

An 11-year Follow-up of a Network of Cocaine Users

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Summary

This paper presents findings from an exploratory 11-year follow-up study of a small network of cocaine users. These findings suggest that while serious abuse potential exists, addiction is not a uniform outcome of sustained use and that long-term controlled use is possible. In all, four types of career use pattern are described, in addition to one case of regular abuse. These data also suggest the importance of user norms and informal social controls in mitigating against the force of pharmacological and physiological factors leading toward dependence or addiction.

Introduction

America's current drug scare centers on cocaine. A number of cross-sectional surveys have documented a substantial increase in the incidence and prevalence of cocaine use and cocaine-related problems.¹⁻⁵ This rise began in the middle 1970's, peaked around 1981, and has remained at about those levels since.⁶

There is little question that patterns of sustained, heavy abuse of cocaine share certain characteristics with the patterns of addictive behaviors found with other drugs. There has been no paucity of stories in the popular media about lives ruined—physically, financially, and emotionally—by cocaine abuse, and we have no reason to doubt that such stories are factual. However, there is also empirical evidence suggesting that common views of cocaine as *inevitably* addicting and of controlled use as *impossible* to sustain are overly simple. Surveys by the National Institute of Drug Abuse, for example, show that 22-24 million U.S. citizens have tried cocaine, with 5-6 million having used it 'in the past 30 days'.⁴⁻⁶ There is no evidence that the majority of these people end up addicted or in jail or treatment.

In the course of a larger study of cessation from cocaine use, we re-interviewed a small network of cocaine users first studied in 1975 in order to discover how their cocaine use had changed over time and what problems they had encountered. Although almost all members of the network had continued to use cocaine over the ensuing decade, there was substantial variation in outcomes. In this paper we briefly summarize the findings of the 1975 study and describe the characteristics and drug use patterns of the network then and in 1986. Second, we describe the impact of long-term cocaine use on these respondents and induce several types of career use patterns and outcomes which we hope will be explored more systematically in larger probability samples.

The Initial Study

In 1974-75, we conducted one of the first ethnographic studies of modern cocaine use.^{7,8} Respondents had been ingesting powdered cocaine intranasally for an average of 3 years by the time we began to

study them, making this group among the first of the new cohort of pre-epidemic users and abusers of cocaine. In 1974–75 we were able to gain entry into this social group and spend 6 months interviewing and observing them at work and during leisure hours. The nucleus of the group was made up of two extended families; the remainder were related to them through marriage or friendship ties. The group was best characterized as a naturally-occurring friendship network. All but one were White (one was Filipino), and their median age was 26 years. Roughly half were female and half male. The youngest respondent in 1974 was a 16-year-old high school student and the oldest was a 51-year-old insurance salesman. The majority were from middle-class backgrounds. About one-half were college graduates and several others were attending local universities at the time.

Most members were seasoned drug users who had experimented with hallucinogens and a variety of other illicit drugs in the late 1960's and early 1970's. Cocaine was considered a luxury drug to be shared with close friends, usually, in the beginning, on some special occasion. For the most part, they were casual users. Of the 27 people we initially interviewed, four were then daily users of cocaine. At the time of the first interviews most did not believe cocaine to be addictive, although they expressed respect for its abuse potential.

Our conclusions at the end of the first study were that casual users experienced relatively few negative effects. Contrary to popular beliefs, we found no evidence that cocaine was an aphrodisiac or that users were ever violent or arrested for crimes. The most recurrent negative effects for casual users were minor: nose irritations and short-term fatigue following long nights of cocaine use, which usually included marijuana and alcohol ingestion as well. The few daily users in the group also reported occasional restlessness, irritability and edginess, as well as some resulting disruptions in personal relationships. None were addicted or felt in danger of becoming so.

From our current perspective we realize that our description probably would have been less sanguine had we studied the group longer. We now know, for example, that several subsequently had physical and psychological problems when they began to use more cocaine over a longer period.

Methods

The first study employed two methods of data

gathering: in-depth interviewing and systematic field observations. In all, 27 respondents were formally interviewed. In 1986 we began relocating them. At the conclusion of the follow-up activities we had located 24 of the original 27 (88.8%) and interviewed 21 (77.7%). Two of the original respondents had died—one of gunshot wounds during a heroin smuggling operation, the other of lung cancer. One person was located but refused to be interviewed; third parties report that he is conducting a successful law practice in the area. Three respondents had left the area and had lost contact with all members of the group so we were unable to locate or interview them.

