The road to recovery

Addiction in a smaller community

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Abstract

People who are addicted to alcohol and/or narcotics are struggling in many ways, and these problems exist all over the world. The aim of this essay was to gain knowledge about the respondent’s experiences of living with an addiction and trying to break an addiction while living in a smaller community, and to identify the challenges and possibilities these people faced during and after their treatment in a smaller community. This is a qualitative study consisting of six semi-structured face to face interviews. In order to get a client perspective as well as a professional viewpoint of the issues investigated, interviews were conducted with clients and one with an alcohol and drug therapist working in the field of addiction. Altogether there were 6 interviews made. In accordance with earlier research three themes were chosen as guidance, these were Employment, Economy and social relations. A fourth theme was developed in this essay which was; sobriety. To gain a deeper understanding of the informants’ experiences empowerment and labeling theory are used in the analysis as theoretical concepts of this study. The main findings of this study show that all informants find employment or having an activity as significant in the aspect of recovery. The majority of the respondents did see that AA meetings are an important. It was agreed that having social relations were important for all of them, it involved for instance building up the relation to friends and family. Some respondents had in one way or another experienced being labeled and it was perceived as negative and a challenge that could be necessary to overcome in order to not lose the focus on sobriety. It was referred to interview subjects that taking part in treatment was empowering in the sense of getting better self-confidence and more control over their life situation.

Keywords: addiction, labeling, substance abuse, empowerment, AA/NA
Preface
We would like to begin with giving a sincerest thank you to all of the informants for their contribution. This study wouldn’t have been feasible without your willingness to share your experiences. We also wish to give a genuinely thank the professional that has helped us select the participants in accordance with us. Thank you to our supervisor Mats, for your valuable advice and guidance and that you have always been available whenever necessary. We also want to thank our loved ones for all your support during the whole research process. Despite the criticism and assistance that we gained during the time of conducting this study, the responsible for the final essay is entirely our own.

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1. Introduction
Without a doubt substance abuse concerning alcohol and narcotics are an enormous social problem in society today, not only in Sweden, but all over the world. It’s a matter that we read about in the media on a daily basis and an addiction does not only affect the addicted person itself, but also their family and society. This particular study will have its focus generating people who are addicted to alcohol and/or narcotics. One of us had the opportunity to go into the field and practice within this area of addiction. During the practice it turned out to be a really interesting subject to a study. An interest took its form with the ambition of finding out more about how people experience having an addiction, particularly while living in a smaller community.

As future social workers it is evident to get an understanding of how people with an addiction are experiencing their life situation when trying to recover since its most likely a group that will be encountered in this profession. To become aware of what they are facing in different aspects of their life while struggling to break the addiction, could give professionals a deeper knowledge of how to help these people as effectively as possible.

During the field practice it was experienced that the road toad to recovery is a struggle and a large number of clients attending the treatment falls back into substance abuse (Interview with therapist). For us this was a motivation to get a better understanding of what clients face during their time in and after treatment. This was important in order to make sure that the professionals working with these people are open for suggestions and ideas that could decrease the number of clients relapsing. It was evident in this study, to both see the client’s perspective and the viewpoint of a professional with many years of experience from working within the field of addiction. It is important to mention that all respondents either had or were at the time of the study receiving treatment for their addiction in the same community and also in the same facility. Another interesting aspect in this study is that all interview subjects have received their treatment in their home community. The treatment is guided upon the Minnesota Model within an open care facility of a smaller community in the central parts of Sweden. The population number in the community examined is radically less than 10,000. Within the Minnesota Model which is often also called the “Twelve Step Program” it involves twelve specific steps towards recovery that are also used in Alcoholic Anonymous (AA) and Narcotics Anonymous (NA). Also addiction and abuse will also be defined later on in the study.
1.1 Purpose
This study will involve respondents consisting of both men and women. There has also been effort made in order to highlight both the perspective of the clients as well as the viewpoint of a professional. The findings from this inquiry could be of use in the community examined, where authorities and other institutions working with addicted people become more aware of what their clients go through during their time in and after treatment. Perhaps this may show were the community or the treatment facility could make possible changes. The aim of this study is to gain knowledge of respondent’s experiences of living with an addiction and trying to break an addiction while living in a smaller community.

1.2 Research Question
The research question is the following: What are the challenges and possibilities that clients face during and after treatment for an addiction in a smaller community?

1.3 Disposition of the essay
In the following segments central concepts will be defined to increase the readers understanding of the context of the topic investigated. The earlier research presents studies completed before, related to this particular inquiry. In the Method part the choice of method is motivated along with explaining pre-understanding, selection of respondents, the research procedure along with Ethical Considerations, Limitations as well as Reliability and Validity. In the chapter concerning Theoretical Concepts the theories of Empowerment and Labeling Theory are explained in accordance with arguments of why they have been selected for this study. After that the results of the study will be presented in conjunction with the themes and the theories, followed by the analysis where the theoretical concepts are used in connection to earlier research. In the last part the final conclusions drawn from the inquiry are discussed in relation to the aim of this investigation. Also some ideas to future research will be signified.

1.4 Central Concepts and Terms
In this part concepts will be defined and explained in order for the reader to understand this study in a clearer way. To define abuse and addiction we have chosen a Swedish definition that has been translated into English. The reasoning behind the selection of this definition is mainly that the investigation is carried out in Sweden and it was found suitable since these definitions of abuse and addiction are used in the treatment facility where the respondents have received care.
According to Swedish council on technology assessment in health care the definition of addiction indicate that the alcohol and/or narcotics has gain a much larger influence in the individuals life, than before, and it has led to severe suffering. The international criteria’s of addiction are for instance that the individual has lost its control over the intake of alcohol and/or narcotics, has withdrawal symptoms and higher doses are required to gain an effect.

When determining if it is a case of addiction the Diagnostic and Statistical Manual of Mental Disorders (DSM) system is used. There are seven criteria in this manual and at least three should be fulfilled during the same 12-month period to be classified as an addiction:

1. The tolerance level increases markedly. 2. You experience typical withdrawal symptoms, or that the actual use continues to avoid such symptoms. 3. The drug is used for a longer period of time than was thought from the beginning. 4. There is a constant desire for intake. 5. A significant part of life is taken to get hold of drugs and to use drugs and to recuperate from consuming. 6. Drug use inhibits important social activities. 7. Drug use continues despite knowledge of adverse effects such as physical and psychological damages (SBU, 2001, p. 11-12)

The system is designed to be able to clearly diagnose patients with mental disorders (DSM-system), at least one of the following statements must be applied for the same 12-month period to be classified as abuse:

1. To repeatedly using drugs, so that the individual fails to meet its obligations at home, school or work. 2. Repeating the use of drugs in situations where it poses risks of physical injury, such as drunk driving. 3. To repeatedly have had problems with justice, such as police, because of alcohol/drugs. 4. To have continued with his addiction despite the fact that it gave rise to recurring social problems due to the drug effects (SBU, 2001, p. 11-12)

1.4.1 Minnesota Model
This model will be explained because the treatment is guided on the same principles and to understand this model gives some basic knowledge of how the treatment is progressing. The reason why this method was chosen instead of another is due to the interviewees having a lot of experience from this particular treatment. It felt like a natural option. Although one must keep in mind that when the professionals builds up a concept of treatment it is also regulated and adjusted due to the individuals needs of the treatment and not only according to the
twelve steps. Even though the twelve steps are the same everywhere it’s still up to the professionals to work out a treatment concept that works for the particular setting where it takes place. Further down there will be a brief description of AA and NA which has showed to be very important in terms of aftercare.

The Minnesota Model was introduced in Sweden in the end of 1940’s. It’s the same model that is used Anonymous Alcoholics. The strength in the model is the particular cooperation with the substance user’s family, potential working place and their involvement in the treatment. In short the treatment includes three parts:

1. Self Invention: What has been the cost of the addiction, and what has happened?
2. Future Perspective: How do I want my future to be like? What should my life look like? This is often a difficult part since it does not include any material values, but more about how a person got back the trust and love in their life, and how close people in the person’s environment can be able to trust him/her again.
3. Theory becomes practice: What does the addicted person have to do to avoid falling back to abuse and to get a concrete meaning for the future (Mattzon. P, 2007 p.20-21).

1.4.2 Alcoholics Anonymous (AA)
Anonymous Alcoholics is a self-help organization, where both men and women share their experiences, hopes and strengths with each other in an attempt to recover from alcoholism. The daily used name of the organization is often referred to as AA. It is voluntary to participate and a decision that each individual has to make. Within AA they make use of the Twelve Steps in order to try to recover from the disease. Here follows a brief description of the Twelve Steps:

Step 1: First of all a person has to admit being powerless over alcohol it has made them lose the control over their life. Whenever a person consumes alcohol the outcome is unpredictable, but when the consuming becomes unmanageable and is affecting the individual and its surrounding negatively; then he/she might reach a point where realizing the drinking has become a serious problem and where help is needed in order to solve it.

