, but not as much as I would like to be, the fact that I've had to put a lot of pressure on myself to get certain things done, so it's difficult to be relaxed sometimes...so that's another thing... (Tristan, ex-user)

(Anju: Where are you at now with yourself?) Um...I think that with having Emma and what's happening right now with moving to Kenya, I think I'm doing pretty well considering I mean, I think of people who did well at school and whatever and they still sitting around and doing the same old thing and like here I am, it's not my opportunity really, it's Tristan's opportunity and I'm going with him, so it's quite an opportunity you know...and I think I'm doing well with Emma and like...yah... (Jade, ex-user)

I'm becoming the person who used to be lively...talk a lot, loud...cos I'm a loud person...and um, like okay, having fun, making people laugh, I am becoming that...and becoming the person

that I used to be...I actually think that I am also changing into someone else because I am becoming more determined to achieve my goals, I am becoming more determined to get what I want, to get what I'm striving for which is to go study further and to get work now at the moment, and so I think actually the...the...[CM] actually made me aware of what is...what...what's out there besides that...besides the negative thing...and to...like... how can I say? ...if you don't...if you can't motivate yourself...no one else is gonna motivate you...that's what made me like move forward...cos my mom's behind me, my dad's behind me...so I can't actually go wrong...that's why, so I think actually I am becoming a better person because...how can I now...I'm becoming more open minded about things, more aware about things...what is actually out there and what can be done to your future, stuff like that... (Mia, in recovery)

...I need to do better stuff in my life man...become involved in programmes...maybe, or just something that can...can give me...something that can give me focus...because if I go from (the drug centre) now, I'm going to sit now in the corner now...I'm going in...at home I'm alone there whole day...because like my mother is working and my sister is working /.../ because by me, at all times really, while I was in drugs...I had nothing to do...and I've got a lot of money...although I don't have money now but I've got nothing to do...that's why I'm going to drugs...to use drugs... (Greg, still using)

...I need to get me a job...that's what I think...I need to further my education...everything I wanted to do...see, yah...help the youth you see /.../ I want to take me out of drugs I want to...help people...what I want to do to help people...motivation...you see...give kids something to do because government took all that away from kids...you see, we used to have centres in the afternoon, you come out of school...there's centres you can go play darts, there's carom boards, and volleyball and stuff you see, they've taken all that away...and we used to get it in Civics and all that, they've taken all that away...what are the kids now going to do? ...they are on the streets...big people is using them...using children and stuff...doing this, doing that you see...really man, they're like treating the children, cos I know, I've been there and done that so...(pretends to shoot himself in the head, with sound effect) (Greg, still using)

(Anju: What's the next step after [the drug centre]?) *I think I should just find me a job which keeps my mind off it...that's (laughs)...mostly all....start supporting my children....(Haran, in recovery)*

(Where are you at now with your life... and where do you see yourself in the future?) *I'm looking for work...I don't have a job at the moment... (Shafie, in recovery)*

(Anju: So...what are your plans for now and onwards?) *To stay clean, to move forward in life...to...reach the goals I set in my life /.../ just to reach the goal I set in my life, um to get all the stuff back that I had, and to become the person I was...um...I know it's not nice for other people, the person I was, I don't want to be exactly the same person...um...I say I was a bit how can I say? I would have bought me takkies of money that no one would have spent on takkies, on jeans, jackets...I would have bought me takkies of 2 grand, 2 ½ grand, I will buy me a jeans where people would say 'You buy that jeans, you could have given us the money to spend on food, and clothing and whatever' /.../ so I want to become that person again but not exactly that person...knowing I had the support from everyone, to get their support again, to be the lucky person I was... (Saif, still using)*

(Anju: Where are you at now in terms of your goals?) *Ok, first of all, I want to say I feel much better than I did 2 weeks ago, much better, and now I know what I wanna study, and in those 2 weeks, but now I know what I wanna do and I'm much positive on that and my school work and you know this is how it's going on, it's like a week, like Monday we were supposed to start writing but we only like writing this week coming, Monday, so God has been good to me because he has postponed this whole week so I can study and I think that I would not have been able to study if I was on it, so stopping has made me much more wiser I would say, in doing what I'm supposed to do, yah and... (Melissa, in recovery)*

(Anju: Where are you at now...any plans?) *Well, right now, uh...I've got a very exciting future that I'm looking forward to...um, my boyfriend and I are planning to get married and then it's the change of religion and at the moment I'm looking for a place of my own as well, I'm starting life like fresh...um, the one bad thing about...ok, I won't say bad thing about it, the only thing that I did not, that I'm not really happy with is the fact that I'm cutting my family out of my life*

but um...I have to do it for the sake of my well-being so that I don't have that negativity in my life because that is the negativity that dragged me down in the first place...it made me vulnerable, it made me weak, so um, that I'm cutting out of my life and I've got...I've just got a very, well...the future that I've always wanted, um...a loving husband, um...my children, a place of my own, and that's all that I'm working for now... (Alysha, ex-user)

(Anju: What are your future goals you have set for yourself?) My goal is...I wanna be a mother for my children, a successful mother, I wanna work, I wanna become a doctor hopefully, I'm gonna study, maybe I will study for it...and I hope and I pray that I am gonna get what I want, that my goals are gonna be like how I want them to be... (Anju: Any short term plans for the next few months?) While I'm here taking the classes and then I wanna go look for part time jobs for me, that will keep me also busy, my mind off the drug and stuff like that...you must keep you busy and not in the area that the drug is, mostly you must...if the drug is in that area, you must take you out of the area...you must go to places or go...if you want to, then you go to the mall or stuff like that, that is just to ease your mind, to take your mind off the drug... (Laura, still using)

(Anju: Where are you at now at this point in time and where do you see yourself in the next few months?) I'm basically, I'm still at the same point but just not [smoking], still down there, just not [smoking], in a few months I want to see myself up there working, earning a good salary for myself but what I actually want is to go and study again, go to school again...I dropped out at Grade 11, so I'd like to finish Grade 11, that's it... (Rose, in recovery)

6.7 Retrospect

Six participants who stopped using (i.e. within the group of ex-users and users in recovery) reflected on their past experiences with the substance and in so doing, they revealed how they had come to perceive their period of use within the post use phase. Most of their narratives depict their past relationship with the drug in a negative light although four participants also attempted to take something positive out of their respective experiences:

