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# A Phenomenological Study of Methamphetamine and Heroin Users' Arrest Experiences

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**College of Arts, Humanities and Social Sciences**  
**Department of Justice and Human Services**

A Phenomenological Study of Methamphetamine and Heroin Users' Arrest Experiences

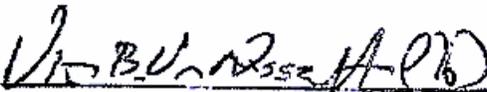
by  
James Bardon, M.S.  
A Dissertation Presented to the  
Department of Justice and Human Services  
of Nova Southeastern University  
in Partial Fulfillment of the Requirements for the Degree of  
**Doctor of Philosophy**

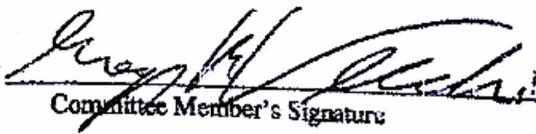
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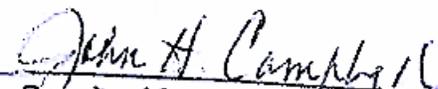


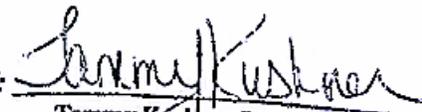
## Approval Page

This dissertation was submitted by, James Thomas Bardon, under the direction of the persons listed below. It was submitted to Department of Justice and Human Services and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Nova Southeastern University.

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Executive Director of Administration

This dissertation is dedicated to the memories of,  
my late friend, Aaron J. Torrison (November 3rd, 1969 - September 2nd, 1995)  
and  
Joseph "L.J." Warner (January 30th, 1988 – March 7th, 2016)

Both of these young adults lost their lives to heroin. Their deaths have been motivation for  
my endeavors as a law enforcement officer and scholar.

*To live in hearts we leave behind  
Is not to die*

*-Thomas Campbell-*

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## **Abstract**

A Phenomenological Study of Methamphetamine and Heroin Users' Arrest Experiences

James Bardon, 2018

Dissertation, Nova Southeastern University, College of Arts, Humanities and Social Sciences, Department of Justice and Human Services.

Keywords: heroin, methamphetamine, criminology, phenomenology, behavioral psychology

The costs in terms of both monetary and human lives lost due to substance abuse in the United States is well documented and it is publicized that it is increasing. There has been a large amount of research completed that has examined methamphetamine users, heroin users, and the drug-crime nexus; however, there is a paucity of research that provides insight into these users' arrest experiences. Using a phenomenological approach, this research examined methamphetamine and/or heroin users' incidents of being arrested to gain a greater understanding of their lived experiences. The analysis was based on interviews that were conducted with five adults that had been regular users of methamphetamine and/or heroin and had been arrested for an offense that was either directly or indirectly a result of their drug use.

The results revealed four general themes that indicated: (1) the users felt they were living self-destructive lifestyles at the time of their arrest; (2) they experienced shock and confusion at the time of the arrest and afterwards; (3) interactions with the police were commonplace and they each had mixed experiences dealing with the police; (4) each of the participants expressed directly or indirectly that they needed to be arrested, complete long term confinement, or the possibility of long-term confinement, after a charge to successfully achieve sobriety and positive changes in their lives. These findings were discussed, reviewing evaluations of drug court diversion, incarceration, or the concept of an individual hitting rock-bottom as a prerequisite for lasting positive change and rehabilitation. Future research comparing the success of these post-arrest outcomes is suggested.

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## Chapter 1: Introduction

### Background

The costs in terms of both monetary and human lives lost due to substance abuse in the United States is well documented and it is publicized that it is increasing. According to the United States National Drug Intelligence Center (2011), it has been estimated that 8.7% of Americans, roughly 21.8 million people, over the age of 12 are current users of illegal drugs. The estimated direct and indirect public costs related to crime, health and loss of productivity stemming from this illegal drug use has been estimated to be \$193 billion. From this amount, 59% of these costs are attributed to crime and include criminal justice system costs (\$56.5 billion), crime victim costs (\$1.5 billion), lost productivity attributable to illegal drug-induced incarceration and illegal drug-induced homicide (\$51.9 billion) and other crime costs (\$3.5 billion) which amount to a total loss of \$113.4 billion (pp ix-xi).

The overdose death rate in the United States continues to increase each year. From 2010-2015, the drug overdose death rate increased significantly from 12.3 per 100,000 population to 16.3 (Rudd, Seth, David, & Scholl, 2016). In 2014, according to the Centers for Disease Control and Prevention, the cost of human lives lost due to overdose deaths from opioids, that included heroin along with commonly prescribed oxycodone and hydrocodone, was 28,647; in 2016, this number grew to 42,000 people killed. It is estimated that, on average, 115 people in the United States die from an opioid overdose each day (Rudd, Seth, David, & Scholl, 2016). McKetin (2017) noted that “the mechanisms through which methamphetamine use increases the risk of death are often indirect, and the risk attributable to methamphetamine per se is not well quantified” (p.

112), citing that people who die from methamphetamine die from polysubstance abuse overdoses, cardiac arrests, strokes, accidents, and suicides (Darke, Kaye, Duflou, & Rates, 2017).

The National Institute on Drug Abuse (2015) describes heroin, also known as diacetylmorphine, as “an illegal, highly addictive drug processed from morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants.” Heroin readily crosses the blood-brain barrier (Brayfield 2014, citing Boerner, 1975; Moore, 1987). The primary pharmacological effect of all opioids is painkilling with a common side effect that it causes sedation. Large doses of opiates lead to respiratory depression, which is the most frequent cause of death from opiate overdoses (Heishman, 1998). There are naturally occurring pain-relieving molecules in the human brain with structures that are similar morphine that are called endorphins or enkephalins. Opiates and these enkephalins bind to the same type of opioid receptors which are located throughout the body and cause the effects of painkilling, dysphoria and respiratory depression (Karch, 2008).

According to recent Drug Enforcement Administration (DEA) intelligence (2014), a very small amount of heroin produced in Southeast Asia has been discovered around the east coast of the United States, whereas the overwhelming majority of the heroin in the United States currently is powder produced in South America by Mexican drug trafficking organizations (DTOs). It is transported through Mexico or via shipping routes to port cities in the United States. The drug is sniffed, smoked, swallowed, or injected by users who normally purchase “a point,” which is a 0.1-gram dose.

Opiate use in the United States is not a recent phenomenon and its use began in the 18<sup>th</sup> century by physicians who administered morphine and codeine, derivatives of opium, for pain relief. Heroin was synthesized from morphine in 1874 and made available for commercial use in 1898 (Merry, 1975; Sneader, 1989). Concerns about the addictive nature of heroin became a matter of widespread interest in 1912 after the publication of a physician's report that outlined cases of heroin addiction among individuals who were sniffing the drug. While there were progressively more restrictions on its use, heroin was not completely banned in the United States until 1923-24 (Sneader, 1989; Booth; 1996). Looking further back in human history, opiate use, abuse and concerns were recorded before the birth of Christ. The Sumerians cultivated the opium poppy as far back as 3400 B.C., and as Booth (2011) comments, "the Sumerians not only gave mankind literacy but also one of its greatest problems" (p. 16).

Methamphetamine is a psychomotor stimulant, like cocaine, which exerts its effects primarily by increasing the actions that produce adrenaline, noradrenaline, and dopamine and additionally increasing the activity of their receptors in the central nervous system and in the periphery (Heishman, 1998). The duration of the alertness, euphoria, and sense of well-being that methamphetamine creates last much longer than similar effects caused by cocaine use. The drug is sniffed, smoked, swallowed, or injected. The method of ingestion will determine the timing and intensity of the "rush" that accompanies methamphetamine use (Anglin, Burke, Perrochet, Stamper, & Dawud-Noursi, 2000).

Abuse and problems stemming from the recreational use of stimulants is an old story, like that of man's experience with opiates. The documented use of stimulants reaches back to 5000 years (3000 B.C.) to when the Chinese began using an herb, *Ephedra*

*vulgaris*, to produce a tea called *Ma Huang*, which is still used as a classical herbal medicine to treat nasal inflammations (Zhong, Lai, Zheng, & Li, 2018), influenza-like symptoms (Lim, et al., 2016), asthma, nose and lung congestion (Fang-hao, 2015). A multitude of drugs, such as cocoa, coffee, and cocaine have been discovered and used throughout history on into modern times for their stimulant properties, both for medicinal and recreational purposes. Recreational drug users will consume *Ma Huang* for its stimulant effect (Seattle Stranger, 2011; Tyler, 2015). The cultivation of *Ephedra vulgaris* continued into the 20<sup>th</sup> century by pharmaceutical companies that were using it to manufacture ephedrine, one of the four active components in the Ephedra plant, until its cultivated supplies failed to meet its demand and synthetic solutions were sought (Tyler, 2015). A German chemist had synthesized amphetamine in 1887; however, there was not any interest in it at the time and it remained unnoticed until it became the alternative to *Ephedra vulgaris*. Its benefits were not recognized and utilized until the 1930's when it was used in nasal sprays for the treatment of asthma, because it triggers bronchial passage dilation. Amphetamine was also utilized to treat narcolepsy, reduce activity in hyperactive children, diminish appetite, enhance alertness and treat a multitude of other disorders, including and schizophrenia, low blood pressure, radiation sickness, and even morphine addiction.

Just as heroin is a derivative of morphine, methamphetamine is a derivative of ephedrine. A Japanese chemist, Nagayoshi Nagai, first synthesized methamphetamine from ephedrine in 1888 while researching *Ma Huang* (Sato, 2008), which is a traditional Chinese herbal medicine comprised of six medicinal herbs and that has been used to treat influenza-like illness (Lim, et al., 2016) and various other respiratory conditions in China

(Zheng, et al., 2015). A protégé of Nagai's, Akira Ogata, performed further reductions on ephedrine to create crystal meth in 1919. It was not commonly used until World War II when it was employed by Japan, Germany, and the United States to increase endurance and productivity of individuals in order to aid each country's war effort. Japan, who not only had been supplying methamphetamine to its civilian industrial workers to boost materials production, but also sold the drug over the counter as a vitality booster, experienced several epidemics of methamphetamine addiction following the war. It is estimated that 5% of the Japanese population was addicted to methamphetamine in 1948. By 1954, the number had grown to 10% of the population and the Japanese government began focusing efforts to control the problem in response to a growing rate of homicides and other crimes related to methamphetamine use.

After World War II, methamphetamine had been sold over the counter in the United States as well; however, its use was for the treatment of asthma. Its use grew in prescriptions for the treatment of depression, obesity, and heroin addiction. An estimated 31 million prescriptions for methamphetamine were written in 1967. Similar to the diversion of narcotic pain medications that we see today, methamphetamine was being diverted from legitimate sources, such as pharmaceutical companies, distributors, physicians and most likely patients, and into the hands of recreational users who had begun to ingest the substance via injection. Throughout the next decade, increasing regulation of the drug led to nationwide decrease of use and concern, until its reemergence in the 1980's in Hawaii and the western part of the United States. During the 1990's, its use grew steadily in the Western and Northwest parts of the United States

and spread throughout the country to its current levels of use (Anglin, et al., 2000; Hunt, Kuck, & Truitt, 2006).

Methamphetamine abuse is not something that is strictly an American phenomenon. As mentioned previously, Japan has struggled with problems stemming with methamphetamine use by its citizens, as have other nations around the globe. Every region of the world possesses methamphetamine users; it is a global phenomenon that is supported by pop culture and adolescent vulnerability and maintained by its addictive nature (Cho, 1997; McPherson, Afsarifard, Hall, Yudko, & Rodriguez, 2003).

### **Purpose Statement**

The author is currently a police officer and had recently been assigned for four years as an investigator with a drug task force unit in the Minneapolis-St. Paul metropolitan area. It is during this assignment that the author observed and become interested in the lives of users of controlled substances. The author's own experiences and interpretations of these individuals are important to present in this study and it must be understood that they exist and it was necessary to "bridle" them to enhance the validity of the phenomenological study. In the author's experience, as can be expected, hard drug users are suspicious of the police. They can be deceptive, sometimes openly. As one informant presented after he had gotten caught with some stolen property and the author asked him how he had come to possess the property, he replied, "Do you want the true story, or my version of the truth?" Obviously, because of the author's on the job experiences, and as the literature supports, it seemed plain that most methamphetamine and heroin users eventually became involved in crime, most often property crimes, such as thefts, forgeries, and fraudulent activities to earn money. While they could all be

described as possessing some level of anti-establishment attitudes and disdain for society at large, it seemed that methamphetamine users tended to be more social and had large social networks linked to other methamphetamine users. They are active on social networking sites and are open about problems with their addictions, successes (and failures) with rehabilitation, problems with the law and suspicions about other members of their network who they believe are “snitches.” The heroin users, on the other hand, appeared to be more socially isolated and reserved. Although these may be side effects of each drug, one former methamphetamine user suggested that their drug of preference is based on their personalities, claiming that methamphetamine users were “partiers.”

Through investigations of drug trafficking, it has often been discovered that a major source of heroin and methamphetamine for the Minneapolis-St. Paul metropolitan area is most often Chicago. The National Drug Intelligence Center analyzes data from local and federal law enforcement agencies in areas which they describe as high intensity drug trafficking areas. Chicago is one such area and acts as a hub from which Minneapolis is supplied and drug market trends in the Chicago area will most likely be experienced in the Minneapolis area. In their most recent analysis (2011), the NDIC reported that heroin availability has increased over the past few years as a result of increased heroin production and control by Mexican drug trafficking organizations. They link this increase to the growing heroin user population and high number of heroin-related overdoses occurring. The NDIC felt confident that the heroin supply and use will continue to increase in the Chicago region along with the associated property crimes, treatment costs, and overdoses (p. 8). According to the National Drug Threat Survey (NDTS) in 2010, heroin was reported as a significant contributor to property crime

(18.6% of respondents). According to Darke (2013) approximately 10% of heroin users will die by suicide, and rates of life-time and recent suicide attempts are in the order of 20–40% and 6–10%, respectively.

The economic costs of heroin addiction in the United States are compiled by analyzing medical care, lost productivity, crime, and social welfare costs resulting from the use of the drug. These costs have been estimated to be \$21.9 billion in 1996 (Mark, Woody, Juday & Kleber, 2001); 53% due to productivity losses, 24% as a result of criminal activities, 23% from medical care, and 0.5% from social welfare costs. With regard to the economic costs of methamphetamine use in the United States, in 2005, it was estimated to be from a conservative estimate of \$16.2 billion to as high as \$48.3 billion (Nicosia, Pacula, Kilmer, Lundberg, & Chiesa, 2009).

Many researchers have shown that there is an association between drug use and involvement in crime (Chaiken & Chaiken, 1990; Mackenzie & Uchida, 1994; Menard, Mihalic, & Huizinga, 2001; National Drug Intelligence Center, 2011). The United States Bureau of Justice Statistics show that between 22-40 of State and Federal prison inmates reported that they were under the influence of drugs at the time of their offense (1997) and that 27% of those convicted of robbery and 30-32 serving time for burglary committed those crimes in order to buy drugs (1991, as cited in MacCoun, Kilmer and Reuter, 2003). The Arrestee Drug Abuse Monitoring II (ADAM II) survey collects drug use information at multiple jail facilities throughout the United States from booked adult male arrestees within 48 hours of their arrest. In addition to self-reporting the inmates receive a voluntary urinalysis testing for controlled substances. In the most recent (and final) report of the program in 2013, the data documented that between 63% to 83% of

adult male booked arrestees tested positive for at least one drug in their system at the time of their arrest. The ADAM data indicate that between 8% to 18% tested positive for heroin (and/or other opiates) and 16% to 51% tested positive for methamphetamine. Data from previous years indicate that as many as 36% have tested positive for opiates (Chicago, 2000). Criminal offenses resulting from drug user may be instrumental, because they are inherently drug related; if the person had not been a drug user, the crime would not have occurred. But they may also be drug related; an individual creates a crime while under the influence of a drug. As Darke commented, “it is beyond dispute that the regular heroin user is deeply involved in criminal activities” (2011, p.77). Heroin users will commit crimes to acquire resources that can be used to procure heroin and the dealers who profit from the sales may use it to finance other criminal activities (White & Lutsetich, as cited in Weatherburn & Lind, 2012). It is not the psychopharmacological effects of heroin that motivates heroin users to commit crime, whereas, methamphetamine use has been shown to increase the risk for engaging in violent crimes (Somers & Baskin, 2006).

According to data from the National Survey on Drug Use and Health (NDSUH) collected by the Substance Abuse and Mental Health Services Administration, it is estimated that since 2002 heroin use had almost doubled in the United States from approximately 166,000 to 329,000 users in 2015. Referencing data from the United States Census Bureau, during this period, the population of the United States only grew 5%, from 301.23 million in 2007 to 316.16 million in 2013. During this same period, according to the NDSUH data, methamphetamine users increased 31% from 683,000 users in 2002 to 897,000 users.

It has been discovered that the availability and abuse of heroin and methamphetamine is increasing throughout the United States (United States National Drug Intelligence Center, 2011). As the number of users increase, it is reasonable to conclude that public costs related to crime, health and loss of productivity stemming from this illegal drug will have a corresponding increase and that law enforcement professionals will have a higher frequency of contacts with this population as their population and frequency of illegal activities stemming from their illicit drug use increases.

Qualitative research is the most appropriate research method for gaining an understanding of what is currently being experienced by heroin and methamphetamine users who have had contact with the criminal justice system. More specifically, a phenomenological research model was selected for this study to gain an in-depth understanding of the lived experiences of this population.

My wife and I once took a trip to Alaska. We had seen pictures of the mountains and other landscapes that Alaska possessed; however, once we had been there and experienced the enormity of the mountains and the vastness of the glaciers, there was a realization that there is really no way to have an understanding of that without going there and experiencing it. Similarly, data and statistics cannot fully describe the landscape of addicts that have come in contact with the criminal justice system and provide an understanding of the factors that have an effect on their attitudes and activities. When the author was selected for the drug task force position, an officer who had previously served in the position told him, "I hope you are ready to really get to know [drug users]." I laughed at this and countered that we already do that even if we are not on the task force; we go into their homes and we deal with their most intimate of

problems. He just told me that I would see what he was talking about and it was true. It is true that the patrol officer will see a side of life that the average citizen will not; however, these contacts are brief. Similarly, while assigned as a general criminal investigator, I had become very involved in some suspects' and victims' lives while investigating their incidents, but the assignment as a narcotics investigator did take this to a new level and it was primarily as a result of working with and developing confidential informants. An investigator will often be one of the only people in the informant's life who is honest and displays care for the informant. A high level of rapport can be established between the investigator and his informants, which is accompanied by a great deal of the informant's life drama. The investigator is often the first person who the informant contacts when there is a crisis in their life. Late night calls by informants who were crying, venting, and/or seeking guidance was commonplace. What emerged from these experiences was an in-depth understanding about segments of the informants' lives. It was true, narcotics investigators really did get to know the people in-depth. When it came time to begin thinking about dissertation research, I thought it would be a waste to not delve into this population and try to gain a better understanding of their experiences with the criminal justice system. As Denzin and Lincoln (1994, as cited in Pogrebin, 2003) present, qualitative research methods provide a multidimensional perspective, involving, "an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpreting phenomena in terms of the meanings people bring to them" (p. xiii). There is a lot of literature on the drugs-crime nexus; however, the purpose of this research project was to keep a clear slate and see what the life of a hard drug user that has

been arrested was like around the present time. What were the activities and attitudes of the hard drug user that comes in contact with the criminal justice system in a Midwestern urban area? Does drug use precede criminal activity? What were the effects of the criminal justice system on this group? What seemed to be apparent to even drug task force and narcotics unit officers who interact with the population or researchers examining data might not be the case. By going to the source and asking the right questions, perhaps something can be learned about what is occurring at this point in time in society with these individuals. And, by acquiring a deeper understanding of these arrest experiences, the information will be useful to law enforcement personnel, because the communication with a suspect following the arrest is a crucial period. This is a point in which the cooperation of a suspect can be gained for both truthful statements about their activities and their cooperation can be enlisted; they can be developed into confidential informants. An understanding of what the heroin and methamphetamine user experiences during the arrest process would be beneficial to law enforcement personnel attempting to negotiate through this process afterwards. The ability to build rapport with a suspect is crucial to investigative interviewing (Abbe & Brandon, 2014; Caproni, 2008; Sandoval & Adams, 2001). Such information that could be gained from understanding these suspects' arrest experiences would be useful to law enforcement officers, whether they are assigned to narcotics units or not. The initial period after an arrest is important in deciding whether an individual will cooperate with law enforcement or not.

The purpose of this phenomenological study was to understand the lived experiences of heroin and methamphetamine addicts who have been arrested and to try to understand

their experience of being arrested. To study their lived experiences, from the offense, to the time it was detected and they were arrested, and examining how they lived through the experience. The insight into understanding these arrest experiences will be useful to law enforcement officers and investigators, because the communication with a suspect following the arrest is a crucial period in which the cooperation of a suspect can be gained for both truthful statements about their activities and their cooperation can be enlisted and they can be developed into confidential informants. An understanding of what the suspect experiences during the arrest would be beneficial to law enforcement personnel attempting to negotiate through this process.

The problem with understanding social phenomenon is that it is influenced by the social landscapes that exist at the time which they exist. Basic human behaviors resulting from motivations to survive may remain relatively constant over hundreds or thousands of years; however, the social forces that affect an individual's motivation to survive will constantly change with evolving technology, politics, and other social forces. The social sciences themselves can create social phenomenon that can affect people's behavior (Osbourne & Rose, 1999). This study presumes that the drug user of the 1970's is different from the drug user today. While there were most likely similar basic forces influencing their drug and crime choices, one would not expect that recent combat duty in the military in Vietnam is a significant influence for heroin users today or that outlaw motorcycle clubs dominate the number of meth users. It is important to take a snapshot of the social landscape that is today's meth and heroin user to understand the current situation. This research did not report on the changes that have taken place over time that have influenced users, it attempted to give an in-depth snapshot into the lives of a handful

of methamphetamine and heroin users in a Midwestern urban area in the early period of the 21<sup>st</sup> century. Through this, hopefully a better understanding of this population, as it exists today, will be gained. More specifically, an understanding of what the arrest experience is like for these individuals. What thoughts and motivations do they experience?

### **Barriers and Issues**

Perhaps the greatest barrier to accomplishing this study was gaining the voluntary participation and open and honest responses from the participants. Those who are addicted to controlled substances are considered a vulnerable population and it was important that the identities of participants were protected. Several individuals that had initially expressed their willingness to participate, withdrew prior to the time that interviews were to be conducted. Reluctance to participate in the study could have stemmed from fears that their previous drug use and criminal involvement would be discovered by people that the subject would rather shield that information from. It was also possible that they may be afraid to openly discuss their experiences, because of fear of legal reprisals. There was also a sense that a few of the individuals that had indicated their interest initially but failed to respond to attempts to contact them later, withdrew because they were still involved in criminal activities and/or still regularly using methamphetamine and/or heroin and were afraid this would be discovered.

It had also been decided that, for the sake of transparency, that the author would reveal their current position in law enforcement to all prospective participants. This detracted from obtaining some participants and communicated while trying to recruit participants during the referral (snowball sampling). As several participants thought

about individuals who they could refer to the study, they would comment that a person “hates the cops” or would not feel comfortable sharing information with someone who was employed as a police officer. Despite this barrier, the revelation was beneficial for developing an honest dialogue with the participants and, in a way, establish some common ground. Most, if not all, of the participants that gave interviews claimed to have left their drug use and involvement in crime well in the past, most from five to 10 years prior to the interview, and seemed very candid and forthright with the information that they shared. Nonetheless, it should be recognized that this issue could have limited full disclosure and may have influenced the validity of the results of the study.

### **Definition of Terms**

**Addiction:** For simplicity, this study used the National Institute on Drug Abuse’s (NIDA) definition for addiction which describes this as “compulsive drug seeking despite negative consequences” (2015). Addiction is not defined as a specific diagnosis in the most recent (5<sup>th</sup>) edition of The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)—a diagnostic manual used by clinicians that contains descriptions and symptoms of all mental disorders classified by the American Psychiatric Association (APA), but has combined the categories of substance abuse and substance dependence into a single category defined as substance use disorder. It is beyond the scope of this study to properly diagnose and select participants based on the DSM-5’s definition (reference Appendix B). Since the subjects for this study will have already met the requirements for one prong of the definition by becoming involved in the criminal justice system as a result of their drug use (negative consequence), they need only be screened to determine that they continued to seek out the drug afterwards.

**Controlled Substance:** This refers to any substance that is regulated according to Title 21 of the United States Code. The substances are assigned to a Schedule I-IV in Section 812 of 21 U.S.C, based on their potential for abuse, the likelihood for psychological or physical dependence that may occur as a result of abuse, and the value of legitimate medical use. Substances with a high likelihood for abuse and psychological/physical dependence and no medical uses are assigned to Schedule I, with lower schedules being assigned to drugs that have medical uses and increasingly fewer risks for abuse or addiction.

**Narcotics:** This term has been used in law enforcement to denote any illegal drug (such as Narcotics Units and calls being coded as narcotics complaints); however, the term narcotics properly used should refer to controlled substances that come from natural opium alkaloids, such as morphine and heroin or are synthetically produced, such as fentanyl.

**Arrests:** Arrests are often presented inaccurately in research. Arrests can be formal, which appear in the UCR and are presented as “arrests made” in research studies. However, arrests are often done in a manner in which the suspect is “unarrested,” or released at the scene with no record of the arrest occurring. The parties are detained based on reasonable suspicion or probable cause that a crime has been committed. The suspects may be interviewed, and recorded statements received; however, they will not be booked/processed at a station or jail and the criminal violation(s) will not be submitted. This occurs not only in drug investigations, but also in other facets of policing, such as patrol. In drug investigations, confidential informants are developed from potential charges that an investigator holds onto until the informant provides the investigator a

number of targets that lead to successful investigations that can warrant not submitting the informant's charges. This occurs during patrol contacts, which will be the majority of police-citizen encounters, when officers arrive at the scene of a crime and arrest multiple parties suspected and release them at the scene based on the suspects' levels of cooperation, call load, or other factors based on the arresting officer's perspective affecting his discretion. The report of the incident might not be submitted for charging and there will be no data available that this party has ever had contact with the police. For the purpose of this study, when the process of arrest is referred to, it refers to both documented and undocumented arrests, since the event and period of time to be examined for the study is the same regardless of whether formal action is taken or not.

### **Summary**

This chapter is organized into four subsections. It begins with an overview of the drug problem in the United States, presented in terms of monetary costs to society, the rising rate of deaths caused by drug overdoses (more specifically opioid related overdoses), and the historical development of the methamphetamine and heroin problem. Following this introduction, the purpose of this study is discussed. The researcher's background as a police officer and narcotics investigator is presented along with his experiences with methamphetamine and heroin users. A discussion follows as to why a qualitative method of inquiry, specifically phenomenology, was selected to examine the study participants' arrest experiences. The third subsection discussed the barriers that this study faced and attempted to overcome, and finally definitions of the terms and concepts that appear in the study were defined for the reader. The following chapter

presents a review of literature pertaining to studies of methamphetamine and heroin users, as well as their involvements in crime.

## **Chapter 2: Literature Review**

There is a great deal of relevant literature that has studied methamphetamine users, heroin users, and comparisons of these two groups. A review of the research that has involved these groups and their involvement in criminal activities is presented. These sources were gathered through searches of criminal justice, psychology, medical and social science databases. They were drawn from studies which were reported in peer reviewed academic journals and text books that were published within the most recent several decades.