The 1986 follow-up interviews took an average of 2–3 h to complete. They included both an open-ended, tape-recorded portion which explored drug experiences chronologically, and a structured questionnaire covering precise drug and alcohol histories, demographic background, employment and social functioning. In general, we asked respondents to take us through each year since 1975, highlighting cocaine and other drug use; work and career; education; family and spousal relationships; arrests; jail or prison experiences; health problems; personal crises; drug treatment episodes; and general living situations. We then explored in detail, from a career perspective, the beginning, middle, and the end (or continuation) of their cocaine use.

Many of the respondents continue to socialize with one another. Career and family constraints have limited the bi-weekly gatherings that characterized this group's social life in 1975, but children's graduations, birthdays, holidays, and marriages still bring many members of the group together several times a year. We were able to attend some of these gatherings in the course of the follow-up interviews and thus had opportunities to observe the group again and to catch up on the changes that had occurred in the ensuing 11 years. The cast of characters (pseudonymous) and their living situations then and now are shown in Table 1.

Summary of Selected Findings

Family Life and Parenting

Not unlike many in their age cohort, family and parenting concerns are of paramount importance to this group. Thirteen of the 21 people interviewed during 1985–86 are parents. Many of these respondents expressed concerns about what to tell their children about drugs and whether or not to reveal both past and present drug use to their children. The

Table 1.

| | 1975 | 1986 |
|------------------|--|---|
| <i>Bridget</i> | 25-year-old graduate student/cocktail waitress; single, no children | 36-year-old divorced single parent of two; homeowner, economist |
| <i>Sebastian</i> | 27-year-old construction worker; single, no children | 38-year-old divorced father of two; limousine driver on the East Coast; methadone maintenance patient |
| <i>Scorpio</i> | 28-year-old construction worker; married, three children | 39-year-old married father of three, construction worker in the Southwest; homeowner |
| <i>DeDe</i> | 22-year-old mail clerk, college student; single, no children | 33-year-old retail manager/salesperson; married, homeowner |
| <i>Maria</i> | 24-year-old college student/telephone operator; single, no children | 35-year-old married mother of one; teacher |
| <i>Pat</i> | 20-year-old college student/truck driver; single, no children | 31-year-old attorney; divorced, no children |
| <i>Elizabeth</i> | 29-year-old law student; married, mother of three | 40-year-old divorced mother of three children, attorney, homeowner |
| 'Cost Factor' | 22-year-old construction worker; single, no children | 33-year-old construction worker; single, no children |
| <i>Gail</i> | 28-year-old divorced mother of two children; college student/waitress | 39-year-old mother of two grown children; x-ray technician, homeowner |
| <i>Coco</i> | 22-year-old single mother of one; college student/waitress | 33-year-old single parent of one; bar manager, homeowner |
| <i>Bud</i> | 28-year-old rental agency clerk; single, no children | 39-year-old rental agency manager; married, two children |
| <i>Aggie</i> | 21-year-old college student/truck driver; single, no children | 32-year-old; owner of film industry service business; single, no children |
| <i>Jake</i> | 29-year-old married father of three; attorney (studying for bar exam), hotel clerk | 40-year-old, divorced, joint custody of three grown children, homeowner, attorney |
| <i>Ouspensky</i> | 25-year-old father of one child, single; college student/postal clerk | 36-year-old father, one child, joint custody; postal clerk, poet |
| <i>Alexander</i> | 16-year-old high school student; single, no children | 27-year-old English language teacher living in Europe; single, apartment owner |
| <i>Lisa</i> | 20-year-old, single, no children; living off inheritance | 31-year-old, only current problem user; single, no children; bartender |
| <i>Milt</i> | 25-year-old, single, no children; mail carrier | 36-year-old, married father of one; small art business owner; homeowner |
| <i>Deborah</i> | 20-year-old dental assistant; single, no children | 31-year-old, married mother of three; homeowner |
| <i>Lynn</i> | 22-year-old college student; single, no children | 33-year-old, married, no children; bookkeeper/apartment owner |
| <i>Kent</i> | 23-year-old manager in a rental agency; single, no children | 34-year-old, married father of three executive in national corporation, homeowner |
| <i>Red</i> | 26-year-old, graduate student/research assistant; single, no children | 37-year-old, college professor; single no children |

responsibilities of parenting were often cited as important factors in limiting drug use, especially cocaine use, although there were no reports that cocaine use had caused problems between parents and children.