(Anju: Looking back, would you say there was any positive aspects to it?) For me personally, yeah like it introduced me to a lot of things like...like I said in the beginning, as a human being it

could have easily been learnt in like a different format, at a different time, in a different way but like I, I think...like a real sense of failure, something which I never ever experienced in my life and uh...ok, I suppose once again it's all stuff that's post, I'd never ever in my life ever felt proud of anything I'd done until I managed to stop smoking [CM]...I guess there were lots of positive things about it but the overpowering sense of pain and not nice that comes along with [CM] like, it's difficult to actually identify anything as having been great...cos on the whole, um...I'm trying to think of an analogy here...um...it's kind of like if someone came to an athlete and said 'Okay, if I inject this liquid into your legs right...you can now go race and you'll be the fastest runner that's ever run the 100 metres but then you'll never get to race again but then next week you gonna have to amputate your legs cos they gonna be fucked up'...um...would that have...what...what was the good that came out of it? Uh yah...I did this, I...but there was a price, would the person look back and really say 'Hey...like...I did it, that was the positive'...his legs are gone... (laughs)... (Tristan, ex-user)

...if I could change that...turn back the hands of time, the first time I took [CM], the first time that I started...if I could, I would change that immediately...the reason being is because I lost so many time and so many things...because of doing [CM], I lost so many time and things that I could have done, I could have been further now with myself...but because of that time that I lost I have to regain it...but it actually opened my eyes...in a sense it is a negative thing, in a sense it is a positive thing because it motivated me more to achieve what I want and it...it held me back yes...but at least I have a second chance of fulfilling my dream...(Mia, in recovery)

(Anju: What have you learnt about yourself?) It's a sense of achievement to like have stopped...but I don't think you think of it as an achievement or anything like that...it's just something that sort of happened and you did not have control over at the time but you got control back...so you feel in control again... (Adam, ex-user)

...it feels like from where I did not ever have this stuff until now that part of my life has been cut out...I just picked up from where I left...so there's like a lot of my life missing and things I never really learnt, things I never really learnt properly...from when I started smoking till basically last year there's not very much that I can remember...I mean I can remember everything that

happened but it's, it does not help me at all...it does not, it has no benefit to my life now...

(Adam, ex-user)

...drugs were not good for me...because it just ruined my whole life...like I don't know if I can be the same person that I ever was...maybe...and I mean sometimes I don't think...like there was a lot of time I wasted...on using the drugs...instead of maybe spending time with my family...and maybe the way I think and sometimes I still forget a lot of stuff because of the drugs also...

(Haran, in recovery)

...my brain is not the same, like I really struggle to...to put thoughts together to actually get out to people...like I know what I want to say...well then even still now, I still have not re-learnt like...re-learnt like how it feels just to talk to people...like I know what I want to say in my mind, and it frustrates me, to have to try and put it together to get it out so I just won't... (Jade, ex-user)

...the way I see it is...it was a very big lesson that I learnt...it was something that I'll always carry with me as an experience /.../ I've been there, I've done that and I stopped and I'm happy, I'm healthy and I've got my whole life ahead of me...if you...if you honestly look at it, how long are you gonna be around?...how many times are you gonna lose your temper before somebody pulls a gun at you and shoots you?...how many times are you gonna get so, so worked up that your body is gonna stop functioning?, because that is what [CM] does, you work yourself up to such a state where you pass out and your body is totally exhausted, it drains your body, and are you gonna wait until it kills you or are you gonna kill it?' (Alysha, ex-user)

6.8 Chapter summary

This chapter investigated the processes that individuals undergo in an attempt to construct a non-dependent identity. Participants' motivations for CM use cessation were illustrated according to their status as a current user, user in recovery or ex-user. The post use effects following the cessation of CM use as well as participants' levels of support were also presented. Participants' attitudes toward treatment centres were also conveyed and explored in relation to their status as either a current user or user who has ceased use. Their present and future endeavours were

moreover illustrated in order to gain some understanding with regard to how they intended to encourage (in the case of current users) or maintain abstinence. Finally some participants provided some reflections about how they perceived their past dependence from the point of view of someone who had ceased CM use.

CHAPTER 7: DISCUSSION AND CONCLUSION

7.1 Introduction

This chapter presents a synthesis of the findings which were previously illustrated in Chapters 4, 5 and 6. The main findings which emerged from the study are compared to and situated within the context of previous research conducted in the field of substance abuse, focussing specifically on the use and abuse of CM. In respecting the parameters set for the thesis, only those studies which appear most relevant for the purposes of the current study are included. This chapter also discusses some of the salient limitations of the study. Some recommendations for future research are also included.

7.2 Reflexivity

Crossley (2000, p.103) contends that “[t]he narrative psychological researcher, as in other qualitative and discursively oriented approaches, believes that the material used in any kind of analysis is deeply influenced by the researcher...Rather than collecting ‘neutral’ data, the narrative psychological researcher frames the question, picks the participants and interacts with them to produce data that can then be used for analysis.” Hollway and Jefferson (2000) claim that it is crucial that researchers reflexively reflect on the impact that their centrality and subjectivity have in relation to how they perceive and interpret their interview material.

As a female non-South African of Indian origin, I did not culturally have much in common with any of my participants, except for sharing a somewhat similar age group (which in itself may have helped to some extent in bridging the gap between interviewer and interviewee). Most participants could tell right from our first encounter that I was not South African due to my accent and also because during the course of certain interviews, I sometimes asked individuals to explain certain Afrikaans words which I was not familiar with. Indeed, once many participants realised that I was not fluent in Afrikaans, they often offered explanations without me asking during the course of the interview, and this seemed to indicate that they wanted me to understand their stories as fully as possible.

Being a non-user perhaps also created a certain distance between me as the researcher and the participants. However, I felt that most participants and I managed to establish a sound enough rapport as participants generally appeared comfortable enough during the course of the interview to share their stories which at times were quite personal and sometimes even painful. Moreover, whenever I asked for some clarification or extra information about their experiences, participants were usually not unwilling to provide more details where possible.

Therefore in putting together the present research paper, I have paid close attention to my centrality and subjectivity as both the fieldworker for and author of the study. The way in which I have presented the findings and rendered my interpretations may have been influenced to some extent by my authority as researcher but I have nevertheless tried my best to illustrate the user's perspective on his or her dependence as accurately as possible. Thus, I acknowledge the responsibility of my role as the researcher and co-constructer of participants' stories.