### **Methamphetamine Users**

Neuroimaging of healthy volunteers has provided evidence that the insula (Preuschoff, Quartz, & Bossaerts, 2008; Rudorf, Preuschoff, & Weber, 2012 as cited by Gowin et al., 2014) and anterior cingulate cortex (ACC) (Brown & Braver, 2007; Paulus & Frank, 2006 as cited by Gowin et al., 2014) are involved in the assessment of risky decisions. Gowin, et al. (2014) sought to determine if methamphetamine-dependent individuals exhibit behavioral or neural processing differences in these regions during risk-taking as compared to healthy comparison participants. The researchers conducted a cross-sectional study comparing the two groups' behaviors on a risk-taking task and neural processing as assessed using functional magnetic resonance imaging (fMRI).

The study was conducted in an in-patient treatment center near San Diego, California from which the methamphetamine-dependent participants were recruited. The group consisted of 68 recently (methamphetamine) abstinent methamphetamine-dependent individuals (15 female) were recruited from this in-patient treatment program. The 40 healthy, age matched, comparison participants (14 female) for the control group were

recruited from the San Diego area using internet and newspaper advertisements.

Eligibility required that the control group participants agreed that they did not have a lifetime history of DSM-IV Axis I disorders, DSM-IV substance dependence, and there were no current drug or alcohol related problems or intoxication (which was confirmed by a toxicology screen).

The researchers utilized several instruments for measurement. The Risk Gains Task (RGT) assessment which “has been used in a number of risk-taking studies” (p. 238) as an activity that required participants to make risky choices or play it safe with concern to points gained or lost during the activity. Two questionnaires that assessed personality traits were administered and completed by 58 of the methamphetamine-dependent participants and 37 of the control group members, the Sensation Seeking Scale (Zuckerman, 1996) and the Barratt Impulsiveness Scale (Patton, Stanford, & Barratt, 1995). Functional magnetic resonance imaging (fMRI) was used to measure blood-oxygenation-level-dependent activation (activity levels) in the insula and anterior cingulate cortex regions of the participants’ brains during the decision phases of the Risk Gains Task.

The researchers discovered that, compared to the control group, the methamphetamine-dependent participants displayed a statistically significant decreased activation in the bilateral rostral anterior cingulate cortex (ACC) and greater activation in the left insula with risky and safe decisions ( $p < 0.05$ ). Right mid-insula activation among the control group participants did not vary between their risky and safe decisions, but among the methamphetamine-dependent group, it was higher during risky as opposed to safe decisions made ( $p < 0.05$ ). Finally, among the methamphetamine-dependent

group, there was lower activation in the right rostral ACC ( $r = -0.39, p < 0.01$ ) and higher activation in the right mid-insula ( $r = 0.35, p < 0.01$ ) during risky decision making that were linked to a higher likelihood of choosing a risky option following a loss.

The results of this study show that methamphetamine-dependent individuals have disrupted risk-related processing in both anterior cingulate and insula areas of the brain; areas that have been implicated in cognitive control and sensitivity processing.

Methamphetamine-dependent individuals faced with risky options may unnecessarily choose risk-taking, despite experiencing negative consequences due to the diminished neural capability in these important decision-making centers of the brain.

Maxwell (2014) sought to update findings on the problems associated with methamphetamine use and gain a better understanding of how women and men differ in their backgrounds, reasons for using methamphetamine, and whether their conditions at admission to treatment would contribute to improving existing programs and to designing gender-appropriate interventions and treatment strategies. She administered computer-assisted interviews to 222 Methamphetamine-using clients who were entering a large residential rehabilitation program in Texas. All of the respondents were age 18 or older and had used methamphetamine at least six times in the last six months. The interviews inquired about routes of administration, other drugs used, severity of dependence, mental and physical health, perceived risks and benefits of use, family history, and abuse and neglect experienced as children and adults. Additionally, the Severity of Dependence Scale (SDS; Gossop et al., 1995) and questions taken from the Addiction Severity Index (ASI; McLellan, Luborsky, Woody, & O'Brien 1980) were used to assess the number of days in the past 30 days that a subject had problems with substance use. Of this group,

83% of the subjects were white, 11% Hispanic, and the average age was 32.3 years. It was discovered that the female subjects were younger and became addicted to methamphetamine at a younger age than males. Females were more likely to report that they had more minor children living with them and fewer years of education. 60% of the respondents injected methamphetamine and 52% smoked it. Many were polydrug users with the favorite drugs to use with methamphetamine listed as alcohol (42%), cannabis (38%), powder cocaine (20%), crack cocaine (19%), heroin (19%), and alprazolam (18%). Possible comorbidity with mental illness was discovered in 35% of the subjects who said that they had been hospitalized with a mental health problem in the past and 65% who reported that they had previously received mental health diagnoses of depression (74%), bipolar (64%) and anxiety (60%).

Maxwell's research discovered significant differences in why females and males use methamphetamine. Females reported significantly more benefits to methamphetamine use that related to doing more housework, caring for their children, weight loss, self-medicating depression, and increased confidence, whereas the males' most significant reported benefit of using methamphetamine was sexual pleasure. The users recognized that the greatest risks associated with methamphetamine use were damage to their brains, resulting in mental problems such as depression, anxiety, paranoia, social relationships and problems with other facets of their lives resulting from the use of the drug, such as problems with social services, the law, and employment.

Information obtained about the respondents' backgrounds revealed that 95% reported that someone in their family had a drinking problem, 89% said that someone had a drug problem and 91% reported that someone had a psychiatric/emotional problem. As

minors, 41% reported that they had done “serious drinking” with relatives and 34% “did drugs” with relatives. As adults, females were more likely to have lived with partners who sold drugs or who had been incarcerated and 74% (81% females vs. 66% males,  $\chi^2 = 6.08, p = .0014$ ) had ever lived with a partner with alcohol, drug, or psychiatric problems that did or should have led to treatment, and 45% were living with that person prior to entering treatment. Females were more likely than males to report that they felt unloved, sexually mistreated, abused, or raped (53% of females versus 27% of males,  $p \leq .0001$ ), or mentally or emotionally abused or mistreated.

Maxwell explained that the results cannot be generalized to residents in other rehabilitation programs, but adds that the subjects in the study “resembled the characteristics of all 6,490 clients with a primary problem with methamphetamine entering publicly funded programs in Texas in 2011” (p. 643) and offers that the findings show the need to consider the gender of individuals when not only assessing the unique factors that should be considered for treatment programs, but also prevention efforts.

Carbone-Lopez, Owens and Miller (2012) used a sample of 40 incarcerated self-identified methamphetamine users in Missouri to analyze the storylines that the subjects gave to explain their initiation to methamphetamine use. The three researchers used a qualitative in-depth interview with the subjects, which were then transcribed. All the narratives were merged into one data file that was reviewed by each of the researchers and coded for themes and patterns. The researchers then reviewed the resulting data together to establish inter-rater reliability. Four overlapping pathways were discovered. There were four subjects (15%) whose initiation to meth use was explained by storylines that described experiences where subjects grew up in an environment in which their

family members used, manufactured and were active in the sale of methamphetamine, “A Family Affair,” 13 subjects (32.5%) that began using methamphetamine to deal with traumas or stress/strain experienced, “Numbing the Pain,” 20 (50%) began using as a result of a desire for freedom from life circumstances, the “Freedom Seekers,” and finally, 11 (27.5%) sought to use methamphetamine specifically for its physical or recreational benefits, “In Pursuit.”

Those who described initiation occurring as a result of family described the involvement of siblings, parents and even grandparents. The age at which their initiation and use began was often at a much younger age than other groups. A sample of one subject’s narrative described her entry in use at the age of 13 and highlights the influences that this pathway possesses:

It got to a point where my mom would have 30 [or] 40 8-balls sitting out on the kitchen counter. And she was so spun out of her mind, been up for two, three weeks, it was like nothing for me to go grab one and she didn’t notice. The first time I tried it, I was alone. I’d seen it smoked a whole bunch of times so I knew how to do it. And I just got really super high. I was young and I took crayons and . . . I was decorating the lighter with the wax of the crayons. And I was ahh [sighs]. And my mom and my sister, they knew. (p. 233)

For those who used methamphetamine to numb the pain, their strain resulted from sexual victimization. This group also had a very young age of initiation to methamphetamine use; one of the subjects was 12 years of age. The “Freedom Seekers” were looking for an escape from the constraints of their life. Overbearing and controlling parents were cited as reasons for teenagers and an escape from motherhood for young adults. Those who sought out methamphetamine for its benefits, the “In Pursuit” group were looking for the boost of energy that methamphetamine offered in order to accomplish goals such as domestic chores, work, and graduate school responsibilities.

The researchers drew attention to the limitations of the study, the retrospective data elicited from a nonrepresentative sample of prisoners. The results, nonetheless, they propose can offer insight into storylines that may be unique to methamphetamine or white nonurban females.

Commenting on the lack of empirical evidence concerning methamphetamine use and patterns of violence, Sommers and Baskin (2006) examined this relationship by conducting in-depth life interviews with 205 subjects. In order to obtain detailed information on participants who exhibited the behavior that they wanted to study, which in this case was the behavior stemming from methamphetamine use, the participants were selected from a population of presumed offenders, rather than a representative sample of the general population. Participants were recruited from a drug treatment program for methamphetamine users ( $n = 98$ ) and users who were in the community that had little or no contact with treatment or the criminal justice system ( $n = 107$ ). The community sample was recruited from advertisements in local university newspapers. Snowball sampling techniques were also used to recruit subjects for the community group. The researchers felt that in-depth interviewing using structured, yet open ended, questions would allow the respondents to reflect on the events and provide thick descriptions of the relationship between methamphetamine use and violent events. Interviews were conducted in neutral locations such as libraries, parks, or a university office and both a travel allowance (\$10) and stipend (\$20) were paid for participation.

Independent variables collected included the demographic information (age, race, sex, years of education, and marital status), childhood and adult deviance, family background, substance abuse, criminal offending (including total violent offenses and total non-violent

offenses), social and psychological problems stemming from methamphetamine use, and contextual factors of violent events (victim details, location, use of drugs/alcohol, etc.). The majority of the participants were Hispanic male high school graduates in their 20's with an average of 25 months of work experience and described themselves as experienced drug users. Comparison of the two groups revealed that the participants in the methamphetamine user group were more likely to be male (67.4% vs. 50.5%,  $p=.014$ ), older (28.76 vs 26.12,  $p=.001$ ), less educated (11.84 vs. 12.28,  $p=.036$ ), and had school-based alcohol problems (46.9% vs. 32.7%,  $p=.036$ ). There were no significant differences in their families' backgrounds. Of most interest, there were no statistically significant differences discovered with regard to methamphetamine use and violence, as well as between gender and age and methamphetamine related violence. Both groups had similar amounts of previous violence (59.8% vs. 61.5%). Bivariate analyses revealed that the factors associated with methamphetamine related violence overall were similar for both men and women. Logistic regression analyses discovered important predictors of methamphetamine related violence to include family histories of arrests ( $\mu = 2.615$ ,  $p < .028$ ), experiencing child abuse ( $\mu = .429$ ,  $p < .031$ ), social functioning problems ( $\mu = 1.719$ ,  $p < .002$ ), age of onset of methamphetamine use ( $\mu = 0.271$ ,  $p < .039$ ), and engaging in childhood fighting ( $\mu = 4.42$ ,  $p < .007$ ).

Interviews revealed that paranoia was a common effect of methamphetamine use; however, violence was not an inevitable outcome. It was discovered among many of those who were interviewed that violence was seen as a justifiable means of retaliating against someone who had been disrespectful toward them. Methamphetamine use may heighten the risk for violence, however only 55 (27%) of the 205 respondents said that

they had committed acts of violence while under the influence of methamphetamine. Additionally, there was no single career path that the chronic methamphetamine users followed. Controlled methamphetamine use did not necessarily progress to an addiction to the substance. The researchers noted that a significant number of the participants experienced limited or no serious social, psychological, or physical negative consequences because of their use of methamphetamine. They suggest that the contexts in which users will find themselves will influence their behaviors. A complex interaction among a variety of social, personality, environmental, and clinical factors are most likely responsible for shaping violent behaviors. The researchers suggest that future research should take a life historical approach to discover the key influences of identity formation and the development of violent individuals.

### **Heroin Users**

Darke (2011) presented the common characteristics of heroin users and examined the self-medication hypothesis (SMH) which gives one explanation for heroin dependence. He refers to the two formal components of SMH as the psychopathology postulate, that the origin of drug use comes from the desire to have relief from distressing psychological symptoms and the drug specificity postulate, that the drug of choice will relieve the particular distressing symptoms.

With regard to heroin users, there is evidence that they are highly likely to come from a disadvantaged background and that there is a high likelihood that their parents had addiction problems. He cites several studies (Conroy, Degenhardt, Mattick & Nelson, 2009; Coviello, Alterman Cacciola Rutherford & Zanis, 2004; Darke & Ross, 2001; Hser, 2007) that show that a third of heroin users had at least one parent with substance

dependency problems and that the family environment is one of conflict including high likelihoods of abuse and neglect. A third of users report that their parents became separated during childhood (Darke & Ross, 2001; Rossow & Laurizen, 2001) and rates of abuse are “magnitudes higher than those of the general population” (p. 660). A third to more than half of heroin users will have experienced childhood physical and sexual abuse, with females substantially more likely to have experienced sexual abuse; their rates are more than double those of males (Conroy, Degenhardt, Mattick & Nelson, 2009; Ompad et al., 2005). Rates of childhood emotional abuse and physical neglect among heroin users are typically 50% or greater (Bartholomew, Courtney, Rowan-Szal & Simpson, 2005; Branstetter, Bower, Kamlien & Amass, 2008; Conroy, Degenhardt, Mattick & Nelson, 2009; Ompad et al., 2005; Oviedo-Joekes et al., 2011). Darke concludes that this experience of users leads to the existence of extensive stress which would be consistent with the self-medication hypothesis’s distressing psychological symptoms postulate.

Heroin users will pass through a sequence of drug use, starting with tobacco use around the age of 12-14, progressing to alcohol around 13-14, then marijuana around 14-16 years of age. The use of heroin is often preceded by psychostimulant use (such as cocaine or methamphetamine) between 17-19 years of age, prior to heroin initiation at age 20 (Darke, 2011; Kandel, 2002). The time between initial use and dependency on the drug is approximately 18 months. The average user will move from cigarettes to heroin in over approximately eight years. Darke explains that it is rare for a heroin user to specifically use opiates and will continue to use the other drugs that were used in prior stages with a typical user using approximately 10 different drug classes throughout their

lives, and half a dozen in the period of a year. Almost all heroin users are cigarette smokers, a quarter will be alcoholics, 90% are life-time marijuana users, and one-fifth to one-half will be psychostimulant users. Darke presents this polydrug use as potentially problematic to the drug specificity postulate of the self-medicating hypothesis, because it would be expected that one drug or drug class would address the symptoms that users are seeking to relieve. He counters that, in the case of the heroin user, this use of multiple drugs can still apply as the heroin user is using anything to numb the distressing symptoms (depression, anxiety or anger) resulting from their adverse life experiences. He concludes that “self-medication plays a prominent and plausible, role in generating and maintaining heroin dependence” (p. 663).

Mars, Bourgois, Karandinos, Montero, and Ciccarone (2014) conducted a qualitative study of heroin users in Philadelphia and San Francisco that examined pathways to injecting heroin. The study came about as a result of one of the author’s involvement in the Heroin Price and Purity Outcomes study (HPPO) that was funded by the US National Institutes of Health, National Institute of Drug Abuse (NIH/NIDA). Based on information obtained from the prior research, they used purposive sampling and some snowball sampling to acquire their sample population. Their criteria for eligibility in the study were 18 years minimum age, self-reported heroin injection users who lived in either Philadelphia or San Francisco. The subjects were recruited from known open air drug markets in both cities and needle exchanges. One to one and a half hour semi-structured interviews were conducted with regard to the subjects’ drug use, initiation into opiates and injecting, experience of obtaining drugs, methods of administration, history of drug related health events and contacts with the criminal justice system and clinical services.

A narcotic pill to heroin pattern quickly became apparent and shorter interviews were conducted in the later part of the study to focus on this phenomenon discovered.

Interviewing ceased once it appeared that the saturation point appeared to have been reached and interviews were merely producing redundant information. The final sample population consisted of 22 subjects on Philadelphia and 19 in San Francisco.

In Philadelphia, the users (8 women and 14 men) were described as primarily younger males who lived in nearby poor white working-class neighborhoods and declining suburbs, but also more affluent areas. They describe a section of one researcher's field notes that resulted from an early interview with several white middle-aged men who they discovered jogging through one of the areas in which they were collecting subjects:

On the way back, two middle-aged white running partners approach us and strike up a conversation about what we are doing. When we explain that we are conducting public health research on heroin use one of the men begins telling us, exasperated that he only started using when he was 44 years old. I think he says he is 52 now. The two of them launch into an angry tirade blaming doctors for getting people hooked on opiates and then cutting off their patients forcing them into injecting heroin. They both say they were first prescribed pills before eventually turning to heroin. The skinnier man is more vehement in his criticism of doctor's liberal prescription of opiates while the other man says that his experience was that he turned to heroin once he was cut off from *Oxycontin* (p259).

Questions focusing on this pathway were introduced into future interviews and they discovered this same theme among younger users as well. The San Francisco users (12 women and 7 men) were described as more ethnically diverse than the Philadelphia users, with a large proportion of them being older African American heroin injectors whose initiation was the heroin injecting rather than narcotic pills. The remainder of this group was younger white injectors or minorities who identified with and socialized almost exclusively with a network of white friends. In contrast to the group in Philadelphia who

mostly had grown up in the area, the majority of the users in San Francisco had migrated there from other parts of the country. Overall as a group, most were unemployed, homeless or uprooted and poorly educated; many had not graduated from high school with only a few having some college education.

Younger and more recent heroin injectors (aged 20-29) in both cities were more likely to have taken the path to injecting after using narcotic pills (described as pill initiates), either legitimately prescribed or obtained illegally; there was only one subject who had gone straight to injecting without using narcotic pills first (described as heroin initiates). The authors examined the sources of narcotic pills and their distribution, citing a 533% increase in narcotic pill prescriptions from 1997 to 2005 (Manchikanti, 2007) and an increase in the heroin supply from Columbia that has increased the purity and decreased the price of heroin at the street level as possible reasons to explain this new pathway to heroin injection that was discovered.

Some research into heroin use has sought to discover if it is the drug in and of itself which is addictive or whether there are other factors that influence whether a user becomes addicted. It would be safe to assume that most, if not all, users who later become addicted, initiate the use of heroin with the intention or understanding that they will not become addicted. Several people I had known since high school and remained in touch with while I was an undergraduate had begun using heroin while they were in their early twenties. I recall when one of these individuals approached me one night when a group of us were out and asked me if I noticed anything strange about him. I looked him over and replied that I did not. He then revealed that he and several others had begun using heroin. Shocked, I tried to talk him out of this course of action, but he reasoned

that he and the others were not “junkies,” because they paid all their bills and debts prior to purchasing heroin. His path eventually led him addicted to the heroin, unemployed, involved in crime, and ultimately to his death by suicide. The others faced similar struggles, but eventually were able to successfully accomplish rehabilitation from the drug and went on to live sober and productive lives. I am sure that all individuals that begin using the drug possess cognitive distortions that they are somehow different from the large population that are struggling with their addiction to the drug. However, some research has indicated that some individuals do not become addicted to opiates, despite long-term use.

Zinberg and Jacobson (1976) examined what they referred to by a street name “chippers,” long-term occasional or controlled users of heroin. They presented two predominant beliefs surrounding heroin use. First that heroin is extremely harmful physiologically and, second, that heroin is so powerfully addictive that any use leads “inevitably to the destructive compulsive use” (p. 37). They sought to test this second belief by examining whether the occasional or controlled use of heroin could become a stable pattern of use. The sample consisted of 54 alleged controlled users of heroin who had been using the drug anywhere from 2 to 23 years. The sample was recruited by means of placing ads in newspapers, which were published for both the general public and counterculture, and also by obtaining referrals from community agencies and other individuals who had knowledge of chippers. All subjects were interviewed for a period of two hours. They commented that the recruitment process was time consuming, because it was difficult to locate subjects who were comfortable sharing information about their heroin use; they feared society’s condemnation and punishment of their heroin

use. The researchers claimed that none of the subjects in their study had been involved in any criminal activities other than the possession of heroin as a result of their use and that all of them had developed regular relationships in their work or school settings. Their existence in legitimate society enhanced their fear of discovery and made disclosure to the researchers difficult. Five case examples of chippers are described in moderate detail. Mr. A, a 40-year-old married male with three children who worked a regular job as a union carpenter and would go to a friend's house almost every weekend to use heroin, Dr. B, a 58-year-old married male physician who operated a successful general practice who, for the past 25 years, has injected 15 mg of morphine four times a day, except on weekends or when on vacation, Ms. C, a 20-year-old single female nursing student whose use has fluctuated between abstinence and periods of daily consumption of heroin since she began using a few years ago, Mr. D., a 36-year-old single male hemophiliac with a sporadic work history who has used opiates since childhood to alleviate pain, and Mr. E, a 33-year-old married male who has worked as a mental health worker for the past 2 ½ years and has been ingesting opiates via cough syrup on the weekends for the past 10 years, following a period of polydrug use including injecting opium extracted from paregoric (camphorated tincture of opium). Based on the interviews, the researchers presented several findings. As their five cases indicated they present that patterns of chipping vary greatly and that there are no consistent patterns of the users' backgrounds which are apparent. There were several similarities which were apparent concerning the maintenance of a stable pattern of use. The users determined, either on their own or in conjunction with a peer group to determine how drug use can be integrated into their regular work and social relationships. Zinberg and Jacobson

conclude that occasional or controlled use of opiates could become a stable pattern of use; however, their discussion of the result seems speculative and based solely on the five cases presented as examples versus the aggregation of the 54 subjects' interviews. The study could have provided an in-depth understanding of the long-term occasional opiate user, but instead falls short. There is a tone of support for the recreational use of opiates and criticism of society's condemnation of opiate use, rather than an unbiased presentation of the study's findings. The other problem with the study is that it set out to examine the occasional heroin user in its research question; however, as the five case examples revealed, only two of the five were actually heroin users, whereas the others used other opiates.

### **Methamphetamine and Heroin Users Compared**

As previously discussed, drug related crimes stem from either the drugs effect that lead an individual to commit a crime that they otherwise would not have committed if they were not under the influence of the drug, but crimes are also committed in order to procure the drug. The following studies examined how drug users acquired their drugs.

Rodriguez and Griffin (2005) used data collected from 39 ADAM sites from 2000-2003 to examine several research questions surrounding drug market acquisition behaviors. The first research question, sought to examine the differences that might exist between men and women's drug acquisition behaviors. The second research question was concerned with the importance of the community characteristics such as poverty level, female headed households, and racial/ethnic heterogeneity and whether there are differences in behavior between genders depending on the community in which drugs are acquired. Prior research has shown that forces such as police enforcement strategies,

drug prices, consumer drug preferences, levels of crime, economic resources and employment opportunities have an effect on shaping drug markets (Curtis & Wendell, 2001; Eck, 1995; Loxley, 1998, McEwen & Uchida, 2000, as cited in Rodriguez and Griffin, p.13). Community level measures for analysis were obtained from arrestees' residential zip codes, which were then used to link zip code-level data that exists in the 2000 Census. The sample population consisted of 129,189 adult male arrestees and 24,575 female adult arrestees; all of those included had indicated that they had obtained either marijuana, crack, cocaine, heroin, or methamphetamine in the past 30 days and had listed a valid residential zip code. The use of the zip code that an arrestee gives is not an accurate indication of where the subject truly resides. The author knows from experience that arrestees will not list their current place of residence for a multitude of reasons. Most often, they do not want law enforcement to know where they can be located to avoid being picked up on outstanding arrest warrants, questioning or arrest due to their own or others involvement in crime, and/or to avoid observation of criminal activities by law enforcement. Others, because of their drug use and criminal involvement will not have a permanent residence and will often move around between homeless shelters, squats and other temporary shelters. In these cases, arrestees will list a parent's address, a prior permanent address, or another address that they have memorized for the purpose of providing when they become involved with the criminal justice system. For this reason, the author does not feel that the analysis of community variables is accurate in Rodriguez and Griffin's study. However, the results of the gender and race analysis should be extremely accurate and generalizable based on the size of the sample and the number of cities throughout the United States from which the sample was derived.

From the descriptive statistics of the arrestees, it was discovered that White females represented the largest number of arrestees across four of the five drugs, followed by Blacks, Hispanic/Latinos, Native Americans, and Asians. For the females, Whites represented the largest number of females who had acquired marijuana, cocaine, heroin, and methamphetamines, while Black females represented the largest number (52%) of those who had obtained crack (p.18). For the males, Whites represented the largest proportion of subjects that had obtained cocaine, heroin, and methamphetamine, whereas Blacks were the largest proportion of those who had reported obtaining marijuana and crack (p. 20). Arrestees that had acquired heroin had the largest proportion of unemployed (42% of the males and 50% of the females) and, next to crack, were the most likely to have been previously incarcerated (91.2% of males tied with crack and 80.5% of females). Males were more likely than females to acquire any of the drugs through cash transactions (methamphetamine was significant at a .05 significance level, but there was no significant difference for heroin). There were 85% of the females who said that they had purchased heroin within the past 30 days through a cash transaction. On the other hand, 82% of the females that had purchased methamphetamine obtained the drug through a non-cash transaction. Males were more likely to conduct their drug transactions in a public place (methamphetamine was significant at a .05 significance level, but there was no significant difference for heroin). Both genders reported that they were most likely to acquire methamphetamine by going to a house or an apartment. Over 20% of the females who acquired methamphetamine said that they had gone to an apartment or house to contact the person from whom they obtained the drugs and 10% of females said that they had already been with the person who had the

meth. Only 11% of the males and 7% of the females conducted transactions for methamphetamine in public, whereas 41% of the males and 38% of the females who obtained heroin said that they approached someone in public to conduct the transaction. The majority of females indicated that they obtained the drugs themselves from a regular source. Transactions were conducted indoors for most of those (71% of males and 77% of females) who had obtained methamphetamine and most of the users reported that they purchased the drug outside of their own neighborhood. The only exception to this was Black females, who were more likely to purchase crack cocaine from within their own neighborhood. The most often reported non-cash acquisition of any of the drugs was that it had been received as a gift. For females, 81% of the non-cash transactions of methamphetamine were gifts.

### **Drug Use and Involvement in Crime**

Gizzi and Gerkin (2010) conducted extensive court records research and interviewed inmates ( $N=200$ ) that were housed in local jails in western Colorado for the purpose of building a meth user profile and examining the role of methamphetamine in the drug–crime nexus. They sought to bring clarification to the presumption that there is a strong relationship between drug (and alcohol) use and various criminal behaviors. Prior research was reviewed that showed relationships between drug and alcohol use and criminal activities. Hunt (1990) found a relationship to heroin use (and cocaine use) and property crimes, fraud, and prostitution. Other researchers were cited who found links between heroin and crack cocaine use and street crimes (Benson, Kim, Rasmussen, & Zuehlke, 1992; Inciardi & Pottieger, 1994; Kaplan, 1983), A large number of studies

were reviewed that showed a strong link between general drug use and various non-drug crimes, such as "homicides, assault, and property crime" (pp. 916-17).

The authors discuss Paul Goldstein's (1985) three-part framework for categorizing the types of crime that are related with drug use which they developed throughout the 1980s. They posit that this framework has been an extremely popular method that has been used over the years to study the causal connections of drug use and criminal behavior, but it has been criticized. Critics have reasoned that a single framework cannot possibly fully explain all the complex causal connections for drug use and crime that exist and should include consideration for a wider range of factors that are known to have an effect on the relationship between drugs and crime. This weakness in Goldstein's framework provided the impetus for the researcher's study; they sought to examine factors involved in the specific relationship of methamphetamine use and crime. They wanted to examine if there were any significant differences in criminal activity for regular users of methamphetamine compared to non-users, or those who had just tried/used methamphetamine at some point in their lifetimes.