Step 2: The second step is where the person might open up to the possibility that there could be someone or something else that could solve their problem, and therefore start believing in a force more powerful than the individual themselves. Perhaps the person also create an understanding of the reason why their lives has turned out the way it has, and gain knowledge of what could make the recovery more likely.
Step 3: This step is basically about the individual putting their life in the hands of God or as they may understand him. By believing in a higher power it gives the person an emotional and intellectual knowledge to increase strength, courage and motivation in order to manage their problem. The higher power doesn’t necessarily have to be a God, as many people can have a hard time to relate to, so it is up to the individual what to believe in.

Step 4-11: These steps include moral soul-searching where the person admits their defects and their meaning, getting rid of those, contact people the individual might have harmed and make it up to them. Continuing soul-searching and through prayer and meditations get a deeper contact with a higher power. By clearing up the past the person may finally experience a sense of spiritual peace.

Step 12: When reaching the 12th step, the person may feel changed and their thoughts might be different, and the way of handling emotions, and actions in life could be different. Thanks to the changes the individual has experienced, he/she could be ready to go out and put forward the message to other recovering alcoholics. It is important to remember that this step also tells the person to keep practicing the twelve steps in all aspects of life. Which is why the work with these steps never ends, it continues as a life long journey (Bergström 1996 p.75-78, Gorski, 2002, ch 4).

1.4.3 Narcotics Anonymous NA
This recovery group works according to the same principles as the AA which is based on the Twelve Step Program, the difference is that the alcohol is exchanged with other types of drugs. People with an addiction might have problems with both alcohol and drugs however it’s up to the individual if he/she wants to go to an AA and/or NA the individuals attend decide where it’s most comfortable (Lundberg and Lehmann 2005, p. 144).
2. Method
This chapter will include detailed information concerning pre understanding, the design of this study, selection of participants, method of data collection and data analysis. Also the ethical considerations, limitations along with reliability and validity will be presented.

2.1 Design of the study
This study is based on qualitative methods which consist of conducting semi structured face to face interviews (Kvale & Brinkmann, 2009, p. 27). An interview guide was developed with several questions related to themes, earlier research, and the theoretical concepts chosen. The reason why qualitative methods have been the focus in the study is due to the need for; in depth information about the interview subject’s life experiences concerning their addiction.

2.2 Pre-understanding
When conducting this research it has been a pre-understanding: that it might be difficult to live with an addiction in a smaller community, than in a larger city. It may also differ from several aspects concerning for instance treatment possibilities, anonymity, number of clients, the attitudes and actions of other citizens towards people with an addiction. It is important to mention that the standpoint taken in this research is that the recovery process from an addiction may take several years and does involve cases of relapse. Therefore it didn’t matter, if the interview subjects have received treatment only at one occasion or more.

2.3 Sampling
To find the participants for the study, which may provide good information about the purpose of this inquiry, purposeful sampling has been used. This sampling is a good choice when aiming for rich information about issues of central importance for the purpose of the study (Patton, 2002, p. 230). There were altogether six interviews conducted. Five interview subjects have been selected in conjunction with a professional alcohol and drug therapist working in the field of substance abuse in the community where the study has been conducted. The therapist had the first contact with the interviewees and asked for their permission to participate. To get a professional perspective an interview with the therapist was also utilized. There were some important criteria that were put forward when the selection of the respondents took place. It was of great importance that the respondents were either in treatment at the time of the study or that they had received care for their addiction,
maximum two-three years back in time. The treatment for the respondents had to have taken place in their home community. It was also of importance that the respondents lived in the particular community both during the treatment and after, this in order for them having reflected on the possibilities and challenges that may have existed during and after receiving treatment in their home community. The respondents are adults, consisting of three men and two women 30-55 years of age. A disadvantage could be that since the participants know the therapist and are familiar with the treatment facility, they might talk about their experiences in a more positive manner, than negative.

2.3.1 Therapist
In this study it was of importance to gain the experiences and the viewpoints from a professional perspective, which was gained by conducting a face to face interview with an alcohol and drug therapist working in the field of addiction in the community investigated. The reason why the particular therapist was chosen as an interview subject was due to having a long experience of working in the field of addiction and particularly with Minnesota model. The therapist has long experience of working in the community but it also accustomed to having worked in larger cities. It was thought that the professional would be able to share experiences that could be valuable for this research. However there has to be awareness that the therapist could be talking in very positive terms about the treatment model that the facility is using. It is evident to keep in mind that another treatment method might have changed the outcome for the clients.

2.4 Procedure
The first step that was taken after deciding the topic of the research was to gain knowledge of addiction concerning alcohol and narcotics through literature and databases. Then it was time to find earlier research within the area aiming to base this study on. When searching for earlier research the databases of Libris, Higgins, Diva and others were used. Several searches included: addiction+recovery, substance abuse+recovery challenges, alcoholism, Minnesota model, Twelve Step Program etc. When looking through earlier studies within our topic themes were found as guidance for this particular study. The following themes have been found in earlier research and been used as guidance during the interviews; social relations, employment, economy and the fourth theme sobriety was developed by the researchers. Empowerment and labeling theory were selected as theoretical concepts that were found
valuable for this inquiry. When reaching the point of feeling a sense of security with having obtained necessary background knowledge concerning the topic the interview guide was designed (See Appendix 1). The interview guide consisted of mainly open questions related to themes, earlier research and the theoretical concepts chosen. In the beginning of the interview the respondents were asked to freely speak about their experiences from their time in treatment followed by putting forward attendant questions when it was found necessary. The researchers remained open to flexibility during the interviews with concern to what has been brought up and when to ask further questions on a particular theme and when the interview subject may have gotten stuck and didn’t fully answer the questions asked. When the interview with the professional, in this case the therapist was utilized, the interview guide differed to some extent (See appendix 2). The interviews with the six respondents took 20-55 minutes and were recorded with a Dictaphone. One interviewee had some difficulties opening up and expressing emotions about addiction, which might have been important for the study. All interviews took place at the treatment facility where all the respondents had been before. It was a conscious choice due to thinking that a familiar environment may give the respondents a sense of security. The interviews were conducted one at the time and with both researchers attending. This was important due to being able to share reflections after each interview with each other, and to have both researchers available during the interview might have decreased the risk of missing relevant follow up questions. It has been the intention of the researchers to impact the answers of the respondents to the least extent possible. After having finished all the interviews, the transcribing process began. The process included listening to the recordings and to word by word write down what has been said during the interviews. Also a re-listening to the recorded material took place while reading through the transcriptions at the same time just to make sure they had been correctly implemented. The transcribing process was finished within a week.

2.5 Ethical considerations
When the interviewees arrived to the interview session they were given a written document about important information concerning the study (see Appendix 3). They were informed about the purpose of the investigation and that it is voluntary to participate and that they have the right to withdraw at any time during the study. Before the interviews started the participants were asked for the consent to use a Dictaphone to record the interviews. It was also ensured for the respondents that they will be anonymous. In connection while asking for
permission about the recordings, the researchers expressed that they would be the only ones listening to the material and the transcriptions would be deleted when they have served its purpose. To protect the confidentiality of the respondents information that could identify them has been left out. (Kvale & Brinkmann, 2009, p. 70-72) During the whole research process but particularly in the interview sessions it has been important to keep in mind that respondents have to put difficult experiences into words and reflect back on a time in their life that may bring up feelings that can be hard to tackle. As researchers it is important to protect them as much as possible from harm that may occur due to their attendance. This has been made by paying a lot of attention to the wording of the questions asked and to the extent possible not ask questions that might harm the participants. It has also been of importance to let respondents know that if they do not wish to answer a question for any reason they don’t have to. The interviewees were told that the essay was for educational purpose (Ibid, p. 73)

2.6 Limitations
The disadvantages of choosing qualitative methods could be that the numbers of respondents are lower than if the choice had been a quantitative method. On the other hand quantitative methods would not have provided rich, in depth information concerning the aim of this research. However it was found that the data has a lot in common with earlier research when looking at possibilities and challenges that people may experience during and after receiving treatment.

It has to be taken into consideration that it is a sensitive subject that is investigated. It requires for participants to think, reflect and express themselves about potentially difficult times of their lives. This could result in them holding back certain things when expressing their life experience about the addiction.

As mentioned earlier some of the respondents were in treatment during conducting this study. This could be seen as a limitation when looking at the aspect of experiences after treatment, but on the other hand these respondents had a lot of reflections from their time in treatment and could also reflect back on what it had looked like in the past when they had gone through treatment.

Due to conducting these interviews in Swedish and having to translate them to English, this may have resulted in missing some important aspects when doing the translation. It has been the centre of attention though, to try to make the translation as clear and correct as possible in order to not miss out on or incorrectly translating valuable information. Due to the
lack of earlier research done concerning addiction in smaller communities it is hard to know whether our findings will show the correct picture of how it may look in other small communities, since the study has been conducted in one community only. In this study there has been focus on the Minnesota model which could be a limitation. Since a large number of people are relapsing. Perhaps another treatment method could have improved the number of clients succeeding with the recovery.