7.3 Findings

7.3.1 Reasons for onset of use

Participants' narratives suggested three main reasons which contributed to the onset of CM use, i.e. curiosity, peer pressure and to avoid states of psychological discomfort. Indeed, some important reasons for the onset of drug use identified in previous research are peer pressure, drug availability and curiosity (Cretzmeyer et al., 2003; Fishbein & Pease, 1996). Curiosity and/or peer pressure were significant in initiating CM use in the case of eight of the twelve participants. For these participants, it appeared that the effects of the substance were learnt and enjoyed because of CM's capacity to make the individual feel good by inducing feelings of euphoria, energy and confidence. The consumption of CM has moreover been specifically associated with sensation seeking reasons, i.e. to have fun, to 'get high' and to party (Brecht et al., 2007; Semple et al., 2004). Thus, initial experimentation with CM seemed to consist of a period whereby the drug was consumed because the pleasurable states which resulted from the consumption of the substance were found to be very rewarding. As Robinson and Berridge (2000) state, substances are frequently used because of the remembered pleasure anticipated and produced each time the drug is consumed.

In contrast to these eight participants, the remaining four participants' onset of use was not driven by the desire to achieve more pleasurable states *per se*. CM was used due to the substance's capacity to alleviate stressful and/or painful states, and this constituted the primary effect identified with and learnt as rewarding. According to learning theory, a decrease in discomforting psychological states such as stress, tension and anxiety brought on by substance use negatively reinforces the user (McNeece & DiNitto, 1994). The present study found that users indeed learnt that smoking CM could alleviate unwanted states by replacing them with more rewarding states and it was clear that this learnt response was often responsible for contributing to problem use in individuals.

Participants described a range of pleasurable effects brought on by the consumption of CM. Certain effects of CM were usually considered more rewarding than others depending on the subjective user and the type of feelings sought by that particular individual. CM's capacity to increase one's energy levels was one of the most common effects described by participants. Many studies have found that one of the most perceptible effects of consuming CM is a state of arousal and wakefulness, often characterized by increased energy levels and hyperactivity (Murray, 1998; Schlaadt & Shannon, 1994; Yacoubian & Peters, 2004). Participants within the study enjoyed this enhanced physical state for three main reasons. Within social settings, a significant increase in one's energy levels, often accompanied by euphoria, was enjoyed because it encouraged and enhanced verbal interaction with peers. Increased energy was also enjoyed because it heightened the user's experience of dancing and partying. The use of stimulants such as CM on the dance scene indeed appears to be a common phenomenon (Csémy et al., 2002; Plüddemann et al., 2003; Semple et al., 2004). Some participants moreover disclosed that they felt more productive because of the increased levels of energy they experienced following the use of CM. The perceived increase in one's productivity has been documented as an important motivation for CM use among females (Cretzmeyer et al., 2003) and was also comparable to the current study.

Participants' narratives also included some important depictions of the psychological shift the substance was capable of generating. According to many participants' accounts, smoking CM was especially enjoyable in the initial stages of use because the drug produced altered states of

mind which enhanced the individual's sense of self worth. These rewarding psychological states were often characterised by feelings of power and control, fearlessness, increased self-esteem and confidence as well as heightened intellectual and creative ability. States brought on by the consumption of CM and comprising feelings of mastery, power and control are well documented in the literature and mirror the effects experienced and described by participants within this study (Murray, 1998; Schlaadt & Shannon, 1994; Sommers et al., 2006; Wermuth, 2000; Yacoubian & Peters, 2004).

Other than the gradual development of physiological dependence, participants' narratives pointed towards three main reasons for the inception of a regular pattern of use. Firstly, CM use was generally maintained because the powerful effects generated were simply very enjoyable. CM's capacity to generate immediate satisfaction appeared to be another central reason for the on-going consumption of the substance. CM's potential to instantaneously make the user feel significantly better appeared to be paramount in participants' development of problem use. The capacity of CM to bring about instantaneous euphoria has been documented in past research (Levinthal, 1996). Derlet and Heischober (1990) have reported that the popularity of CM use appears to be directly related to the immediate euphoric effects generated from the substance's rapid absorption from the lungs.

Participants who, right from the beginning, used CM in order to eliminate discomforting psychological states appeared to maintain their use of the substance because of an inability to deal with perceived on-going stressful situations. Many participants who initially started using CM as a result of curiosity and/or peer pressure often eventually continued using CM in order to eliminate stressful states (often brought on by onset of maladaptive CM use). As such, another major reason for maintaining CM use as depicted by participants was because the substance served as a powerful stress eliminator.

Some key factors were identified as potential precipitators as well as perpetrators of CM use. Many participants stated that the consumption of CM as a primary substance of abuse was usually situated within a broader pattern of substance use, whereby one or more substances were often consumed in combination with CM. Polydrug patterns of substance use in fact appear to

be a recurring phenomenon in the study of CM users (Baker et al., 2004; Darke & Hall, 1995; Nemoto et al., 2002; Vincent et al., 1999).

Easy availability of CM was probably the strongest precipitating as well as perpetuating factor with regard to CM use. Many users spoke about their belief that 'everybody uses it' within their respective communities and these participants' narratives seemed to suggest that CM use was perceived as acceptable by virtue of its popularity. Being part of a community where CM use is rife or belonging to a drug subculture often contributed to the user developing a new lifestyle whereby the consumption of CM became perceived as the norm. Qualitative studies about CM use, including the various elements responsible for sustaining an individual's problem use, remain sparse. However, a recent study conducted on young Thai users suggests that drug ubiquity is a major contributor to the problem of CM abuse. One's level of exposure to CM before onset of use, the availability of the substance as well as the extent of use among peer groups are significant factors that contribute to abuse (German et al., 2008).

A potentially important finding related to drug availability was found within this study and was accounted for as an initial effect within the analysis. Three participants related that the first few times they tried out CM, they 'felt nothing', and that the powerful effects of smoking were experienced to their full intensity only when larger quantities of CM were eventually consumed. Being in an environment where peers were consuming the drug and portraying enjoyment appeared to encourage further experimentation and thus further use. Sommers et al. (2006) conducted a qualitative study among young adults and found that a large proportion of their sample (n=106) increased their consumption of methamphetamine within days of onset of use. Once again, other than the rewarding physical and psychological effects of the substance, the availability of methamphetamine was responsible for this pattern of rapid escalation in use. It seems then that drug ubiquity could moreover incite individuals who have tried the substance a few times and experienced nothing to experiment further and develop a regular pattern of use once the pleasurable effects are experienced and learnt.

7.3.2 Dependent states

Participants' narratives shed much light on some significant aspects of their drug-related identity change, brought on by severe and prolonged use of the substance. Increased frequency of use (for example daily use), increased consumption of CM and stopping and restarting use after varying periods of abstinence (ranging from a few days to months) were often suggestive of the alluring nature of the substance in sustaining the user's ongoing interest as well as perceived need to feel the effects of CM again.