Six of the respondents have been divorced,

including two of the couples interviewed in 1974. One couple, Jake and Elizabeth, do not see cocaine use as having contributed to their marital problems. But another, Sebastian and Bridget, claim that Sebastian's cocaine and heroin use contributed to the end of their marriage.

Health Problems

Few health problems were reported. Health concerns, however, were cited as reasons to limit or abstain from cocaine use. Of the problems most often reported were nasal conditions that included sniffles, post-use short-term stuffiness, and occasional nose bleeds. All resulted from snorting cocaine. Most respondents learned to live with these conditions as mere inconveniences, but for two respondents, Pat and Elizabeth, they were troublesome enough to lead them to greatly reduce their use of cocaine. Only one respondent reported a serious health problem after gradually escalating from controlled use to heavy regular use. Maria ingested 7 g of cocaine in one 24-h period and consequently suffered hallucinations and convulsions. She sharply reduced her use after this incident back to a controlled, occasional pattern, and quit using cocaine altogether 3 months later in February, 1983, when she became pregnant.

Work and Careers

Of those respondents who expressed career aspirations in 1975 almost all were able to realize them. In 1975, four respondents were in law school or were planning to start in the near future. As of 1986, all had graduated, passed the bar examination (three of the four on the first attempt), and are in successful practices. Three other respondents planned other kinds of professional or managerial careers and all have realized those plans. The two respondents who used the most cocaine for the longest periods of time, Milt and Jake, were still able to reach their career goals. Lisa's and Sebastian's drug use did inhibit their occupational attainment and both have expressed dissatisfaction with their current jobs. Given the middle-class backgrounds of most of these respondents, it must be noted that the risks and impact of cocaine use may well be more substantial for users with fewer socioeconomic resources and opportunities.

Arrest and Imprisonment

Arrest and imprisonment did not figure heavily in the lives of these users. Sebastian, who became an active cocaine seller, was the only person arrested and convicted for drug possession. He served 6 months on a work-furlough program in lieu of jail. Gail, who drank heavily for a time, was arrested and convicted for driving under the influence of alcohol a few months after she quit using cocaine com-

pletely in January 1984. She has since modified her drinking patterns to a more moderate level. No one else had any encounters with police, drug-related or otherwise.

More Dangerous Drugs and Modes of Ingestion

For the most part this sample started out snorting cocaine intranasally and stayed with that mode of ingestion. Five had injected cocaine intravenously between 1 and 5 times and three had freebasing (smoked) 1-5 times. Most of those who had experimented with freebasing or injecting did so for a short period but returned to snorting. The consensus was that 'shooting' and 'basing' were 'dangerous' in that they could lead to compulsive use patterns which all sought to avoid. These users associated needle use with uncontrolled, danger-ridden drug use patterns. Most felt that only 'junkies' used needles, an identity that was far afield from their images of themselves. Freebasing quickly got the same kind of reputation. Often the respondents' own observations of other cocaine users who had started to 'lose it' or abuse the drug in this form were interpreted as evidence of risk and of the desirability of safer modes of ingestion. Ouspensky, for example, enjoyed freebasing and still snorts cocaine moderately, but was moved to stop freebasing:

- (R) I knew these people before they were getting heavy into it (freebasing) and I could see how they were changing. And I saw how they couldn't see that or didn't want to see it, too. So there was a tragic element to it all but that's part of the play.
- (I) So do you think that caused you to stop?
- (R) Yes, to bail right out.