The researcher chose western Colorado for the location of the study, because it is a region that has experienced significant problems associated with methamphetamine use and offers a mix of both rural and urban areas. They cite their prior research in this area in which they discovered that during the four years preceding their study, some jurisdictions within this area had up to 80% of their felony drug cases that contained methamphetamine charges. Court records research and structured interviews were conducted to examine the history of drug use and criminal behavior for each of the participants. They created their own interview protocol to collect an in-depth,

chronological history of each participant's drugs use and criminal behavior. Data concerning specific drugs used, including the extent of use and preferences, as well as the types of criminal activities that they were involved in were collected. Participants were selected using a convenience sample from five local jails and one community corrections program in western Colorado. The authors drew attention to problems that this created to external validity, defending the decision with the implication that the study should have strong internal validity by rigorous collection of data from a purposive sample that are a representative sample of methamphetamine users in the area. Participation was open to all inmates, whether they were serving an imposed sentence or awaiting a hearing. A corrections officer announced the study in a day room and a sign-up sheet was posted. Inmates could sign up until the point that interviews were concluded at the location. A sample of 200 "unique individuals," including 155 males and 45 females," mostly Caucasian (75.4%) participated in the study. Interviews lasting no more than 40 minutes were conducted in a private room in all facilities, save one in which the interviews had to be conducted via phone in a prisoner visitation area. In addition to the interview data collected, comprehensive criminal histories were run on each of the participants and used to compare methamphetamine users against other drug users. However, 37 individuals' criminal histories could not be located, therefore criminal history data were compared for 163 of the 200 participants (81.5%). The drugs of choice among the participants were methamphetamine ( $n=70$ , 35%), marijuana ( $n=70$ , 35%), alcohol ( $n=25$ , 13%), cocaine ( $n=12$ , 6%), other ( $n=14$ , 7%) and none ( $n=9$ , 5%).

A majority of the participants (60%) answered that they were under the influence of drugs and/or alcohol at the time of their arrest. In comparison, only 44.4% of non-

methamphetamine users versus 71.2% of regular methamphetamine users were under the influence at the time of their arrest ( $p < .05$ ). Only 33.3% of non-methamphetamine users said their crime was related to drug use whereas 62.5% regular meth users said the crime was related to drug use ( $p < .01$ ). Regular users of methamphetamine were more likely to be incarcerated for charges which included drug offenses (57.1%,  $p < .05$ ). The researcher noted that the most common responses were, “I got caught with a gram of meth” or that they were involved in drug sales (p. 928). The second most popular crime category which was statistically significant ( $p < .05$ ) were property crimes ( $n=22$ ). Non-methamphetamine users ( $n=1$ ) and those who had used methamphetamine in their lifetime (15.6%) and regular users of methamphetamine (32.7%). Interviews revealed that many of these property crimes committed by regular methamphetamine users were committed for the benefit of supporting their methamphetamine use.

The analysis of criminal histories revealed that regular methamphetamine users compared to non-methamphetamine users and those who had tried methamphetamine during their lifetime had no statistically significant difference in the number of non-drug related charges on their criminal history ( $\mu = 9.45$ ,  $\mu = 7.21$ ,  $\mu = 7.42$ ,  $p < .18$ ). However, there was a significant difference in the number of drug related charges for regular users (4.09) compared to non-users ( $\mu = 1.63$ ) existed ( $p < .01$ ). The results from the criminal history analysis corresponded with the results from the interviews with regard to methamphetamine users and mean property crime charges ( $p < .01$ ); regular methamphetamine users had a greater number of charges ( $\mu = 5.25$ ) than non-users ( $\mu = 2.92$ ) and the lack of any statistically significant difference in the number of violent crime charges possessed between groups.

The results of the study supported the researchers' hypotheses that there are significant differences in criminal activities for regular users of methamphetamine as compared to non-users and those who had just used methamphetamine at some point in their lifetimes with regard to drug related and property crimes; however, there were no significant difference in violent crimes. The authors caution that the study only provides one piece of the puzzle (that applies to western Colorado) and that the results cannot be generalized to a larger population of methamphetamine users without replication of the study in other areas.

In an effort to examine the relationship between drugs and crime, Menard, Mihalic, and Huizanga (2001) examined data from nine longitudinal waves of data collected every three years for the National Youth Survey. This data consisted of 1,725 respondents who were 11-17 at the time of the first collection in 1976 and 27-33 years old at the final collection of data in 1992. Age, sex, and race-based variables between individuals who were eligible but chose not to participate were compared against the participants and they appeared proportional to each other. The retention rate for the first six waves was 85% and 80% for the remaining waves. The social and demographic differences between the first wave and subsequent waves were examined and no statistically significant differences were discovered.

They developed nine hypotheses that addressed the competing perspectives on the drug-crime relationship and developmental perspective on substance use and crime. Several items and scales were used to measure substance abuse and other forms of criminal behavior. Index offending scales matched with the FBI's Crime Index that included felony level assaults, robbery, and felony thefts. A second scale included less

serious crimes, minor assault, minor thefts, vandalism, drug sales, public intoxication, and public disorder offenses. Separate measures were used to determine personal levels of drug (marijuana, amphetamines, barbiturates, cocaine, heroin, and hallucinogens) and alcohol (beer, wine, and hard liquor) use. Three measures of substance use were considered for analysis. The first two were considered “soft” drug use, alcohol and marijuana. The third measured polydrug use; the sum of amphetamines, barbiturates, cocaine, heroin, and hallucinogens use.

The researchers examined correlations for annual and cumulative prevalence of alcohol use, marijuana use, polydrug use, minor offending, and index offending. Significant correlations ( $p < .05$ ) were discovered between all scales of youth alcohol use, marijuana use, polydrug use, minor offending, and index offending. For adult use, significant correlations ( $p < .05$ ) were discovered between all scales of adult alcohol use and all scales, except index offending. Both adult marijuana use and polydrug use were correlated with minor and index offending. With regard to adult substance use, polydrug use had a weak relationship with index offending ( $r = .24, p < .05$ ) and a moderate relationship with minor offending ( $r = .36, p < .05$ ). Based on this analysis, the researchers concluded that adolescent substance use and criminal behavior are more highly correlated with one another than in adulthood and correlations between similar types of offenses have a tendency to be higher than between different types of offenses. For example, substance use is more highly correlated with other substance use, than it is for criminal activities. They commented that this is consistent with previous research.

The researchers then examined the sequence of events and discovered that 5.5% initiated polydrug use prior to initiating index offending, while 30.7% indicated that they

initiated index offending prior to polydrug use; the initiation of polydrug use before offending occurred 5 ½ times more often than the other way around. The ratio of initiating minor offending before polydrug use (versus the other way around) was 87 to 1. These results were consistent with the hypothesis that crime causes drug use and inconsistent with the hypothesis that drugs cause crime. They also supported the hypothesis that less serious forms of crime or substance use precede more serious forms of these activities.

Conditional probabilities of each offense were examined with or without the presence of other offenses. For those who do not use marijuana, polydrug use is rare ( $r = .08$ , probability level not mentioned). Almost every polydrug user used alcohol ( $r = .99$ ), used marijuana (.93), and had committed minor crimes (.97). Over half (.63) of the polydrug users had been involved in index level crimes. The researchers reasoned that minor offending is a prerequisite to “practically everything else except alcohol use” (p. 287). Serious offending (three or more index offenses) and serious drug use (the use of hard drugs) was analyzed for short-term continuity.

Cooper, Moore, Gruskin, and Krieger (2005) wanted to examine the effect of intensified police operations to suppress drug activity on drug injectors’ ability to practice harm reduction through a qualitative study of the users in these areas of focus. For their study, the researchers selected the New York City Police Department (NYPD) 46th precinct, which was identified by NYPD police command staff as an area that was currently experiencing a crackdown.

The researchers utilized snowball sampling to identify participants. The parameters for participation required residents to be at least 18 years old, resided for at least a year in

the area of the study, injected illegal controlled substances at least three times a week during the past week, and were able to speak English well enough to understand the screening and informed consent. Parks, soup kitchens, and other areas that were identified as meeting places for users were used to seek out and recruit participants. Three key informants were developed from which snowball clusters were developed. A total of 40 individuals, represented equally by both males and females, who met the criteria were interviewed. Additionally, the researchers interviewed 25 non-drug using residents within the same area and interviewed them as well for a separate study.

Interviews which consisted of open-ended questions, followed by a short survey, lasted for approximately 90 minutes. The open-ended questions focused on community-police relations and activities, factors that shape police encounters; and drug use behaviors. The subjects received \$21 and a community resource guide for their participation in the study.

One theme that emerged was the participants feeling of the overwhelming police presence and imminent encounters with them that they felt were imperative to avoid. These encounters were feared due to the health, legal, and social consequences that could occur. Participants feared being identified as a user and being targeted for future interdiction stops or stigmatization by neighbors. They worried that if they were arrested, they would be separated from their families and/or be forced to abstain from use of the drug of which they were addicted. Those who were HIV positive had concerns about their health if they were incarcerated. These fears led to strategies that would reduce the chance of incriminating evidence on their person that could be discovered if they were stopped. This led to users injecting as quickly as possible to avoid detection. Steps to

check the purity of the drugs purchased or adequately “cooking” the substance, so it thoroughly liquefies the drug and sterilizes needle were reduced. Drugs and injection equipment was reported to be hidden in mouths, cleavage, buttocks, and rectum to avoid discovery. Those who had the resources, presented facades of innocents; they dressed well or went on seemingly innocent errands, such as walking their dogs, when they went to purchase drugs.

The researchers openly admit that the study would have been best conducted in a pre-treatment/post-treatment fashion. It is difficult to know what changes in behavior or levels of fear of arrest truly exist from the data collection performed during the crack down. However, the study did provide a glimpse into understanding the behavior and experiences that needle using drug users had during intensified efforts by law enforcement to target drug activity in an area.

#### Research Questions

This study used a qualitative, phenomenological, methodology for several reasons. As this chapter has demonstrated, there is a large body of research that has examined the demographics and life experiences of methamphetamine and heroin users and drug users involvement in crime. International studies have touched on drug users’ arrest experiences, but there is a paucity (or complete lack) of research and understanding about hard drug users’ arrest experiences in the United States. Furthermore, there appeared to be a lack of current research altogether examining what any individual’s experience of being arrested is like. With today’s focus on the effectiveness of the war on drugs, it is surprising that such research does not exist; agencies often tout arrest statistics as

measures of their efforts. To address this void, the present study focused on methamphetamine and heroin users' arrest experiences in the United States.

This study sought to gain an in-depth understanding of the experiences of current heroin and methamphetamine addicts who have come into contact with the criminal justice system through arrests and examine this phenomenon, the arrest experience. Phenomenological research focuses on the subjects' responses to two broad questions concerning the phenomenon. What have you experienced in terms of the phenomenon? What contexts or situations have typically influenced or affected your experiences of the phenomenon (Moustakas, 1994, as cited in Creswell, 2007)? From responses, other areas of inquiry may be discovered and pursued. Therefore, the research questions for this study was, "what are the arrest experiences of heroin and methamphetamine users" and "what contexts of situations have typically influenced or affected heroin and methamphetamine users during these (arrest) experiences?" The following chapter outlines the details and design of this study's methodology.

### **Chapter 3: Methodology**

In this chapter, the foundations of the study's methodology are discussed, beginning with a description of the phenomenological research model that was used to examine the two research questions. An overview of the field of phenomenological research is presented and then more specifically, the phenomenological research processes that were used during the data collection and analysis are laid out.

#### **Phenomenological Research Model**

As Max van Manen, (1990) described “phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences... {it} does not offer us the possibility of effective theory with which we can now explain and/or control the world, but rather it offers us the possibility of plausible insights that bring us in more direct contact with the world” (p. 9). Phenomenology is a philosophy, as well as a method of inquiry for a researcher that seeks to explore and understand the world around them and it is the goal of the phenomenological researcher to look for the meanings of experience through the eyes of the participants being studied as they share their stories (van Manen, 2017). The phenomenological research model seeks to gain a deep understanding of a phenomenon by attempting to bracket out, as much as possible, the researcher's own perspective and understanding of the phenomenon and interpreting the perceived reality of the individuals who experience the phenomenon (Creswell, 2007, p. 60). Referring to the example of the mountains in Alaska, everyone will see an image of the mountains of Alaska and agree that they are mountains; however, the interpretations of what the mountains are to them will vary based on an individual's experiences. Building on the premise of Cartesian philosophy, that since we are beings that think, we

therefore exist, phenomenology seeks to document phenomenon based on the individual's experiences of phenomenon. Vagle (2014) believes that phenomenologists should focus on the way phenomena manifest itself and appear to the individuals.

Sokolowski (2000) explains that in phenomenology, one must understand the natural attitude in order to suspend themselves from it and enter into a phenomenological attitude from which to conduct a philosophical examination of a desired object (phenomenon). The world consists of both the world that we understand, our beliefs and experiences gained from direct observation and learning, and ourselves, the "I" or "me." We are both at the center of the world as we know it and are a part of this world. Our beliefs that we hold about the world are considered the natural attitude. Phenomenology requires the researcher to suspend their natural attitude and consciously enter a phenomenological attitude that allows them to philosophically examine an object; one goes beyond appearances and examines the object directly. Objects are understood in terms of three structures: their parts and wholes, their identity in manifolds (multiple parts together), and their presences and absences.

Norlyk, Dreyer, Haahr, and Martinsen (2011) addressed the challenges that phenomenological researchers face when they attempt to understand an experience through the stories of a participant. Experiences that are expressed in a manner that is much more than through just the language itself. The researcher must try to explain how the understanding of the participant's experience occurred during their recollection. The body language and tone of a participant's voice during an interview will elicit an intuitive understanding of the experience. However, when this same understanding of the

experience is relayed in words, it can be difficult to convey the same nuance. Using the thinking of Danish philosopher K.E. Løgstrup (1905-1981) as a guide, they suggest that sense-based impressions, can facilitate a spontaneous, intuitive flashes of insight, and that that insight is an important source in the creation of understanding the lived experiences of a participant. Sensation connects us to the external world and create emotions that move us. Sensation is tuned, because it always involves the ambience from a situation or experience. Consequently, “our senses by far exceed the traditional empirical understanding of the senses as instruments by which we gain knowledge” (p. 421). The authors suggest communicating these sense-based impressions of the participants’ experiences in ordinary written language, which will serve to facilitate the creative processes of understanding within the reader.

There is not one defined process of conducting a phenomenological study, rather there are many schools of phenomenology; phenomenology is a philosophical framework that guides researchers rather than restricting them to a set of rules. In 2000, Caelli identified 18 forms of phenomenology and though they all maintain some similarities common to phenomenology, they also have distinct features such as different purposes and different approaches to the analysis of the data (Moran, 2000). In an analysis of 88 peer-reviewed articles, Norly and Harder (2010) discovered four groups of phenomenological approaches: phenomenological, phenomenological-hermeneutical, hermeneutic-phenomenological, and interpretive-phenomenological, whereas Lopez and Willis (2004) described modern phenomenology as two schools of thought, interpretive and descriptive phenomenology. The following is an examination of these various approaches.

The hermeneutic-phenomenological method introduced by Van Manen (1990, as cited in Vagle, 2014) suggests six circular research activities that should be considered from the onset of the study until the reporting of the findings:

- 1) Turning to the nature of lived experience
- 2) Investigating experience as we live it
- 3) Reflecting on essential themes
- 4) Hermeneutic phenomenological writing
- 5) Maintaining a strong and oriented pedagogical relation to the phenomenon
- 6) Balancing the research context by considering parts and whole

These are not to be learned as procedures that must be specifically followed, but rather used to initiate creativity and understanding.

A phenomenological-hermeneutical approach draws on Ricoeur's (1991) hermeneutic theory of interpretation. The strength of phenomenological-hermeneutical research is the ability to develop a comprehensive understanding of a phenomena based on lifeworld descriptions; Husserl's notion in how one finds themselves in relation to a phenomenon in terms of past experiences and feelings (Vagle, 2014, p. 21). Ricoeur questioned "through what means is textual understanding possible?" He sought to bring together truth and the characteristics of understanding with method, through which understanding occurs. Interpretation, for Ricoeur, was the bridge between language and lived experiences. Through methodological objectivity, text will no longer be subjective to its author, but rather objective, with the potential to convey the research participant's lived experience to the reader. Distanciation is the methodological term used by phenomenological-hermeneutical researchers for the process used to achieve

objectification of the text. Interviews are transcribed and then reviewed within different socio-political, historical and cultural traditions to achieve distance from the participant. Through this process, it accomplishes the goal of objectification of the text by freeing it from the participant's meanings and giving it a life of its own (Geanellos, 1999).

In interpretive-phenomenological, interpretation draws from Martin Heidegger's (1962/1927) conceptualization of "being-in-the-world," which recognizes that people are inseparable from the context of their lives. A person's possibilities are shaped by the worlds they inhabit, that worlds not only are geographic locations but are also created by a person's interests and concerns, and that a person may coinhabit several worlds. Interpretive phenomenological researchers gain a deeper understanding of the nature of everyday experiences by exploring both the content and the context of participants' actions, by studying people, events, and actions in their own terms to understand the participants' worlds. These explored worlds consist of meaningful sets of relationships, practices, and language situated both in time and in place (Forsyth, Chesla, Rehm, & Malone, 2017). Interpretive-phenomenological studies mix interpretations of the observations that researchers take of participants acting in the context of their phenomenon being studied along with interpretations of data collected through interviews.

Descriptive phenomenology is built on Husserl's (1970) philosophical ideas that experience, as perceived by human consciousness, has value and should be a source for research. For researchers that wish to understand human motivation, this subjective information is important, because people's actions are influenced by what they perceive to be real. People usually go through life without much introspection on their

experiences. Husserl believed that a scientific approach was necessary to bring out the essential components of a person's lived experiences. Additionally, Husserl felt that people would have common experiences of a phenomenon that could be identified, and these essences could be organized and described as common themes. To be able to accurately identify the true essence of a person's lived experience, it requires a researcher to shed all prior personal knowledge of a phenomenon being studied so that they can grasp the essential lived experiences of the study's participants. Some researchers even believe that a literature review should not be conducted prior to beginning a descriptive phenomenological research project, as it will taint the researcher with preconceived notions about the phenomenon being examined. Throughout the study, the researcher must constantly assess their own biases and impact on the study through techniques like bracketing (Lopez & Wilson, 2004). Through an examination of descriptive phenomenological studies, it appeared that the descriptive phenomenological research model relies on the examination of the data gained from the participants' interviews and excludes the observations of the participants that interpretive phenomenological researchers utilize.

In summary, there are several different schools of phenomenology that attempt to accomplish similar goals of understanding using similar methodological techniques. Phenomenology is more of a philosophy that shapes the qualitative research process rather than a strict methodological process of inquiry. Through a process of examining the phenomenon of a person's lived experiences, the research attempts to use techniques of distanciation, or bridling and bracketing their own experiences, to learn and present the

essence of phenomenon studied. The section that follows is the phenomenological research process that was used to guide this research project.

## **The Phenomenological Research Process**

### **Identify the Phenomenon**

“A phenomenon, for the purpose of phenomenological research, is the unit of analysis. It is a lived experience that the researcher uses subjects to discover how a particular phenomenon manifests and appears in the lifeworld” (Vagle, 2014, p. 23).

Identifying the specific phenomenon to be studied is the first step in a phenomenological research study. In this study, the phenomenon is the experience of a methamphetamine or heroin user’s experience of being arrested for a crime related to their substance use.

### **Bridling and Bracketing**

The suspension of one’s natural attitude about the phenomenon examined is also referred to as phenomenological reductionism. Sokolowski (2000) describes two routes to achieve reduction, ontological and Cartesian methods. While the Cartesian method requires an attempt to doubt all prior beliefs, the ontological method, which Sokolowski recommends, requires a series of steps to reach reduction. The ontological way to reduction “appeals to the desire to the human desire to be truly and fully scientific” (p. 52) and argues that as long as science maintains objectivity, it is lost in acceptance of the world as it is and does not seek to examine the subjective perspectives that exist and have an effect on science. Therefore, one must look at what they know, reflect upon it and come to understand how they came to possess this knowledge.

Reductionism allows a process referred to as psychological phenomenological bracketing. Validity was originally enhanced in phenomenological research by

psychological phenomenological bracketing. Bracketing requires the researcher to use reductionism to set aside his own experiences and take a fresh perspective toward the perspective of the phenomenon being researched (Creswell, 2007). For the study at hand, the experiences that the author has had, especially recently as a narcotics investigator, concerning drug users' experiences with the criminal justice system. The researcher will not bracket their own interpretations of the participants' description, but rather their pre-suppositions as they are interpreting the descriptions (Vagle, 2014). While bracketing looks backwards, bridling requires the researcher to practice this technique while moving forward through the research in an attempt to limit their influence. Bridling must be used to restrain the researcher's belief that they understand a participant's perspective, their lived experience of the phenomenon, or that they do not "make definite what is indefinite" (Dahlberg & Dahlberg, 2003, as cited in Vagle, 2014, 67). Throughout all phases of the research, the researcher must be aware of the influence that his experiences and understandings will have and "bridle" them accordingly, so as to gain a fresh understanding. This must occur during the collection of the data, its analysis, and written presentation.

To develop both the 'rationality' and 'objectivity' of reflection, which should lead to a more effective means of devising a shared meaning of the participants' lived experiences, phenomenological researchers must present a complete and detailed description of the data analysis in their study (Lien, Pauleen, Kuo, & Wang, 2014).

#### Participants

The participants for this study had all been regular adult users of heroin and/or methamphetamine that had experienced being arrested by law enforcement for an offense

for which their illicit drug use was either directly, or indirectly was responsible. As previously discussed, there are conflicts among what an “addict” is in the literature. Most often, researchers choose to define addiction as a medical problem or disease, while others will refer to addiction as a social construction (Hellman, Majamäki, Rolando, Bujalski, & Lemmens, 2015), or a combination of these two (Morgan & Zimmer, 1997). Foddy and Savulescu (2010) termed the Disease View and the Willpower View. The research for this dissertation does not attempt to define or encompass “addicts” as the study population, but rather regular users of methamphetamine and heroin.

Giorgi (2008) stated that the use of several participants assists in discovering an appropriate number of variations independent of the interview that is being analyzed. Recognizing that the data “collected are usually lengthily and the analysis is laborious,” Giorgi recommends that three participants are selected to allow for the discovery and integration of the many differentiated meanings that emerge. Giorgi recommends that a researcher get at least three different instances of the participant’s experience of the phenomenon being studied, so that an individual’s particular way of living through a phenomenon will become more apparent. Although larger numbers are encouraged if the time and resources exist to justify them, three should be sufficient for producing the necessary data for analysis (p.36). Polkinghorne (1989), on the other hand suggested that phenomenological research should be composed of five to 25 participants to provide rich descriptions of their experiences of the phenomenon studied. Dahlberg (as cited in Vagle, 2004, p.75) offers the following advice concerning the sample size for phenomenological studies, “The question of sample size is essential in research when using statistical calculation...In lifeworld research the selection of informants is

different...One idea is that the more complex a phenomenon, the larger the group of informants.” It was decided that five participants would be used to examine the phenomenon of the arrest.

After the dissertation committee and Nova Southeastern University Institutional Review Board approved the study, 12 subjects (from an original goal of 15) were recruited over a period of several months to draw upon for participation. This assisted with the confidentiality of the participants and ensured that there was an adequate pool of participants to draw from despite attrition due to subjects who may decide to withdraw prior to completion of the interviews.

Locating participants from hidden populations, such as drug users, for which no adequate lists to sample from are available can be difficult. A researcher can reach out to populations that are convenient, such as members of one treatment group; however, to enhance the validity of this study, snowball sampling was conducted to recruit participants. Snowball sampling is particularly effective in finding members of hidden populations where the focus of the study is on a sensitive issue (Faugier & Sargeant, 1996).

In a research study of a group of ex-heroin addicts, Biernacki and Waldorf (1981, as cited in Faugier & Sargeant, 1996) identified the following methodological problem areas to be addressed when using snowball sampling to locate subjects:

- finding respondents and starting referral chains;
- verifying the eligibility of potential respondents;
- engaging respondents as informal research assistants;
- controlling the types of chains and the number of cases in any chain;

- pacing and monitoring referral chains and data quality.

For a starting point in the referral chains, the subjects for this study were recruited from multiple sources, including referrals from treatment support group meetings, friends, and professional acquaintances. Participants were asked to refer individuals who they thought met the criteria for the study and would be interested in participating. The researcher arranged for an introduction of potential participants to screen them and solicit them for participation. This almost exclusively occurred via text messages with potential participants. This process was repeated with other participants initially recruited until the 12 participants had been gathered. Snowball sampling poses a risk of ending up with a biased subset of the total population of potential participants because any eligible participants who are not linked to the original set of participants will not be available for inclusion in the study (Given, 2008). To avoid this, using Given's suggestion, the several initial informants from which referrals were gained were diverse. When it came time to reach out and select a final sample of five participants to interview, four of the participants that had expressed interest in participating would not return communications to set up an interview, and the number for one individual was disconnected. In the end, five participants were selected from the remaining seven and completed interviews, one black male, two white males, and two white females.

Participants were informed that this study was strictly voluntary and that the information that the participants disclosed would be confidential. The respondents were provided the informed consent form (Appendix D) that also outlined the nature and purpose of the study. After a review of the form, they were then asked to sign the informed consent form.

These forms will be kept on file for a period of three years from the close of this study and then destroyed as required by the IRB protocol. Pseudonyms are used to introduce and discuss all the respondents in this study. Each of the participants were given a letter of informed consent which described the study, guaranteed their confidentiality, and discussed any possible risks. The respondents were notified that they were free to withdraw from the study at any time without penalty.

### **Instrument**

An interview protocol had been developed which was followed for each interview. In addition to brief field notes, the interviews were recorded and transcribed by a professional transcriptionist afterwards for analysis. Open ended questions had been prepared to leave room for the various trends that may emerge during the interviews. As information of interest revealed itself during the interviewing process, the format of the interview changed to address and explore the information. The instrument contained open-ended questions that address the participant's background and the phenomenological research questions, (a) drug and criminal activity, (b) situations, activities and attitudes immediately prior to, during, and immediately after the arrest, (c) attitudes toward law enforcement during the experience. A copy of the instrument protocol along with these questions is contained in Appendix C.

Steps were taken to protect interviewees' identities. Each interviewee was assigned a participant number, an alias, and no narrative information was presented that would be so unique that readers familiar with the subject could identify them. Because arrests in a certain geographical area were not focused on, but rather the experiences, which occurred in many locations in the United States, the narrative information is not that revealing, and

does not allow for the identification of the participants. Although the settings of the experiences were collected, the specific details, such as the dates and locations of the arrests, and the agencies that were involved, were omitted as they were not important to the study. All data are stored on a password protected hard drive and backed up on a password protected server.

Interviews lasted between 35-90 minutes depending on the extent of the participants' arrest experiences; some of the participants only had brief encounters, while others had years of extensive police contacts and arrests. The interviews were conducted in public locations that offered some privacy and were free from distraction; Jacob and Ferguson (2012) recommended using libraries (p.7) and this venue was used most often. When participants possessed more than one experience of being arrested and the participant was willing to share the experience with the interviewer, the interview was repeated, focusing on the new experience.

### **Ethical Considerations**

The Institutional Review Board at Nova Southeastern University was concerned that the participants of this study might be subject to coercion, because they had been former criminals on parole or probation. They were potentially recommended or recruited for this study by those involved in their parole, probation or other post-incarceration processes, and were being interviewed by a police officer. Concern was expressed that if a participant were to discuss their involvement in current criminal activity or open cases that the researcher would have to arrest and charge the participants, because the researcher was a police officer. Therefore, at the onset of each interview, the researcher once again disclosed his employment as a police officer and requested that the participant keep the

conversations focused on experiences that involved cases that were already resolved. None of the participants discussed any current involvement in crime and remained focused on recalling incidents that were related to cases with a closed disposition.