In describing many of the unpleasant aspects of being dependent on CM, participants spoke about the 'comedown', a state characterised by the after effects of the substance once the sought after effects of the drug wear off. Withdrawal symptoms and cravings, salient during the comedown, were in fact key characteristics which defined the user's reality. CM dependence thus appeared to be mainly sustained by the need to continuously use CM in order to eliminate the unpleasant withdrawal symptoms and cravings brought on by severe and prolonged use.

The continuous need for more CM despite the knowledge that patterns of use were extremely maladaptive was indicative of the extent to which users were unable to control their use of the substance. Some participants also disclosed how they felt the need to use CM from the moment they woke up in the morning. This pattern of use often pointed towards the user's perceived inability to function unless he or she was intoxicated on CM. Thus, some users disclosed how at some point, CM use eventually turned into a necessity.

Financial ruin was common among participants and many strategies were as a result employed in order to sustain dependence. Selling possessions, borrowing money or lying in order to get hold of money, as well as stealing other people's money and possessions, were the main strategies used so as to support one's drug problem. Forming new relationships with individuals who could support one's drug habit was another strategy that one participant utilised in order to obtain the substance. One participant also spoke about how he started selling the substance himself (although he eventually recruited someone else to sell CM for him) in order to support his dependence. Financial problems appear to be common in dependent CM users as illustrated within the literature (Hando et al., 1997; Semple et al., 2005).

Extended periods of sleep and food deprivation were commonly experienced by participants since the consumption of CM perpetuates wakefulness and eliminates both fatigue and hunger. Food deprivation was especially important in one's physiological deterioration and weight loss, shortness of breath, skin problems and a range of bodily pains were the most common physiological symptoms described by users. Side effects associated with the abuse of CM are well documented within the literature. Headaches, bodily pains, insomnia, weight loss, fatigue, shortness of breath and poor appetite have been discussed within Hando et al.'s (1997) study of CM users.

Psychological deterioration was common among users and may have been linked to sleep deprivation. Some individuals described instances whereby they experienced some severe, albeit brief, psychotic states. These psychological breaks from reality were often characterised by a perceived loss of control over the situation users found themselves in. Feelings of paranoia were common and other psychotic symptoms such as visual and auditory hallucinations were also recounted by most users. A number of studies have identified the presence of psychotic symptoms among CM abusers (Derlet and Heischober, 1990; Matsumoto et al., 2002; Sommers et al., 2006). A study conducted by Brecht and colleagues in fact revealed that hallucinations were experienced by 61% of users within their sample, pointing towards the fact that psychotic symptoms are quite widespread among the CM using population.

Two participants reported states of psychological breakdown which were experienced collectively with other users. This collective breakdown in psychological functioning was said to be brought on by the consumption of large quantities of CM within a group of users. Collective paranoia was experienced by one participant who had been smoking within a group of users. Another participant spoke about his experience of a collective state of fragmentation which rendered logical communication between fellow users unachievable.

Sustained use of CM was often accompanied by a number of other undesirable effects typified by feelings of anger and frustration. Some participants also depicted instances whereby these feelings would either be manifested physically (in the form of violence) or verbally towards others. Some participants who became aware of the fact that they had a serious problem with

CM divulged that they started to perceive themselves as 'pathetic' because of their inability to gain control over their dependence. Cohen and colleagues (2003) found that past and current interpersonal violence is common among the majority of people who enter treatment for methamphetamine dependence. Zweben and colleagues (2004) also reported that methamphetamine use is responsible for violent behaviour especially in the intoxication phase and that many problems are experienced by users as a result of difficulty in controlling anger. Studies have moreover shown that the experience of paranoia induces high rates of violence among users (Cohen et al., 2003; Schlaadt and Shannon, 1994; Sommers et al., 2006).

Having partners who were also CM users was quite common within this study and participants' narratives provided clear indications of how relationships with other users became quite difficult to sustain. Users' inability to function in and identify with their external drug free reality further pointed towards the debilitating effects of CM abuse. Participants further disclosed how the quality of their relationships with non-using significant others also became very strained and at times untenable as a result of their prolonged CM use.

Participants' narratives revealed the difficulty in maintaining many of the responsibilities which characterised their everyday non-dependent existence and thus important aspects of their daily lives were often under threat and sometimes even abandoned as a result of CM dependence. Participants who were also parents spoke about how as a result of their dependence, important responsibilities such as taking care of children ceased to be a priority. Wermuth (2000) contends that taking care and protecting children often become secondary relative to the activity of smoking CM. McKetin and Mattick (1997) conducted a study with younger individuals and found that the abuse of CM resulted in problems associated with concentration and thus affected the users' work performance or studies. Both younger and older users within this study often had difficulty performing work related tasks and as a result, studies or jobs were often abandoned.

In the case of three female participants, unprotected sex while under the influence of CM resulted in pregnancy. The loss of inhibitions brought on by the consumption of CM thus appeared to be especially important with regard to issues pertaining to sexual and reproductive

health. A study conducted by Molitor and colleagues (1999) revealed that CM use is connected to increased sexual activity. The notion that consuming CM impairs judgement in terms of the potential negative consequences of sexual risk-taking behaviours was in fact evident within these female participants' narratives.

7.3.3 Pathways to recovery

In exploring individuals' motivations for quitting use, participants' status as a current user or user who has ceased use (in the case of ex-users and users in recovery) significantly influenced the way in which they understood and ascribed meaning to their attempts at recovery. A qualitative study conducted by McIntosh and McKeganey (2000, p. 1502) investigated addicts' narratives of recovery and pointed towards how "narratives may be used by addicts as an integral part of the process of coming off illegal drugs; specifically, by helping them to construct a non-addict identity for themselves." This view is highly regarded by proponents of NA and AA as well (Davis & Jansen, 1998; Rafalovich, 1999). Within the present study, participants' narratives were somewhat instructive in terms of where they were at with regard to their attempts at constructing a non-dependent identity. The fact that the sample of participants comprised current users, users in recovery and ex-users was significant in revealing participants' different positions along the path of recovery and thus generated some interesting findings in relation to users' recovery processes.

One of the main motivations for cessation of CM consumption within the present study was the need to take care of one's child/children in the case of certain participants who were parents. Two participants moreover ceased CM use because they conceived a child. An ex-user also spoke about how following a severe psychological breakdown, he came to the realisation that it was time to stop consuming CM as smoking was no longer furthering any purpose. The identification of a so-called 'turning point' within an individual's drug using career has been recognised in past literature and has been moreover perceived as paramount in the user's decision to quit using substances (Prins, 1994; Shaffer & Jones, 1989). This turning point is generally accompanied by an experience or event which is said to trigger a decision and triggers can either be positive (e.g., the birth of a child) or negative (e.g., an unexpected deterioration in

health) (McIntosh & McKeganey, 2000). Some participants within this study indeed recounted such triggers.