For the most part this group was comprised of grown-up members of the 1960's 'flower children' era. Historically, they had relied on each other and on personal experimentation to develop their knowledge and beliefs about drugs and their effects. In their youth, many had been told horror stories about marijuana and LSD which were directly contradicted by their subsequent positive experiences with these drugs. It had become their practice, therefore, to observe others using drugs and to try them personally before making a judgment about the qualities and risks of a drug or mode of ingestion. As other researchers have suggested, one problem with education and prevention programs

which exaggerate the dangers of drug use is that users may discount the information⁸⁻¹². That is, warnings that fly in the face of user and/or trusted peer's drug experiences will tend to be perceived as hysteria or propaganda, thereby eroding the credibility of official sources of prevention information.

Although it appeared that this practice of relying on user knowledge and discounting official warnings left them open to the use or abuse of cocaine, such word-of-mouth or folk knowledge also served to keep most members of the group from injecting and freebasing. Only Sebastian injected cocaine more than a few times. He went on a 12-month binge in 1982 while on a methadone maintenance program for his pre-existing heroin addiction. Subsequently he stopped using and at the time of the 1986 interview had not used cocaine by any method in 3 years.

Such user lore also mitigated against the use of 'harder' drugs. Despite official warnings, eight of the members experimented with heroin use. Most of these found its 'hard drug' image confirmed by their own experience and so avoided further use entirely. Only Sebastian, Jake and Milt used heroin more than a few times. Sebastian and Jake began to cultivate sources for heroin, one of which was Milt. Milt was working in an art gallery where one of the owners had access to heroin. All three began using together and each found other fellow heroin users outside of the group with whom they began to use regularly. They all made attempts to hide their use from other group members, especially their spouses or lovers. Significantly, this placed their heroin use out of the orbit of group norms and informal social controls. Eventually all three became addicted to heroin. Sebastian continued to use heroin and cocaine intermittently for several years before seeking treatment and Jake moved to Central California in 1976. Jake and Milt had not used heroin for 10 years at the time of the follow-up. Both have gone on to develop satisfying careers, as attorney and art gallery owner, respectively. Sebastian was on a methadone maintenance program on the East Coast and working as a hotel concierge.

Drug Treatment

These three heroin users were the only members of the group who sought help for drug problems. Each felt he was addicted to heroin at the time and wanted to stop using it. In all three cases their cocaine use had waned as a result of their involvement with heroin. Milt sought out a private therapist and after

several months was able to discontinue heroin use totally. Jake took acupuncture treatments for 3 months and also saw a private therapist. At the follow-up Jake reported that he had used cocaine two times in the last 2 years (he used no cocaine at all from 1976 to 1984), and Milt reported that he then used cocaine very moderately (1-2 lines), very occasionally (1-2 times a year). Sebastian is currently on a methadone maintenance program and has been for 5 years. He was not used cocaine or any other drug in 3 years. It must be noted that although all three of these men admitted to a cocaine 'problem' or 'addiction', it is difficult to separate their abuse of cocaine from their abuse of heroin. It is not clear whether any of the three would have developed an addiction to cocaine alone and sought treatment for it.

Long-term Patterns of Cocaine Use

For a majority of our respondents, protracted regular ingestion of cocaine over an 11-year period did not result in long-term compulsive use or addiction. There was substantial variation in the quantity and frequency of use, length of 'runs', and effects experienced. Despite popular conceptions and inferences based on treatment populations, there does not appear to be one inevitable outcome of sustained cocaine use—that of eventual addiction or dependence. Uncontrolled or 'heavy'* cocaine use is clearly a possible outcome, but to judge from our sample, so are continuous controlled use and return to controlled use. Four different career use patterns are described below.

* It is possible to categorize cocaine use patterns in a variety of ways. For some observers, any use of an illicit substance is considered abuse by definition. Other drug researchers have employed different operational definitions of 'use', 'abuse', and 'addiction'. In keeping with the ethnographic spirit of our study, we explored with our respondents their conceptions. Their common-sense categories were 'controlled use' and 'heavy use', and were based upon the combination of quantity, frequency, and duration of use. To operationalize these two conceptions, we have defined 'heavy' use of cocaine as regular use of at least 2 g per week for a minimum of 6 months, or daily use of any amount for a minimum of 2 years. It should be noted that most of our respondents reported occasional 'binges' or 'runs' of heavy use, but these were generally of short duration (e.g. typically a weekend or two, sometimes a week), and so were not used to typify long-term use patterns. In order to be classified as a 'heavy' use pattern in what follows, a respondent must have reported *sustained* use at the levels noted above. We define 'controlled' use as that which was never daily and which did not exceed 0.25 g per week. Obviously, the choice of such definitions is to some unavoidable degree arbitrary. Other scholars could define the same patterns differently.