Because the group of participants was composed of individuals that had been arrested and most likely addicted to controlled substances at one point, it was necessary to address several concerns. To alleviate some of the ethical concerns with this vulnerable group, it was emphasized throughout the recruitment and interview process that participation in the study was completely voluntary and that there would not be any negative consequences should they choose to not participate in the study now or choose to withdraw later. As it was detailed, several participants did withdraw from the study prior to the initial interviews and one after their initial interview. The researcher respected their decision and did not pursue their continued involvement.

There were concerns that the interviews may have negative psychological repercussions for some of the participants. There was the possibility that the participant's recollection of events could reignite symptoms of post-traumatic stress disorder, acute stress, or that the recollection of the times that they were methamphetamine and/or heroin users might draw them to use again. For the participants that agreed to participate and conducted interviews, it was communicated that, in the event that they expressed a need for help with mental health, substance abuse, domestic violence, homelessness, or other related issues, referrals to appropriate resources would be made based on the researcher's experience with local resources and internet based sites, such as those maintained by the United States Department of Health & Human Services (<https://www.mentalhealth.gov/get-help/immediate-help/>). At the end of each interview,

the researcher asked the participants how they felt with regard to their mental health. A few of the participants had commented how they felt strange reflecting back on the times in their life when they had been using drugs, but they all expressed that they felt okay and did not feel any negative consequences from their recollections, one expressed that they felt good after sharing their experiences.

### **Data Analysis**

Vagle (2014), who combines the descriptive oriented data analysis techniques of Giorgi and the interpretive data analysis techniques of van Manen, recommends a series of steps that he describes as the whole-part-whole process of phenomenological data analysis (pp. 98-99):

1. An initial read of the data for the researcher to familiarize themselves to it.  
No notes are taken at this point.
2. The first line by line reading of the transcripts that is accompanied by careful note taking and highlighting text that denotes initial meanings. This may done on the form of statements or questions that the researcher has discovered.
3. A read through of the notes and highlights taken with the intention of developing follow up questions for the interviewees to clarify predicted meanings that were discovered and may be important to the description, interpretation, or representation of the phenomenon.
4. A second line by line reading of the transcripts in order to convey the meanings extracted from the notes taken and responses to the follow up questions posed to the interviewees.

5. A third line by line reading is conducted to articulate the researcher's analytic thoughts about each part of each interviewee's transcript.
6. Subsequent readings to identify and title the specific themes that emerge.  
New analytical thoughts may emerge, and previous thoughts may be modified or removed at this stage as well.

To assist with the analysis, I utilized an online qualitative research tool that was designed for capturing and analyzing qualitative data (Optimal Workshop's Reframer, beta version).

### **Conclusion**

This study used a phenomenological framework influenced by the suggestions of several researchers, but primarily Vagle (2014), who combines approaches, to guide the collection of data through in-depth interviews and the analysis of the narrative data. The goal of phenomenology is to gain a deep understanding of a phenomenon by attempting to bracket out, as much as possible, the researcher's own perspective and understanding of the phenomenon and interpreting the perceived reality of the individuals who experience the phenomenon (Creswell, 2007, p. 60). In this study, the phenomenon examined was the methamphetamine and heroin users experience of arrested for crimes related to their substance use. Out of an original goal of 15, 12 subjects were recruited for the study that had all been regular adult users of methamphetamine and/or heroin that had experienced being arrested by law enforcement for an offense for which their illicit drug use was either directly, or indirectly was responsible. Five subjects participated in interviews, three males and two females. There were several ethical considerations that were addressed during the study and at the study's conclusion, none of the participants

expressed any negative consequences resulting from their participation. All the interviews were transcribed by a professional transcriptionist and these copies, as well as the audio recordings of the interviews were reviewed multiple times during the data analysis. An online qualitative research tool that was designed for capturing and analyzing qualitative data (Optimal Workshop's Reframer, beta version) was used to assist with the analysis of the data and organization of themes.

The following chapter presents the findings of the data analysis. Participants were assigned aliases not only to protect their identities, but also to make their stories realistic and enhance the transmission of the essence of their experiences to the reader.

## Chapter 4: Findings

This research examined methamphetamine and/or heroin users' incidents of being arrested to gain the essence of their experience with this phenomenon. The analysis is based on interviews that were conducted with five adults that had been regular users of methamphetamine and/or heroin and had been arrested for an offense that was either directly or indirectly a result of their drug use. To ensure the confidentiality of the study's participants, each has been assigned a pseudonym and any specific details in their stories that could lead to their identification were omitted. During the discussion of a participant's background, it often led into their arrest experiences. Sometimes these would get glossed over and it was necessary to have the participant revisit the experience in depth. Each interview was transcribed and reviewed multiple times along with the recording of the interview.

All of the arrest experiences that were shared by the participants occurred within the boundaries of the continental United States by law enforcement officers at a local level (city or county agencies). None of the incidents discussed involved open cases and the participants never shared any current criminal activity in which they were involved. The participants disclosed that they had been drug free for periods of six months up to 10 years prior to the interview. Background information on each participant is provided to give an understanding of the sequences of events in their lives that led to their arrest(s).

### **Participant Backgrounds**

#### *Participant #1 (Mike)*

Mike is a black male who had been a regular user of both heroin and methamphetamine. At the time of the interview, Mike had been in recovery for about 6

months. As a child, he spent time between his parents who were separated and living in different parts of the United States. Around age 13, when he was living with his mother, he had begun having minor contacts with law enforcement for cigarettes and said that he often got into fights. As a result, his mother sent him to live with his father who lived in another state.

And then, so yeah, she sent me out there and she told me she couldn't teach me how to be a man, so she was sending me to live with my dad... My mom kind of pulled a *Boyz n the Hood* on me and sent me out there. I thought it was a vacation where I was just going out there for a little bit, and then when I got there, she's telling me, "Oh, you're never coming back to Minnesota again. You live there now."

Mike spent three to four years with his father until age 16 when his father returned with Mike to reunite with his mother. He describes a defining moment in his upbringing after his return home:

But then when I got back, when I was 16 or 17, I remember I went to a party with some of my cousins. And there was this guy I didn't really like, and I knew him to have money and stuff, all jewelry, and all kinds of crap. And when I came back, I came back with a completely different California mentality, and I was like, "Oh, I'm going to get this fool." ...I kind of danced my way over to him, and I put my hand in his pocket and kind of tried to keep stuff like his wallet [laughter]. And so then I grabbed whatever was in his pocket, put it in my pocket, and then kind of danced my way back out of the party and out the door. And as I was on my way and headed back home, I was like, "All right, what did I get? How much did I get?" And I pulled out, and I was like, "Oh, shit, what is this?" And it was like an ounce of weed, and some money, and crap. And so I had the weed and I was like, "Well, hmm, I wonder what this is? What this is like? Everybody else is smoking in this stuff. I wonder." And I ended up trying it or whatever. And the first time I got high, I didn't feel it. I didn't notice anything. No difference. I think it was just because I didn't know what I was supposed to feel or anything, but I completely didn't get high.

During his teenage years, he said that he was prescribed a multitude of mental health drugs, because he had been "diagnosed with a million mental health disorders." Mike

said that he began drinking and smoking cigarettes around the age of 16, smoking marijuana around age 17, and around 19 years of age entered into hard drug use with Lysergic Acid Diethylamide (LSD) and opium sprinkled onto blunts. He began smoking methamphetamine around age 23, because one of his friends used it. He described time as “spiraling out of control” from this point. Mike said that at the onset of his use, which was “just here there”, he would acquire half an ounce of marijuana from his dealer, along with a “20 sack or 40 sack” (\$20-40 worth) of methamphetamine. He said that the amount of marijuana quickly diminished over time and the amount of methamphetamine kept increasing until he was getting a “pinchie of weed” and a half to whole gram (\$60-100 worth) of methamphetamine that he would use daily.

And I don't remember if he brought it around or if I just was around them when they were using it or whatever. And I was like, "Whatever, shit. Let me hit it." And that just spiraled completely out of control for the next three years, like two, three years. I started off smoking meth and then snorting it/smoking it. It was more snorting it first then went into smoking it .... For the next two or three years, it was crazy. I lived in a house that was three levels, but side by side, there's basically two houses connected. And I had pretty much half of the house to myself. But I always stayed in the basement or the garage and thought like, "Nobody knows.

Mike's methamphetamine use led to several arrests and, after about three years, his methamphetamine use ceased. Shortly thereafter, Percocet and Oxycontin, which Mike had been prescribed for pain when he was between 26-29 years old, led to heroin use after the prescriptions were terminated and he was unable to locate the pills on the street. He described his first experience of heroin as “dirty oxy, but it worked” to alleviate his pain. As with the meth use, his use of heroin continued to increase, “And I started off snorting a little bit, like, hairlines or small amounts at a time here and there. And slowly

but surely, it increased and increased and increased.” He began committing property and violent crimes to support his drug use. These crimes led to multiple arrests.

*Participant #2 (Britni)*

Britni is a white female who had been a regular (intravenous) user of both methamphetamine and heroin. She had been through 14 rehabilitation treatments before successfully becoming sober. At the time of the interview, she had been sober for over five years. Britni said that she had used recreational drugs and had been through treatment several times before she was 20 years old. Following that, she had been sober for several years before being prescribed Percocet and OxyContin for a medical condition. She said that, over a period of about five years, the narcotic medications led to methamphetamine use a year later, because her husband was a user.

Smoking it, yeah, or snorting it. And then I ended up in that whole circle of people that use meth, which is disgusting, but it's what-- you end up in, that circle of people, and it's really easy to stay high. I moved probably about four or five times in that first year and I had [my son] with me and I ended up sending him with my mom-- to live with my mom. And I would say, then I met my current husband and we were using the other-- and he used needles and that's how I got introduced to needles.

Three years later, Britni and her husband began using heroin as well. Since she was already an intravenous methamphetamine user, she began using it intravenously. She said that she began using a small amount, “a dusting,” but that she and her husband were up to \$150-200 between the two of them each day. At the time of her first arrest, she was using an eight-ball (3.5 grams, approximately \$350 worth) of methamphetamine every day. During the first year that she began using heroin, Britni said that she moved a total of three times. She and her significant other committed property crimes to support their

drug use and she was arrested once for a property crime and once for drug possession after the police executed a search warrant at her house.

*Participant #3 (Nick)*

Nick was a white male who was a regular (intravenous) user of cocaine, methamphetamine, Dilaudid (hydromorphone hydrochloride), and heroin. At the time of the interview, he had been sober for several years. He reflected on his upbringing as being “totally normal.” An only child of a father who was a doctor and a mother who was a stay at home mother. Nick began smoking marijuana when he was about 13 years old and at 15, because of their availability and presence when he began going to high school. began using harder drugs, including mushrooms (Psilocybin), cocaine, and “crank,” (a crude form of methamphetamine). He said he did pretty well in school, “keeping it together,” using drugs primarily on the weekends, until he was a senior and turned 18. Within a week of turning 18, he got thrown out of his parent’s home and “went and lived in a house that was a notorious hangout for [methamphetamine addicts].” From that point, he said he barely hung on and began going in and out of treatment programs. His methamphetamine use increased to a point that he developed amphetamine psychosis and was flown out of state to a residential treatment program. However, several weeks into his treatment, he assaulted a staff member and it was discovered that he had hidden a knife underneath his bed. with the intention of killing people. “I wasn’t myself obviously,” Nick explained. He was sent back home immediately and taken to a hospital for a psychiatric evaluation. After several weeks in a dual diagnosis treatment center he said that he “came back to reality.” After time at a halfway house, he moved back home, but after running into a person that he used to use

drugs with, he said that “the whole thing started over again.” He began selling meth in addition to using it as a means to support his use and when he was in his mid-20’s he was arrested for selling and possessing meth. At the time of his first felony arrest, Nick said that he was using a teenager to an eight-ball (1.7 – 3.5 grams, roughly \$170-350 worth) of methamphetamine each day. He ended up going to treatment and staying sober for years until he was prescribed narcotic pain medications for a medical problem.

It just tickled that addict inside of me... In my mind, I’m following the rules, because a doctor is giving me the pills...So I was prescribed Ambien, Adderall, Xanax, and Oxycodone. And all legit through doctors. So in my mind, like I say, I know that this isn't going right, but I got a prescription. And so slowly, I get back into that.

During this time, he was released from probation and felt freer from oversight. He began selling and using cocaine, with a rule that he was not going to start using methamphetamine again. The narcotic pill use eventually led to using heroin, because the “ring of people that are doing pills also are doing heroin.” Nick added that, “It’s the next logical step. It’s cheaper, it’s better.” He is ingesting the heroin and cocaine intravenously, reasoning that it is the most efficient way for the body to process the drugs. He also begins using methamphetamine again. Once again, he is thrown out of his parent’s home as a result of his drug use. He did not want to sell drugs again to support his drug use, because of his prior conviction, so he turns to stealing over the next several years gets arrested multiple times for thefts and other drug related crimes.

*Participant #4 (Ben)*

Ben was a white male who was a regular user of methamphetamine. At the time of the interview, he had been sober for about five years. He was eight years old when his parents divorced and said that lived with his mother who he described as “abused and

beaten by just about every boyfriend she had” and he realized later that she had been using meth during this period. Around age 12, his mother’s parents pulled her out of the state to return home to help her rehabilitate. Because of this, Ben said he developed a stigma with meth and that he asserted to never use it. When his mother left, Ben went to stay with his father. At the start of his high school years, one of his friends smoked marijuana that he stole from his father. Ben said that he would accompany his friend when his friend would smoke it but did not use it himself until more than a year later, when he began hanging around a new group of friends who were older than him. He described a significant period in his life that occurred during this period:

And we were out there, and we got high. And it was like the first time it made it-- I actually got high to where I realized there was something different. Do you know what I mean? All my steps were really big. It was a funny feeling. And it was-- I don't know. I think from that time I kind of-- I wouldn't say I was addicted to the drugs. But all of the sudden I became addicted to the social position I had because I knew all these older people into their high school years. And they had all these deals on the drugs or whatever. And all of the sudden, I was the in-between between anybody I hung out with and them. And I think I kind of got — [a purpose].

Ben said that after this, his drug use escalated to “party drugs,” including Ecstasy, LSD, and cocaine. He still had a taboo with meth and abstained from its use but said that he was using “probably a quarter ounce of cocaine a day in a party scene.” In the state that he was living in at the time, he said that there was a stigma attached to being a methamphetamine user:

I mean with that said, there's a lot of people that are being tweakers that kind of keep it hidden. Rather than out here, you kind of know you're a tweaker. You know what I mean? Like, "Yeah, that guy's a tweaker." And then it's not as much of a stigma out here I don't think.

He had his first treatment experience during this time, when his dad suspected that he was using drugs and had him tested. Following those results, he was checked into a residential treatment program that he said was ineffective. Several months into the aftercare program, he learned how to alter the drug tests to pass. He continued to smoke marijuana and use cocaine. His relationship with his father was strained because of his use and he went to live with his mother again, who had returned to the state.

During a traffic stop, an older acquaintance handed him a large bag of cocaine and a large bag of methamphetamine before the acquaintance got arrested for an outstanding warrant. After using all of the cocaine, the bag of methamphetamine remained:

I don't know what was different at this point because I'd resisted for a long time. I mean, it was of no interest to me, but I did the meth, me and a friend of mine, and it was like a total flip of the switch. Before, it was like I had the weed game. I pursued weed. Always had my whole hustle going on. For one, to take up my time. For two, to provide money to do whatever I wanted to do, and then just that social aspect of it. But once I tried the meth, everything else was of absolutely no interest to me. I didn't keep a bag of weed on me anymore. I didn't do coke. I didn't do party drugs. It was just meth.

He described a defining moment in his life when he was age 17. He had scored in the 96<sup>th</sup> percentile on the ASVAB and was looking at joining the Air Force, but never followed through. He reflected on this point in his life:

If I would have had my shit halfway together and I could have went and got my GED, who knows? You might have went to the Air Force and then you would have continued doing the same thing because I know a lot of people in those types of things would. You know what I mean? I don't know. I went through the program with people that have first-degree [drug sale charges] while they were in the army. You know what I mean? Who knows if it would have made my life any better or just got me into serious trouble because I don't think I was ready to change who I wanted to be, and I know if I would have gotten into that environment with all these guys from all over the world who, most likely, half of them had parties and decided, "Hey,

I'm going to go do this. I want to get away from this." It would've been a recipe for me to get myself into trouble.

He began associating with people who were in their thirties and had served time in prison and, through them, began learning and committing a variety of property crimes. Ben was arrested for the first time after he burglarized a relative's home and stole guns, jewelry, and other valuables. Later, he began manufacturing and selling methamphetamine and was arrested several more times, serving 22 months for one charge.

*Participant #5 (Amanda)*

Amanda was a white female who was a regular user of methamphetamine through smoking and orally ingested the substance,

And I was using daily-- gosh. I don't know, maybe two or even three grams a day. We were smoking and using orally, snorting, that kind of thing. Smoking mostly. But yeah. We snorted and we would put it in shots of Mountain Dew and drink it.

At the time of the interview, she had been sober for 10 years. Amanda said that she grew up drinking and smoking marijuana in her teen years and used LSD frequently (80's). In 1992, she became a hairdresser and in 1997, she began dating a man who would later become her husband. She said that he is the person that introduced her to methamphetamine. She recalled that "he was using and I wanted to be around him." For a period of almost 10 years, she used about an eight-ball (\$350 worth) a day, ingested via smoking, snorting, and mixing with soda. Both she and her husband supported their methamphetamine use through selling methamphetamine. For a while, her husband was involved in the manufacture of the methamphetamine that they sold. As a result, she was arrested multiple times for these types of activities that she and her husband were

involved. Amanda eventually was sent to prison for one of her convictions after a probation violation.

### **Phenomenological Themes**

Four primary themes emerged from the interviews conducted with the five participants about their experiences of being arrested for crimes related to their regular use methamphetamine and heroin. There were multiple meaningful clusters, but they all seemed to fit into these four general categories:

1. I was living a self-destructive lifestyle
2. Confusion during the arrest
3. Good cops/Bad cops
4. I needed to be incarcerated

#### **Theme 1: I was living a self-destructive life**

The most prevalent theme to emerge from all of the participants' interviews were feelings and expressions that they were all living self-destructive lives around the time of their arrest.

- They were stuck in the lifestyle with no future.
- They were a slave to their drug (heroin) or the life (methamphetamine).
- The drugs made them do bad things and/or affected their mental well-being (amphetamine psychosis).
- They had no concern for the outcome of their actions.

These clusters within the theme of a perceived self-destructive lifestyles at the time of the participants' arrests are often interrelated, but some stand out more prevalent than the others and are presented in the cluster that best describes the participant's experience.

*Stuck in the lifestyle with no future*

All the participants reflected that they felt that they were stuck in the situation that their drug use had created. Britni described her life at the time of her arrest as a “mess” while she was a methamphetamine user, “I had nowhere to go. I was a meth user. I had exhausted all my resources. I had spent all the money I could and lived at hotels.”

Mike: So, then I had been out twice, and I'm like, "I'm really not going to get hired nowhere." And I wasn't even really caring after that fact. I was like, "Whatever. Now, I'm just marked. I've got the mark of Cain on me."

Nick: So, you get out of jail. You're on probation. You're on parole. You're on PSC, whatever it is. And you've got to find a job. Well if you've got to find a job that's only going to pay you nothing, even if your skill set is above that, you're stuck. And it's not like you're making logical decisions when you're getting high.

Nick: Meth is too hard. When you start doing meth, when you've been addicted to it, it's just an obsession, like you can't kick it.

Nick: We had been in and out of detox probably half a dozen times. We'd go on detox with a-- we'd come out off the heroin, but then we'd start doing meth and then we'd start doing heroin again. And then we'd go into detox, and we'd go into treatment, and we'd get kicked out. So it was just a-- like two years of just ugh. Just the whole-- and it was really longer than that, but two solid years of just this cycle of arrests, treatment, broke, power was getting shut off, no gas, car is broke, stealing. It's just a mess.

Ben: I'm going to keep getting high and it doesn't matter what I have to do, you know what I mean?

Amanda: I don't think I had ever gone without using. I hadn't gone ever without using...there wasn't a time that I wasn't high for those 10 years.

*A slave to my drug*

All of the participants described feelings of being controlled by their drugs. Those who had used both methamphetamine and heroin described the control of

methamphetamine as “mental,” whereas heroin was physically controlling because of the uncomfortable pain of withdrawal when they did not ingest the drug. Regardless of which drug, participants felt unable to quit even though the drugs were having negative effects on their lives. After one arrest, Mike remembered that he had wanted to quit using methamphetamine.

Okay, well, this craps got to slow down. This has got to stop. And it was really hard for me to stop to get off of the meth

He said that when he was a methamphetamine user and got arrested and incarcerated, it was not a big concern that he would not be able to use the drug for a while he was locked up, whereas “with the heroin, it absolutely was.” Mike gets more and more excited as he described,

That [heroin] monkey completely had control, versus on meth - don't get me wrong - I was out of my gourd, but, -I was just not out of my fucking gourd [like with heroin]. Fuck that monkey. He can sit over there. I don't give a fuck. He can stay at your house if he wanted to [laughter]. I'm going over here. And then, "Oh, I'll stop. Hey, monkey, is that you? Come on. Nigga let's ride." You know what I mean? I would pick it up [meth use] and drop it as I went.

Britni: Most people that are heroin addicts don't want to be heroin addicts. They want to get help. Most people that are meth addicts need to be forced into getting help because you just get stuck, and if you're not stuck using meth then you're stuck in the lifestyle. You're stuck with the people, you're stuck-- especially the people that deal meth, the money is so good and they want to keep making money like that's their lifestyle. That's what they know. Meth is sick. It's gross.

Britni: We were hustling more for heroin because a heroin you're a slave to it. You're literally at the dope dealer's house every day. We almost drove to-- we had one dope dealer and he was on north side..., and we had to drive there every single day. Literally, you are slave to heroin when you use heroin. There's just no way around it. You can't. You will buy as much as you can, and you'll use it all in that day. Regardless of what it is, and you'll have to go back the next morning, and that's how they sell it. It's what it is. And it's this black

dude over on north side, and you drive there every day, and he had to go to Chicago a couple of times, and we almost drove to Chicago because we were so desperate to get high. You get so sick when you don't use. It's disgusting... But literally, you are slave and you need the money, and you spend your whole day just getting high and you got to hustle.

Nick: I mean any dollar that came into our hands was going to the dope man. Both of us lost our custody of our kids. I mean and this is all-- the kid that I got kicked out of my house with, lost custody of him. [My wife] lost custody of her daughter and this is all just getting high, you know, didn't matter.

Ben: And I got money now, and it's like, we end up getting some [methamphetamine] and I don't do it until the day after my probation ends. So, I get high, and it starts again there.

Ben described one of the times that he had gotten out of jail and was trying to live clean, but ended up in the cycle, slipping into the lifestyle once again.

And I worked with some guys that were smoking weed, and I decided that I was going to smoke weed. So I think a month before I got off parole, I bought weed. Didn't smoke it. And then as soon as I got off, I started smoking weed. And that was pretty much all I did. And the whole thing creeps back in, and all the suddenly you're going to be a drug dealer again. So you buy a little bit more weed at a time, rather than just enough to smoke, and you kind of do that whole thing.

Amanda: So, it happens really quickly too. I'll never forget that first time I used crystal meth. That was it from that day forward, I didn't quit using. That was it.

Amanda discussed the enticement to continue using methamphetamine was

the feeling that you were really pretty. And it just gave you this feeling of, "I am spectacular, I'm just like somebody, I'm so great." Within about two months I lost a ton of weight. So that was another good reason to not stop doing it.

Mike said that he had his other friends who used methamphetamine would refer to themselves jokingly as "crackheads", this seemed to deflect the reality that they were methamphetamine users; they minimized their methamphetamine use by further joking,

“Oh, we're healthy crackheads.” We drink water when we smoke meth, and we eat. We're healthy crackheads. We're doing good!”

Similarly, Ben minimized the entry points in the cycle back into the lifestyle of a methamphetamine user and crime, explaining that if he had been arrested previously for a more serious crime, this time he was “just” getting involved in a lesser crime.

- And so they let me out, but I'm still doing the same thing. **Just** getting high.
- And so, I'm **just** selling drugs again and I don't know.
- And I get out, and I just keep doing the same thing. I quit making meth.
- But now I'm **just** using drugs.

As Ben described several of his later arrests, they are mundane; he described them as a routine that he was used to going through. It was presented in a manner that one would use to describe when their car is low on gas and it needs to be refueled at a gas station:

Three, four months later I get in trouble with maybe a half-gram or something. It might even have been less, like a dirty pipe. And they give me a 5th-degree controlled substance. And now you're back in jail, and you got your lawyers trying to get you through on one of these cases.

#### *Drugs made me do bad things*

All the users reflected that the drugs that they were using at the time of their arrests made them do bad things and had negative effects on their mental health. Several commented that, when they look back on their arrests and that time of their life, it seemed like it was a completely a different life from their current life or that it was another person that had lived it.

Mike: Up until when I got into the meth use, jobs slowly became less and less important and less abundant, and then more and more I

would hustle, more and more I would [commit crimes], things like that.

Mike: I was messing with this chick. She was really no good. We would hit licks on people...And then we'd get the money from that, and she'd give me the money or whatever. And then we'd get whatever she wanted, getting cigarettes, getting by, getting heroin, too, and getting larger amounts from that, so I could sell it and make money from it, too. And I ended up eventually hitting a robbery that I didn't want to hit. We had been doing this. And we had a hotel room paid for. We had cigarettes. I had weed. I had heroin. I had everything. I was like, "I'm good. I don't want to do this other one... And I went to leave, and then she decided she was going to hit the robbery still herself. So I was like, "Oh, I fucking hate her! Fuck it." I went over, and I ended up robbing him and her and taking everything.

Amanda: We got married... and I got pregnant right after that. And when I told him about it, he wanted to just stop using and turn over a new leaf...And I remember telling him that I did not want to get fat and I did not want to take time out of my life right now to have kids. So, I went and had an abortion and didn't tell him. So, tons of regret of course in that lifestyle, but-- yeah. It's just so weird when I think back at that time in my life.

Nick: As drugs became more of the focal point of my life, the criminal activity was always centered around getting more drugs...the shoplifting part of it is always the thrill, but the derivative of that is to get more dope. To fence this stuff, to get money, to get dope...So the next arrest that I-- so I was still doing meth, more and more heavy into it.

Britni reflected that “when you're using drugs like that, life is-- it's crazy. Even talking about it makes me feel like I'm insane,” the other participants described the negative effects that their drug use had on their mental health in greater detail. Mike discussed amphetamine psychosis, delusions, anxiety, and paranoia that he had acquired and how it affected him prior to having a search warrant executed by the police at his residence:

Before the cops hit the place, I was in there. Me and my friend had just got back from going and getting more meth. It was kind of

earlier in the day. We were smoking it and snorting it because that's how my friend prefers to do it. We were just going to play video games and do our meth and whatever. The next thing I know, out of the blue, I didn't see any shadows. I didn't hear anything. Nothing. And also I just got up and I was instantly like, "Oh, crap. Get rid of everything. Get rid of everything. They're here. Get rid of everything," and start I'd tell people and they don't believe me, but shadow people told me [laughter]. Like, shadow people were like, "Oh, shit. The cops, they're here." And I was like, "What? Oh, crap. What [laughter]?" So I'm freaking out, running around the room trying to flush the meth that we do got, get rid of it, like, any secret spots where I had meth or a meth bag even with residue on it, like, smashing pipes and trying to flush it. And I'm in there freaking out and my friend, the whole time, he was sitting there, looking at me like, "What are you doing here? You're tweaking out, dude. Calm down. There's not a problem. Why are you freaking out?" And I'm like, "Get rid of everything. Oh, my god. What are you talking about? They're here!"