One current user stated that an awareness that he was unable to mix with his non-using friends was one of his main incentives for trying to cease CM use. The realisation that CM consumption was causing grief to loved ones such as family members and/or partners was another motivation for stopping use. Some additional reasons for CM cessation were characterised by 1) ongoing experiences of financial ruin, 2) wanting (to be sober in order to) be able to complete one's education, 3) concern over losing one's family, 4) concern over the possibility of losing one's job and 5) concern about one's deteriorating health.

Research investigating the motivations for cessation of CM use in particular is rare. A recent qualitative study was conducted by German and colleagues (2006) in order to explore the motivations for methamphetamine cessation among young people in Thailand (n=48). The study also found that the experience of severe psychological problems was influential in motivating cessation of CM use. However, the inability to accomplish personal goals (such as schooling and job related tasks) and the negative impact of CM use on personal relationships were reported as important incentives to stop use.

In general, most participants' narratives indicated that they could not cease their CM use for their own selves but rather having a strong external motivating factor was crucial in encouraging them to stop. However, the notion that cessation of CM use had to be firstly internally driven was recounted by many of these same participants. Nevertheless, findings about motivations for CM use cessation within the present study are in line with past research with regard to the importance of external influences in bringing about, or at least, encouraging termination of substance use (e.g., Gossop, Battersby & Strang, 1991).

Most participants who stopped using CM spoke about some of the post use effects which they experienced. Although there were some fundamental similarities within participants' narratives in relation to their experiences post use, their accounts for the most part were fairly distinctive. Fatigue and hunger were the two most common post use effects reported by participants. Some other effects experienced included headaches, back pains and a state of restlessness. Other

states salient during the period following cessation of use consisted of feeling 'shaky', itchy and scared (as a result of no longer having something to immediately eliminate states of psychological discomfort, i.e. cravings). One participant additionally disclosed that she experienced hair loss. Another participant spoke about the difficulty she encountered with falling asleep post use. Cantwell and McBride (1998) conducted a study with past and current amphetamine users (n=50) who were attending treatment in order to investigate their previous attempts at stopping amphetamine use. The researchers found that amphetamine abstinence resulted in withdrawal symptoms which most frequently comprised irritability, musculoskeletal pains, depressed mood and impaired social functioning. Similar findings have been found by others (e.g., Churchill, Burgess, Pead & Gill, 1993; Newton, Kalechstein, Duran, Vansluis and Luis, 2004).

The most common strategy employed in order to deal with the undesirable effects following the cessation of CM consumption involved sleeping. McGregor and colleagues (2005), in their cross-sectional study involving twenty one participants who were undergoing treatment for methamphetamine abuse, found that sleeping was one of the predominant features within the phase of withdrawal following cessation of methamphetamine use. Many participants in the present study seemed to purposefully stay at home during their period of recovery in order to avoid the temptations of smoking CM again. Thus, staying away from the subculture of people who were still using CM also appeared to be an important step in helping individuals stay sober. In the case of two participants, the need for supervision by a family member was described as essential in keeping individuals from succumbing to their perceived need for the substance. One participant ingested detoxification tablets and also received the visit of a priest in an attempt to help her in her recovery process. Participants' narratives were also indicative of the fact that having support is a significant element in encouraging one to stop use as well as in the maintenance of sobriety. The significance of support in encouraging users to quit substance use as well as maintaining abstinence is well documented in the literature (e.g., German et al., 2006).

Four participants (four ex-users) within this study did not seek any professional treatment at the time when they in fact stopped CM use. Three of these participants were recruited outside of a drug centre (i.e. through word of mouth). Although the fourth participant was recruited from a

drug centre, it was clear that her recovery process was not brought on by her attendance at the treatment centre since she only sought treatment more than two years after she had stopped using CM. Three ex-users shared somewhat similar views with regard to the quality of treatment available for CM users. In general, they believed that the treatment currently available for CM abuse was not helpful (two of them had personal experiences with a treatment centre when they were still using but found that instead of motivating them to stop use, counselling sessions made them want to smoke more). Research points to the fact that it is not at all unusual for substance users to surmount their problem use without any form of treatment (Klingemann, 1994). Some studies have found that the percentage of problem users who are able to overcome their dependence without resorting to treatment may equal, and in some instances be greater than, the percentage of users who actually have to seek treatment in order to recover from substance dependence (e.g., Cunningham, 1999; Stall & Biernacki, 1986).

The belief that treatment is not helpful unless the user has made a conscious decision to stop using CM prior to entering a treatment programme was salient within participants' narratives. Participants within German et al.'s study (2006, p.1149) indicated that "in-patient treatment programs were capable of enabling successful [CM] cessation for those who were ready to quit, but emphasized that one's willingness to quit was the strongest influence on successful cessation." Four participants (three users in recovery and one current user) stated that although they had been attending counselling sessions, they did not perceive the sessions as particularly useful. One participant who was still using CM after attending counselling sessions for three months indicated that he found the treatment offered at the drug centre helpful but the fact that he was still using suggested otherwise. As such, most participants' perceptions towards treatment suggested that treatment *per se* is not responsible for making a user stop consuming CM but rather could be important in helping individuals maintain sobriety once they had stopped on their own.

An integral part of the recovery process entailed the ability of individuals to reflect on their current circumstances and endeavours for the future. As a result, identifying goals was considered paramount in helping individuals to move forward in their recovery process. The most common goals outlined by participants included finding employment, completing or

furthering one's education and taking care of one's children. Essentially a sense of purpose was identified as vital in helping participants maintain sobriety, since being idle was a state described by many participants as encouraging the use of CM.

Some participants (ex-users and users in recovery) reflected on their overall experience with CM post use. Most participants perceived their former dependence in a negative light although an attempt at taking something positive out of the experience was also made by a few individuals. Regaining control over one's life was an important aspect of cessation of use which contributed to bringing about a certain sense of achievement within the ex-user. One individual also spoke about how she perceived her previous dependence as a learning experience. Two participants spoke about how their experience with CM had been a waste of time. Two participants additionally disclosed that they still experienced some cognitive difficulties post use. In their study, McIntosh and McKeganey (2000) found that individuals' constructions of non-addict identities often comprised more than just their ability to negatively reflect back on their previous states of dependence. "An equally important aspect of their narratives of recovery involved presenting the future as an opportunity for them to reclaim control over their lives and to fulfil the potential they felt that had had prior to becoming involved with drugs" (McIntosh and McKeganey, 2000, p. 1506).