1. Continuous Controlled Use

One third (7 of 21) of our respondents reported moderate use patterns throughout the full 11 years. DeDe's experience with cocaine was typical of this group. At the time of the first interview she was a college student and a part-time mail clerk. She was living on a tight budget with not much disposable income but she managed to spend approximately 10–25 dollars a week on cocaine and used about a quarter gram a week. DeDe used primarily on the weekends when she had days off from both work and school. She continued to use cocaine in this fashion from 1975 to 1978. Some weeks would go by when she would not use at all and several times a year she might use more, especially when someone would share their cocaine with her. In 1975 DeDe told us: "I think coke makes you use your senses more. It's a very sensual drug. This makes your body feel good . . . It makes you think; it just makes you feel good. It doesn't slow you down like weed. It stimulates you".

In 1978 she married and with her husband purchased a new home. Paying the mortgage left very little money for extras. The new financial responsibilities coupled with her husband's very moderate use of cocaine served to reduce her use even further. As of the follow-up interview, she and her husband regularly buy one-half a gram to celebrate their wedding anniversary, but other than that their cocaine use rarely exceeds a quarter gram per month. Because her practice was to subordinate her use to budgetary and career constraints, and because her husband was a very controlled user, DeDe, like others who fall into this type, never experienced any legal, social, or health related difficulties as a result of her cocaine use. In 1986 she still reported enjoyment from her occasional cocaine use—both physical stimulation and social disinhibition: "I do like the body feeling . . . I like to describe it as 'everybody is pretty wonderful' when I'm on coke, you know. I have a good time and I'm willing to talk and fool around".

DeDe's continuing favorable view of cocaine and its psychoactive effects was echoed by other continuously controlled users. What Weil¹⁰ calls 'good relationships' with drugs tend to produce positive effects on users, and this pattern can be reinforcing. Cautious, moderate use, even over long periods (in this case 11 years), can allow the user to have continuously positive drug experiences and functions as an incentive to avoid the ill-effects and potential abuse often reported by heavy users.

2. From Controlled to Heavy to Controlled Use

At one time in their cocaine careers seven members of the network used large amounts during regular binges or used on a daily basis for periods ranging from a few months to 3 years. The difference between these users and those who eventually quit entirely is that their cocaine use was never a serious problem for them, nor did their spouses, employers, or friends view them as problematic users. All were able to sustain their careers and family lives. For the most part they were able to keep their cocaine use, even large amounts of cocaine use (2–3 g a week for several months), under financial, physical and social control. Their peak use period occurred between 1975 and 1981; at the time of the 1986 follow-up interviews most of these respondents were using less than a quarter gram a week. Both the continuously controlled users and these users who at some point used heavily have reduced their use to special occasion or 'treat' use patterns. They had found that 'small amounts on special occasions is the best way to enjoy cocaine'. At the follow-up, this piece of user folk wisdom had become accepted by virtually all our respondents as an important norm which, if followed, would maximize their ability to enjoy cocaine and minimize the risk of problematic use.

Pat's cocaine career illustrates the controlled to heavy to controlled pattern. He drifted into cocaine sales in college when several friends asked him to buy quarter or half grams for them and he discovered he could realize a profit from these sales. He sold cocaine in varying amounts for 2 years, supplementing his income as a part-time school van driver. The money helped finance his education and he enjoyed selling a drug that people saw as glamorous. Moreover, his schedule was grueling—part-time work in the morning and college classes in the afternoon and evening—and cocaine provided him with "extra energy for late night studying". Pat tried to limit his cocaine use to leisure hours but his overall consumption gradually increased. He began to encounter some nose problems that eventually caused him to reduce his use:

- (I) What were the circumstances that brought about your decision?
- (R) The main thing that I decided to quit for was the physiological part. My nose really bothered me, more so than . . . other people . . . My problem was just more drastic. And it was not worth waking up in the morning and going through the process of two days of being miserable.