Other participants remarked on feeling psychotic from using methamphetamine,

Nick: I had a psychotic break from the drugs...I end up assaulting my counselor there. And I had put a steak knife under my bed, because I was going to pretty much kill people...they put me on a bunch of medications, [and then I] came back to reality

Amanda: I would say I had psychosis...didn't get a lot of sleep. Was probably in and out of being paranoid. You know dealing drugs so you didn't trust anybody. Nobody was ever safe. Anytime I went somewhere I didn't stay there longer than an hour, an hour and a half, that kind of thing.

*No concern for the outcome of my actions*

Many of the participants' arrests occurred because they did not care about the consequences of their actions. They relayed suicidal feelings or just living for the moment.

Mike: At the time, though, towards the end of my meth use, I was still using acid here and there. And since being like a, "I don't give a fuck," attitude or a suicidal attitude, I was using more and more acid at one single time, though, trying to be stuck tripping forever. Because I have heard from people that if you did enough acid, you could be stuck tripping forever. And I was like, "That doesn't sound

like a bad thing to me. Let's get it [laughter]. Let's pop 10 tabs this time. Let's pop 15 this time. All right, 15 went cool. Let's try 18.

Mike: It was mounting too much, that it was too much pressure. I was thinking a lot about suicide at the time and just doing bigger licks, bigger-- and by licks, I mean, stealing or robberies or whatever, thinking about bigger and bigger to supply more and more, but also because I was just really on edge. I really just didn't give a crap at the time. Like I said, I was really on some suicidal stuff.

Nick discussed his feelings after the police came to his job to arrest him:

I want to go home and get high...I'm not that concerned about jail or what's down the road. When you're an addict you're not concerned about-- you'll worry about that tomorrow. We'll worry about that at court.

Amanda: You know, honestly, at that time in my life I really didn't care about anything, so I probably didn't really care. I was really at a time in my life that everything was gone anyway so I had nothing to lose. So I thought it was just going to be another time in jail for me and whatever that was going to look like.

Ben expressed this as a constant cycle of arrests and release that became mundane, a normal part of the lifestyle that he felt caught. In one instance he explained, "then on my birthday I get arrested for controlled substance again. Not any kind of revelation like, "Oh, I need to change my life." So, I bail myself out..." After another arrest, he responded to a question about his attitude at the time on his methamphetamine use,

"It's not even a thought in my mind. I haven't considered that to have ruined my life. It's not something I'm like, "I need to stop this." Yeah. It's probably not even registering."

And again, when he is arrested after people he thought were his friends, give him up to the police to save themselves from being arrested:

Whatever. So anyways, but in that, they decided to take everybody to jail. So, they take me to jail. When I get in the jail they strip search me and they find a half gram of meth, so now I'm back in jail again. But, you know, I'm doing okay, I got money on me, so I bail myself

out. Quick little three days until I can get my mom to co-sign for the bond or whatever. And so they let me out, but I'm still doing the same thing. Just getting high. Trying to avoid the probation tests or whatever they are because when you bond out they test you.

And regarding another arrest, Ben said he had no concern about its effect on his future, "Nope. Not even worried about the trouble." And another time:

I'm not taking it seriously. I got crap to do. You go into jail and you sleep for four or five days. And then you kind of wake up and you reach out to your family, too. "I need to get bail," is basically what you're thinking. It's really not anything to be concerned about.

Most of the participants who had been both regular users of methamphetamine and heroin discussed the different effects that methamphetamine use versus heroin use had on them.

Mike: The meth had me completely out of my core. It's not that it didn't matter, but there was no way to focus on it or to think about it. And the meth, I didn't have come-downs and shit like that. I could always sleep it off and use again if I wanted to or not. So, with the meth, it was kind of more blasé. But with the heroin and in the heroin-wise state, it was a lot harder. I would try to take drugs with me even to jail if I at all had a chance. My brain was more focused on the heroin and it made everything harder, not only life-wise and things of that aspect and nature, but also for the addiction-wise. It was a lot more hard on that.

Britni: So, it's different when you're on meth and when you're on heroin. Meth is more of a mental-- you start to mentally freak out because you need drugs, where heroin is a physical withdrawal... So, meth is disgusting and crazy. I don't know-- the stuff you do when you're using meth [is disgusting]. And the people you associate yourself with, yes, disgusting. Heroin is just different. You just want your life to be either over, or you want it to be well. You want help.

Nick: Using the meth makes you a criminal instantly. You are instantly-- you can go from being sober to planning what your next crime is going to be. It does something psychologically, where it's instantly ready to go and you think you're invincible. "This is what we're going to do. La da da da" and you think you're some big smart guy and then, that.

Heroin, I was a lot more relaxed. Meth gets you hyped up and makes you want to commit more crime, I feel like, for me. Heroin is not really a-- if you have [heroin], the only reason that you're going to leave your house is to get more dope and to get maybe money to get dope. It's always the money that's going to bring you into the crime. And I would say most of the crime in [this area], it's not domestic assault. And even that could probably be related to drugs and alcohol, most of the time. But any theft, any burglary, any armed robbery, anything like that is drug-related. Meth or heroin. Or both.

Ben discussing methamphetamine use,

I don't think it was a thing like, "I'm addicted, I need to get high." It's not like a heroin-type of thing. It's like I had a good run, now I've got to come down for a little while. Deal with what you got to deal with and then you go back out there, and you don't even need to get high at that point. But once you get high then you're kind of on a beeline. I'm going to keep getting high and it doesn't matter what I have to do, you know what I mean?

## **Theme 2: Confusion**

The next most prevalent theme to emerge from all the participants' recollections of their arrests, especially the first time that they are arrested, is confusion. This was expressed with statements of feeling of being overwhelmed at the time they are arrested and confusion resulting from a lack of information or an unknown future.

### *Shock*

All the participants who were meth users, mentioned that they were under the influence of methamphetamine for most, if not possibly all of their arrests. As Mike had mentioned previously, when he had the hallucination of "the shadow people" warning him of the police team's approach, he mentions several times that he was "freaking out" and had extreme anxiety during arrests. As he recalled the story, he was excited as he relived it; the rate of his talking increased and he excitedly gestured:

As I was being handcuffed, I was freaking out. It was complete dumbfoundment that they were there and I wanted to know why and why they were there for me. I didn't really get what was going on.

They wouldn't really tell me much other than they had a warrant for my arrest and stuff. There was cops everywhere. I was scared as hell. And it was really just-- the way they kind of did a **shock and awe** thing kind of threw me completely off and had me completely anxieced as hell. I'm freaking out, because even when I was like, "I'm right here," they still had guns drawn and came in guns drawn and put us down on the floor and all that. I was just completely spooked and shaken. I didn't know what was happening or what was about to happen. I didn't know what the starting point of it was, if you will.

Mike used the term "shock and awe" throughout the interview. In another arrest, he recalled:

And again, it was more the **shock and the awe**, and I was worried about the kids and everybody around. I just didn't want anybody to get accidentally shot or anything like that. And I was so-- I don't know. I was so just anxieced, shocked, freaked out by it. [A]nd the police showed up, guns drawn and were about to shoot my cousin over a freaking red lollipop sucker in his hand like, "Drop the motherfucker. I'll blow your fucking brains all over him right now," literally. And I had multiple incidences of that, like I said, that whole **shock and awe** thing. And it kind of, at the same time, it messed me up, gave me anxiety and a PTSD added to the already different circumstantial PTSD from doing a whole time in prison and things.

He went on to explain that, from his experiences of being raided and arrested by the police, he learned to use the same tactics that the police use in raids and arrests to overwhelm his victims during crimes:

It also showed me a way to be more violent in the future with different things that I would do. I learned **shock and awe** from them. Do you know what I mean? To use later on against the public, be it customers or whoever, or if I was doing a robbery or whatever.

Britni: Well, it was the first time I had ever been arrested, so [laughter] I was like, "What the hell?"

Nick described an arrest that occurred when he was at work. He said that the police had raided his house, then come to his job afterwards to arrest him:

A van pulls back in behind me and boom, four guys get out and I knew that I was being arrested... it took me totally by surprise...I mean there was no time to process or anything like that...But the day was just kind of-- it was just a mess. I just remember.

Amanda: I was at my drug dealer's. And the cops came and raided her house...I was pretty sure at that point I was pretty scared-- I mean, I was really high, you know what I mean? But I suppose it was more like, "What's going to happen to me now?" Like, "Now what? Do I go to prison?" I remember all the kids were screaming their heads-- there were like 4 or 5 kids there. They were screaming. She had a baby there. And then she was looking at me, and she was crying, and I guess I was kind of in shock, I guess

### *Confusion and Misunderstandings*

I don't know why they kept asking where the stuff was at that point because they knew where everything was already. It was just seeing if there was anything more, if I'd tell them anything more, or whatever.

"I didn't know what the starting point of it was."

What the fuck is this? Why am I being charged with this? Why?... I wanted to get out of it and I'm like, "That was all her and her doing. I told her no. I didn't want anything to do with it. Why the hell am I here?"... I was really freaked out. I was really pissed off. I was really coming from a place of hurt, though, of anything overall because I didn't know what she was doing or why I was being stuck with this.

"What the fuck is going on? What is this all about?"

"the whole time I'm flipping out, thinking like, "F that girl. Why the hell did I help her? Why did I save her?" I was stupid.

Britni and her husband had both been using methamphetamine at the time were stopped by the police in the parking lot of a store from which her husband had stolen merchandise. She recalled being confused by the police response.

Well, let's see. Being surrounded by police officers-- by police cars in a parking lot at [the store] just seemed a little-- I was completely taken back that if somebody stole something-- that's what we're using our resources for? Literally, there was five squad cars surrounding us...I'm like, "What is this?" I mean it was [embarrassing]-- and I

was bawling, and they put in the backseat of the car. And I don't know why they separated me from my husband and I'm thinking-- like we just robbed a bank or something. I mean I get it, it's a crime, but I don't-- I'd never been arrested before or in trouble before. So, I was really shocked and just-- I thought I was going to be released. And the cops like, "No you're going jail." And I'm like, "For what? What are you arresting me for?"

Her feelings of confusion continue to be expressed as she went from the scene of the arrest to the jail:

I thought they were just going to give us a ticket and let us go, and that wasn't the case. They searched both of our stuff and found [the stolen property], and then they arrested both of us and brought us to jail. When we got to the jail, the police officer knocked on the back of the window and he showed me an empty baggie, and I had nothing on me, so I'm like, "Where the hell did that come from?" And he smiled at me, and I'm like [laughter], "Whatever. It's whatever." So, I went and sat in jail for three days and waited to get released.

Britni described seeing her house for the first time after the police had executed a search warrant at her residence that led to her being charged with a drug possession crime. As she recalled the memory, her tone expressed frustration and ended with incomprehension about the police officers' actions.

We walked inside the house, and the entire house was flipped upside down, like I've never seen before in my life. Every bin, every door was busted down in every room of the house. And all the containers of my clothes from every season were dumped out in big piles. And I remember on our bed, there was a big a pile of clothes that someone had taken the vacuum cleaner and tossed it on top of the big pile of clothes just like, [exasperated laughter]"Jeez."

### *Unclear Future*

All of the participants described that the arrest created uncertainty about the future:

Mike: I still had all my drugs and stuff. And I was like, "Oh, my god, where's my stuff at? What the hell is going to happen to that?" And I was worried about the drugs. And I think that was one of the first times I remember being like, "Oh, shit, what about my heroin and stuff?"

“I didn't know what was happening or what was about to happen”

Mike: But even though I was okay on the outside, on the inside, I was just shut down. I was completely like, "Oh, god, not this again." It was just a whole lot of having the police come in, raiding, guns drawn again, everything. It had me kind of almost out-of-body-- not quite really out-of-body, but just kind of on a robot mode like, "All right. Let's go through these motions and let me get this done and over with." It just brought back everything else from before. And it had me, like I said, again, thinking about, "Okay, what's next?" versus I wasn't thinking about tomorrow or next year or anything like that. I was just, "All right, what's next? What's going to happen next? What are they going to say next? When's the next court date? When's--" and I'm sitting down in the county.

Britni: I'm thinking about how the hell I'm going to get out of jail?... So my mind, when I'm sitting in there is, first of all, how am I going to get out of here? Because I didn't know how I was going to get out of jail and whether or not I need an attorney.

Ben expressed confusion about his self-identity and who he had become after being arrested for stealing from a family member. He had felt shame for victimizing a family member and turned himself in for the crime. As he had mentally committed himself to cooperate fully with the police, he gave a detailed confession, which unwittingly implicated several other people in the crime.

I just got some other people in trouble. Basically, damn, am I snitch now? You know what I mean? What does that mean? You know what I mean? Am I being like a piece of trash trying to get myself out of the trouble I've been in? And that wasn't the motive at all. It was like, I have wronged my family and I'm just going to be truthful about it.

Amanda: Well, yeah, I mean I guess I didn't know what was going to happen. I was glad I didn't have any drugs on me, but the two guys I was with had drugs on them. And so I think we all kind of got treated the same. And the cops knew all of us.

### Theme 3: Good cops/Bad cops

*“You know that old saying good cop, bad cop or whatever, but I really got to see it firsthand.” – Mike*

The experiences that the participants had with the police was mixed, but the prevalent theme that emerged was that the police were an inevitable part of the lifestyle of the participants at the times of their arrests. If it was not direct police interaction, it was the threat of the police, or of others who they feared were working for the police and had or were setting them up to be arrested.

#### *Good cops*

The police were often discussed as a mechanism that could be used to their advantage, whether it was to get free by cooperating (sometimes through false promises) or to use the police as a mechanism to exact revenge. Mike talked about a time he was arrested and blamed another person for getting caught. Because of the anger and frustration that he felt at the time, he was eager to cooperate with the police and give up a lot of information about other criminals and their activities.

And [the police] came and, I think, interviewed me or talked to me, but they said they couldn't really help me. And I didn't understand why at the time but come to find out later it's because of the violent nature of the crime. And I kind of took that as an affront because right then and there, I was ready to be like, "All right. Fuck this. I'll shut down the city then." You know what I mean? It wasn't even for to get free. It was for them to kind of see what's really going on in my side. I was ready to tell them everything. I was ready to tell them everything about everybody. And here it is. Let's do this because I can't-- I'm not going down for this crap that even though I did do. In my mind, I was thinking like, "I'm not going down for her, for her crap that she wanted to do. I didn't want any parts of this shit, so."

Amanda: Yeah. I mean, I guess looking back at it right now, I don't know. I think they were pretty-- they're really calm. And so, I don't feel like I was ever treated wrong or disrespectfully then, so...

Nick: See all these days where I-- a lot of the days I got arrested, I'm so messed up on five different substances, that it's hard to-- I mean, when you're busted, you know you're busted, you know what I mean? The cops come in and-- I didn't have any drugs on me, they didn't treat me any-- I mean, they didn't pull guns on me or anything. I'm not going to try to fight with the cops or run, or run-- it doesn't end well. So, I just get arrested and go to jail...Nothing stands out [about getting arrested that time].

Nick: So, I made it out of the store and nobody said anything, so I thought I was scot-free. Well, I got five squads that came in on both sides and arrested me. Arrested me, and I was with another guy. And, nothing crazy, out of the ordinary. I never got beat up by the cops or anything like that. It's just—

Nick: I mean none of my arrests are really remarkable as far as-- like the first time that I got the task force that was a different type of arrest, because the task force, I feel, operates differently than the cops, than the average every day in a squad cop.

Nick: I mean, you know the cops, they were on us like flies, but they were decent. In a weird way they were-- they knew we were drug addicts. They knew that this was not like some punk kid. We were down on our luck, -like dope fiends.

### *Bad cops*

Mike: And he was trying to talk to me like condescending way and all this, and I was just like, "Yeah, whatever. You're lucky I'm even here. Fuck you. Whatever. Let's go ahead and handle this then, because you think I'm some kind of maniacal [thief]. And little do you know that's not what I do. I sell drugs and use drugs and [inaudible]. And as long as you don't know that, well, fuck you, asshole." There wasn't any drug stuff at the residence. And he kept trying to tell me like if I didn't, they think I was in trouble because they had paraphernalia or some shit. And I'm like, "That's ridiculous."

Britni often referred negatively about the police officers that had arrested and detained her. She described a persistent animosity that existed between the group of methamphetamine users she associated with and the police:

They're jerks, and they had been jerks because we had had-- I had some interaction-- I mean again this is the company of people that

I'm keeping. So I understand looking back on it, it's what it is. But I had lived in a house in [town] that was being watched by the task force and literally, they were following every car that left this house in Blaine, everywhere they went. I got pulled over a couple of different times just asking me what I was doing.

And again later, she discussed her perspective of the police in her area:

They were jerks. And so then I-- listen, I'll take this back. So now that I think about it, I got pulled over again leaving that mall by the [local] Police Department, and they gave me a ticket for everything-- I had no drugs on me again, and I was high, but it was-- they claimed they had a report of a vehicle stealing from a store there, so they pulled me over leaving there and they gave me a ticket for no headlight, cracked windshield, just stupid crap like that.

Nick: They're cowboys, man. The task force, no rules, they can do whatever they want. -- they just want to...my perception of the task force is they sit in their car and do a lot of surveillance, and they want to kick down doors. So, they want to get somebody working so that they can do some police work, and they can kick down doors. And it doesn't do any good. So to me, it's just like they want to get out, they want to get their riot gear on and they want to [growls], but ultimately it's not doing any good. And they're keeping people from getting help, because they're like, "Well, you work three or free. We need three of equal or greater value." And at that time, I couldn't even do that. There was one person, and he had just gotten busted, so it was like, "What am I going to do? I can't pull first-degree sales out for you guys because I don't have first-degree sources out there.

Nick: See all these days where I-- a lot of the days I got arrested, I'm so messed up on five different substances, that it's hard to-- I mean, when you're busted, you know you're busted, you know what I mean?

*Lie or shut down to deal with the police.*

Mike: I'm like, "What the fuck is going on? What is this all about?" And they're like, "Yeah, this is all over some robbery." And the cop told me. And I'm like, "What?" And right then that I kind of thought about it like, "All right, let me shut up because I didn't have anything. I'm not going to tell them that I was there."

Mike: shut down, put a wall around me, especially with all the cops and everything. I'm like, "No. Nope. I didn't have nothing to do with it. I don't know what's going on."

Nick: I'm just telling them, "Give me your phone number and I'll line something up. But if I go to jail, I'm not going to be able to do anything for you"... So, I don't know-- they wanted me on the phone that day. They were like, "We want you to make the call right now." I'm like, "I'm not going to make the call right now. That, just, it's not going to happen." So they gave me their card and they said, "Well if you don't," and this was my first felony. So, to me, I'm thinking, "Well, it might be worth it to try to do it." But there was no way to do it. There was, literally there was no way at that time. Two other friends of mine had got busted recently. The guy I was getting it from, he had a Fed case... There was nothing I could do.

### *Set ups and paranoia*

Nick: And they got the kid. There was a kid coming to drop heroin off at my house that was walking up to my house with all these vans out, wondering what's going on. And he got arrested. And he worked with them, so he didn't even get arrested. He got a turned while he was at my house

Nick: They didn't know that I had job evidently, and so whoever's at my house, my girlfriend or my roommate, one of them must have told the cops that I was at work... so no matter what I was going to get whatever she racked up on-- I know who it was. None of that mattered.

Ben: There's a cop coming in the other direction and the cop turns around and pulls us over for obstructed license plate, which I don't buy it, because it's just, I think he got in trouble in Minnesota and then kind of rolled over on me. You know what I mean. To try to get other people who are doing the same thing.

Amanda: I got set up a couple times and the police would come. I remember once they came to this house that me and my husband were renting the basement and they came and they-- it was the middle of the night and they raided his whole house and they had the dog there.

Amanda: [I] didn't get a lot of sleep. Was probably in and out of being paranoid. You know dealing drugs, so you didn't trust anybody. Nobody was ever safe. Anytime I went somewhere I didn't stay there longer than an hour, an hour and a half, that kind of thing.

#### **Theme 4: I needed to be incarcerated**

Most of the participants expressed statements and beliefs that the only way they saw positive change was by intervention by the criminal justice system. Arrest, long term confinement, or the possibility of long-term confinement, after a charge led to sobriety and positive changes.

Mike: And I mean, even having officers realize, like I said, even before I did, who were willing to meet me halfway or even willing to talk with me and deal with me like a human, who even knew before I did that like, "You're still an addict. You still have a problem. You need to lose that first before we can go any further." That would mean even being able to see that in their tough love they had to give, like not bailing me out in certain situations or whatever, and letting me get that shit out of my system, ended up helping me to get past over that hump, if you will, get past that shit."

Britni: People have to face consequences for their actions because then it forces them to change. [The police] do us a favor regardless of whether we see it at the time or not. I needed to be arrested, and I needed to be charged...so that I could go to treatment finally, the 14th time, and get help. Otherwise, I would still be using drugs. That's just the nature of it. And some people have to get 1st-degree possessions, and some people have to get 1st-degree sales, but they need to go through that in order to come to the other side.

Ben: And so now, I go to jail, and I know I'm going to prison now. Now, is actually the remorse. Do you know what I mean? All this time I think even from the first time I got into trouble, where I felt like I kind of told on somebody. In those years that followed, that I kind of went back and forth from California, I was really bold...So okay, I'm in prison, and there's people talking about it, and we're going to do this when we get out, or blah, blah, blah, blah. And I totally distanced myself from that. If someone's talking about what they're going to be doing when they get out, I'm just going to talk to somebody else because, "Dude, I'm not doing it again." I still have a chance; do you know what I mean? I still can have a family, still can make a career, still can do something worthwhile. So, I spend 22 months in jail with a total change of heart.

Ben: I think the best thing that happened to me is I knew I'd end up in prison and it was like, 'No, dude. Like look where I'm at for nothing. I have accumulated nothing. I have given away everything. I

could have had kids, a family.' And it's great that I didn't have that before that point because I would have lost it all. And even though it hadn't gone perfectly after that, I ended up going on another couple year run of using drugs. But then again, I feel like when I got arrested on my birthday, it's like that's God's gift to me, because I had lost focus again that I was trying to pull myself out.

Amanda: I would say since 1997 until that very last time that I ended up in jail in 2007 and had to do that probation violation. I don't think I had ever gone without using. I hadn't gone ever without using. So, when I sobered up it was actually in a jail cell is how I had to come down from 10 years of meth use. So, even when I went to jail that first time when I had busted up my drug dealers, I wasn't even in there 10 hours. So, there wasn't a time that I wasn't high for those 10 years.

Nick was the only participant who reflected that incarceration was not directly responsible for finally going to rehabilitation, staying sober, and making positive changes. Rather, he considered the arrests a part of all of the negative experiences, the culmination of all of the factors. As he described this, he spoke with a tone of frustration and submission; his body language mirrored this tone.

[Getting arrested] was a part of what was going to happen. It wasn't-- every time I got arrested, I deserved to get arrested. And I deserved to get arrested way more times than I did. And I should be in prison, but I'm... so sick of it, like just giving up, like the whole grind of trying to get money and then-- so I was trying to get money for the two of us and then we got-- we're living in this house and we're not paying rent and it's just there's, like I say, the power's getting shut off, it's getting cold out. We're like, "We need to go into detox." And this was like the last time, we're like this is it, we got to—'cause we talked about getting clean before, but it was like-- now it was just like, I give up.

## **Summary**

A semi-structured interview protocol was used to conduct interviews with five adults who had been regular users of methamphetamine and/or heroin and had been arrested for offenses related directly or indirectly to their drug use. The transcripts of these

interviews were analyzed using Vagle's (2014) technique of combining the descriptive oriented data analysis techniques of Giorgi and the interpretive data analysis techniques of van Manen, which uncovered several themes which were apparent. The essence of the participants' lived experiences of their arrests was described in their recollection of the events. Four primary themes emerged from the interviews about their experiences of being arrested for crimes related to their regular use methamphetamine and heroin. There were multiple meaningful clusters, but they all seemed to fit into four general categories:

1. I was living a self-destructive lifestyle
2. Confusion during the arrest
3. Good cops/Bad cops
4. I needed to be incarcerated

In the following chapter, these themes will be discussed and, where relevant, linked to relevant research.

## **Chapter 5: Discussion**

This chapter summarizes the complete study, the findings of this study are discussed with reference to other research literature, the limitations of this study are noted, and considers future implications related to the results.

### **Summary**

According to the SAMSA statistics, both methamphetamine and heroin use is growing at a rate much greater than the population in the United States, and with the growth, it can be expected that the direct and indirect public costs related to crime, health and loss of productivity stemming from this illegal drug use is increasing proportionately. Despite the current focus on the effectiveness of the war on drugs, it was discovered through a review of current literature that there is an absence of research examining the arrest experiences of hard drug users in the United States. This study used a qualitative phenomenological methodology to fill the paucity of research and understanding about methamphetamine and heroin users' arrest experiences.

Following the approval of the dissertation committee and the Nova Southeastern University's Institutional Review Board (IRB), five participants were recruited from an initial sample of 12. Semi-structured interviews with the participants were conducted that lasted between 35-90 minutes. During the interviews, the arrest experiences were revisited multiple times until an in-depth description of the phenomenon. The audio recordings were transcribed by a professional transcriptionist and the audio and transcript data were assigned participant numbers and later pseudonyms to protect the participants' identities; the data were stored on a password protected hard drive.

Using the approach suggested by Vagle (2014), who combines the descriptive oriented data analysis techniques of Giorgi and the interpretive data analysis techniques of van Manen, a series of steps was conducted for the phenomenological data analysis. The audio recordings of the interviews were reviewed multiple times along with the transcripts of the interviews and meanings were extracted from each participant's description of their arrest experience. As data were reviewed, the experiences that the author has had, especially recently as a narcotics investigator, concerning drug users' experiences with the criminal justice system were set aside, using the technique of bracketing, to obtain a fresh perspective toward the perspective of the phenomenon being researched (Creswell, 2007, 59-60). The researcher did not bracket their own interpretations of the participants' description, but rather their pre-suppositions as the descriptions were interpreted. The meanings were eventually grouped into themes that allow for a deeper understanding of the nature of the participants' experiences of being arrested for crimes related to the drug use.

The analysis of the data revealed four main themes that emerged from the participants' arrest experiences. The most prevalent theme to emerge from all the participants' interviews were feelings and expressions that they were all living self-destructive lives around the time of their arrest. This was expressed in feelings that they were stuck in a lifestyle that was self-destructive, that they were slaves to their drugs, the drugs they used made them do bad things, and that they acted without any concern for the outcome of their actions. The next most prevalent theme to emerge from all the participants' recollections of their arrests, especially the first time that they are arrested, is confusion. This was expressed with statements of feeling of being overwhelmed at the

time they are arrested and confusion resulting from a lack of information or an unknown future. Those who had been arrested repeatedly, began to find arrests and dealing with the police commonplace, which led to the third theme of mixed experiences of their encounters with the police, some involved officers who were respectful toward the participants, whereas others were described as “jerks” and “cowboys.” Finally, in some manner, all of the participants expressed that their arrest, long term confinement, or the possibility of long-term confinement, after a charge led to sobriety and positive changes.

### **Discussion of the Findings**

This study was conducted in order to fill the void in literature pertaining to drug users’ experiences with being arrested. The research for this study produced four themes of the arrest experiences of individuals who were regular users of methamphetamine and/or heroin at the time of their arrests.

#### **Theme 1: I was living a self-destructive life**

All the participants expressed feelings and expressions that they were all living self-destructive lives around the time of their arrest. They expressed statements that they felt that there was no way out of the lifestyle they were living, with no future, and that drugs made them behave in negative ways without concern for the consequences.