7.4 Limitations of the study

The sample size utilised for the purposes of the present study was small in that only twelve participants were recruited. Thus it would be somewhat difficult to gauge how typical the stories related by participants are in relation to the experiences of the overall population of CM users. However, the accounts rendered by participants involved some common fundamental themes which were in line with and added to past literature on the subject of CM dependence. The research study was driven by the need to obtain an informative and in-depth understanding of what constitutes the reality of the CM user and thus the quality of the accounts rendered was perceived as more important than the quantity of accounts collected.

Another limitation of this study is that most participants who were interviewed disclosed some patterns of polydrug use. These were not explored in depth due to the parameters set for the

present study. However, it has been suggested that stimulant users are generally users of other substances as well. In a study about stimulant use conducted by Harris and Bakti (2000), it was found that the frequent use of other substances of abuse was a confounding factor. However a sample of stimulant users who did not use other substances would perhaps not be representative of the stimulant users within a particular community, given that the use of multiple substances is very common among stimulant users.

Participants recruited for the purposes of this study included individuals who were either attending treatment centres or had ceased CM use on their own. Thus another possible sampling issue is that participants within this particular study may not have been representative of other users who are dependent on CM and/or do not present for treatment.

7.5 Recommendations for future research

The CM problem is a complex one and there are a number of ways that the phenomenon needs to be understood before any type of effective intervention can be formulated. The present study sought to investigate personal accounts of CM users and therefore was driven by the need to explore subjective experiences from the insider's perspective. As is usually common within qualitative research, all data gathering was completed in full before any type of analysis was carried out. As a result, the researcher's ability to explore certain emerging themes within participants' narratives was impeded. However, participants' accounts suggested that other than looking at the problem on the individual level, it may be important to gain more knowledge about those factors outside of the individual which impact on his or her use and abuse of the substance. Thus it is recommended that any future studies thoroughly analyse the CM problem from a more interpersonal and societal level, in order to get a clearer picture of what combination of variables come together in order to sustain the individual's maladaptive behaviour.

Generally speaking, the assumption that the CM phenomenon is mostly a so-called 'Coloured' problem is prominent since the abuse of CM is known to be rife within Coloured communities across the Cape Flats. A study which comprises a wider variety of users (not only in terms of race but also age and gender) might be useful in shedding more light on users' motivations for use. Moreover a person's race, age and gender may influence his or her pathways to recovery.

Thus it is suggested that future research should especially explore the differences and similarities salient within different groups of people who abuse the substance. For example, teenagers who abuse CM may be in need of a completely different form of treatment as opposed to older groups of users. Similarly, females may need a more distinctive form of treatment due to issues of sexual and reproductive health. In a similar vein, couples who abuse the substance may require more specific types of intervention. Thus the findings which emerged from the study seemed to reveal that no one specific treatment is going to be able to aid the whole range of people abusing the substance.

This study also found that the CM problem is often embedded within a broader pattern of multiple drug use. As such, the abuse of CM in combination with other drugs may necessitate a more specialised form of treatment. The motivations for multiple drug use should be explored in its own right before the way in which the use of CM situates itself within this pattern of use can be more fully understood.

7.6 Conclusion

The present study entailed an investigation of the patterns of use of CM-dependent individuals, and served to generate qualitative knowledge about the trends of abuse as well as the characteristics of individuals who abuse this substance within the local context of Cape Town, South Africa. The prevalence of a range of incapacitating physiological as well as psychological symptoms, and its resulting impact on the cognitive and behavioural functioning of users, is indicative of the extent to which dependence on this substance can become an extremely debilitating problem. CM ubiquity appears to play a major role in the onset as well as abuse of this substance and the youth appear to be particularly at risk due to the influence of peer pressure in motivating drug experimentation. Treatment available for CM dependence is generally not perceived as helpful and it appears that specialised treatment strategies might be needed in order to handle different types of users (e.g., teenagers and mothers) more effectively.

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APPENDIX A

INTERVIEW SCHEDULE

(Interview schedule modified depending on who is being interviewed, i.e. current users or ex-users)

How were you introduced to 'tik'?

Why do you think you started using?

How long have you been smoking 'tik' for? (How long did you smoke 'tik' for? How long has it been since you stopped using?)

Why are you still using? (What made you stop using?)

(How was it post-use?)

Are you using other substances? (Were you using other substances?)

Do you enjoy smoking 'tik'? (Did you enjoy smoking 'tik' when you were using?)

What do you enjoy about it? (What did you enjoy about it?)

How do you use 'tik'? (How were you using 'tik'?) (Alone or with a group of regular users?)

Can you tell me some of your experiences on 'tik', events/situations that would have perhaps never occurred had you not been smoking?

What do you dislike about smoking 'tik'? (What did you dislike about smoking 'tik'?)

Could you describe some of your bad 'trips'?

What were the feelings experienced in these instances? (Psychological and/or physical functioning)

Do you feel your smoking 'tik' is a problem? (Do you think your smoking 'tik' was a problem?)

What has made you seek professional help? (for those who have sought help) (Did you ever seek professional help?)

Do you think there is a specific treatment available for 'tik' users who would like help?

Where are you at now in your life?

Is there anything else that you would like to add?

Additionally, for ex-users:

Can you tell me how you went about your recovery process?

APPENDIX B

Background Information sheet

Gender:

Age:

Marital status:

Racial classification under the previous government:

- Education: Less than high school diploma
- High school
- Technikon/College
- University

Occupation:

Suburb you live in:

- Family: Parents - Together
- Separated
- Divorced
- Remarried

Siblings - Brothers _____ - Sisters _____

Who do you live with? _____

Do you have any children? Yes No (please circle appropriate answer)

If yes, how many?

Does any member of your family suffer from substance abuse problems?

Yes No (please circle appropriate answer)

If Yes, who?

What substance does that member of your family use?

How long has this person been using this substance?

Has that person undergone any treatment?

Yes No (please circle appropriate answer)

Income:

What is your monthly average income?

Thank you.

APPENDIX C

University of Cape Town

CONSENT TO PARTICIPATE IN RESEARCH

Consent form for key informant interviews

You are being invited to take part in a research study conducted by Anju Ajodah, a post-graduate student from the University of Cape Town.

You were selected as a possible participant in this study because you appear to belong to a vulnerable population that is increasing in number and that we are interested in studying.

This study is designed to gather information on methamphetamine (also known as 'tik', speed, or crystal meth) use and its resulting effects among potentially vulnerable groups of people.

If you volunteer to participate in this study, we would ask you a series of questions which will be audio-taped. The questions concern drug use issues and experiences. **Should you not want to answer any question, please let me know and we will move on to the next question.** The interview should not take more than 1 hour to complete.