- (I) Did it get progressively worse over time?
- (R) Not necessarily. It was just that at one point in time it was really bad. I would go through periods saying that I would give it up and stop using it and I wouldn't stop. Then I finally said that I need to stop. That was really the main thing. And I was lucky for that because now that I think about it, I'd probably be doing it a lot.

Although Pat classifies himself as a 'quitter' because he now never buys cocaine and only uses on special occasions, we placed him in the controlled to heavy to controlled category because he is not totally abstaining.

3. Controlled to Heavy Use to Abstinence

Five respondents used moderately for some time (5-6 years on average), but then began to escalate their use to what they came to see as uncontrolled and detrimental levels. As a group they used the most cocaine for the longest periods and reported the most cocaine-related problems. Many eventually experienced physical problems because of their use and yet, despite at least one frightening episode (Maria's convulsion and hallucinations), continued using. They also experienced substantial guilt over money spent, drugs they had stolen and relationships that had been strained. Sebastian used the most and was the only continuous injector. He injected 28 g a week for 12 months, which is indeed a large amount. Unlike other members of the general sample, he never went back to snorting once he had begun intravenous injection.

These users were described by their fellows as people who 'took it to the max'. 'Taking it to the max' refers to any activity that a person pursues to extremes or doing an activity at maximum capacity (e.g. working 18 hour days; dancing until dawn; drinking until drunk; snorting cocaine until your nose bleeds). While the majority of our respondents tended to use cocaine largely 'to keep the party going a while longer', these heavy users often tended to ingest cocaine all night or until it was gone, or even for 2 days straight. Then often had trouble with other drugs, typically using them to titrate effects of the large doses of cocaine. Other drugs used with cocaine included alcohol, heroin, quaaludes, valium, marijuana, and, for Sebastian, methadone.

Maria illustrates this pattern. Between 1975 and 1980 she used small amounts in a controlled fashion

but sometimes felt 'the urge to do more'. In general, her use at this time was limited mainly by her lack of access. In 1980 Maria's sister, Bridget, and several friends began selling cocaine to supplement their incomes and provide themselves with a less expensive supply. Increased daily access to cocaine marked the beginning of problems for Maria. Her consumption of cocaine began to increase steadily and she began to be seen by her husband, family and friends as being a 'coke hog', a very unfamiliar identity for Maria. Of the two sets of sisters in the network, she was initially the most moderate and careful user. Her family and friends started to worry about Maria's change in use patterns. They stopped offering her cocaine and her sister eventually refused to sell or give cocaine to her. Maria then began to steal from her sister and her other friends who were dealers. She felt terribly guilty about stealing, as she had never stolen anything before, but she felt she couldn't help herself:

- (I) How did you handle the guilt of stealing cocaine?
- (R) I handled the guilt by just doing more cocaine and then I would just do more. But then after a while of doing so much cocaine consistently it gets to the point where nothing would get better and it didn't help. It felt worse but I still kept doing it.

Her heavy, uncontrolled use period lasted for approximately 18 months; the last 6 months of which she spent trying to cut down on her use. In February 1983 Maria discovered she was pregnant and stopped using cocaine with very little difficulty. She is now proud of having quit using, but is ashamed of her past behavior. Since her daughter was born she has used cocaine (2-3 lines) of two occasions; both times were unpleasant and made her feel depressed. She had not used at all in 18 months at the time of the follow-up interview.

4. From Controlled Use to Abstinence

Two of the women respondents, Lynn and Gail, fell into this type. We considered including them in the continuous controlled group but decided that their pattern was unique because they had eventually stopped using entirely after long periods of very controlled use (nearly 10 years each) without having experienced any cocaine-related problems.

Lynn described the function cocaine served for her in prolonging leisure activities:

[Cocaine makes you] . . . definitely more talkative and it would keep a party situation going on longer. If you are having a good time with your friends and you want to keep on having a good time with your friends instead of just letting the evening die, it would pick it right up again.

Both women used an average of a quarter gram per week between 1974 and 1981. They rarely used more than that except for minor 'binges' once or twice a year when they used 1 g in a week. Neither woman ever injected or freebased. Both reported that they drank more alcohol when they used cocaine to titrate its effects. Cocaine tended to make them 'edgy and nervous', and the alcohol 'smoothed over' those effects. Gail agreed that drinking and cocaine use tended to go together, and felt that this was potentially worrisome: "Yes, yes. Because when I stopped (using cocaine) I stopped drinking and I was drinking a lot of times to take the edge off, so it was like a vicious cycle".