2.7 Reliability
Reliability is about the consistency and trustworthiness of research findings and often it’s related to whether a finding could be reproducible at other times and by other researchers and the concern is if interview subjects will change their answers during an interview and if they will give different answers to questions when asked by another researcher. To ensure the trustworthiness of the answers perceived from the interview subjects check questions has been asked when found necessary. This was done by asking similar questions and gone back to themes handled earlier, to make sure the answer has been understood correctly and that the reply will stay similar as to earlier in the interviews as Patton (2002) states. Especially since, the findings from both perspectives together with earlier research show a correlation from many aspects of this study.

According to Bryman (2007) (referring to LeCompte & Goetze) by saying that extern reliability is whether a study can be reproducible or not is a hard criterion to fulfill in qualitative research, because the social environment keeps changing along with human beings. To accomplish extern reliability it is required for the researcher to enter a similar role as the original researcher (Bryman. A, 2007, p. 257). It has to be taken into consideration that it might not be possible to reproduce this study entirely since the interview guide has not been completely followed but rather more as guidance as explained earlier in the procedure section. Although the interview guide had gone through a pilot study where the questions has been opposed to friends and family members to make sure they are not to be misunderstood. Having done that, this inquiry can be reproduced to a certain extent due to it having a clear aim and research question which should decrease the risk of misunderstanding the purpose of the study. Intern reliability concerns how the researchers interpret the findings and remain objective (Bryman. A, 2007, p. 257).
2.8 Validity

“Validity has been described as the degree to which an instrument measures what it is supposed to measure” (Grinnel, R. M., 2001, p. 185).

As stated in Kvale and Brinkmann (2009) it’s evident to understand that from conducting six interviews it is not possible to do a statistical generalization of our findings. By conducting six face to face interviews those have resulted in achieving experiences of the interview subjects with rich detailed descriptions. Effort has been made to oppose questions related to the aim and research question, carefully made sure they were connected with earlier studies and the theoretical concepts related to the topic of this investigation. It’s required that the investigator adopt a stance of objectivity with regard to the phenomenon during the whole research process. (D’Cruz & Jones, 2004, p. 71) The data analysis has remained neutral by the researchers to the greatest extent possible. There has been effort made seeking to identify aspects of the data that has contradicted with our understanding.

The sample has been on six face to face interviews, which make the descriptions most important, and by using their own words from their life experience and enter deeper into the subject, the material might be more trustworthy and increase validity. Both researchers attended all interviews and took part in the transcribing making sure there were no misunderstandings or errors made. Having considered this an acceptable level of validity has been reached. (Kvale et al, 2009, p. 246-247, Patton, 2002 p.51, 242, 331).

The interviews were made in Swedish and translated into English and this might have lowered the credibility. On the other hand there are many quotes used in the result part in order to stay as objective as possible, without putting own opinions and alike. By using the analytical tools that will be described below there has been focus on lived experience, and contradictions on what the respondents felt before, during and after treatment. During the interviews the respondents were allowed to speak freely when answering the questions to enable as detailed information as possible, as stated by Patton (2002). These approaches stress the importance of being objective, which may increase the validity.

2.9 Philosophy of Science

2.9.1 Dialectical Approach
The dialectical standpoint focuses on the contradictions of a statement and their relations to the contradictions of the social and material world. If you use the dialectical approach for a research, comparison before and after an activity can be made, while looking into what the respondents thoughts were before the activity and afterwards. To gain an understanding of their development in terms of the contradictions is the driving force of change, and when using the dialectical approach it’s evident to stay objective but yet also be a realist (Kvale et al, 2009, p. 52, 226-227). In order for us to see what the respondent’s experiences were during and after treatment dialectical approach was natural choice, since the focus has been to identify challenges and/or possibilities that the informants might face when recovering.

2.9.2 Phenomenological Approach
The phenomenological perspective has helped us to see the actors own perspective as he/she examines how the world is experienced. Phenomenology aims to get a deeper understanding of the nature or meaning of our everyday experiences and Patton (2002) states (referring to Edmund Husserl 1913) that phenomenology is about how people describe things and experience them through their senses. The focus is to describe rather than to explain or analyze. To see a person and listening to his experiences and not ‘think’ you got descriptions from an interviewee; however the importance is to stay objective and not put your own prejudices or thoughts into it. The results of the transcribed data should be quotes from the respondents own words (Kvale & Brinkmann, 2009, p. 26-32, Patton, 2002 p.69, 104-106). In this study the respondents own words are of importance since we want to identify challenges and/or possibilities, and also their experiences from having an addiction while living in a smaller community.
3. Earlier Research
Several studies were found concerning important factors dealing with recovery from an addiction. It can be noticed that researchers has frequently focused on studies of substance users living situation in the setting where they are using drugs and where researcher has taken interest in cases about the road to a final breakthrough. We have not found earlier studies concerning experiences of having and trying to break an addiction while living in a smaller community.

In a qualitative study of Andersson (1998) he discusses the importance of employment for a recovering substance abuser. To have a job is important for the individual in order to have the ability to raise their self-esteem and build social networks. For most people employment has a positive impact not only due to the individual earning a salary from a decent work, but also it creates an identity since a work often provide possibilities of gaining new relations with for instance work mates. Through creating new relations it could lead to developing new interests.

In Andersson & Hilte (1993) it is mentioned that due to being a substance abuser the individual might not have employment and/or not an education which limits their chances of finding a job. As a substance user you may mostly have relations with people in a similar life situation, this can become an issue due to the lack of relations to other people outside their social network. Then it becomes a question of what possibilities substance users actually have to change their lives.

When a substance user admits they have a problem and enters into treatment there are some significant factors that may influence the recovery in a positive manner. One factor is to have people in your closest environment, to support and help through the earlier stage of the recovery process. When starting to create a new life situation, you might have to break up with contacts from the past, which could result in the individual feeling alone and vulnerable. At this stage the family and friends play an important part to prevent relapse. To get a place to live, employment, and a sense of belonging, create new relations are all cornerstones to increase the odds of starting a new life (Hedin in Hilte 2005, ch 8).

Within smaller communities different projects were started around Sweden for people with addiction problems and the ambition has been to change the relationships on an organizational and local community level. The goal was to arrange several working projects like having cafés where people in recovery for addiction could work voluntary in the community. Through advertising in media they wanted to reach citizens with information.
about these people’s situation, with the goal to change attitude, meeting and treatment towards the substance users in the community by different public organizations. For the person with an addiction the goal was to influence and gain more control over their case and get more involved and being able to participate in decision making in areas that entails their life situation. For the substance user that took part in the projects is has given them support and help in their recovery process. It has been important for the people within the public organizations to gain more knowledge for further understanding in the addiction area. When projects are started to increase people’s knowledge of substance users and their difficulties, it may result in a decrease of stigmatization and labeling which can contribute to others not looking at this group of people as deviant. (Payne 2002 in Hilte 2005).

Another interesting study with surveys was done in New York, 310 individuals with substance abuse identified recovery challenges such as; having severe difficulties dealing with handling feelings and inner conflicts, work and money issues and the maintenance of sobriety. For people with a history of childhood trauma dealing with feelings is both important and difficult, which was true for nearly half the sample. Obstacles for returning to work was numerous; some subjects had no working experiences or haven’t worked for many years and therefore lack in job skills that might be necessary to find a job. Due to subjects being stigmatized, the self-confidence may be low and they might doubt their abilities of being competent for a workplace, further it could become an obstacle to finding employment. One fifth of the subjects reported the difficulties in asking for help and support concerning the dependency problem (Laudet & White, 2000).

Laudet and White (2010) conducted a study on service needs which can be identified in the recovery stages; one need in particular is the family and social relationships. Subjects have pointed out that the most important part is to stay clean and recover from substance abuse, before considering other factors. Another need is rebuilding relationship with family, have a trusting relation with loved ones, stay connected to friends, take care of family, get employment, raise life quality by contribute to the society, and improve their financial situation.

In Leissner and Hedin (2002) a comparison by (Andersson 1991, Svensson 1996 Lindberg 1998) concerning the break up from an addiction there are relatively few studies done where a person’s entire changing process has been followed. This could be due to difficulties having to collect data from several occasions which might be methodologically
hard to manage. Often researchers have been focused on the substance users living situation within the culture where the abuse takes place and the road to a break-through.

There are several researchers who have presented different theories to what causes a break up for substance users where they have explained the “rock bottom” experience which leads an addict to the point where they no longer have a choice and have to quit using alcohol and/or drugs in order to not go under (a comparison by Biernacki 1986, Kristiansen 1999 in Leissner and Hedin 2002 p.214).

Research has been focused on different treatment programs in both open care and in closed facilities where there has been methods looking at the content of treatments and the effectiveness of different programs (a comparison by Bergmark & Oscarsson 1988, Fridell 1996 in Leissner and Hedin 2002, p 215).