Your name or identifying details will not be linked to any written or audio-recorded material. I would like to reassure you that as an interviewer, I will not verbally or in any other way disclose any information that would reveal your identity. The audio recording of this interview will be typed up and the recording itself will be destroyed so no one will be able to recognise your voice. Thus, your anonymity will be maintained.

By participating in this study, you will be given the opportunity to share your experiences with regard to 'tik'. You will also be provided with pamphlets with information about methamphetamine ('tik') and where you can go if you need advice and/or counselling.

Any written notes that are taken during the interview will not contain your name or information that could be linked to you. The data coming out of this study will not be presented in any way, either in writing or orally, that could identify you or any other research participant. Confidentiality will be maintained by means of a numbering system (i.e. your name will not be identified anywhere) and the information (transcripts) will be stored securely in the researcher's office, on a computer with secure access and only the researcher will have access to it.

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study. The researcher may withdraw you from the research if circumstances arise which warrant doing so.

If you have any questions or concerns about this research, please feel free to contact Dr Lauren Wild, Department of Psychology (University of Cape Town), tel no: 021 650 4607, Mr Andreas Plüddemann (Medical Research Council) tel no: 021 938 0324 or Anju Ajodah (University of Cape Town) tel no: 0840 111 281.

Do you have any questions?

SIGNATURE OF RESEARCH PARTICIPANT

- I confirm that I understand why this study is being done and what I will be expected to do, and I have had the chance to ask questions.

Yes No

- I understand that I do not have to take part if I do not wish to, and that I am free to withdraw at any time if I wish to,

Yes No

- And I agree that any words I may use during the interview can be used, without giving away my name, in the presentation of this study. I consent voluntarily to take part in this study.

Yes No

Name of participant

Signature

Date

Name of researcher

Signature

Date

APPENDIX D

TRANSCRIBING CONVENTIONS

- /.../ words or sentences are left out**
- ... indicates a pause within the interviewee's story but is also used to start certain quotes (which are not used in full where it is not necessary nor relevant)**
- [...] word used by narrator has been replaced by a similar word to increase the reader's understanding of what is being spoken about.**
- (...) unspoken by narrator but added comment to increase the reader's understanding of the quote or part of the quote.**

APPENDIX E
PEN SKETCHES

TRISTAN

Tristan is a 22 year old White male who used CM for 1 ½ years. He is the youngest of 3 brothers. He has been partaking in occasional drug use since the age of 15, and prior to being introduced to CM, used a number of other substances including Ecstasy, cannabis, magic mushrooms and LSD. Tristan disclosed that, at one point, he had been looking for a new type of 'high' and it was around that time that he discovered CM on the clubbing scene. In fact, Tristan generally liked consuming substances within a party environment. A frequent clubber, he met his girlfriend Jade at a club he used to go to often and they started using the drug together. His CM use became a problem fairly quickly and in an attempt to quit (after Tristan's girlfriend's mother found out about their CM use), Tristan sought help by NA but it was not helpful. Tristan's CM problem became so severe that he dropped out of university. Tristan and his girlfriend also broke up due to their dependence on the drug in an attempt to cease using but they eventually got back together and CM continued to be used. Eventually, Tristan stopped using CM because his girlfriend fell pregnant. They decided to keep the baby and Tristan realised that unless he sobered up, he would not be able to take care of his child. He claimed that, had it not been for Emma, his daughter, he does not think that he would be alive today.

ADAM

Adam is a 22 year old White male who used CM for about 4 years. He works as a waiter and supervisor in a hotel. He has 2 brothers and 3 sisters. Adam comes from a family of substance abusers. His parents, both his brothers and one sister abuse different types of drugs. Adam's parents put a lot of pressure on him and his siblings to finish their schooling as fast as possible and when he was around the age of 16, Adam's parents kicked all their children out. He described his relationship with his parents as one where they always blamed the children for

being naughty and whereby the children were always told by others that they were going to become drugs addicts and that they had to be careful. Prior to developing a dependence on CM, Adam had used many other substances. Following the onset of his CM use, he started selling the substance himself in order to support his habit and make extra money. Eventually, he recruited someone else to sell CM for him. Following a somewhat severe psychological breakdown due to prolonged use, he came to the realisation that it was time to stop as smoking was not benefiting him anymore. He eventually stopped smoking and established a routine revolving around mainly working and sleeping and thus maintained his sobriety.

GREG

Greg is a 26 year old Coloured male. From the age of 12, he joined a well-known gang and was an active gang member for many years. He claims that for a long time he believed that being a gangster was synonymous to living a good life as gangsterism is associated with power and status within the community from which he came. He eventually quit gangsterism when he met the mother of his child and decided to make a change in his lifestyle. He has a son and is now separated from his wife. He has 16 brothers and 11 sisters. He lives together with his mother, one sister and his brother's son who also uses CM. He was introduced to CM through friends who were drug dealers. He used other substances such as mandrax, cannabis and crack cocaine ('rocks'). Greg has been using CM for over 7 years. Following his separation with his wife, he said that his use of CM increased. His awareness that his CM consumption has become a major problem motivated him to seek help from a treatment centre. Although he had been attending counselling sessions, he was struggling with his dependence and had suffered a relapse. He claimed that he needed some sort of focus in his life and that he wanted to get involved in community programmes so as to help the youth who, like him when he was young, may think that embracing gangsterism is lucrative. He believed that only if he was busy with something meaningful would he be able to quit smoking CM.

MIA

Mia is a 19 year old Coloured female. She is the youngest of 3 daughters. She was introduced to CM through friends and explained how from her very first encounter with the substance, she often felt pressured to smoke. CM was the first and only illegal substance that she ever consumed. Mia used CM for about a year. She quit using CM for a few months but eventually went back to consuming the substance because many of her peers were using. Her use increased significantly at a time when stressful circumstances were salient (e.g., having to write her final high school exams, familial issues and other 'problems' which she did not elaborate on), whereby she smoked in order to make all her problems disappear. Mia's mother eventually discovered that she was using. She says that the fact that she saw how much she hurt her mother because of her drug consumption is what made her stop as she and her mother had always been close. Another motivation for CM use cessation was that she still wanted to get far in life. She was thus helped through various strategies in order to overcome her dependence and almost 3 months after she ceased her drug use, she came to seek treatment in order to help her further in her recovery process.