Along with nervousness and edginess both Gail and Lynn had concerns about cocaine's high cost and what Gail saw as a decline in quality:

I used to [get] really nervous and I didn't enjoy it. I got to a point where I didn't enjoy it and I don't know if it was quality of the stuff or what. It was really cut with a lot of speed and I just didn't enjoy it any more at all. And it was expensive also and I realized how expensive it was and it wasn't as enjoyable as I thought so I just stopped.

Neither of them experienced any difficulty quitting. Gail has not used since January 1981 and Lynn quit in January 1984. Both women made no changes in their life-style and neither experienced anything akin to withdrawal symptoms. Their cocaine use never posed any serious problems for them, but the combination of nervousness, increased alcohol use, cocaine's expense, and (Gail at least) a perceived decline in quality, led them to abstain from further use of cocaine. In fact, neither woman made any strenuous efforts to abstain but merely allowed their cocaine use to atrophy; they did not so much quit as simply not bother to use.

5. Continued Heavy Use: and exception

The respondent who does not fit any of the four types is Lisa. She is the one respondent who bears some resemblance to the tragic figure of a compulsive cocaine abuser depicted in the popular media. *Life* magazine's October, 1986 issue is typical of the

genre. In a dramatic article titled 'Hooked on Hell: An Addict's Self-Destructive Torment', a Californian "who looks very much like the boy next door" is described as someone whom "... cocaine has robbed . . . of all he has: his job, his self respect, his interest in almost everything except the drug. 'If I keep on like this,' admits Tom Carter [not his real name], 'I'll be dead in 2 years. No doubt about it'". Cocaine users, according to such popular accounts, are locked into a downward spiral of addiction and concomitant familial, economic and health-related problems.

In 1975 Lisa was one of the heaviest users in the group. Here is how we described her then:

Lisa, the 'party girl', went on a coke binge for a solid year when she inherited a large sum of money in 1973. She generally lived with drug sellers so most of her cocaine was bought in large quantities. Often she would put up the money for large coke buys that her dealer 'old men' [lovers] would sell. She told us of an instance when she was with five other people who used an ounce of cocaine in 2 days. At her high point she used 5 or 6 ounces [then \$6-8,000 worth] in a month⁷.

Between the years 1975-77 Lisa's usual routine was to go skiing for 1 month a year and spend another month in Hawaii. She used cocaine only three to four times during this 3-year period. In 1978 she returned home, having depleted her inheritance. She began working as a cocktail waitress in a nightclub where cocaine was an intrinsic part of the 'scene', and she began to use cocaine in small amounts with the other waitresses. She continued to work in clubs and bars as a waitress and a bartender, using more and more cocaine and drinking alcohol to counteract what she termed 'the wired feeling'. At the time of her 1986 interview she was working as a bartender and selling quarter grams of cocaine on the side. She was also struggling with both alcohol and cocaine problems and her family and friends expressed concern about her well-being. It should be noted that Lisa is the exception rather than the rule for our sample. Although three other members of the group experienced difficulties with their combined use of cocaine and heroin, the classic pattern of addictive behaviors was not the norm.

Discussion

Although our small sample shares the demographic characteristics that typify powdered cocaine users in surveys (e.g. white, 30-40 years old, educated,

middle-class), it is impossible to determine how representative it may be of the larger cocaine-using population. Moreover, there is good reason to believe that the make-up of the cocaine-using population changes over time. In recent years, especially with the spread of crack, cocaine use has increased among the poor and minority groups. It is clear, however, that samples obtained from treatment populations or from callers to cocaine hotlines are almost by definition atypical of the vast majority of users who are not included in such samples. We think, therefore, that the long-term experiences of even our small sample may have implications for future studies. Researchers with larger representative samples might do well to examine hypotheses about the possibilities for continued controlled use and for the return from compulsive use or abuse to controlled use.