Due to studies having different directions and focus it is hard to grasp a coherent knowledge of the whole break up and changing processes. There are studies pointing in the direction that the break up and changing process takes many years and that several factors are integrated and affects the result such as time in treatment, persons possibilities of having social relations within networks, chances of creating a new identity through work or studies, the influence of changing environment and new relations. In some phases of the changing process a balance is required between control, boundaries and creating new relations (a comparison by Biernacki 1986, Andersson & Hilte 1993, Melin & Nåsholm 1994, in Leissner and Hedin 2002).

A qualitative study done on women from the age of 28-52 in Sweden, several of the women had dependency problems concerning alcohol and/or narcotics and had also experiences other health problems. They identified important elements in order to create a life of sobriety. It was shown that there are three basic resources that many of the women were missing out and struggled with in order to get, these were: Own place to live, a meaningful job and an income to be able to support oneself. Eriksson (1999) claims having a place to live is not only about having a roof over your head but has to do with being able to be independent and to have an own acting space. From this it might be possible to create an identity and a lifestyle suitable for the individual. To get a job can contribute to getting a time structure in the everyday life; it might also help to have employment when wanting to find it easier to tackle cravings for alcohol and/or drugs. It may be necessary to get a new time rhythm and to be able to use time in a more structured way (a comparison by Biernacki 1986, Andersson & Hilte 1993, in Leissner and Hedin 2002). Employment is also helpful in times of crises. There
are many positive outcomes that may come from employment, in this study a follow up was done and several of the women in the study had found many important issues resulting from getting employment: have responsibility, receiving interesting work tasks, and being a part of a working community. To have a regular income is also claimed as an important resource to be able to live as normal and common as possible. According to the women in the study it is important to not differ much from other women in the same age. Some of the women who were in the earlier stages of recovery were worried about the fact that their addiction would result in other people seeing them as deviant (Hedin in Leissner and Hedin 2002, ch 4).

In the book *Leva med beroende om alkohol- och drogmissbruk och hur man tar sig ur det* by Mattzon (2007) there are perspectives from both substance users and relatives where they share experiences and viewpoints on the situations they have faced. There are also persons who have worked within the field of addiction for decades giving their point of view about the situation today and where the problems might be. Staff working in the addiction care and in science put forward the focus of what the larger increase of drinking may lead to. People with an addiction come from all classes and professions in the society. According to the Surgeon General Clas Sjöberg’s experiences, most abusers do not seek help until the consequences of their addition have become unbearable or that something in particular has occurred that made the situation acute. Sjöberg has worked within the area of abuse for nearly 50 years and met lots of dependent people. Many substance users mention that it was almost necessary for them to reach their ‘rock bottom’ before accepting help. Neither prayers of family members nor threats towards the addicted person helped for them make the changes necessary in order to recover from their addiction. Alcohol and drug dependency belongs to one of the most common, yet also most serious diseases in the society today and unfortunately too many people with dependency problems refrains from seeking help. It could be due to feelings of shame and denial but it might also be a disparity about the possibility to do something about the problem. Many times people at the workplace, relatives and friends chose not see the actual problems or to minimize them in some kind of misguided solidarity which may be based on lack of knowledge and fear. An important issue here that Mattzon (2007) mention is when people do seek help, the first meeting could determine whether the professional is able to reach the individual, and if the person eventually wants to accept any support and treatment. An interesting idea the book brings up is that many large companies, in the 80s and 90s noticed growing problems from their workers drinking, as a result they were sick more often and the company became less profitable and the effectiveness on the work
decreased due to the alcohol problems. The managers received education on how to be able to help dependent people at their companies instead of making their situation worse by perhaps fire them. Policies were introduced for the area of addiction, which is not only profitable financially for the company but also makes the workplace more attractive with managers caring about their employees. Many addicted people are often afraid to talk to their employer, community institutions or other people in fear of them finding out about their problems. It is argued in the book that the reasons to these fears are many, but one is of major importance, it is the public attitude to dependency problems.

A book by Kristiansen (2000) which was published as a thesis at the Umeå University (1999) conducted a study with several personal interviews with both men and women that had been addicted to narcotics, but had at the time of the study quit using drugs. The author mentions that many scientists have investigated what usually calls 'spontaneous remission' or 'natural recovery' which aims to that a freedom from addiction does not arrive from either treatments from professionals or other self-help groups. Rather it is human changes dependent on social contexts. A drug abuse often contributes to negative social, economical, psychological and/or physical consequences for the individual. Different types of negative consequences are often stated as a determinate reason for the dependent person to quit using and to recover. A study showed that a large number of people who have recovered from an addiction have moved to another home-district in order to succeed. Brill et al. in Kristiansen (2000) stresses the meaning of social support, but not any of the interviewees thought that it was the relationship between them and relatives or parents that were the most important elements in order to change their lives. Instead people that they met after deciding to quit the addiction had a significant importance. No matter what treatment method is used and how treatment results may look, they are influenced by whether the staff is engaged in the client’s life and that the client stays motivated. The society’s attitude towards substance users influences how people see themselves for example when it comes to class, gender, ethnic background, which generation they belong or what lifestyle a person has. The values of the society might contribute and influence how people may look at dependency problems.

The author claims that the longer the changing process has developed in a life without substance abuse, there are more factors that may have an influence of the outcome for the whole changing process.
3.1 Conclusion of Earlier Research
It can be confirmed through earlier studies found that the importance of continuing work of maintaining sobriety, being able to contribute to the society through education or employment, building new social networks, having an own place to live, getting an improved financial situation and to raise the awareness and knowledge of addiction in society. All of these are important factors that may increase people’s chances of breaking their addiction, staying sober and to raise their life quality. Also it has shown that many larger companies are paying attention to addiction among their workers and that may be of importance in order to give them support and a chance to keep their job if they recover. It is important to keep in mind that studies do differ when it comes to directions and focus which tend to make it harder to seize a coherent knowledge of the whole break up and changing process. Some studies mean that the break up and changing process takes many years and that several factors are integrated and affects the result such as time in treatment, persons possibilities of having social relations within networks, chances of creating a new identity through work or studies, the influence of changing environment and new relations.
4. Theoretical Concepts
In this chapter there will first be a description of the chosen theories followed by arguments of why those particular theories have guided this research. The questions that have been asked during the interviews are connected to the theoretical concepts (see appendix 1 and 2).

4.1 Empowerment
Empowerment is a common concept in social work, and a valuable tool for social workers to work with in order to help clients take control over their life situation. Adams (1996) gives a good definition;

“Empowerment can be defined as a tool through where individuals, groups and local communities are able to take control over their life conditions and reach their own goal, by which they are able to help themselves and other to reach increased life quality” (Adams 1996 in Hilte 2005, p.207).

There are many different definitions about empowerment, but a common element in many explain empowerment as an active process where people both individually or in groups can mobilize their own resources and strengthen their ability and their self-confidence. With better self-esteem people can get themselves involved in different activities and take control and power over their conditions locally or in a wider context. The Swedish interpretation for empowerment has become a concept where the individual shall take power over their life and is a psychological combat and development towards a better life situation. Different types of power are central components in empowerment: personal, relational, political and financial power. For social workers power and resources are important factors when working from an empowerment perspective.

Empowerment can be used in different levels depending how the situation looks like within people’s contexts. When talking about empowerment on an individual level the person becomes aware about the oppression and powerlessness that he/she lives in and where it appears from. The person starts working with the feelings and how they are build up, in able to handle and fight them and gain control over their lives, hopefully in another way than before. Empowerment is a constant ongoing process of growth and development for people both individually, in groups and organizations levels in order to increase their self-esteem and improve the self-image (Hilte 2005 p.208-225).

The reasoning behind choosing empowerment as an analytical tool within this inquiry is to be argued for in several ways. When taking notice of what has been stated in earlier
research concerning the area of addiction it is pointed out that motivation is an important factor when trying to recover from substance abuse. In bringing motivation to the group the professionals plays an important role and it has shown that the staff working with addicted people has to be engaged in the client’s life and try to motivate them as much as possible. Also the researchers in this study is referring to the fact that in earlier research personal growth, better self esteem and self confidence are important factors for a chance to break the addiction. It then became of great interest finding out how both the clients and the professional experiences empowerment in the treatment and to spread some light on if and how the clients have been empowered during their time in treatment. It was always thought of by the researchers conducting this study that people that has been living with an addiction of alcohol and/or narcotics has most probably been through many setbacks in life. Perhaps their addiction has resulted in having broken relations with loved ones, financial difficulties and problems related to health. All these elements most likely could cause a low self image among these people which could make it all the more significant for them to be empowered when wanting to recover from the substance abuse.

4.2 Labeling Theory
Our roles may be formed by social expectations and labeling. According to Lemert in Payne (2005) most people at some point in life act in a deviant way and what might be the crucial issue is the response of the surrounding social environment to those actions. It happens that people are put through a social system which labels them as for instance “deviant”. Once a person is labeled and becomes aware of it, it’s more likely for these people to live up to the societal label and to be encouraged to live up to societal expectations of their label, which may lead to a more deviant behavior. This strengthens the labeling process even further. Levy in Payne (2005) means that social workers may play a part in the social creation of problems they are suppose to deal with. We need to assess and provide services to avoid stigmatizing systems and behavior. Evidence based research suggests that social workers often label clients in a negative way (Case and Lingerfeldt, 1974; Gingerich et al, 1982).