HARAN

Haran is a 24 year old Coloured male who is married and has two young children. He has 2 brothers and 3 sisters. One of his sisters is also dependent on CM. Haran was introduced to CM at a time when he was experiencing marital problems. His cousins used to come to his area to buy substances and introduced CM to both Haran and his wife as a problem fixer. Haran and his wife started using together. He has used CM for about 3 years. Prior to being exposed to CM, Haran had used Ecstasy and cannabis. His problem use was aggravated when he started using heroin, following which both he and his wife started using both substances regularly. He disclosed that his children were usually exposed to their drug taking. At a time when problem use became evident, his children were taken away and pressure was put on his wife to enter drug rehabilitation. His wife's parents eventually sent Haran's wife away for drug rehabilitation and thus Haran decided to seek treatment for himself so that he is clean when his wife comes back.

He quit smoking CM and using heroin 5 days prior to attending treatment and was clean for over two weeks at the time he was interviewed.

SHAFIE

Shafie's story was a very short one and did not include many details about his life. He is an 18 year old Coloured male who used CM for about 4 years. He has one brother and one sister. His brother is also dependent on CM. Shafie was introduced to CM through friends. Other than CM, he never used any other substances. CM use made him very aggressive and he disclosed that he would often shout at his mom and sister. His maladaptive pattern of use made it difficult for him to perform his job related tasks and as a result of this he was fired. He claimed that he came to seek treatment at the drug centre because he was going 'down', never had any money and also for his girlfriend's sake. He quit using CM once he started drug counselling sessions and stated that he had been clean for 3 weeks at the time of the interview.

JADE

Jade is a 20 year old White female. She is the younger of two children and her older brother is also dependent on CM. She used CM for about 2 years. Jade had used CM a few times prior to meeting her boyfriend Tristan but her maladaptive pattern of use started when they started dating and using CM together. Jade used a number of substances prior to trying out CM and these included cannabis, Ecstasy and magic mushrooms. Her mother found out about Tristan and her CM use and in an attempt to quit using, Jade and Tristan sought help by NA. Attending NA sessions did not help bring about cessation of use but in fact incited them to smoke more. At one point, she and Tristan broke up because they both wanted to try and come off the drug. However, Jade met another user whom she started dating and thus she sustained her CM use. Eventually Jade and Tristan got back together and CM consumption continued. She subsequently fell pregnant and only stopped smoking when she made the decision to have the baby.

ALYSHA

Alysha is a 28 year old Coloured female. She has 3 brothers (1 is deceased) and 3 sisters (1 is deceased). Her father suffers from a substance abuse problem which involves the consumption of cannabis and mandrax. Her relationship with her mother has always been a very strained one, whereby Alysha claims that she has never been perceived as good enough. In fact Alysha and one of her sisters were always made to feel like they were a burden and Alysha believes that her sister committed suicide upon finding out that she was pregnant because she did not want her unborn baby to go through what the two sisters went through growing up with their mother. Alysha was formerly married to a man who was a polydrug user but who eventually became heavily dependent on CM. She had 3 children but her youngest child died when she was only six months old. These trying life circumstances were experienced some time before her onset of use. She disclosed that throughout her marriage, she suffered from verbal, emotional and physical abuse, and that she started using CM because she wanted to get back at her husband. She used CM for about 6 months but eventually quit because she came to the realisation that she was better than that and that she could not do this to her children. She eventually divorced her husband and never looked back. At the time when she was interviewed, which was more than 2 years after she had stopped using CM, she was planning on getting married to her current boyfriend and converting to a new religion.

SAIF

Saif is a 23 year old Coloured male. He is married and has two children. He has been using CM on and off for about 5 years. Saif reported that he started using CM around the time when his best friend passed away. A month or so prior to his best friend's fatal car accident, Saif had also lost his grandfather and it was while grieving the loss of loved ones that he was introduced to CM. Prior to using CM, Saif had used Ecstasy and also consumed alcohol. Over the course of his current drug using career, Saif quit smoking CM quite a few times and managed to stay sober for months but he nevertheless ended up going back to consuming the substance. At the time of the interview, he had been attending drug counselling sessions for 3 months and claimed that he

really wanted to stop using CM but that he was finding it extremely difficult to do so. His job was in jeopardy due to his dependence, he was also struggling to make ends meet financially and as such was unable to properly provide for his wife and children. He stated that his relationship with his wife was problematic due to his CM problem. He moreover added that he did not want to lose his wife and children and hoped that treatment at the drug centre will manage to help him achieve sobriety.

MELISSA

Melissa is a 17 year old Coloured female. She has an older brother who also abuses CM. Her parents are divorced and she lives with her mother. Her father is an alcoholic. She was introduced to CM through her cousins and their friends and also used CM with her brother at the time when she started using. When she met her boyfriend who was also a user, she started consuming CM more regularly with him because it was easily available. A regular pattern of maladaptive use followed. Melissa used CM for about 4 years. She has used other substances as well including heroin, ketamine, Ecstasy and cannabis. She claimed that her use of CM was often carried out in combination with cannabis and alcohol. Eventually Melissa's mother found out about her problem use. She claims that she decided to quit smoking because of her mother and the fact that she was in her final year of high school. She stopped her CM consumption upon joining the drug centre and had been clean for 2 weeks at the time of the interview.

LAURA

Laura is a 25 year old Coloured female. She has 3 children with three different fathers. 2 of her 3 children were conceived on CM. She has 1 brother and 2 sisters. She lives with one of her sisters who is also dependent on CM and she explained that their dependence negatively impacted on their relationship because they were always fighting. Laura started consuming CM after her mother passed away. Her friends, many of whom are drug dealers, introduced her to CM. Her current boyfriend, who is the father of her youngest child, is an occasional CM user as

well. Laura has also used cannabis and alcohol in the past. She has been consuming CM for over two years and at the time the interview was conducted, she was still using. She joined the drug centre because she said that she recognised that her CM use was a problem and that she wanted to stop her use so that she can be a mother to her children. Her sister was also undergoing drug counselling sessions. Laura also hoped that the drug counselling sessions would help them both overcome their dependence so they can be like sisters again.

ROSE

Rose is an 18 year old Coloured female. She has two brothers. Her parents are separated and she lives with her mother, grandmother, uncle and two brothers. Her mother, uncle and some cousins are also substance users (cannabis, alcohol and CM). Rose has a 6 month old son. She was introduced to CM through friends and used for about 4 years. She claimed that the reason why she became dependent on CM is because everybody in her community used the substance and she thought she should try it. She met her boyfriend who was also a user and maintained her CM use primarily with him. When she found out that she was pregnant, she quit using CM but once her baby was born, she resumed her use. Rose used cannabis as well. She claimed that she eventually came to seek treatment at the drug centre for the sake of her child and because her use was indeed perceived as a problem. Her boyfriend was also attending counselling sessions at the drug centre. At the time of the interview, Rose had been clean for 3 weeks.