- I'm really not going to get hired nowhere
- Whatever. Now, I'm just marked; I've got the mark of Cain on me.
- Well if you've got to find a job, that's only going to pay you nothing, even if your skill set is above that, you're stuck.

These statements are very definitive with the use of words such as stuck and can't. They convey that the participants felt hopeless to change their situation.

- feeling that you were really pretty. And it just gave you this feeling of, “I am spectacular, I’m just like somebody, I’m so great.”
- you think you're invincible
- you think you're some big smart guy
- Meth gets you hyped up

In the essence of these statements, the participants who were meth users described the neurologic effects of methamphetamine; the result of its pharmacology and toxicology which causes stimulation to the central nervous system, resulting in euphoria, increased energy and alertness, intense curiosity and emotions, decreased anxiety, and enhanced self-esteem (Cruickshank & Dyer, 2009). Amanda’s statement that she felt really pretty and “really spectacular” supports Maxwell’s (2014) previously reviewed research that showed females reported significantly more benefits to methamphetamine use that related to doing more housework, caring for their children, weight loss, self-medicating depression, and increased confidence.

Yamamoto, Moszczynska and Gudelsky (2010) found that repeated use of methamphetamine depletes the brain’s stores of dopamine and damages dopamine and serotonin nerve terminals. Methamphetamine damages neurons by increasing intracellular and extracellular concentrations of dopamine, which leads to several consequences, including oxidative stress, neuroinflammation, and excitatory neurotoxicity. Users who stop using the drug will have an impaired ability to experience pleasure and will be amenable to become depressed. This is likely why methamphetamine use becomes so addictive.

- I’m not that concerned about jail or what's down the road

- Nope. Not even worried about the trouble
- ...when I got into the meth use, jobs slowly became less and less important and less abundant, and then more and more I would hustle, more and more I would [commit crimes]

These statements are consistent with extensive research that has shown that individuals with substance abuse problems (including methamphetamine and heroin users) will consistently make dysfunctional choices. They support Gowin's (2014) previously discussed study which found methamphetamine-dependent individuals have disrupted risk-related processing in both anterior cingulate and insula areas of the brain; areas that have been implicated in cognitive control and sensitivity processing. Methamphetamine-dependent individuals faced with risky options may unnecessarily choose risk-taking, despite experiencing negative consequences due to the diminished neural capability in these important decision-making centers of the brain. They seek immediate reward, without considering the negative consequences of their actions such as being arrested, the risk of losing jobs, home, family, friends and social status. This suggests that they possess decision-making deficits (Altman, et al., 1996; Bechara & Damasio, 2002; Dawe, et al., 2004). Rusyniak cites research that documented the effects of regular methamphetamine use on neuropsychiatric function. In addition to deficits reported to the executive function and motor function, the greatest impairments were in episodic memory; episodic memory allows a person to consciously re-visit past events. Rusyniak speculates that regular users of methamphetamine may forget their past mistakes associated with their drug use and are therefore destined to repeat them.

Whereas some professionals claim that “addictive desires are just strong, regular appetitive desires for pleasure” (Foddy & Savulescu, as quoted in Noggle, 2016), Noggle argues that “addiction involves dysfunction in a mechanism that normally prevents a person from being tempted to do something that would invite disaster.” It is possible that an example of this mechanism is revealed when Amanda reflected,

I mean I think about my life right now while I'm telling you about this and it almost seems like a totally different life. Sometimes, I think back and I can't even believe that that's who I was compared to who I am now. So, it's kind of crazy

Specific to long-term methamphetamine ingestion, damage to executive function because of neurotoxicity is likely to make regular users of methamphetamine distractible, impulsive, act inappropriately despite social cues to the contrary, and lack goals for their lives. In studies, methamphetamine addicts were discovered to prefer smaller, immediate rewards over larger, delayed rewards (Hoffman, Schwartz, Huckans, et al., 2008; Rusyniak, 2011). Returning once again to one of Amanda’s reflections as an example of immediate rewards taking priority. She had previously mentioned that her initial attraction to continue using methamphetamine was the boost she received to her self-image. She described feeling “really pretty,” that she was “spectacular,” and felt like somebody important. “I’m so great,” she recalled feeling. These are the factors that she is weighing when she was faced with this dilemma,

I'd gotten pregnant...when I told him about it, he wanted to just stop using and turn over a new leaf. He's an electrician and I was a hair stylist; we still had lives. And I remember telling him that I did not want to get fat and I did not want to take time out of my life right now to have kids. So, I went and had an abortion and didn't tell him. So, tons of regret of course in that lifestyle, but-- yeah. It's just so weird when I think back at that time in my life.

Amanda recounts the story as though she felt that she had no control over her ability to weigh decisions effectively. In the example presented, the immediate rewards that she was receiving from using methamphetamine outweighed any consideration of becoming pregnant.

Research into long term heroin use effects on brain functions are similar to those of long term methamphetamine use. Li, Feng, Zhoua, Zhanga, Wanga, & Shena (2012) used two decision-making tests, the Delay Discounting Task (DDT) and the Iowa Gambling Task (IGT) to measure the decision-making performance of 124 heroin users compared to 43 non-users. The heroin users made significantly poorer choices on both the DDT and the IGT. The results suggested that dysfunctional decision making related to heroin addiction included “rapidly discounting future rewards; preferring incentives with large short-term gains while ignoring accompanying potential risks; and being inflexible in adjusting decision-making behaviors in accordance with outcome feedback.”

In another study, that used MRI technology to examine the physical damage chronic heroin use causes to the brain, Shen, Wang, Wang, & Lou (2012) performed a three-dimensional (voxelwise) analysis of fractional anisotropy (FA) and apparent diffusion coefficient (ADC) to obtain measurements of genu and splenium of corpus callosum, bilateral frontal lobe of 19 heroin addicts and 17 non-users and discovered. Fractional anisotropy (FA) is a useful measure of connectivity in the brain (Grieve, Williams, Paul, Clark, & Gordon, 2007) and apparent diffusion coefficient (ADC) is a measure of the extent of diffusion of the water molecules within tissue (Knipe & Niknejad, 2018). According to their findings, the irregularity of the left prefrontal cortex may weaken inhibitory control in long-term heroin abstinence. In other words, long-term heroin abuse

leads to destructive changes in brain regions, causing poor inhibitory control. This also suggests that heroin use may lead to microscopic disruption of white matter fibers. Comparisons between the heroin addicts and non-users revealed that of long-term users of heroin had disrupted connections between some regions of the brain that are associated with decision making, inhibitory control, stress regulation, and working memory.

Specific to the participants that were methamphetamine users, were statements about having trouble with amphetamine psychosis,

- I had a psychotic break from the drugs
- I would say I had psychosis... you didn't trust anybody

Methamphetamine abusers suffer from depression and psychosis (Newton, Kalechstein, Duran, et al., 2004; Scott, Woods, Matt, 2007). Methamphetamine-induced psychosis symptoms are similar to those seen with schizophrenia; the most frequently reported symptoms are delusions of persecution and auditory hallucinations (Srisurapanont, et al., 2003).

## **Theme 2: Confusion**

All the participants expressed states of confusion at the time of their arrests. Their expectations of reality were interrupted, often abruptly, at the time of their arrests and throughout the process through the criminal justice system afterward. Those that experienced being arrested in a raid or jump out type apprehension expressed the following,

- I was pretty scared... and I guess I was kind of in shock.

- It took me totally by surprise...a van pulls back in behind me and boom, four guys get out and I knew that I was being arrested...I mean there was no time to process or anything like that.
- So, I'm freaking out
- There was cops everywhere. I was scared as hell. And it was really just-- the way they kind of did a shock and awe thing kind of threw me completely off and had me completely anxiee as hell.
- I'm scared shitless. I'm a little shook, though, because I'm like, "What the fuck is this about? Why are they here?"

These descriptions relay a sense of being overwhelmed; the participants' senses being overloaded at the time of the arrest. They describe a sense of fear. LeDoux (1996) describes the term fear as both "a psychological state and a set of bodily responses that occur in response to threat." Fear, which the literature showed is most often studied in fear learning studies, primarily involves the amygdala, which receives input from the cortical sensory processing regions of each of the senses and projects back to them as well (McDonald, 1998, as cited in LeDoux, 2000). From these projections, the amygdala determines whether danger exists. When the amygdala is activated by a sensory event from the thalamus or cortex, it can begin to regulate the cortical areas that project to it, controlling the kinds of inputs it receives from the cortex (LeDoux, 2000).

One of the participants had commented that they felt that they had acquired Post-traumatic stress disorder (PTSD) because of their high intensity arrest experiences. His belief presupposes that the arrest experiences were traumatic life events. To examine this, an understanding of what a traumatic is and how it affects a person is necessary.

The experience of an arrest would have to be examined using the most recent diagnostic criteria for trauma, which includes both the nature of the event and an individual's emotional reaction to the event. The definition of what can be considered a traumatic event has been evolving in the realm of psychiatry. The Diagnostic and Statistical Manual of Mental Disorders (4th ed., Text Revision [DSM-IV-R]; American Psychiatric Association, 2000) criteria for trauma focused on the individual's emotion of fear; a traumatic event involves either an actual or perceived threat of death or physical harm to themselves or others; a threat to the integrity of self; and reactions of horror, terror, or helplessness. Whereas, in the most current Diagnostic and Statistical Manual of Mental Disorders (5th ed., [DSM-V]; American Psychiatric Association, 2013), the definition is more restrictive:

- Exposure to actual or threatened death
- Serious injury
- Sexual violation

Furthermore, the exposure must result from one or more of the following situations, in which the individual:

- Directly experiences the traumatic event
- Witnesses the traumatic event in person
- Learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental)
- Experiences, first-hand, repeated or extreme exposure to aversive (unpleasant) details of the traumatic event (does not learn about it through media, pictures, television, or movies, except for work-related events)

From the criteria of the DSM-IV-R, an arrest could be considered a traumatic event; however, the DSM-V would not consider an arrest a traumatic event, unless the individual was seriously injured or perceived that the police were going to kill them. Giller (1999) argued that it is the individual's subjective experience that will determine whether or not an event is traumatic, and specified that traumatic events can be a unique event or enduring events, in which:

- The individual's ability to integrate his/her emotional experience is overwhelmed, or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity (Pearlman & Saakvitne, 1995, p. 60 as cited in Giller).

It is possible to accept that the participants' descriptions of their experiences of being arrested can fit within this first criteria; their descriptions portrayed that their ability to integrate their emotional experiences were overwhelmed.

The neurotoxic effects of using methamphetamine may also increase the susceptibility of a user to PTSD. Methamphetamine primarily affects the cortex/hippocampus/thalamus and hypothalamus in a rapid manner (Dzietko, Sifringer, Klaus, Endesfelder, Brait, Hansen, & Felderhoff-Mueser, 2010; Kiyatkin, & Sharma, 2015; McKenna, Brown, Archibald, Scadeng, Bussell, Kesby, & Semenova, 2016; Möbius, Kustermann, Struffert, Kornhuber, & Müller, 2014). The hypothalamus contributes, as part of the hypothalamus-pituitary-adrenal (HPA) axis, to the neural regulation of a person's response to real or interpreted threats (Juster, Russell, Almeida, & Picard, 2016). Kirlic et al. (2013), through an examination of two-year-old children that were exposed to prenatal methamphetamine exposure, discovered that elevated

prenatal methamphetamine exposure may be associated with alterations in the programming of the HPA axis reflecting hyperactivity. Blumenthal, Badour, and Feldner (2010) found that individuals with PTSD were significantly more likely to report methamphetamine use than trauma-exposed individuals without PTSD. Additionally, methamphetamine users with PTSD reported a longer duration of methamphetamine use than trauma-exposed methamphetamine users without PTSD. Finally, PTSD avoidance and hyperarousal symptoms were related to methamphetamine use. The potential clinical and research implications of the findings are discussed. Based on the neurotoxicity damage to the hypothalamus, it is possible that methamphetamine users may be more prone to acquiring PTSD. However, other than a correlation between methamphetamine use and the increased likelihood of a PTSD diagnosis, there were no studies identified that showed methamphetamine use increased the risk of PTSD. It is possible there were life experiences prior to an individual's methamphetamine use or that the destructive lifestyle that a methamphetamine user leads that puts these individuals at a greater risk to experience traumas.

### **Theme 3: Good cop/Bad cop**

As a requirement for the execution of an arrest, the police are part of the component and each of the participants expressed mixed experiences with the police. The array of experiences that were presented is similar to results from current research.

The police and suspects/witnesses engage in an interrogation/interview with different and often competing expectations. The police are motivated by the goal of gaining disclosures of criminal activities, implications of individuals involved in crime, and catching the interviewee in lies. The suspect or witness, on the other hand, appears with

a range of different attitudes and goals. Suspects want to avoid implicating themselves and witnesses may or may not want to share their information with the police. From the start of a contact initiated with the police, their willingness may be affected by many interrelated factors that will have an effect on the cooperation.

Several of the participants expressed coming into their interaction with the police in a defensive mode, “let me shut up,” and “shut down, put a wall around me, especially with all the cops.” However, in some circumstances, such in Mike’s case, a participant was willing to cooperate with police and divulge information, but the police officer chose not to take advantage of the situation,

And [the police] came and, I think, interviewed me or talked to me, but they said they couldn't really help me. And I didn't understand why at the time but come to find out later it's because of the violent nature of the crime. And I kind of took that as an affront because right then and there, I was ready to be like, "All right. Fuck this. I'll shut down the city then." You know what I mean? It wasn't even for to get free. It was for them to kind of see what's really going on in my side.

In this instance, it appears that the police assumed that since Mike’s charges involved a violent crime that they could not be overlooked and dismissed; they chose to not pursue further questioning that could have elicited potentially valuable information concerning unsolved crimes and criminal activity occurring in their and other surrounding communities. Law enforcement tends to be very compartmentalized and investigators in one jurisdiction often do not care to hear about crimes that take place in another jurisdiction, even if it is a city that lies right on their border. In other cases, general criminal investigators will not want to hear about drug trafficking crimes that they feel are the sole responsibility of narcotics investigators, or conversely, narcotics investigators will overlook caches of stolen property discovered on narcotics related search warrants,

believing these items to be the sole responsibility of a general investigator. Officers are reluctant to add additional tasks to their workload to avoid stress (Anschel, 2000) or anticipated regret (Dijk and Van Harreveld, 2008).

Factors such as media influence (Gerbner, et al., 1986; Lawrence, 2000; McGarrell, & Gruenewald, 2006), race (Dowler & Zawilski, 2007; Weitzer & Tuch, 2005), age (Hurst & Frank, 2000; Jesilow, Meyer, & Namazzi, 1995), and sub-culture norms can affect how a person will present themselves in a police interview or interaction.

The media's portrayal of law enforcement will influence people's willingness to cooperate. Cultivation theory suggests that long term viewing of a regular distortion of reality that is presented on television programs will have a predictable effect on viewers. The more time that people spend watching television, the more likely they will be to "cultivate" the television message and thus be more likely to believe that the real world is like that of the world depicted on television (Gerbner, et al., 1986 as cited in Shrum, 1998). The media's portrayal of the police therefor can sustain the legitimacy of the police or erode it (Lawrence, 2000 as cited in Chermak, McGarrell, & Gruenewald, 2006).

Race has been shown to be one of the most consistent predictors of attitudes toward the police; Blacks will more often perceive the police to be acting counter to their best interests, whereas most Whites feel the police are allies (Dowler & Zawilski, 2007; Weitzer & Tuch, 2005). Through an examination of 2014-15 newspaper articles in the United States (n=1,0112) that covered police shootings, Khlam, Papp, and Rubino (2016) found that newspaper coverage of police-involved shootings generally followed an unanticipated and racialized tone in its storyline. Stories which involved Black suspects

were more likely to reference an officer's transgressions and be written in favor of the suspect, less likely to mention the suspect's criminal history, and whether or not the suspect possessed a weapon. Regarding such news coverage, it has been discovered that minorities are more likely to immerse themselves in media coverage of police misconduct, which leads to perceptions of increased police misconduct and increased negative attitudes toward the police (Weitzer & Tuch, 2005 as cited in Chermak, McGarrell, & Gruenewald, 2006). This coverage of the police lends to the questioning of the legitimacy of the officers' actions. When police are not viewed as legitimate an individual is less likely to cooperate and be forthright in a police interview. None of the participants discussed the media influence on their contacts with the police, but these research studies show that the effect of the media would influence their preconceived notions of the police and be a factor in their experiences they shared.

Roberts (2010) discussed police interactions from the perspective of police-witness interviews and explored how an officer's actions during an interview might impact a suspect's perception and cooperation with police. He described three witness types, compliant, reluctant, and hostile. Compliant witnesses wish to cooperate fully with the police, such as Mike's attitude was when he expressed, "I was ready to tell them everything. I was ready to tell them everything about everybody." Reluctant witnesses are hesitant to deal with the police. Their attitudes may stem from expectations within their sub-culture groups, such as Ben discussing how he regretted talking to the police and questioned his new self-identity as "a snitch." Earlier in the interview, he had described his evolution into the lifestyle and the social norms surrounding your interactions with other people you know, "there's kind of two rules with other people.

You don't rob somebody you know, and, -I don't know what the other rule is, probably don't tell on anybody.”

A reluctant suspect/witness may want to cooperate with law enforcement but based on these preconceived notions and/or expectations will be hesitant to trust the interviewer; however, the attitude and tactics that an officer brings to the questioning can influence the direction of an individual's willingness to cooperate. Many of the participants described the police as “jerks” or “cowboys.” Cunha and Gonçalves (2017) found that police officers hold more negative attitudes toward offenders than correctional officers and graduate students in their study. Officers who were older, married, less educated, and with more years of police service had more positive attitudes toward offenders. Officers who presented a condescending attitude toward the participants were not likely to persuade or even care about gaining their cooperation. This is apparent by the description of the officers that arrested Britni and her husband; they did not even attempt to get statements from them after the arrest.

The manner in which police officers conduct interviews may have a great influence on the information obtained from the suspect/witness, its quality, reliability, relevance, and usefulness to the case (Gudjonsson, 2003). An examination of Mike's depiction of one interview, shows that accusatorial tactics can, at times, induce compliance with an officer's request a confession; however, the evidentiary value of this information is often reduced (Kassin et al., 2010; Meissner et al., 2014 as cited in Vrij, 2017). In this case, Mike had voluntarily turned himself in and was met by an aggressive accusatorial line of questioning:

And he was trying to talk to me in like a condescending way and all this, and I was just like, "Yeah, whatever. You're lucky I'm even

here. Fuck you. Whatever. Let's go ahead and handle this then, because you think I'm some kind of maniacal [thief]. And little do you know that's not what I do. I sell drugs and use drugs and [inaudible]. And as long as you don't know that, well, fuck you, asshole." There wasn't any drug stuff at the residence. And he kept trying to tell me like if I didn't, they think I was in trouble because they had paraphernalia or some shit. And I'm like, "That's ridiculous."

The amount of evidentiary information that the investigating officer could have gained was reduced, because of the accusatory tone that the investigator brought to the interaction. This contrasts with the other experience in which Mike was ready to cooperate fully with the police and had commented that he felt the police officer was competent at their job and respectful toward him,

He was really cool and stuff, but at the same time, he was really good at what he did. And I'll say he was trying to be kind of like good cop. And I figured, "Well, if you want to be good cop, I'm going to be good, bad guy and I'm going to tell you whatever you want to know about her."

An individual's experiences of the police's respect for people and their rights, treatment with dignity and courtesy, and their perceived care and concern from the police will influence their perceptions of police legitimacy and confidence in and willingness to cooperate with the police (Sunshine & Tyler, 2003; Tyler & Blader, 2003 as cited in Tyler, 2009).

Other factors that have been identified that influence the tone of a police-citizen interaction are race. Gau and Pauline (2017) found that officers of color possess a lot less negativity toward citizens than white officers.

The subjects who had been arrested many times (Mike, Nick, and Ben) presented a commonplace about the experience of being arrested. Almost a "just another day at the office" perspective of their arrests:

So, I just get arrested and go to jail.

I got five squads that came in on both sides and arrested me. Arrested me, and I was with another guy. And, nothing crazy, out of the ordinary.

I never got beat up by the cops or anything like that. none of my arrests are really remarkable.

I mean, you know the cops, they were on us like flies, but they were decent. In a weird way they were-- they knew we were drug addicts.

These phrases convey a sense of acceptance with being arrested; a necessary consequence of the lifestyle that cannot be avoided. This also ties into the previous expressions in the theme of living destructive lifestyles, that they were slaves to their drugs and that the drugs made them do bad things. The drug was in the driver's seat of their lives and they felt like mere passengers being carried along. Mike used the analogy of the monkey (his heroin or methamphetamine use) hopping in "for a ride" and being in control. Arrest after arrest, these experiences became normal for these participants. Britni frequently commented during the interview, "it is what it is," referring to the lifestyle of a methamphetamine user.

All of the participants had been methamphetamine users and well it has been understood for decades that regular methamphetamine use leads to paranoia and psychosis (Smith, 2011), they were all involved in criminal activity. The participants talked about people getting caught by the police and working for them as informants and/or reporting information about them to the police to release themselves from culpability:

- He worked with [the police], so he didn't even get arrested.
- One of them must have told the cops that I was at work

- I think he got in trouble in Minnesota and then kind of rolled over on me
- I got set up a couple times and the police would come
- You didn't trust anybody. Nobody was ever safe

Unlike other revelations about paranoia because of amphetamine psychosis, such as Nick hiding a knife with the intent to kill people or Mike's paranoia of the "shadow people" alerting him of the impending police raid, these statements convey a general fear of being caught by the police, because they were involved in criminal activities, most often drug dealing. The police use atypical techniques for drug trafficking investigations. Mobile and fixed surveillance of the suspects, their places of residence and employment are conducted. People who are associated with the suspects will be used as confidential informants to gain information and evidence against suspects. In higher level cases, the suspect's phone and text conversations about drug trafficking will be monitored. As the tagline of the movie *Enemy of the State* (1998) asserts, "It's not paranoia if they're really after you." The participants are aware that the police use these tactics and it is realistic to expect that they may fall prey to any one of them. These fears may, and most likely are, heightened by the use of methamphetamine, but they stem from a rational fear. The participants feared being arrested and incarcerated. One of the goals of corrections is deterrence. If a person believes that the legal costs of committing a crime are greater than the rewards, then they will not commit the crime (Hess, Orthman, & Wright, 2013). In this case, the participants overlooked the costs, for reasons discussed previously, and continued to engage in criminal acts. The fear of being caught by the police and incarcerated was not enough to deter them, yet they still felt the strain of this effect.

In summary, the participants expressed a range of experiences with the police. Some of the participants described interactions with the police that they felt were good, whereas others were reflected on as bad. They were not bad merely because the situation of being arrested was perceived as bad to the participant, but rather the interactions with the police were perceived as disrespectful or unfeeling. There were many factors that could have influenced and were expressed that influenced the nature of these interactions with the police. The participants' media consumption, their race, age, and norms of their sub-cultures have been shown to influence their side of the interaction, whereas the police officer's age, marital status, level of education, years of police service can influence the tone of the interaction. Officers that used an accusatorial style of interviewing were less likely to gain information from the participants, versus those who were respectful and built rapport with them. Current research was shown to agree with these findings. Lastly, the participants who experienced multiple arrests viewed most of their arrests as commonplace actions that occurred because of their substance abuse and the lifestyle that accompanied their drug use.

#### **Theme 4: I needed to be incarcerated**

Amanda explained, "When you start doing meth, when you've been addicted to it, it's just an obsession, like you can't kick it." The participants described being stuck in destructive lives, a seemingly endless cycle of use and arrest, but it did end and A. Four of the five participants implicitly or explicitly stated that they believed they, and others in their position, needed to be arrested and incarcerated for a sufficient amount of time to successfully rehabilitate. Arrests became the interruption in the destructive cycle and

was described as a cathartic shift gain control of their lives back from the drugs to which they felt enslaved.

- I feel like when I got arrested on my birthday, it's like that's God's gift to me, because I had lost focus again that I was trying to pull myself out.
- That would mean even being able to see that in [the narcotics investigator's] tough love they had to give, like not bailing me out in certain situations or whatever and letting me get that shit out of my system, ended up helping me to get past over that hump, if you will, get past that shit."

Toward the end of the 1700's, with the goal of rehabilitating offenders, the Quakers in Pennsylvania created the first penitentiary with the intention that offenders would reflect on their past mistakes and devise strategies for improving their lives upon release (Samaha, 1988, p.517). Ben's recollection of his feelings when he was in prison, a time that he attributed to ending his destructive cycle, lend evidence that this original goal is still successfully achieved with some individuals,

"Dude, I'm not doing it again." I still have a chance; do you know what I mean? I still can have a family, still can make a career, still can do something worthwhile. So, I spend 22 months in jail with a total change of heart

Similarly, Amanda credited incarceration as the event that allowed her to finally rehabilitate, "when I sobered up it was actually, -in a jail cell is how I had to come down from 10 years of meth use." Sometimes, the correctional goal of deterrence serves its purpose and influences people to stay on the right path, as Ben described, "I think the best thing that happened to me is I knew I'd end up in prison." Britni emphatically summed all these effects up when she stated her belief,

I needed to be arrested, and I needed to be charged...so that I could go to treatment finally, the 14th time, and get help. Otherwise, I would still be using drugs...And some people **have to** get 1st-degree

possessions, and some people **have to** get 1st-degree sales, but they need to go through that in order to come to the other side.

Nick, on the other hand, said that he had just gotten sick of the life, being down-trodden, with the electricity shut off and winter approaching, he had hit the proverbial “rock-bottom” in his life. The concept of hitting rock-bottom has empirical and theoretical support (Kiruoac, Frohe, & Witkiewitz, 2015) and is associated with the twelve-step traditions of Alcoholics Anonymous, Narcotics Anonymous, and other addiction recovery groups (Kemp, 2013). Many therapists assume that this markedly heightened personal crisis is one of the primary factors that lead people to seek help and successfully recover (Brown, 1997, as cited in Gruszczyńska, Kaczmarek, & Chodkiewicz, 2016). Nick had abstained from any drug use for a period of over five years. At the time of the interview, he was living a productive life; he was gainfully employed, married with several children, and focused on health and fitness. An examination of his decision to quit when he hit rock-bottom shows that his arrests were part of his self-realization of his person crisis,

[Getting arrested] was a part of what was going to happen. It wasn't-- every time I got arrested, I deserved to get arrested. And I deserved to get arrested way more times than I did. And I should be in prison, but I'm... so sick of it, like just giving up,

There was a sense of Nick describing a person battle, expending huge amounts of mental energy to maintain the cycle of trying to get money to support he and his wife’s drug use through criminal endeavors, then getting arrested, going through the system, getting released, and repeating it over and over again.

like the whole grind of trying to get money and then-- so I was trying to get money for the two of us and then we got-- we're living in this house and we're not paying rent and it's just there's, like I say, the power's getting shut off, it's getting cold out. We're like, "We need to

go into detox." And **this was like the last time, we're like this is it, we got to**—‘cause we talked about getting clean before, but it was like-- now it was just like, I give up.

As he completed his recollection of hitting the bottom, his actions and tone convey a sense of being completely drained; his life at an impasse, where it is either going to be complete abstinence or his complete downfall and demise.

### **Limitations of the Study**

This study was subject to limitations. This study used snowball sampling, which involved identifying subjects that met the criteria for participation in the study. Unlike probability-based sampling techniques that make it possible to make statistical inferences from a sample that can be generalized to a population, the process for snowball sampling does not select participants for inclusion in the sample based on random selection. It will not be possible to determine the possible sampling error and make statistical inferences from the sample to the population. There were a small number of participants selected from one geographical area. The results pertain to the sample selected and offer insight that may or may not apply to the general group of methamphetamine and heroin users in the United States.