“Labeling theory looks at how the social response to crime is made and how certain behavior comes to be considered as deviant or criminal” (Llewellyn et al, 2008, p 90).

Labeling Theory also goes a step further meaning that social judgments on certain individuals may help these people to go even further into the path of being for instance deviant or
criminal. It is like the labeling becomes a way of self-fulfilling as the stigma or exclusion from being labeled only seem to push the individual in the wrong direction and the offender is most likely ending up in more severe criminality. Once the label “criminal” has been given to a person it may very likely be so that the person makes a choice to simply organize its life around the label and adapt to the new identity that has been attributed. For a person being labeled it can have a bad influence on its future behavior.

The reasons why this study has used labeling theory as an analytical tool are first of all that this study is conducted in a small community, which with the pre understanding of the researchers might make it more common to experience labeling in society due to being deviant from the society’s point of view. With choosing this theory the attention would be pointing towards creating an understanding of how labeling has been experienced by the respondents and how they are reasoning around the concept in their daily life. Interesting issues developed by the researchers has been to find out if they might think it could be harder to break an addiction in a smaller community, and if so, in what ways it might be harder. Also it was of interest to get experiences from those respondents that had reflections from living in larger cities as well as in this small community in terms of these issues mentioned above. It was recognized as a valuable aspect of this study to get the respondents experiences of labeling in order to get a deeper understanding of what challenges these people face during and after recovery.
5. Results
In this chapter the results of the findings will be presented in relation to the aim and research question. The aim is to gain knowledge about of the respondent’s experiences of living with an addiction and trying to break the addiction while living in a smaller community. It was also of importance to identify the challenges and possibilities that the clients face during their time in and after treatment. When presenting the results the themes mentioned earlier will be used as well as presenting findings that are related to the theoretical concepts of this inquiry. Before going ahead with presenting the main results the interview persons will be shortly introduced. The names of the interview subjects will be fictional and the chosen names are: Lena, Anna, Johan, Stefan, Anders and the professional will be named therapist. To making it as difficult as possible to identify the interview subjects their exact age or any other details has been left out. We have also changed names of places to an X in order to not reveal those.

Lena; age: 50+ alcohol, has been in treatment more than once, currently in treatment
Anna: age, 30+ alcohol and narcotics, has been in treatment more than once, currently in treatment
Johan: age, 40+ alcohol, has been in treatment on one occasion, received treatment about 2-3 years ago.
Stefan: age: 40+ alcohol, has been in treatment more than once, currently in treatment
Anders: age: 30+ narcotics, has been in treatment once, received treatment around a year ago.
Therapist: 50+ many years of experience working in the field of addiction, with guidance of the Minnesota model, has experience from working in larger cities as well.

5.1 Social relations
Overall social relations with the close family, relatives and friends are significant. Lena mentioned the main focus being on her children and getting them back, together with working on sobriety. Johan expressed that the family’s support has played a huge part in being able to break the addiction and maintain sobriety. It is also mentioned that relations can develop and improve once having stopped the substance abuse. Johan said that better communication and honesty certainly has improved the relations with loved ones enormously. To have someone to lean on, to talk to and just spend time with means a lot. To break up with relations from the past connected to the addiction has also been referred to as evident in order to start the recovery process and to start a new life. Thoughts of taking up contact with family members
has been reflected on and expressed as an issue that might be in focus later on, but to let it take time and not concentrate on too many things at the same time is important. According to the therapist the treatment facility provides groups for relatives with the ability to strengthen and build up the relations and themselves. These groups are a way to give support and knowledge about addiction to loved ones. The therapist reflected on the importance of honesty in the relations with other people, without honesty it’s not really possible to build a solid and close relation. Often shame prevents a person from being honest; clients can assume they can build up a relation anyway. Further the therapist states more openness of addiction problems could make it possible for more people in the surrounding to work as a support rather than taking distance. According to the therapist point of view, when coming to the point where it’s required to break up with old contacts it does not really matter if it is a small community or a large city. If it’s found necessary to move then you should, but it could also be a geographical escape by trying to move away from the issues. In a larger city it might create a sense of emptiness, if you have grown up in the small community this is where you have your roots and in a larger city you are more anonymous which can be negative.

Anna’s words concerning her relations to family and loved ones: “Well there is no relation, I only have my father left and he is also an addict so it feels tough to meet him. Then I have my sister who lives in X and I have a brother who lives in X, but there is no relation really, since they reject me when I abuse. But they enjoy that I have this apartment now and that I am in treatment. So we have started to contact each other again. I have a boyfriend but he is also a former addict and he works in his own way in X where he lives so we are working in separate places which can be hard, we have only been together when using drugs so we will see what happens later on”. Anders experienced that the social part is still hard, from now and then and it will probably take a long time until it works as it should. He has a family nearby and it has helped a lot otherwise it wouldn’t have worked according to him. He expressed: “Everyone that I knew were addicts in one way or another and I couldn’t hang out with them and stay sober at the same time, it just does not work. It felt better, or even as something I had to do, I came to that conclusion when I think I had a crisis for turning thirty, I felt I was still standing on the same spot.”

Lena said that she has been able to find a really good friend who has helped her a lot. The friend has been in Lena’s situation before which feels good for Lena, because she has someone who can understand her. These are her words concerning her social relations: “Even
if I am in treatment now there are still many moments of loneliness at home, I don’t have contact with my parents or sister which I could have had and I still have to fix that, I think about it a lot but it’s not good to rush with these things cause then it might fail. I think it’s important to have short term goals.”

Johan stated that it was difficult to have a family, have a job and also work with him as well. His is wife took part in a group for relatives to find out more about alcoholism and it was very good for the whole family. Johan said: “When I had my drinking periods the family was walking on glass when I was being pigheaded, it’s much better know that I talk with my wife and kids because I never did that before, I really feel I am participating more now after treatment. Before I used to try to get away and not be involved as much. Relations with my parents and the rest of the family is much better now, it’s even hard to describe. Being honest and communicating really has been the key because if a person with an addiction personality is walking around with his own thoughts and tries to solve problems it does not work out fine.”

Johan also talked about the friends he had while drinking and that they are no longer a part of his life. He sometimes says ‘hi’ to them when he sees them and asks a thing or two but it’s no more than that. In a way he feels a grief due to having not only experienced bad moments with them, there has been a lot of good times as well, but yet also understands that he cannot hang out with people who drink every weekend, or many times in a week, it just does not work in the long run, then you might fall back and start drinking again eventually. Johan concluded this: “They are not real friends if they don’t accept that you are sober. I have noticed that later on when they don’t come and visit anymore, than you realize they are not your true friends.”

5.2 Employment
A conclusion drawn from the empirical findings of this research showed that all interview subjects agreed that having an activity is of major importance. It was also recognized that it does not necessary have to be a paid job/activity but rather something to be occupied with in order to have a focus in the daily life. It was also evident to have an activity in the everyday life to learn something new, meet other people and to develop your own skills. There have been negative reflections around being unemployed such as not having enough to do when trying to fill out the days. The majority of the respondents in this study don’t have a job and some expresses that while having a lot of time on your hands it can be too much time to
reflect and think. However the unemployed respondents said that they look forward to getting a job in the future and some of them had it as a goal. It was also mentioned that it might take years before getting ready for work since the recovery is a priority and it might be a long process.

Stefan is working from time to time, but definitely during the summer season. For him a job is very important: “Oh yes employment feels important in order to recover from this because you cannot always live in a bubble of treatment, well in the beginning you might have to do that…”

Lena mentioned that since she is not working due to being a disability pensioner she has a lot of spare time. This is not always a positive thing because there are a lot of moments when she has nothing meaningful to do. This opens up for a lot of thoughts and emotions which are not always easy to cope with. This is why she has chosen to find new activities in her daily life. She says: “It feels important to have something to do, have I mentioned that I am taking part in a computer course because I feel like I don’t really keep up with technology even though I watch TV and read books.”

Anna has had problems with alcohol and narcotics since the beginning of her teenage years. A real job is not her first priority, since she is currently struggling with recovery which is the main focus for the time being. She has lived a tough life without a place to live for a few months in the fall. However she said: “Well, I don’t know but it would be nice to have a job, perhaps it can happen later, in a few years but right now I am a disability pensioner for many years, but it feels important, yet right now I am in treatment which is good otherwise nothing would have worked.”

5.3 Economy
When it comes to the financial situation of the respondents it differs mostly due to those having a job, are not really experiencing the economy as a challenge. The majority of the respondents do feel that the money lasts longer due to not spending it on alcohol and/or drugs. Johan was reflecting on the experiences of the time in treatment and that there were several persons to whom the addiction had such bad consequences that they had lost their job. He expressed the following: “This was really hard because not only did they struggle with working on their recovery but also on financial issues had a tendency to create un-security.” He further talked about, before treatment there was a major focus on making sure the money
lasted to alcohol and gambling now the money can be spent on other things instead and to have money creates a certain sense of security in the daily life.