At least within our sample of long-term cocaine users, the tendency for use to escalate to abuse was neither inexorable nor inevitable.^{13,14} Most never came to use cocaine daily or regularly in heavy amounts, despite their routine ingestion of it and occasional 'binges', and despite both constant availability and the absence of abstinence norms in their social network. Although no one in our sample disputed the fact that freebasing and intravenous injection offered more potent forms of the cocaine high, or 'more bang for the buck', the tendency to escalate to these more direct, potent, and dangerous modes of ingestion was observed only in one of our subjects. Several of our subjects experimented with such modes and enjoyed the experience, but never adopted them, in part because the same subcultural norms which allowed some kinds of use warned against others.⁹

The tendency to escalate from use to abuse and from snorting to more dangerous modes of use is sometimes discussed in ways which imply that social dysfunction (if not destroyed lives) is inevitable. While there is no question that lives have been destroyed by drug abuse and that, even among our small sample, substantial social dysfunction due to cocaine use did occur for a few, it is also clear that this tendency was far from inevitable. Other researchers have reported similar findings for both heroin and cocaine.¹³⁻¹⁵

Each of our 21 respondents was gainfully employed at the time of our follow-up interviews. Perhaps more telling, each of those who described educational or career aspirations at the time of the initial (1975) interviews had attained them. Most now own their own homes—in one of the three most

expensive housing markets in the U.S. If our subjects are any guide, then, moderate long-term use of cocaine need not entail wrecking one's life or significant social dysfunction.

We also found little evidence among this group to persuade us that controlled use is impossible or even implausible, or that once use had reached that magical point where control was apparently 'lost', it was impossible to regain. Abstinence was the choice of some, but not of others; in only one case (Sebastian) did our respondents speak of abstinence as an imperative for the avoidance of abuse. The majority of our subjects had used cocaine for more than a decade, usually in a controlled fashion. Moreover, even many of those who escalated their use to the point of daily use and/or abuse managed—without marked difficulties—to reestablish controlled, recreational use patterns.

We do not, of course, take any of this to mean that the use of cocaine or any other powerful psychoactive substance is without risk. Indeed, the development of heavy, problematic use patterns at some point in the careers of a significant minority of our respondents has been chastening; our initially optimistic view had to be revised somewhat by these follow-up data. What remains true, however, is that a majority of our subjects did manage to retain rational control over their use of cocaine.

Rather than cocaine overpowering user concerns with family, health, and career, we found that the high value most of our users placed upon family, health, and career achievement—and, paradoxically, even the value they placed on the ability to continue to 'get high'—mitigated against abuse and addiction. Such group norms and the informal social controls^{9,13} that seemed to stem from them (e.g. expressions of concern, warnings about risks, the use of pejorative names like 'coke hog', refusal to share with abusers) mediated the force of pharmacological, physiological, and psychological factors which can lead to addiction.

Most of our respondents also successfully employed control strategies like limiting the times or spheres in which they allowed themselves to use cocaine (not at work, only at night, never while pregnant, etc.). Such strategies seemed to help them subordinate their use to the exigencies of daily life rather than allowing their lives to be inundated by their drug use. In fact, the breakdown of such strategies served as warning signs for family members and friends. When they saw a fellow user expand the times and places of use, they tended to cease offering cocaine and started offering advice on

stopping. Such practices were clearly part of their user culture, and may well have served to stem abuse.

Such variations in long-term patterns of use and outcomes suggest that 'addictiveness' may be a property of neither personality nor pharmacology, apart from the personal and social resources of users and the social organization and cultural practices of their network. Further research along such lines may help to identify conditions underlying a range of more hopeful outcomes which should be of value to both prevention and treatment programs.¹⁶

Acknowledgements

The research reported here was supported by Research Grant #1R01DA 03791-01 from the National Institute on Drug Abuse and administered by Dr Michael Backenheimer. The analysis rendered is that of the authors alone and does not necessarily reflect the views of NIDA. An earlier version of this paper was presented at the 36th Annual National Meeting of the *Society for the Study of Social Problems*, New York, August, 1986. The authors are grateful to Graciela Rivera and Kathryn Owen for their skill and patience in typing this paper, and to our respondents who once again gave of themselves so candidly for so long after so many years. We also wish to thank three anonymous referees and the Editor of the *British Journal of Addiction* whose insightful comments improved both the clarity and the readability of the arguments offered here.

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