The chosen methodology, phenomenological research, was determined to be the best method to explore this topic, but phenomenology has limitations. The subjectivity of the data that are collected through interviews leads to difficulties in establishing reliability and validity of this approach and information. There are methods, such as bridling, that were used to reduce this, but it is not be possible to eliminate the limitations. Although bridling attempts to reduce researcher bias, in the end, it is still the researcher who

receives and interprets the data; it was not possible to remove this human element from the analysis and presentation of the data.

Similarly, Lien, Pauleen, Kuo, & Wang (2014) focused on the researcher's reflection of experiences to understand the meaning and essence of lived experience in phenomenological research. Reflection is the process that a researcher practices to effectively and without bias understand a participant's experience and be able to communicate this in a way that a reader can subsequently understand. Most people have the ability to reflect upon something; however, it is very difficult to uncover the essence something; the thing which makes a thing what it is (van Manen, 1990, as cited in Lien, Pauleen, Kuo, & Wang, 2014). The authors argue that while bracketing is helpful to comprehend the interviewee's living world, it may not be enough for obtaining objectivity. Drawing from Schulz (1967), he suggests that a researcher can understand a participant in two ways, appropriately or inappropriately. Appropriately means that the interpretation scheme that fits the experience scheme of the person being observed. So, to determine whether the objective meaning context of the participant is in tune with the one that we confirmed, the past and future experiences of the participant are necessary. In many cases during the study, the interpretation of the participants experiences matched; however, such as with the conflict in the participants' belief that arrest was the necessary component to their rehabilitation and continued success, it would be useful to follow up in the future, perhaps years later, and revisit their experiences. While this additional surveying of the participants could have enhanced the objectivity of the study, it was beyond the scope of the study's time and resources.

Another potential limitation to the participants' recollections of their arrest experiences is the neurological damage that their drug use at the time may have caused. As Rusyniak (2012) noted from a meta-analysis of methamphetamine use effects on neuropsychiatric functions, the greatest impairments were in episodic memory; episodic memory allows a person to consciously re-visit past events. Did the experience of the arrest and events surrounding it get stored accurately in the participant's long-term memory?

The population that this study sought to examine, former drug users that had been arrested, was difficult to tap into and the endeavor of recruiting participants who were both willing and suitable proved to be a difficult task. Many individuals that had signaled their interest in taking part early on, could not be located after the seven months it took to get approval from the IRB to conduct the research. After the interview with the first participant, "Mike," was completed, many months passed again until several new participants were recruited and served as new sources to begin snowball sampling; they were each able to refer several more individuals. It was learned that the interviews should be conducted shortly after a participant agreed to take part or there was a high likelihood that they would be unreachable (and thus considered to have withdrawn their willingness to participate).

The researcher had intended to conduct a pilot study with several members selected from the populations recruited for the study, however due to the number of participants that were lost because of withdrawing and the individual that was dropped, there were concerns about having five participants to interview for the study, it was decided to drop the pilot study. It was posited that this decision to not conduct the pilot study would not

greatly affect the validity of the instrument for several reasons. First, the nature of the qualitative methodology offered the ability to revisit the participants after the initial interview to examine new themes that may emerge in the other participants' interviews. Additionally, the open-ended nature of the questions allowed flexibility during the interviews if it were believed necessary. Finally, this study was an exploratory examination of this phenomenon and any evidence gained about the topic would be beneficial. In the end, it was felt that the decision to drop the pilot study before conducting the research was reasonable and its affect on the validity was minimal.

### **Implications for Law Enforcement**

One of the purposes for conducting this research was to gain an understanding of what a suspect experience is during the arrest process in order to provide useful information that would be beneficial to law enforcement personnel attempting to negotiate through this process. The results of this study have implications that are of benefit to law enforcement and mental health professionals. When dealing with individuals who are methamphetamine and heroin users, the information gained and organized into the themes presented could be used to aid patrol officers, investigators, negotiators, and crisis intervention team (CIT) members. These themes could be incorporated into the training and procedures used by officers who perform these functions. For example, it would be beneficial for officers who have arrested heroin users to know that the arrestee's primary focus will be their need to obtain and ingest heroin. This knowledge will allow officers to understand that these individuals' behaviors will be guided by this motivation; the person may be deceptive, make false promises, or hide heroin in their body. Negotiators and CIT members would benefit by

understanding the behavioral characteristics that are affecting these individuals that they are negotiating with in order to guide negotiations appropriately. Similarly, investigators that have an understanding of these themes will be better prepared to navigate through interviews and interrogations and develop confidential informants/cooperating individuals who are heroin and methamphetamine users. Finally, officers should understand that the arrest itself may be the most important event in the user's life, one that may lead to positive change in their lives.

### **Future Directions**

Although some of the findings in this study are expected, such as feeling a sense of shock and confusion during an arrest, other findings are insightful and give a deeper understanding of what the lived experiences of the participants were like. These are perhaps similar to the experiences of other methamphetamine and heroin users that have been arrested in the United States. In all cases, the participants felt that the police and criminal justice system, for the most part, ignored their substance abuse problems; they were charged and adjudicated for their crimes; however, their substance abuse that was the underlying cause of their criminal activity was overlooked. In 1989, the first drug court was created in Miami-Dade, since then, the number of drug courts has risen to 3,100 (National Association of Drug Court Professionals, 2018; United States Department of Justice, 2017). The criteria to participate in a drug court program varies by jurisdiction, but in most cases, they accept defendants who have been charged with drug possession offenses and other non-violent crimes, are known to be substance abusers or they have tested positive for drugs (Burke, 2010). One would think with the current presence of drug courts that exist in the United States, that the participants, who

had been arrested in multiple states for crimes related to their substance abuse, would have been given the opportunity to participate in a drug court program. None said that they did. This is similar to the researcher's and his co-workers' experiences with arrestees; addicts who seem like good drug court candidates, seem to consistently indicate that they have never been offered the opportunity to receive rehabilitation through the courts or while incarcerated. Whereas, non-addicted dealers who receive ultimately end up charged with drug possession versus sales offenses can end up diverted to drug court. What the public most likely does not understand is that investigations of dealers involved in the sale of controlled substances often are cannot be charged as sales cases. Search warrants resulting from informant buys or information may lead to the seizure of drugs, cash, weapons, and other evidence of drug sales; however, unless an undercover officer conducts purchases from a suspect (which is difficult to engineer), prosecutors will be reluctant to charge a sales crime. The possession offense will have more evidentiary weight and will be harder for a suspect to defend. While the sales of a controlled substance offense may be more appropriate, prosecutors know that defense attorneys who see a "likelihood of conviction based on evidence" will be more likely to recommend plea bargains to their clients (Edkins, 2011). Possession charges do not require proving that the defendant was involved in selling the drugs, merely that they had them. Also, diversion of cases to drug courts are seen as feasible alternatives to the costlier traditional adjudication methods (Sanford, 2005). Thus, the drug dealer is adjudicated for a possession crime and regarded by the court as someone eligible for diversion to drug court. Future research should examine how often this is the case and

how often individuals who would benefit from diversion to drug court are not afforded the opportunity.

Most interesting was the finding that most, if not all, of the participants felt that they needed to be arrested, charged, and incarcerated or have the threat of long term confinement likely if they continued their current self-destructive paths. The question arises as to whether the opportunity to participate in drug court versus the traditional court procedure that they went through would have had the same positive effects.

Mitchell, Wilson, Eggers, and MacKenzie (2012) conducted a meta-analysis of drug court evaluations that included 92 evaluations of adult drug courts which found that the majority of adult drug court evaluations showed that participants had significantly lower recidivism rates than non-participants, citing drops in recidivism from 50% to 38% for a three-year window following completion of the program. Other researchers cite evaluations of drug court programs, such as Denver that show no significant effect (Granfield et al., 1998), Las Vegas that showed participants had increased rates of recidivism (Goldkamp, White, & Robinson, 2001; Miethe, Lu, and Reese, 2000), or courts that had mixed findings (Goldkamp, White, & Robinson, 2001; Listwan et al., 2003). Variables that may influence the effect of drug courts are time-dependent internal and external factors, including changes in a drug court's program structure, treatment providers, judges, or procedures for prosecuting cases. And it is important to note that while drug courts significantly reduced the frequency of incarceration on the original offense, they do not significantly reduce the average amount of time offenders spent behind bars (Sevigny, Fuleihan, & Ferdik, 2013). Perhaps this is evidence that "rock-bottom" plays an important part in an individual's ability to successfully rehabilitate.

The results of this study have several implications that are of benefit to law enforcement and mental health professionals. When dealing with individuals who are methamphetamine and heroin users, the information gained and organized into the themes presented could be used to aid patrol officers, investigators, negotiators, and crisis intervention team (CIT) members. These themes could be incorporated into the training and procedures used by officers that perform these functions. For example, officers who have arrested heroin users should know that the arrestee's primary focus will be their need to obtain and ingest heroin. Investigators, negotiators, and CIT members would benefit by understanding the themes that affect these individuals.

## **Conclusion**

Regarding the discovery that the participants believed that they needed to be arrested in order to break from the cycle of the substance abuse, a greater number of former methamphetamine and heroin users, perhaps those with 5 or more years of sobriety, need to be surveyed as to what they felt the events were that led to their successful rehabilitation. Similarly, research is needed to compare the effectiveness of rehabilitation treatment for individuals that are arrested for crimes related to their substance abuse, either directly or indirectly. Specifically, a comparison of outcomes for individuals who are diverted to drug courts and those who receive long term incarceration for their offenses. This research study has revealed that individuals who believed they were stuck in destructive chronic methamphetamine and heroin using lifestyles felt that arrest and long-term confinement, or the threat thereof, was the event that led to successful rehabilitation and positive changes in their lives.

## References

- Abbe, A., & Brandon, S. E. (2014). Building and maintaining rapport in investigative interviews. *Police Practice & Research, 15*(3), 207
- Altman, J., Everitt, B.J., Glautier, S., Markou, A., Nutt, D., Oretti, R., Phillips, G.D., & Robbins, T.W. (1996). The biological, social and clinical bases of drug addiction: commentary and debate. *Psychopharmacology 125*(4), 285–345.
- Anglin, M.D., Burke, C., Perrochet, B., Stamper, E., & Dawud-Noursi, S. (2000). History of the Methamphetamine Problem. *Journal of Psychoactive Drugs, 32*(2): 137-141.
- Anshel, M.H. (2000). A conceptual model and implications for coping with stressful events in police work. *Criminal Justice and Behavior 27*, 375–400.
- Bartholomew N. G., Courtney K., Rowan-Szal G. A., Simpson D. D. (2005). Sexual abuse history and treatment outcomes among women undergoing methadone treatment. *Journal of Substance Abuse Treatment, 29*: 231–5.
- Bechara, A. & Damasio, H., (2002). Decision-making and addiction (part I): impaired activation of somatic states in substance dependent individuals when pondering decisions with negative future consequences. *Neuropsychologia, 40*, 1675–1689.
- Benson, B., Kim, I., Rasmussen, D., & Zuehlke, T. (1992). Is property crime caused by drug use or by drug enforcement policy? *Applied Economics, 24*, 679-692.
- Biernacki, P., & Waldorf, D. (1981). Snowball sampling: problem and techniques of chain sampling. *Sociological Methods and Research, 10*(2), 141-163.
- Boerner U., Abbott, S., & Roe, R.L. (1975). The metabolism of morphine and heroin in man. *Drug Metabolism Review. 4*: 39–73.

- Booth, M. (1996). *Opium: A History*. London: Simon & Schuster, Ltd.
- Brayfield, A. (2014). *Martindale: The Complete Drug Reference*. Pharmaceutical Press.  
Retrieved from [https://online-lexi-com.ezproxylocal.library.nova.edu/lco/action/doc/retrieve/docid/martindale\\_f/1350974](https://online-lexi-com.ezproxylocal.library.nova.edu/lco/action/doc/retrieve/docid/martindale_f/1350974)
- Branstetter S. A., Bower E. H., Kamien J., Amass L. (2008). A history of sexual, emotional, or physical abuse predicts adjustment during opioid maintenance treatment. *Journal of Substance Abuse Treatment*, 34: 208–14.
- Brown J. W., Braver T. S. (2007). Risk prediction and aversion by anterior cingulate cortex. *Cognitive Affective Behavioral Neuroscience*:7, 266–77.
- Bruckheimer, J. L. (Producer & Director). (1998). *Enemy of the State* [Motion picture]. United States: Touchstone Pictures.
- Burke, K.S. (2010). Just WHAT made DRUG COURTS successful? *Judicature*. 94(3), 119-127.
- Caelli, K. (2000). The changing face of phenomenological research: traditional and American phenomenology in nursing. *Qualitative Health Research*, 10(3), 366-377. Retrieved from <http://journals.sagepub.com.ezproxylocal.library.nova.edu/doi/pdf/10.1177/104973200129118507>
- Campbell, J.J. (2011). Introduction to Methods of Qualitative Research Phenomenological Research. Retrieved from [https://www.youtube.com/watch?v=LLjKdvVzKXM&index=11&list=PLba\\_fOJviSOJsxiEkXtvEgLp1erzeVBYe](https://www.youtube.com/watch?v=LLjKdvVzKXM&index=11&list=PLba_fOJviSOJsxiEkXtvEgLp1erzeVBYe)

- Caproni, V.E. (2008). Federal Bureau of Investigation statement before the Senate Committee on the Judiciary. June 10, 2008. Washington D.C.
- Carbone-Lopez, K., Gatewood Owens J. & Miller J. (2012). Women's "Storylines" of Methamphetamine Initiation in the Midwest. *Journal of Drug Issues*, 42(3)
- Carbone-Lopez, K. & Miller J. (2012). Precocious role entry as a mediating factor in women's methamphetamine use: Implications for life-course and pathways research. *Criminology* 50, 187-220.
- Center for Behavioral Health Statistics and Quality. (2017). 2016 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD, p. 167, Table 1.1A.
- Center for Disease Control (2016). National Vital Statistics System, Mortality. CDC WONDER. Atlanta, GA: US Department of Health and Human Services, CDC. Retrieved from <https://wonder.cdc.gov/>.
- Chaiken, J.M. & Chaiken, M.R. (1990). Drugs and Predatory Crime. *Drugs and Crime* 13: 203-239. Retrieved from <http://www.jstor.org/stable/1147486>
- Chermak, S., McGarrell, E., & Gruenewald, J. (2006). Media coverage of police misconduct and attitudes toward police. *Policing*, 29(2), 261-281. <http://dx.doi.org.ezproxylocal.library.nova.edu/10.1108/1363951061066766>
- Cho, B.I. (1997) Trends and Patterns of Methamphetamine Abuse in the Republic of Korea. *Substance Use & Misuse*, 32, 12-13, 1823-1828. Retrieved from <http://dx.doi.org/10.3109/10826089709035588>.
- Conroy E., Degenhardt L., Mattick R., Nelson E. C. (2009). Child maltreatment as a risk factor for opioid dependence: comparison of family characteristics and type and

- severity of child maltreatment with a matched control group. *Child Abuse Neglect*, 33, 343–52.
- Coviello D. M., Alterman A. I., Cacciola J. S., Rutherford M.J., Zanis D. A. (2004). The role of family history in addiction severity and treatment response. *Journal of Substance Abuse Treatment*; 26: 1–11.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.
- Creswell, J.W. (2007). *Qualitative Inquiry & Research Design*. Thousand Oaks, CA: Sage Publications.
- Cooper, H., Gruskin, S., Krieger, N., & Moore, L. (2005). The impact of a police drug crackdown on drug injectors' ability to practice harm reduction: A qualitative study. *Social Science & Medicine*, 61(3), 673-684.
- Cruickshank, C.C. & Dyer, K.R. (2009). *A review of the clinical pharmacology of methamphetamine*. *Addiction*, 104, 1085–99.
- Cunha, O.S. & Gonçalves, R.A. (2017). Attitudes of police officers toward offenders: implications for future training. *Policing: An International Journal of Police Strategies & Management*, 40(2), 265-277
- Curtis, R. and Wendel, T. (2000). Toward the development of a typology of illegal drug markets. In R. Clarke (Ed.), *Crime prevention studies, volume 11* (pp. 121-152). Monsey, New York: Criminal Justice Press.
- Darke, S. (2012). Pathways to heroin dependence: time to re-appraise self-medication. *Addiction*. 108, 659–667.

- Darke S. (2011). *The Life of the Heroin User: Typical Beginnings, Trajectories and Outcomes*. Cambridge: Cambridge University Press.
- Darke S., Kaye S., Dufrou J. (2017). Rates, characteristics and circumstances of methamphetamine-related death in Australia: a national 7-year study. *Addiction*, 112, 2. 191–201.
- Darke, S., Torok, M., Kaye, S., & Ross, J. (2010). Attempted suicide, self-harm, and violent victimization among regular illicit drug users. *Suicide and Life-Threatening Behavior*, 40(6), 587-596.
- Darke S., Ross J. (2001). The relationship between suicide and overdose among methadone maintenance patients in Sydney, Australia. *Addiction*; 96: 1443–53.
- Dawe, S., Gullo, M.J., & Loxton, N.J., (2004). Reward drive and rash impulsiveness as dimensions of impulsivity: implications for substance misuse. *Addictive Behaviors* 29(7), 1389–1405.
- Denzin, N.K., & Lincoln, Y.S. (1994). *The Handbook of Qualitative Research (2<sup>nd</sup> ed.)*. Thousand Oaks, CA: Sage.
- Dijk, W. & Van Harreveld. F. (2008). Disappointment and regret. In: Ashkanasy N.M., Cooper, C.L.(eds) *Research companion to emotions in organizations*. Edward Elgar Publishers, London, pp 90–102
- Dowler, K., & Zawilski, V. (2007). Public perceptions of police misconduct and discrimination: Examining the impact of media consumption. *Journal of Criminal Justice*, 35(2), 193-203.
- <http://dx.doi.org.ezproxylocal.library.nova.edu/10.1016/j.jcrimjus.2007.01.006>

- Dzietko, M., Sifringer, M., Klaus, J., Endesfelder, S., Brait, D., Hansen, H. H., Felderhoff-Mueser, U. (2010). Neurotoxic effects of MDMA (ecstasy) on the developing rodent brain. *Developmental Neuroscience*, 32(3), 197-207.  
<http://dx.doi.org.ezproxylocal.library.nova.edu/10.1159/000313473>
- Eck, J. (1995). A general model of the geography of illicit retail marketplaces. In J. Eck & D. Weisburd (Eds.), *Crime and place, crime prevention studies, volume 4* (pp. 67-93). Monsey, New York: Criminal Justice Press.
- Edkins, V.A. (2011). Defense attorney plea recommendations and client race: does zealous representation apply equally to all? *Law and Human Behavior*, 35, 413–425. doi:10.1007/s10979-010-9254-0.
- Fang-hao, Z., Ping, W., Hui-ling, H., Xue-feng, X., Fei-long, C., Xiao-mei, T., & Jia-bo, L. (2015). Neuroprotective Effect of Gui Zhi (Ramulus Cinnamomi) on Ma Huang- (Herb Ephedra-) Induced Toxicity in Rats Treated with a Ma Huang-Gui Zhi Herb Pair. *Evidence-Based Complementary & Alternative Medicine (Ecam)*, 1-9.
- Faugier, J., & Sargeant, M. (1996). Sampling hard to reach populations. *Journal of Advanced Nursing*, 26, 790-797.
- Fields, F.R., & Fullerton, J.R. (1975). Influence of heroin addiction of neuropsychological functioning. *Journal of Consulting and Clinical Psychology*, 43(1), 114. <http://dx.doi.org.ezproxylocal.library.nova.edu/10.1037/h0076316>

- Foddy, B., & Savulescu, J. (2010). A liberal account of addiction. *Philosophy, Psychiatry & Psychology: PPP*, 17(1), 1-22, 91-92. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/347842731>
- Forsyth, S.R., Chesla, C.A., Rehm, R.S., & Malone, R.E. (2017). "It Feels More Real": An Interpretive Phenomenological Study of the Meaning of Video Games in Adolescent Lives. *Advances in Nursing Science*, 40(4). E1-E17. Retrieved from <http://ovidsp.tx.ovid.com.ezproxylocal.library.nova.edu/sp-3.28.0a/ovidweb.cgi>
- Gau, J.M. & Paoline, E.A. (2017). Officer Race, Role Orientations, and Cynicism toward Citizens. *Justice Quarterly*, 34(7), 1246-1271. DOI:10.1080/07418825.2017.1380838
- Geanellos, R. (1999). Exploring Ricoeur's hermeneutic theory of interpretation as a method of analyzing research texts. *Nursing Inquiry*. 7(2), 112-119. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/57519583?accountid=6579>
- Gerbner, G.G., Cross, L., Signorielli, N., Morgan, M., & Jackson-Beeck, M. (1986). *Living with Television: The Dynamics of the Cultivation Process* in Jennings Bryant & Dolf Zillmann (eds.), *Perspectives on Media Effects*, 17-48.
- Gertz, M. G., & Gould, L. C. (1995). Fear of punishment and the willingness to engage in criminal behavior: A research note. *Journal of Criminal Justice*, 23(4), 377. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/237261287?accountid=6579>

- Giller, E. (May 1999). "Passages to prevention: Prevention across life's spectrum."  
workshop presentation at the Annual Conference of the Maryland Mental Hygiene  
Administration. Retrieved from [https://www.sidran.org/resources/for-survivors-  
and-loved-ones/what-is-psychological-trauma/](https://www.sidran.org/resources/for-survivors-and-loved-ones/what-is-psychological-trauma/).
- Giorgi, A. (2008). Concerning a serious misunderstanding of the essence of the  
phenomenological method in psychology. *Journal of Phenomenological  
Psychology, 39*(1), 33-58.  
doi:<http://dx.doi.org.ezproxylocal.library.nova.edu/10.1163/156916208X311610>
- Given, L. M. (2008). *The Sage encyclopedia of qualitative research methods*. Los  
Angeles, Calif: Sage Publications.
- Gizzi, M. C., & Gerkin, P. (2010). Methamphetamine use and criminal behavior.  
*International Journal of Offender Therapy and Comparative Criminology, 54*(6),  
915.
- Goldstein, P. (1985). The drugs/violence nexus: A tripartite conceptual framework.  
*Journal of Drug Issues, 15*, 493-506.
- Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W., & Strang, J. (1995).  
The Severity of Dependence Scale (SDS): Psychometric properties of the SDS in  
English and Australian samples of heroin, cocaine and amphetamine users.  
*Addiction, 90*(5), 607–614.
- Gowin, J. L., Stewart, J. L., May, A. C., Ball, T. M., Wittmann, M., Tapert, S. F., &  
Paulus, M. P. (2014). Altered cingulate and insular cortex activation during risk-  
taking in methamphetamine dependence: Losses lose impact. *Addiction, 109*(2),  
237-247.

- Grieve, S.M. Williams, L.M., Paul, R.H., Clark, C.R., and Gordon, E. (2007). Cognitive Aging, Executive Function, and Fractional Anisotropy: A Diffusion Tensor MR Imaging Study. *American Journal of Neuroradiology*, 28(2), 226-235. Retrieved from <http://www.ajnr.org/content/28/2/226>.
- Gruszczyńska, E., Kaczmarek, M., & Chodkiewicz, J. (2016). Hitting rock bottom? resource loss as a predictor of alcoholism treatment completion. *Nordic Journal of Psychiatry*, 70(5), 351-357. <http://dx.doi.org/10.3109/08039488.2015.1123293>  
Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1799003928?accountid=6579>
- Gudjonsson G. H. (2003). *The Psychology of Interrogations and Confessions: A Handbook*, Chichester, U.K. Wiley.
- Haglage, A. (2014, April 8). Gov't Abandons Best Survey for Counting U.S. Drug Users. *The Daily Beast*. Retrieved from <http://www.thedailybeast.com/articles/2014/04/08/the-best-survey-for-counting-drug-users-was-quietly-terminated-last-month-and-no-one-seems-to-care.html>
- Heishman, S.J. (1998). Chapter 4: Pharmacodynamics in Karch, S.B. *ed. Drug Abuse Handbook*. Retrieved from <http://www.crcnetbase.com.ezproxylocal.library.nova.edu/doi/abs/10.1201/9781420048292.ch4>
- Hellman, M., Majamäki, M., Rolando, S., Bujalski, M., & Lemmens, P. (2015). What causes addiction problems? Environmental, biological and constitutional

- explanations in press portrayals from four European welfare societies. *Substance Use & Misuse*, 50(4), 419.
- Hoffman W.F., Schwartz D.L., Huckans M.S., et al. (2008). Cortical activation during delay discounting in abstinent methamphetamine dependent individuals. *Psychopharmacology*, 201, 183–93.
- Hser, Y. (2007). Predicting long-term stable recovery from heroin addiction: findings from a 33-year follow-up. *Journal of Addiction Diseases*, 26: 51–60.
- Hunt, D. (1990). Drugs and consensual crimes: Drug dealing and prostitution. In M. Tonry & J. Q. Wilson (Eds.), *Drugs and crime* (pp. 159-202). Chicago: University of Chicago Press.
- Hunt, D., Kuck, S., & Truitt, L. (2006). *Methamphetamine Use: Lessons Learned*. Washington D.C.: United States Department of Justice.
- Hunt, D. E., Kling, R., Almozlino, Y., Jalbert, S., Chapman, M. T., & Rhodes, W. (2015). Telling the truth about drug use: How much does it matter? *Journal of Drug Issues*, 45(3), 314-329. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1690633266>
- Huizinga, D. H., & Menard, S. (1989). Delinquency and drug use: Temporal and developmental patterns. *Justice Quarterly: JQ*, 6 (3), 419-455.
- Hurst, Y. G., & Frank, J. (2000). How kids view cops: The nature of juvenile attitudes toward the police. *Journal of Criminal Justice*, 28, 189-202.
- Inciardi, J. A., & Pottieger, A. E. (1994). Crack-cocaine use and street crime. *Journal of Drug Issues*, 24, 273-292.

- Jesilow, P., Meyer, J., & Namazzi, N. (1995). Public attitudes toward police. *American Journal of Police, 14*, 67-89.
- Juster, R., Russell, J. J., Almeida, D., & Picard, M. (2016). Allostatic load and comorbidities: A mitochondrial, epigenetic, and evolutionary perspective. *Development and Psychopathology, 28*(4), 1117-1146.  
<http://dx.doi.org.ezproxylocal.library.nova.edu/10.1017/S0954579416000730>
- Kandel, D. B. (2002). *Stages and Pathways of Drug Involvement: Examining the Gateway Hypothesis*. Cambridge: Cambridge University Press.
- Kaplan, J. (1983). *The hardest drug: Heroin and public policy*. Chicago: University of Chicago Press.
- Karch, S.B. (2008). Opiates and Opioids. *Karch's Pathology of Drug Abuse, Fourth Edition*. CRC Press: 367–374.
- Kassin, S. M., Drizin, S. A., Grisso, T., Gudjonsson, G. H., Leo, R. A., & Redlich, A. D. (2010). Police-induced confessions: Risk factors and recommendations. *Law and Human Behavior, 34*, 3–38. doi:10.1007/s10979-009-9188-6
- Kemp, R. (2013). Rock-bottom as an event of truth. *Existential Analysis 24*, 1, 106-116.
- Kirlic, N., Newman, E., LaGasse, L. L., Derauf, C., Shah, R., Smith, L. M., Lester, B. M. (2013). Cortisol reactivity in two-year-old children prenatally exposed to methamphetamine [Abstract]. *Journal of Studies on Alcohol and Drugs, 74*(3), 447-51. Retrieved from  
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1318934193?accountid=6579>

- Kirouac, M., Frohe, T., & Witkiewitz, K. (2015). Toward the Operationalization and Examination of “Hitting Bottom” for Problematic Alcohol Use: A Literature Review, *Alcoholism Treatment Quarterly*, 33(3), 312-327, DOI: 10.1080/07347324.2015.1050934
- Kiyatkin, E. A., & Sharma, H. S. (2011). Expression of heat shock protein (HSP 72 kDa) during acute methamphetamine intoxication depends on brain hyperthermia: Neurotoxicity or neuroprotection? *Journal of Neural Transmission*, 118(1), 47-60. <http://dx.doi.org.ezproxylocal.library.nova.edu/10.1007/s00702-010-0477-5>
- Klahm, C.F., Papp, J., & Rubino, L. (2016). Police shootings in black and white: Exploring newspaper coverage of officer-involved shootings. *Sociology of Crime, Law, and Deviance*, 21, 197-217. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1803538859?accountid=6579>
- Knipe, H. & Niknejad, M.T. (2018). *Apparent diffusion coefficient*. Retrieved from <https://radiopaedia.org/articles/apparent-diffusion-coefficient-1>.
- Kuhns, J.B., III. (2005). The Dynamic Nature of the Drug Use/Serious violence relationship: A multi-causal approach. *Violence and Victims*, 20 (4), 433-54. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/208533006>
- Kuo, C., & Chen, C. (2017). What is the real distribution of methamphetamine-related causes of death? *Addiction*, 112(12), 2202-2203. doi:10.1111/add.14005
- Lawrence, R. (2000). *The Politics of Force*. University of California Press, Berkley, CA.