It has been expressed by the therapist that many clients are in debts during treatment and if the alcohol and/or narcotics consuming have stopped than the money can be spent on other things. This could result in opportunities to pay off some of the debts. However, those clients that receive welfare from the social services often struggle more and their addiction have many times resulted in more negative consequences such as having lost their job, their housing and family. Anna shared her experiences such as: “When I was using drugs the money didn’t last for long, then I had to go out stealing to manage, or I didn’t steal so much, or maybe I did when I was drunk. I have an apartment now through social services, but I used to live in a tent before, for quite some time, then I started this treatment and it feels good.”

Lena pointed out that she was struggling in many ways, both emotionally and financially. This is her own words about the struggles: “I have worked a lot now, been working with why things turned out the way they did, and I think back to when I felt lonely, and having no activity and the children started to grow up. Then there was my economy, I had taken loans and credit cards here and been shopping there, and started to feel that this is getting out of hand, and I was collecting a lot of trouble and it didn’t feel good. Now during this time in treatment I feel like I’m growing, even though it sometimes feels very dark, in some strange way I seem to be building up the self-confidence again, so it is possible to solve things out. If I reflect back on the first weeks in treatment I felt ‘oh how will I manage this? But now I have, so it is possible but everything takes it’s time.”

5.4 Sobriety
This is as described earlier in the method chapter and this concept was found in the transcription material from the interviews. Many of respondents are going to AA, and are also planning on going to AA after treatment. It is expressed as a way to remind themselves of the disease and prevent from getting into the thoughts of thinking you can manage staying sober without attending the meetings. Then you start to think that perhaps you can drink one glass or two and before knowing it you are back in old patterns. It is experienced being easier staying sober in treatment because you are constantly reminding yourself and working on your issues. But the real challenge start when having finished treatment and trying to stay sober without having the same support and control as within treatment. To attend AA is expressed as a really good support when wanting to stay sober. Another way to manage
sobriety is to remind yourself of how miserable you used to be and think of where you don’t want to end up again and also remind yourself of why you stopped in the first place. Anna expressed her time in treatment like this: “It feels great when being sober but then at times it happens that those ‘ghosts’ shows up and it becomes harder and I have never really learned how to cope with this yet, but I am working on it. I have to learn how to handle these tough moments when I crave drugs, I get irritated, not like I think of drugs but rather I feel I get easily annoyed and that’s when the craving sets in.”

To have a goal is important for many respondents so that you don’t lose your focus because without a goal things most probably will not work out. To give the clients information about addiction and how it functions and affect the clients is important according to the therapist. Effort during treatment is taken by the therapist to work on the denial of the addiction that some clients struggle to accept. The main message to the clients is that they have to realize the importance of attending AA/NA in order to work on the recovery after the treatment and to keep that attitude and not start to believe that they are cured, just because they don’t crave alcohol and/or drugs. It’s dangerous to think in these terms since sooner or later it can result in relapse. The majority of the respondents who attend AA/NA meetings prefer to go to the meetings in another place then their home community, this due to wanting to be more anonymous and feeling more comfortable with it.

Stefan felt that staying sober during treatment is not really a problem because you are so aware of it all the time and you are working with it every day even while not being in the treatment setting. But he further expressed that it’s afterwards when having finished treatment that you have to keep the focus. Before he was not attending AA and he thought he would manage anyway. He said: “You always think you are healthier than you actually are and it might work for a while or even a period of time and you start forgetting that it was a problem. Which may contribute to taking a glass or two but somewhere you have this decease and it will end up in a disaster at the end of the day.....at least I should be aware of this by now. This time though I will attend AA meetings.” He also talked about the last time he took a relapse, and mentioned he got really sick at that time, sicker than ever before and that he will try to remind himself of how sick he was to not end up back there.

Johan reflected back at the time when he was drinking and the reasons why he did it and what he has learned from the time in treatment. He explains: “In the beginning it was a bit difficult to attend parties or other events where people drink alcohol. But I no longer have these feelings. I was drinking due to fear believing I would be more outgoing among people,
now I know I don’t have to drink just because I am in those kinds of events. This feeling is remarkable.”

Lena had been sober for about four years before she took a relapse. This time the relapse had very bad consequences in her personal life and it has been a struggle to get back on track. She has a lot of work to do, yet she is trying to stay positive and motivated. Here she talks about her focus right now: “Well, my focus is a lot on my children and to get them back. But yet the problem is still there, it’s so hard to explain but now I have definitely gotten a “wake up” call. When I see commercials on TV about alcohol, it affects me but not like I want to go to the liquor store because I know have been able to stay sober for many years before.”

Johan consider AA as very important for the recovery. And he sees the AA group as important from many aspects. He stated: “When I go to AA I remind myself and conclude that I have learned a lot about the decease while listening to others and meeting them in person. I think that it’s positive that you feel that there is cohesiveness and a sense of belonging. You often hear that people returning to AA have relapsed due to them quitting attending the meetings. It does not matter how long you have been sober, you have to keep reminding yourself.” After his treatment Johan bought a book with ‘daily reflections’ that he reads every morning and reflect upon the text and in the beginning he had attended AA but stopped after a while. He realized after a while he got easily irritated and started thinking in old patterns, now he does not have to go as often as before but he states it’s evident to not forget and think that you don’t have to go there then he thinks he knows he is on wrong path.

Stefan had interesting experiences concerning having an addiction while living in a smaller community. He mentioned about when he was offered drinks at the local restaurant, and that it felt hard to say no at times, especially if the alcohol is free of cost. Stefan said: “In the community where I live it happens so that when I go to the restaurant a beer can end up on my table without me having ordered and it has sometimes been that you accept it and drink it even if you shouldn’t, it’s like throwing candy in front of a child, but if you say no two or three times then people start to get it but that requires strength.” He further talked about he not wanting to attend AA in his home community. He prefers to go AA meetings in another city instead, because it just feels awkward to sit with the same persons week after week and hear the same stories. He just doesn’t feel that he is anonymous enough, which mostly is because it’s in a small community.
5.5 Labeling

There were quite a lot of experiences among the respondents of labeling and also reflections on how they might act in order to decrease the risk of being labeled. They all agree that it’s more common in a small community to be labeled, this since they experience the mentality is so that everyone knows each other more or less and that rumors spreads faster in a smaller community and that labels could remain longer in the eyes of the citizens. Several of the interviewees have experiences from living with their addiction problems in larger cities as well. It does differ though in the degree of as to how severe the interview subjects have experienced the labeling. Lena mentioned: “I feel labeled when I come to the girls school and I have always felt proper and dressed like a lady. When people say things like: Is she sober today, it feels uncomfortable and not fun at all, but still I need to think positively in order to maintaining the focus on staying sober. Of course there are differences between living in a smaller community and a larger city, here everyone recognizes you and seems to know all about you or at least they think they do.” However, when having an addiction while living in a smaller community it’s not only expressed as negative. There have been issues referred to as positive when having to deal with these problems in a smaller community. These positive aspects are that authorities such as health care, employment centre, and the treatment facility are working together having a good cooperation and also the professionals often know you by name in a small community. Stefan said he was very impressed that the treatment facility works so well and reflects upon one of the reasons is could be that it’s actually taking place in a smaller community. Also it is clearly expressed by Lena that getting treatment in your home community as well as attending AA there is fantastic. A negative reflection of getting treatment in a smaller community is that the group members might be on different levels in terms of the severity of addiction and that it is experienced as something that might somewhat limit the treatment. On the other hand, it was also realized the importance of the individual not letting this issues affect staying sober. The therapist means that often the substance user has low self-esteem and therefore put a label on themselves and often the trust in the family is damaged since a substance user has lied and manipulated for years and obviously it’s difficult to trust the person immediately, it requires hard work, patience, time and a lot of effort. Anders shared his thoughts about labeling: “It makes sense, since you live up to your reputation. I think it can be hard to break an addiction in a smaller community because you have to end the old relations and the environment you are in. Being in a smaller community it
is difficult because all the impressions and the surroundings are the same due to having a label, especially in a smaller community where everybody knows you.’’

The therapist pointed out that a person with low self-esteem contributes to clients feeling they are more labeled, since they focus on the negative things. When labeling is brought up by clients during treatment sessions these thoughts often occur when the person feels self-pity and the risk is for the whole group to be affected by that feeling, then the therapist has to be aware of that and stop it instantly. The therapist said: ‘‘The label once an alcoholic always an alcoholic, yes of course but am I an active alcoholic or a sober alcoholic is my own choice.’’ Johan mentioned that to be labeled in a small community can be both positive and negative. He has experienced that once he got sober he has received positive response from his surroundings, even from people he does not know very well. But during treatment his thoughts were: ‘‘Well it was a bit shameful in the beginning because I lived pretty close to here, and I remember having a folder that you had to carry with you. I used to hide it in my jacket so people would not see or find out, it’s due to being a smaller community where almost everyone knows each other and I was not really ready to let everyone know about my problem.’’