- Lien, B. Y., Pauleen, D. J., Kuo, Y., & Wang, T. (2014). The rationality and objectivity of reflection in phenomenological research. *Quality & Quantity: International Journal of Methodology*, 48(1), 189-196.  
<http://dx.doi.org.ezproxylocal.library.nova.edu/10.1007/s11135-012-9759-3>  
Retrieved from  
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1513357665?accountid=6579>
- Lim, H., Seo, C., Jin, S., Yoo, S., Lee, M., Shin, H., & Jeong, S. (2016). Ma Huang Tang Suppresses the Production and Expression of Inflammatory Chemokines via Downregulating STAT1 Phosphorylation in HaCaT Keratinocytes. [Abstract] *Evidence-Based Complementary & Alternative Medicine (Ecam)*, 1-8.
- Loxley, W. (1998). Weed or speed? Convicted drug dealers' views of substitutions in the western Australian illicit drug market to 1992. *International Journal of Drug Policy*, 9, 109-118.
- MacCoun, R., Kilmer, B. & Reuter, P. (2003, September). Research on Drugs-Crime Linkages: The Next Generation. In *Toward a Drugs and Crime Research Agenda for the 21st Century*. Washington: National Institute of Justice.
- Mackenzie, D.L. & Uchida, C.D. (1994). *Drugs and Crime: Evaluating Public Policy Initiatives*. Sage Publishing: Thousand Oaks, CA.
- Manchikanti, L. (2007). National drug control policy and prescription drug abuse. *Pain Physician*. 10: 399–424.
- Maremmani, I., Stefania C., Pacini, M., Maremmani, A.G., Carlini, M., Golia, F., Deltito, J., & Dell'Osso, L. (2010). Differential substance abuse patterns distribute

according to gender in heroin addicts. *Journal of Psychoactive Drugs*. March 42(1):89-95.

Mark, T.L., Woody, G.E., Juday, T., & Kleber, H.D. (2001). The economic costs of heroin addiction in the United States. *Drug Alcohol Dependency*. 61(2):195-206.

Marsa, S.G., Bourgois, P., Karandinosc, G., Monterod, F., & Ciccarone, D. (2014). “Every ‘Never’ I Ever Said Came True.” Transitions from opioid pills to heroin injecting. *International Journal of Drug Policy*. 25: 257–266.

Maxwell, J.C. (2014). A New Survey of Methamphetamine Users in Treatment: Who They are, Why They Like “Meth,” and Why They Need Additional Services. *Substance Use & Misuse*. 49:639–644.

McEwen, T. and Uchida, C.D. (2000). *An evaluation of the COPS Office Methamphetamine Initiative: Interim report*. Alexandria, VA: Institute for Law and Justice. Washington D.C.: National Institute of Justice.

McKenna, B. S., Brown, G. G., Archibald, S., Scadeng, M., Bussell, R., Kesby, J. P., Semenova, S. (2016). Microstructural changes to the brain of mice after methamphetamine exposure as identified with diffusion tensor imaging.

*Psychiatry Research: Neuroimaging*, 249, 27-37.

<http://dx.doi.org.ezproxylocal.library.nova.edu/10.1016/j.psychresns.2016.02.009>

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McLellan, A., Luborsky, L., Woody, G., & O’Brien, C. (1980). An improved evaluation instrument for substance abuse patients: The addiction severity index. *Journal Nervous and Mental Diseases*, 168: 26–33.

- McPherson, Afsarifard, Hall, Yudko, & Rodriguez, (2003). Global Perspectives on Methamphetamine. In H.V. Hall, S.B. McPherson, & E. Yuko's (Ed.), *Methamphetamine Use: Clinical and Forensic Aspects, Second Edition* (pp. 23-48). Boca Raton: CRC Press. Retrieved from <http://www.crcnetbase.com.ezproxylocal.library.nova.edu/doi/book/10.1201/9780203503782>
- Meissner, C. A., & Kassin, S. M. (2004). "You're guilty, so just confess!" Cognitive and behavioural confirmation biases in the interrogation room. In D. Lassiter (Ed.), *Interrogations, confessions, and entrapment* (pp. 85–106). New York, NY: Kluwer Academic/Plenum Publishers.
- Menard, S., Mihalic, S., & Huizinga, D. (2001). Drugs and crime revisited. *Justice Quarterly: JQ*, 18 (2), 269-299. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/228171881>
- Merry, J. (1975). A Social History of Heroin Addiction. *Addiction*. 70(3):307-10.
- Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. *Journal of Criminal Justice*, 40(1), 60. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/913375648?accountid=6579>
- Möbius, C., Kustermann, A., Struffert, T., Kornhuber, J., & Müller, H. H. (2014). c-MRI findings after crystal meth abuse. *Journal of Addiction Medicine*, 8(5), 384-385. <http://dx.doi.org.ezproxylocal.library.nova.edu/10.1097/ADM.000000000000005>

- Moore, R.A., Hand, C.W., & McQuay, H.J. (1987). Opiate metabolism and excretion. *Baillière's Clinical Anaesthesiology*. 1(4): 829–58
- Naqvi, N. H., & Bechara, A. (2010). The insula and drug addiction: An interoceptive view of pleasure, urges, and decision-making. *Brain Structure and Function*, 214(5-6), 435-50.  
<http://dx.doi.org.ezproxylocal.library.nova.edu/10.1007/s00429-010-0268-7>
- National Drug Intelligence Center (2011). *Chicago High Intensity Drug Trafficking Area*. U.S. Department of Justice. National Drug Intelligence Center: Johnstown, PA
- National Drug Intelligence Center (2011). *National Drug Threat Assessment 2011*. U.S. Department of Justice. National Drug Intelligence Center: Johnstown, PA  
Product No. 2011-Q0317-001
- National Drug Intelligence Center (2011). *The Economic Impact of Illicit Drug Use on American Society*. Washington D.C.: United States Department of Justice.
- National Institute on Drug Abuse (2015, June 25). Nationwide Trends. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>
- National Institute on Drug Abuse (2015). The Science of Drug Abuse and Addiction: The Basics. Retrieved from <http://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>
- Newton T.F., Kalechstein A.D., Duran S., Vansluis, N., & Ling, W. (2004). Methamphetamine abstinence syndrome: preliminary findings. *American Journal of Addiction*; 13, 248–55. <http://doi.wiley.com/10.1080/10550490490459915>

- Nicosia, N., Pacula, R.L., Kilmer, B., Lundberg, R., & Chiesa, J. (2009). *The Economic Cost of Methamphetamine Use in the United States, 2005*. Santa Monica, CA: RAND Corporation. Retrieved from <http://www.rand.org/pubs/monographs/MG829>.
- Noggle, R. (2016). Addiction, Compulsion, and Persistent Temptation. *Neuroethics*, 9, 213-223.
- Norlyk, A., Dreyer, P., Haahr, A., & Martinsen, B. (2011). Understanding the creative processes of phenomenological research: The life philosophy of Løgstrup. *Qualitative Health Research*, 20(3), 420-427. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/220265882?accountid=6579>
- Ompad, D. C., Ikeda R. M., Shah N., Fuller C. M., Bailey S., Morse E. et al. (2005). Childhood sexual abuse and age at initiation of injection drug use. *Am J Public Health* 95: 703–709.
- Optimal Workshop [Computer software]. (2018). Retrieved from <https://www.optimalworkshop.com>
- Osbourne, T., & Rose, N. (1999). Do the social sciences create phenomena? the example of public opinion research. *British Journal of Sociology*, 50(3), 367-396. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/57747354>
- Oviedo-Joekes, E., Marchand, K., Guh, D., Marsh D. C., Brissette, S., & Krausz, M. (2011). History of reported sexual or physical abuse among long-term heroin users and their response to substitution treatment. *Addiction Behavior*, 36:55–60.

- Patton, J. H., Stanford, M. S., & Barratt, E. S. (1995). Factor structure of the Barratt impulsiveness scale. *Journal of Clinical Psychology, 51*(6), 768. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/236936081>
- Pau, C. W. H., Lee, T. M. C., & Chan, S. F. (2002). The impact of heroin on frontal executive functions. *Archives of Clinical Neuropsychology: The Official Journal of the National Academy of Neuropsychologists [Abstract], 17*(7), 663-670. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/72918038?accountid=6579>
- Paulus, M.P., & Frank, L.R. (2006). Anterior cingulate activity modulates nonlinear decision weight function of uncertain prospects. *Neuroimage, 30*:668–77.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W W Norton & Co, New York, NY.
- Peters, R. H., Kremling, J., & Hunt, E. (2015). Accuracy of self-reported drug use among offenders: Findings from the arrestee drug abuse monitoring-II program. *Criminal Justice and Behavior, 42*(6), 623. Retrieved from <http://cjb.sagepub.com.ezproxylocal.library.nova.edu/content/42/6/623.full.pdf>
- Pogrebin, M.R. (2003). *Qualitative Approaches to Criminal Justice: Perspectives from the Field*. Thousand Oaks, CA: Sage.
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Hailing (Eds.), *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York, NY: Plenum Press.

- Preuschhoff, K., Quartz, S. R., & Bossaerts, P. (2008). Human insula activation reflects risk prediction errors as well as risk. *Journal of Neuroscience*, 28:2745–52.
- Roberts, K. (2010). Great expectations: Relations of trust and confidence in police interviews with witnesses of crime. *Policing: A Journal of Policy and Practice*, 4(3), 265. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/748836874?accountid=6579>
- Rodriguez, N. & Griffin, M.L. (2005). *Gender Differences in Drug Market Activities: A Comparative Assessment of Men and Women's Participation in the Drug Market* Retrieved from <http://www.ncjrs.gov/pdffiles1/nij/grants/211974.pdf>
- Rossow, I., & Lauritzen, G. (2001). Shattered childhood: a key issue in suicidal behavior among drug addicts. *Addiction*, 96:227–40.
- Rudd, R.A., Seth, P., David, F., & Scholl, L. (2016). Increases in Drug and Opioid-Involved Overdose Deaths - United States, 2010–2015. *Morbidity and Mortality Weekly Report*, 65, 1445–1452. DOI: <http://dx.doi.org/10.15585/mmwr.mm655051e1>. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>.
- Rudorf S., Preuschhoff K., & Weber B. (2012). Neural correlates of anticipation risk reflect risk preferences. *Journal of Neuroscience*, 32:16683–92.
- Rusyniak, D. E. (2011). Neurological Manifestations of Chronic Methamphetamine Abuse. *Neurologic Clinics* 29, 641–655.
- Samaha, J. (1988). *Criminal Justice*. West Publishing: St. Paul

- SAMHSA (2014), *Results from the 2013 National Survey on Drug Use and Health: Mental Health Detailed Tables*. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality: Rockville, Maryland.
- Sandoval, V.A., Adams, S.H. (2001). Subtle Skills for Building Rapport: Using Neuro-Linguistic Programming in the Interview Room. *FBI Law Enforcement Bulletin*, 70 (8): 1-5.
- Sanford, J. S., & Arrigo, B. A. (2005). Lifting the cover on drug courts: Evaluation findings and policy concerns. *International Journal of Offender Therapy and Comparative Criminology*, 49(3), 239-259. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/197149340?accountid=6579>
- Sato, A. (2008). Methamphetamine use in Japan after the Second World War: Transformation of narratives. *Contemporary Drug Problems*, 35(4), 717-746,534. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/233174008>
- Scott J.C., Woods S.P., Matt G.E., Meyer, R.A., Heaton, R.K., Atkinson, J.H., & Grant, I. (2007). Neurocognitive effects of methamphetamine: a critical review and meta-analysis. *Neuropsychology Review*, 17(3), 275–97. <https://doi.org/10.1007/s11065-007-9031-0>
- Sears, C., Davis, T., & Guydish, J. (2002). Effects of treatment history and centralized intake on drug treatment outcomes. *Journal of Psychoactive Drugs*, 34(1), 87-95. Retrieved from

<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/207974856?accountid=6579>

Seattle Stranger (2011, Sept 20). Ma Huang (Ephedra) – Inexperienced – “Dude, you rollin?” Forum posted to <http://www.bluelight.org/vb/threads/590233-Ma-Huang-%28Ephedra%29-Inexperienced-quot-Dude-you-rollin-quot>

Section 8: Aspects of treating reward deficiency syndrome behaviors. (2000). *Journal of Psychoactive Drugs*, 32, 49. Retrieved from

<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/207975770?accountid=6579>

Shen, Y., Wang, E., Wang, X., & Lou, M. (2012). Disrupted Integrity of White Matter in Heroin-addicted Subjects at Different Abstinent Time. *Journal of Addiction Medicine*, 6, 172-176.

Shrum, L. J. (1998). Effects of television portrayals of crime and violence on viewers' perceptions of reality: A psychological process perspective. *Legal Studies Forum*, 22(1-3), 257-268. Retrieved from

<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/61476699?accountid=6579>

Smith, R. C., Blumenthal, H., Badour, C., & Feldner, M. T. (2010). An investigation of relations between crystal methamphetamine use and posttraumatic stress disorder. *Addictive Behaviors*, 35(6), 625. Retrieved from

<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/218965451?accountid=6579>

Smith, R. C., & Crim, D. (2011). The world of the Haight-Ashbury speed freak. *Journal of Psychoactive Drugs*, 43(2), 165-71. Retrieved from

<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1115554393?accountid=6579>

Sneider, W. (1998). The discovery of heroin. *The Lancelot*, 352: 1687-1699

- Sokolowski, R. (2000). *Introduction to Phenomenology*. New York City: Cambridge University Press.
- Sommers, I., & Baskin, D. (2006). Methamphetamine Use and Violence. *Journal of Drug Issues*, 36 (1), 77-96. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/208853018>
- Srisurapanont, M., Ali, R., Marsden, J., Sunga, A., Wada, K., & Monteiro, M. (2003). Psychotic symptoms in methamphetamine psychotic in-patients. *International Journal of Neuropsychopharmacology*, 6, 347–52
- Substance Abuse and Mental Health Services Administration (2009). 2007 National Admissions to Substance Abuse Treatment Services. Office of Applied Studies Series S-45, HHS Publication No. SMA 09-4360. Rockville, MD).
- Sunshine, J., & Tyler, T. R. (2003). The role of procedural justice for legitimacy in shaping public support for policing. *Law & Society Review*, 37(3), 513–548.
- United States Census Bureau. US Resident Population. Retrieved from <http://www.census.gov/>.
- Tyler, T.R. & Blader, S.L. (2005). Can businesses effectively regulate employee conduct? The antecedents of rule following in work settings. *Academy of Management Journal*, 48(6), 1143-58.
- Tyler, V. E. (1997). The two faces of ma huang. *Prevention*, 49(5), 78. Retrieved from <http://web.a.ebscohost.com.ezproxylocal.library.nova.edu/ehost/detail/detail?vid=1&sid=fe0ef20b-df5d-4f6c-987f-c140bc2408b0%40sessionmgr4007&bdata=JnNpdGU9ZWZwhvc3QtbGl2ZQ%3d%3d#AN=9704164060&db=awh>

- Vagle, M.D. (2014). *Crafting Phenomenological Research*. Walnut Creek: Left Coast Press.
- Van Manen, M. (2001). *Researching lived experience: Human science for an action sensitive pedagogy*. London, Ontario: Althouse Press
- van Manen, M. (2017). Phenomenology in its original sense. *Qualitative Health Research*, 27(6), 810-825. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1891812163?accountid=6579>
- Vrij, A., Meissner, C. A., Fisher, R. P., Kassin, S. M., Morgan, C. A., & Kleinman, S. M. (2017). Psychological Perspectives on Interrogation. *Perspectives on Psychological Science*, 12(6), 927-955. doi:10.1177/1745691617706515
- Walsh, D., & Bull, R. (2012). Examining rapport in investigative interviews with suspects: Does its building and maintenance work? *Journal of Police and Criminal Psychology*, 27(1), 73.
- Weatherburn, D., & Lind, B. (1997). The impact of law enforcement activity on a heroin market. *Addiction*, 92(5), 557-69; discussion 611-3.
- Weissman, J. C., Katsampes, P. L., & Giacinti, T. A. (1974). Opiate use and criminality among a jail population. *Addictive Diseases: An International Journal*, 1(3), 269-281. Retrieved from <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/616005543?accountid=6579>
- Weitzer, R. & Tuch, S.A. (2005). Racially Biased Policing: Determinants of Citizen Perceptions. *Social Forces*, 83(3), 1009-1030.
- White, M.D., & Lukesetich, W.A. (1983). Heroin: price elasticity and enforcement strategies. *Economic Enquiry*, XXI, October, p. 557.

- Yamamoto, B. K., Moszczynska, A., & Gudelsky, G. A. (2010). Amphetamine toxicities: Classical and emerging mechanisms. *Annals of the New York Academy of Sciences, 1187*, 101-121.  
<http://dx.doi.org.ezproxylocal.library.nova.edu/10.1111/j.1749-6632.2009.05141.x> Retrieved from  
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/733673720?accountid=6579>.
- Zheng, F., Wei, P., Huo, H., Xing, X., Chen, F., Tan, X., & Luo, J. (2015). Neuroprotective Effect of Gui Zhi (Ramulus Cinnamomi) on Ma Huang- (Herb Ephedra-) Induced Toxicity in Rats Treated with a Ma Huang-Gui Zhi Herb Pair. *Evidence-Based Complementary & Alternative Medicine (Ecam)*, 20151-9.  
Retrieved from  
<http://web.b.ebscohost.com.ezproxylocal.library.nova.edu/ehost/pdfviewer/pdfviewer?vid=2&sid=b1555c05-720a-42f3-b635-f8461b46b7d3%40sessionmgr103>.
- Zhong, J., Lai, D., Zheng, Y., & Li, G. (2018). Ma-Huang-Fu-Zi-Xi-Xin Decoction for Allergic Rhinitis: A Systematic Review. *Evidence-Based Complementary & Alternative Medicine (Ecam)*, 1-6.
- Zinberg, N.E., & Jacobson, R.C. (1978). The natural history of chippers. *The American Journal of Psychiatry, 133* (1), 37-40.
- Zuckerman, M. (1996). Item revisions in the sensation seeking scale form V (SSS-V). *Personality and Individual Differences, 20*(4):515. Retrieved from  
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/618843211>



### Appendix A: List of Narcotic Substances

Natural		Synthetic		Semi-Synthetic	
Drug	Generics	Drug	Generics	Drug	Generics
Opium Morphine		Methadone Demerol		Oxymorphone Hydrocodone	Opana Vicodin Lortab Lorcet Norco
Heroin		Fentanyl		Oxycodone	Percodan Percocet OxyContin
Oripavine Thebaine		Meperidine		Hydromorphone Buprenorphine	Dilaudid Buprenex Butrans

## **Appendix B: DSM-V description of substance abuse**

The DSM-V describes a problematic pattern of use of an intoxicating substance leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

- The substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful effort to cut down or control use of the substance.
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- Craving, or a strong desire or urge to use the substance.
- Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
- Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
- Recurrent use of the substance in situations in which it is physically hazardous.
- Use of the substance 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.
- Tolerance, as defined by either of the following:
  - A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
  - A markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal, as manifested by either of the following:
  - The characteristic withdrawal syndrome for that substance (as specified in the DSM- 5 for each substance).
  - The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

## **Appendix C: Interview Protocol**

Date/Time of interview:

Place:

Participant #:

### **Introduction**

My name is James Bardon; I am a doctoral student at Nova Southeastern University. Thank you for agreeing to participate in my study.

Currently, I am employed as a law enforcement officer. The purpose of this interview is to conduct research required for a dissertation necessary to complete the requirements for a PhD. The researcher is seeking your experience solely for this purpose and requests that you avoid discussing any current involvement in criminal activity or open cases in which he would be obligated to respond. The information that is collected will be held strictly confidential. Data collected will be published; however, personal identifiers for the participants will not be presented. Your participation in this interview is strictly voluntary and you may withdraw from participating at any time. I will further explain your role as a participant and will discuss the confidentiality of your records as provided in the informed consent.

### **Questions**

#### **Background**

1. To start off, could you please tell me a little bit about yourself?
2. Can you please tell me what your life was like around the time you were arrested?
3. Can you explain what your drug use was like prior to being arrested?

### **The Arrest Experience**

4. Please tell me about an instance in which you were arrested, and was a result of, either directly or indirectly, your (heroin and/or methamphetamine) use. Try to place yourself back in that experience and describe what the experience was like for you.
5. Why were you doing the act which you later got arrested for? What were your motivations?
6. What were your thoughts and emotions while you were [committing the offense]?
7. What were your thoughts and emotions as the arrest was occurring?
8. What were your thoughts and emotions after the arrest when you were being questioned by law enforcement?
9. What was your attitude toward the law enforcement officer(s) during this experience?
10. What else would you like to share that I have not asked you about?

### **Follow up**

This recorded interview will be transcribed and I will review it several times.

11. Would you like a copy of this transcript?
12. Can I follow up with you at a later date if I need any clarification about your answers and/or to ask you new questions that the researcher may have about your experience(s)?
13. If so, what is the best way to contact you?

## Appendix D: Informed consent form



NOVA SOUTHEASTERN UNIVERSITY  
College of Arts, Humanities, and Social Sciences

Consent Form for Participation in the Research Study Entitled *A Phenomenological Study of the Heroin and Methamphetamine Users' Arrest Experiences*

Funding Source: None.

IRB protocol #

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For questions/concerns about your research rights, contact:  
Human Research Oversight Board (Institutional Review Board or IRB)  
Nova Southeastern University  
(954) 262-5369/Toll Free: 866-499-0790  
[IRB@nsu.nova.edu](mailto:IRB@nsu.nova.edu)

### Site Information

Site for the interviews will be publicly accessible locations agreed upon by the researcher and the participants.

### What is the study about?

This purpose of this study is to examine the experiences that methamphetamine and heroin users have had with arrests that were a direct or indirect result of their drug use.

### Why are you asking me?

You have been selected for this study because you have been identified as an adult that has was/is a regular user of heroin and/or methamphetamine and have been arrested for an offense that was directly or indirectly related to your drug use. Approximately 15 subjects will be selected to participate in this study.

**What will I be doing if I agree to be in the study?**

If you agree to participate in the study, you will be interviewed in person for approximately 45-60 minutes about your arrest(s) experience(s). Also, if you agree, the primary researcher might contact you for clarification or additional details. You are free to choose what questions you wish to answer, your level of participation is completely voluntary, and there are no consequences for refusing to participate or answering questions that you feel are uncomfortable. Also, if you would feel more comfortable communicating through texts or e-mail, this can be arranged.

**Is there any audio or video recording?**

This research project will include audio recording of the interview with a digital recorder. This audio recording will be available to be heard by the researcher, the IRB, and the dissertation chair or committee. The recording will be transcribed by Ms. Heather McKown. Ms McKown will use earphones while transcribing the interviews to guard your privacy. The recording and the electronic transcription of the interview will be kept secured in a password protected file on a password protected hard drive. The recording will be kept for 36 months from the end of the study and then destroyed after that time by deletion. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the recording as described in this paragraph.

**What are the dangers to me?**

Risks to you are minimal, meaning they are not thought to be greater than other risks you experience every day. Being recorded means that confidentiality cannot be promised. Sharing your opinions about treatment may make you anxious or bring back unhappy memories. The following are potential risks that have been identified:

- Recollection of negative experiences could re-traumatize individuals who have post-traumatic stress syndrome (PTSD) or lead to other negative mental conditions. If this applies to you, you should reconsider participating in this study. If you chose to participate and experience negative symptoms, the primary researcher will suggest someone you can see but you will have to pay for that yourself.
- If someone known to you reads the study, specific incidents used in quotes that are published could lead to identification of a person. To reduce the chance of this occurring, the researcher will omit information in quotes that could lead to your identification, such as specific locations, dates, names, and so forth)
- Discussion of your involvement in current criminal activities or open cases could lead to criminal prosecution. To eliminate this risk, the researcher will not elicit information about current criminal activities and you should not share any information about your involvement in any criminal activity in which there is/are open case(s). Please focus on the arrest experience(s) that have been adjudicated, the case has been dismissed, or charges dropped.
- Records may be subpoenaed by law enforcement, which could lead to identification. As stated above, the researcher will not solicit and you should not

disclose information that would be of any interest to an open investigation.

If you have any questions about the research, your research rights, or have a research-related injury, please contact James Bardon. You may also contact the IRB at the numbers indicated above with questions as to your research rights.

If you have questions about the research, your research rights, or if you experience an injury because of the research please contact Ms. Doe at (954) XXX-XXXX. You may also contact the IRB at the numbers indicated above with questions about your research rights.

**Are there any benefits to me for taking part in this research study?**

There are no benefits to you for participating.

**Will I get paid for being in the study? Will it cost me anything?**

There are no costs to you or payments made for participating in this study.

**How will you keep my information private?**

The primary researcher will take steps to ensure your confidentiality; you will be assigned a case# and referred to be a pseudonym (false name). Identifiable characteristics (name, race, age, city of residence, etc.) will not be used, so individuals cannot be easily identified. Whereas some quotes may be used from individuals to give a better understanding of the participants' experiences, specific details that could lead to identification will be omitted. Any quotes that the researcher will consider for publication that contain specific information that may be identifiable will not be included without your permission. The questionnaire will not ask you for any information that could be linked to you. The transcripts of the tapes will not have any information that could be linked to you. As mentioned, the tapes will be destroyed 36 months after the study ends. All information obtained in this study is strictly confidential unless disclosure is required by law. The IRB, regulatory agencies, or Dr. Van Hasselt may review research records.

**What if I do not want to participate or I want to leave the study?**

You have the right to leave this study at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have a right to receive. If you choose to withdraw, any information collected about you **before** the date you leave the study will be kept in the research records for 36 months from the conclusion of the study and may be used as a part of the research.

**Other Considerations:**

If the researchers learn anything which might change your mind about being involved, you will be told of this information.

**Voluntary Consent by Participant:**

By signing below, you indicate that

- this study has been explained to you
- you have read this document or it has been read to you
- your questions about this research study have been answered
- you have been told that you may ask the researchers any study related questions in the future or contact them in the event of a research-related injury
- you have been told that you may ask Institutional Review Board (IRB) personnel questions about your study rights
- you are entitled to a copy of this form after you have read and signed it
- you voluntarily agree to participate in the study entitled *The Opinions of Patients on their Treatment*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Obtaining Consent: \_\_\_\_\_

Date: \_\_\_\_\_