Anna has experienced being labeled many times, and it occurs in her daily life. She expressed that even when she is working towards changing it’s upsetting when labeling takes place. She feels recognized in a negative way due to the addiction and in some public places she just doesn’t feel welcome or not even allowed to go in. Anna feels that once having a label it might take a very long time to change it, which is tough to deal with. She said: ‘‘If I want to go in to place and have a pizza, with my boyfriend, we are well known since we have been hanging out here a lot so people recognize us and they may not want us to come inside and are staring at us. When I go into a store the guards are right there instantly and that makes me angry, but I am labeled, so it’s awful to go in to those places. I have created it though…..and well it’s almost everywhere that I feel I am an addict.’’

Stefan pointed out that in a smaller community the groups in treatment are smaller so it feels more personal than in the city of X where they have been thirty persons or more and nobody knows who you are, whilst here, his parents are from here, so people around him know. It’s not only positive with the small groups because he find himself holding back a bit knowing his family, relatives and friends are aware of him going in treatment and obviously people around here know as well. He had interesting reflections about labeling: ‘‘You are never as anonymous here so when people know your problems it really does not matter if you
are sober for 35-40 years because you will still be seen as a ‘drunk’, I’m convinced of that. I think many people give up because of this.”

Further Stefan stated that people perhaps also put a label on themselves and might start thinking the label is true, it could be that they are not even aware of it. He thinks it can definitely be harder to break an addiction in a smaller community because it’s more difficult to change your relations; there simply aren’t as many people to choose from and it cannot be easy to face the people that are connected to the negative things. He said this can definitely be tough since you’re facing these people all the time and Stefan believes many fall back in old habits due to this, it might be very hard to change to a whole circle of acquaintances but yet he points out its necessary. He also expressed that people cannot really escape from being labeled and that it will always exist. But due to him being rather old and experienced, he does not care about it, yet he can imagine that many people find the labeling hard to handle.

5.6 Empowerment
The interview subjects in this research mentioned treatment as a way of finding friends with similar problems and goals and it is important to have those relations in order to support each other and having the ability to confide in someone. Having learned waking up in the morning with a positive feeling and to be thankful for what you’ve got is mentioned by one of the interview subjects. This person also mentioned that the treatment gave higher self esteem and self confidence. It was also pointed out by Anders that he had already been working a lot on himself before attending the treatment which was to be found positive for him. The therapist stated that when working with the clients they need to gain motivation and to be empowered, this can be provided by showing them respect and treat them like any other adult. To strengthen their self esteem and self confidence the therapist expressed that the treatment process consist of different exercises that give the clients knowledge and skills. For instance clients have to read texts in front of the group, telling their life story, sharing their thoughts and feelings and in return they get positive feed-back which is shown to be very valuable. The therapist concluded: “Even the smallest things can be very significant for the clients to gain a more positive self image.”

Anna mentioned that taking part in the treatment, the group has made her feel less lonely. She appreciates sharing her thoughts and listening to the others in the group, it has made her able to admit her disease. She is referring to what the therapist concluded earlier by saying: I like myself more now. Small things can mean a lot, like someone just telling me they
are glad to see me. It could be a help towards motivation, I feel that I am perhaps a changed person.”

Another reflection about the importance of the small things is stated by Johan: “I have learned to see the small positive things and not be negative and just be thankful for what I’ve got.” He also expressed that attending treatment has helped him a lot in understanding that he can tackle problems that occur in life in other ways than drinking alcohol. The therapist shared experiences of how the group can impact the individuals in a positive manner. First of all it was confirmed that human beings can grow from taking part in something bigger, especially considering the clients have to deal with a sense of guilt, shame and feelings of worthless. To talk openly about these kinds of emotions and to gain understanding that other people go through the same experiences, listening without judging and to hear others share their experiences can mean a great deal according to the therapist. However it does not necessary have to be the treatment group it could also be the AA/NA group which gives this support. Lena actually gave her opinion of how the treatment group has helped her: “During the time in treatment the group sessions gives me power and better self confidence through sharing and listening to other life stories.”

5.7 Conclusion of Results

It can be seen that there are several factors of importance while trying to recover from an addiction. The particular elements that have been stated as significantly meaningful are; taking a part in the treatment group is empowering in many ways. The group can provide for instance better self esteem, self-confidence and makes most respondents feel less lonely. When being a part in a group it gives a sense of belonging, and group member can strengthen each other in the recovery process. The majority of respondents have expressed that once getting into treatment they have gained knowledge about their disease which has helped them a lot. Social relations concerning family and friends are also shown to be very central for recovery. It has also been shown that while trying to recover it has been vital to break with old contacts related to addiction in order to have a chance to break the substance abuse.

An important factor however for staying sober after the treatment is to attend some kind of aftercare which can be for instance AA/NA meetings, to not fall back into old thinking and increase the risk of relapse.
6. Analysis
The analysis of the data has been done by identifying codes, themes and making sense of large amounts of interview transcripts bearing in mind the aim and research question guiding this research. The focus in the analysis has been to discover which materials were required and valuable in order to fulfill the aim and to answer the research question of this inquiry. When seeking to identify the contradictions of the challenges and possibilities a dialectical approach has been used in the analysis. (Kvale & Brinkmann, 2009, p. 326) The theoretical concepts used in the analysis have been labeling theory and empowerment. What has been discovered through analyzing the findings is that all themes are in one way or another linked together as important elements when recovering from an addiction and to maintain living in sobriety.

When relating the findings from this study to earlier research within this topic it can be stated that there are several issues that are of importance when people with an addiction should increase the odds of recovering. One significantly important factor is employment opportunities. Andersson (1998) states the importance of employment which contributes to people earning a salary and create an identity. Getting a job can be connected to empowerment in terms of for instance gaining more control of your life, self fulfillment, improved self esteem and self-confidence. To receive employment opportunities gives people a chance to develop themselves and their lives in many ways: financially, socially, psychologically and physically. Employment is shown to be a key factor for recovery due to for instance personal growth, increased living standard both financially and socially. However, it could be crucial to find a job for a former substance user. While in living in a smaller community it might be that employment opportunities are limited and if an employer is aware of your past they perhaps are more reluctant to hire you. Then people have setbacks due to being labeled as someone who has broken the social norms in society. It could be that if people experience setbacks due to labeling for a long time they lose faith in themselves and society. This can contribute to them instead of continuing to fight they go back to the substance abuse. As drawing a comparison to a larger city you are less recognizable and most people don’t know much about you. Therefore when using empowerment it becomes fundamental for authorities and workplaces in the smaller community to capture these people and make sure they are offered opportunities to take part in society in terms of finding an activity so that they can develop themselves as individuals. Employers who receive knowledge about substance abuse could increase their understanding of how to empower and
motivate their workers to attend treatment. To give employees a chance to overcome their problems before they result in too many negative consequences for the individual, could make it easier to recover, due to perhaps having fewer issues to struggle with.

On the other hand the treatment could be empowering so that the client self-image is better which can contribute to being able to look beyond the labels. But in this case, a small community could still make it difficult for people to find new relations if the surrounding still view them as substance users. One respondent mentioned that it could be difficult to change relations in a small community due to there not being enough people to choose from.

As described earlier in the theoretical chapter the treatment that the respondents have been attending could give the clients tools in terms of giving them a sense of belonging and not having to face their problems alone. The group can work as support due to sharing and listening to each other’s stories. Several of the respondents have referred to getting knowledge concerning their addiction and the clinical picture of the disease, has been important in order to understand why they may have behaved in a certain way. It can be seen that attending treatment in a group can be empowering for the individuals and it has shown to be important to raise the ability to grow as a person and to get a deeper understanding of the disease. Earlier research shows that the professionals working with people who have an addiction need to be very much engage in their work with clients in order to motivate them in the right direction. This is something the therapist highlighted as important in order to create a positive atmosphere in the group and the treatment setting.

When having done the analysis it was shown that several of the respondents have experienced being labeled. For instance when going to the local pizzeria automatically the waiter comes with a beer without having ordered, taking for granted that you drink. This situation might not have appeared in a larger city where people are less recognized and more anonymous. This can make it harder to say no which can have a negative effect on the self esteem and the affected person could be disempowered, and as an outcome it can be more difficult to stay sober. It has shown to be important for clients to be consequent not let the labeling affect their recovery in a negative way. Patience is a key for clients, to accept that it can take time to change the attitudes of how people think of them, often clients want change to happen quickly and with least amount of effort, which is why the therapist attempts to enlighten the clients by bringing up that if they have lied and manipulated people in their surrounding for many years people’s trust will not grow back immediately.
When a substance user has reached this point support and professional treatment is central. The first meeting can decide whether the client accept help or not. This is where for instance a social worker has to build up trust, motivation and respect towards the client. Because in this situation these people can be fragile, scared and exposed. They are very much in need of empowerment to start believing that they actually are able to make a change for the better and that help is available.

Getting treatment in a small community is shown to be both positive and negative. In a smaller community the therapists opinion is that people in general are not as open when talking about addiction as to in larger cities and that addiction in a smaller community is perhaps seen as more shameful. Possibilities expressed in connection with living in a smaller community are good cooperation between the authorities in the community such as the treatment facility, social services, the employment center and the health care, it is also expressed that the facility providing the treatment is working well. Due to some of the respondents that have also been living in larger cities before they reflect upon the differences they have experienced: being anonymous in a larger city can be seen as both positive and negative. It can be positive in terms of not being labeled because among a large population you are not very recognizable. It may also be easier to change your relations in a larger city than in a smaller community because you risk facing people connected to the addiction much more often and therefore it could be easier to fall back in old patterns.
7. Discussion
The aim of this essay was to gain knowledge about people having an addiction and trying to break it when living in a smaller community, and the question were to found out what possibilities/challenges the client face during and after treatment with the focus of doing that while living in a smaller community. In this part of the study the fulfillment of the aim and research question will be discussed, and whether the themes chosen has helped us understand what the challenges/possibilities are for a person that work towards breaking his/her addiction. Further the results will be discussed in relation to earlier research and the theoretical concepts that have been of importance according to us.

In earlier research there are several factors that are mention being significantly important in order to break free of the addiction and to maintain staying sober; these factors are all shown to be linked together somehow. If you don’t have a job, you may struggle financially, and without having support from someone, could be family members or friends then the chance of succeeding are minimal. If you have somewhere to go, you will meet people and then it could give opportunities to create new contacts and build up a social network and that could result in feeling less lonely and vulnerable. This is why it is strongly believed from our part as researchers, to agree with the therapist opinion about trying with all resources possible making people in general more aware of addiction problems. And by talking more openly about them in society it could perhaps make employers more willing to give these people a chance to change their life for the better by offering them a job. As a former addict it might be so that they have to show even more of an interest to get a job than regular people and nowadays a lot of people find employment through contacts, but a person who has lived in an alcohol or drug culture for many years most likely have a limited network of contacts in the field of employment. Another issue could be that they may lack in work experience and not have a proper education needed for a certain job. This is why it’s important for the authorities in the community who are involved with these people to really understand what they need in order to raise their odds for getting employment. One of the respondents talked about wanting a job, but was at the time of the inquiry studying the basics in order to graduate with grades in all subjects, but was also pointing out that it felt a bit like standing on the same spot. We can ask ourselves; what will happen if this person doesn’t get a job, could it result in consequences that would increase the risk of relapsing? Especially when it is so clearly mentioned in this study that it is not only boring to go through the days without
a meaningful activity but that people need to feel they are contributing to themselves and others to feel fulfilled, and that having a job is very essential from all those aspects and more.

In a smaller community the atmosphere could be more ‘family’ oriented where the individual may have experienced its childhood, family and having their roots which could be a positive aspect according to the therapist in this inquiry. In a larger city the attitude could be more open and you are more anonymous which is mentioned by the respondents as you get less recognizable. On the other hand that does not only have to be a positive thing because you may not feel that you are seen enough, and that you are only one in a “million”.

Some respondents have mentioned that when they stopped attending these AA meetings they have started thinking of using again. So both the therapist and the other informants have more or less understood how important it is to attend the meetings. It is evident to understand that aftercare is important but it does not mean it has to be through attending AA/NA. It might have positive effects on our respondents but it does not mean it is good for everyone. Perhaps other forms of aftercare work better but this is difficult to say since this study has only been concerned with a small sample and in a small community. Other treatment opportunities might have to be implemented, because every human being is different.

Concerning our research question guiding this study, it is according to us answered due to having obtained detailed descriptions from the interview subject’s experiences in a rich and detailed way. Also their experiences were related to the themes and the earlier research used in the inquiry. The theoretical concepts have also turned out to be appropriate choices when highlighting their own experiences. However the outcome of the data might have been different if the study would have been conducted in another time in the respondent’s life, and perhaps with other interview persons. If there would have been other themes chosen the result may have been different, and other aspects could have come to the surface. On the other hand, during the interviews it has been asked if informants experienced other important factors worth mentioning from the interviewees point of view, and it turned out that no new information was brought up.

It could be so that due to us researchers bringing up labeling and talking about it, the interview subjects started to think more about it than they actually do in their everyday life, perhaps they are not feeling as labeled in society as they explained in the actual interview situation.
The intention when starting this inquiry was that if any findings would turn out to be valuable for the community investigated, it would be made sure that professionals working in the field of addiction would be informed about these findings. As researchers of this study, a suggestion that could help the clients stay sober after treatment, in this case, particularly for the treatment facility to arrange not only individual but also group follow ups in terms of meetings. Where the current life situation is discussed and giving clients a chance to share their reflections about for instance if they are in need of any further support. Also by letting the group get back together again perhaps could inspire the individuals, especially those who may not attend AA/NA. If they meet others that they recognize from before, it can lead to getting empowered after treatment and to let the clients know that even if the treatment is finished it does not mean that they have to make it all on their own. Perhaps these follow up meetings could go on for at least the first year, at around three occasions a year or so. Having these follow up meetings might be a way to raise the odds of clients not relapsing.

As we all know human beings are different, we come from different backgrounds which can contribute to how our life may turn out later on. As researchers of this inquiry it has been an interesting journey which has brought up a lot of emotions, thoughts and questions related to the research. It was of particular interest to pay attention to how a person struggling with an addiction can manage to change when people close to them distance themselves and the only people you have in your surrounding are addicts. In this study it has been expressed that having important relations such as family or friends is vital for the recovery.

This was something that had to be reflected up on from our point of view since one of the respondents had these experiences. It just awoke questions such as; how can you really break an addiction and to change your life when you don’t have any other social relations than with people who are addicted? These issues could be looked into in future research. As this study has its focus on addiction in a small community it could be interesting to actually develop an inquiry where a comparison can be utilized in terms of looking into the experiences of substance users in larger cities and in smaller communities. A suggestion for future research would be conducting a study about addiction in combination with double diagnosis; what can a small community do in order to help people with special needs? Are there enough resources?
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9. Appendices

9.1 Appendix 1

Questions for the interview persons
Year of birth? Time in treatment? / Number of times in treatment?

Themes: Social relations, economy, employment and sobriety

During treatment
Positive impressions
Difficulties during the time you attended treatment? from chosen themes

After treatment
Positive impressions the time after treatment, from chosen themes
Difficulties after treatment, from chosen themes
Could you explain your positive experiences when attending treatment in the home community? Are there difficulties when attending treatment in the home community? How could those difficulties look like?
Could you explain how it is to live with an addiction in a smaller community? / What possibilities could it bring when it comes to recovery?
What difficulties could there be to recover from an addiction in a smaller community?
Could you tell me about how your life looks like as in now? at this point in time?
In what ways are you continuing working with your recovery?
Can you tell us about the time after treatment and if it has changed you and your life situation? from chosen themes

Labeling questions
Explain the meaning of the theory
Could you tell me if you have felt “labeled” sometimes or experienced negative attitudes in the social environment because of the addiction? (family, people, authorities)? If yes, how does that made you feel?
Would you consider it more difficult to recover from an addiction when living in a smaller community? Example because: there is another mentality in bigger cities, less people in smaller community etc. Do you think there could be differences when comparing to a bigger city?

**Empowerment questions**

Explains the meaning of empowerment
During/after the treatment did you experienced being strengthened as a person maybe by gaining better self confidence?
Did you gain more control over your life situation?
Is the focus more on oneself now than what the surroundings may think of you?
Can you give an example from your time in treatment, a certain moment, task or anything that strengthened you as person?
Do you experience the group you were in during treatment, motivated you to recover and get more stability to your life? In what way? Any example?
Is there something you want to add?
Is there anything you think we have forgot to ask you that feels important to mention?
9.2 Appendix 2

Questions for therapist

For how long have you worked within the field of addiction? How much experience do you have from working with the Minnesota model?

How come that you use the Minnesota model in the treatment for addiction?

Do you have experiences from other methods within the treatment of addiction? How does the structure of addiction care look like in the community?

Could you tell something about the view on how addiction could look like in larger city? In a smaller community?

What possibilities are there according to you when it comes to getting treatment for addiction in the home community of a smaller community?

Could there be differences when it comes to treatment possibilities in a smaller community? How could these differences look like compared to a bigger city? Is it easier to get a place for treatment in a smaller community?

Could you tell us about eventual challanges/difficulties that occur when getting treatment in the home community? from your experiences as alcohol and drug therapist

"Labelling"

What difficulties are your clients struggling with during treatment?

From chosen themes

How important do you consider the group to be for an individuals chances to recovery? Advantages and disadvantages? Could it look different in a smaller community, in what way?

What challenges/difficulties are your clients struggling with after treatment?

Do you consider other factors important to mention than those brought up?

Is there anything that you would like to change in the treatment?

What can you as a therapist do to keep the group/individual motivated to recover?

Is there anything that you would like to add before we end this interview?

Is there anything that you think we have forgotten to ask?
9.3 Appendix 3

Informations dokument till berörda intervju deltagare


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**Än en gång ett stort tack för din medverkan!!!**