

Motivating Factors in Recovery from Drug and Alcohol Dependency

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Abstract

Addiction is a worldwide problem with countless negative effects on individuals, families, and society. These impacts include family disruption, loss of parental rights, employment loss, dissolution of marriage, intimate partner and child abuse, mental health disorders such as depression, and overall poor health. Approximately 75 percent of people with this disorder take steps towards sobriety. Of these 75 percent, 46 percent will achieve this recovery without any recognized treatment program, which is referred to as natural recovery. In this study, I used a phenomenological framework to explore the motivating factors that led individuals to seek recovery, particularly where no outside treatment program was sought or undertaken, i.e., natural or self-recovery. The themes that were developed from this analysis indicate that a variety of internal and external factors act as motivating factors in recovery. These include a desire for strong family relations and to avoid jail and other contact with law enforcement. Further motivating factors include a belief in one's own value, preventing health issues such as overdose and other near-death experiences, and an overall feeling that it is time to stop. One interesting theme uncovered, which has not been well documented previously, is a desire to prove others wrong. This study supports previous research indicating internal and external motivating factors can help those struggling with addiction.

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Motivating Factors in Drug and Alcohol Dependency Recovery

There is a drug crisis in BC. Over 13,000 people have died since 2016 due to the poisoned drug supply that is ravaging our province (Wideman et al., 2024). However, addiction is a worldwide problem with a well-documented history of negative impacts on addicts, as well as their family, friends, and surrounding social network. According to Jones et al. (2020), one in ten Americans are addicted to drugs or alcohol. Drug and alcohol abuse, termed substance use disorder (SUD) in the DSM-5 *Diagnostic and Statistical Manual of Mental Health Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013), is the inability to control one's consumption of substances despite the negative physical, emotional, and social consequences.

Drug and alcohol abuse have a long documented negative impact on families, and this impact is seen worldwide (Copello et al., 2010). Globally, the number of drug and alcohol addicted individuals is staggering; 269 million according to the 2023 United Nations Office on Drugs and Crime (UNODC) World Drug Report.

Estimates indicate substance addiction, including alcohol abuse, is responsible for 11.8 million annual deaths worldwide (Cheron & Kerchove d'Exaerde, 2021). Addiction causes family disruption, including, but not limited to loss of contact with children and even loss of custody of children (Schafer, 2011). Employment loss, dissolution of the marriage, intimate partner and child abuse, both psychological and physical, mental health disorders such as depression, and overall poor health are further consequences of drug and alcohol addiction, and these impacts are felt not only by the addicted individual but also by family members (Schafer, 2011). There are significant economic costs to addiction, varying from lost productivity, increased healthcare needs, incarceration, violence, and resulting accidents (Kelly et al., 2020).

Despite these numbers, one in four individuals with an SUD state that they are in recovery (Jones et al., 2020). Recovery can look like many things. In a study by Kelly et al. (2017), the authors found that just over half of the sample of individuals in recovery (54%) used some sort of treatment program, while the other half (46%) did not use outside treatment support. For the former group, there are various rehabilitation programs available to help those seeking sobriety. These programs have varying degrees of success, but one important factor seems to be the addict's motivation to seek treatment initially, as well as the

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motivation to continue in a support program long term. For the latter group, this method has been termed natural recovery or self-recovery in which individuals make a conscious choice to change their behaviour without a recognized treatment program (Burman, 1997). Regardless of the success of a treatment program or the pathway individuals walk to achieve sobriety, initial motivation to move from the chaotic life of addiction into a state of recovery is vital to an individual's success.

The term addiction is commonly used by both laypeople and professionals; however, the term is not utilized in any formal diagnosis in neither the North American nor the European standard diagnostic systems. The more formal diagnosis is substance use disorder (SUD; Bickel et al., 2019). Most would agree that the expected symptomology of addiction and UD, as understood by most, are the same. These include cravings for substances and a compulsion to use these substances (Bickel et al., 2019). SUD is also distinguished by impairment of one's control over the compulsion to use substances despite significant adverse consequences of consuming them (Bickel et al., 2019). Given the enormous toll addiction has on so many people, it is vital to understand why some people can overcome this disease and live in a state of recovery.

In medical terms, recovery implies healing; a return to a healthy state following an illness or trauma (White, 2007). In terms of recovery from an SUD, this definition can become more complicated. Recovery from SUD is often framed as complete abstinence from all drugs and alcohol. For the purposes of this study, I will use the definition offered by White (2007):

Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life (p. 236).

In the present study, I did not consider casual use of non-problematic drugs or alcohol to negate the recovery from the primary problematic substance. That is, use of other illicit drugs on a casual, social basis will not result in a loss of recovery status when the problematic drug was something else.

Phases of Addiction Recovery

Gressler et al. (2019) breaks recovery into four distinct phases: precontemplation, contemplation, preparation or action, and maintenance. Precontemplation, in this model, consists of life before treatment, or life as an addict. This phase is identified as a time of chaos, consisting of crime to pay for drugs, homelessness, near-death experiences, and a lack of purpose in one's life beyond drug-seeking and engaging in whatever activity is necessary to obtain drugs. This time of precontemplation is hopefully followed, not by death, but by contemplation. The contemplation phase is viewed as a motivating factor to help-seeking associated with internal and external factors, leading the individual to the realization that there can be something beyond the addiction (Gressler et al., 2019). External factors can include family or the legal system. It can also be the death of loved ones and fellow addicts, as well as the impending death of family or friends who have requested that an individual enter treatment or stop using before they pass. Losing custody of children for reasons related to addiction, as well as other legal repercussions, are identified as further motivating factors (Gressler et al., 2019).

Internal factors that influence an addict to seek treatment include health issues and near-death experiences associated with overdose (Gressler et al., 2019). While the fear of being exposed to fentanyl has been cited as a significant motivation to help-seeking, individuals noted "being tired" and having a lack of self-worth as major drivers of treatment seeking. These feelings around self-worth included having "had enough" of their current situation, enough of the chaos described in the pre-contemplation period, as well as recognizing they can change and create something better (Gressler et al., 2019). Barriers to treatment seeking have been identified as fear of stigma, fear of withdrawal, and misinformation about what treatment would look like (Gressler et al., 2019).

The preparation or action phase can be defined as the step of entering a program or treatment centre if recovery is treatment-mediated (Gressler et al., 2019). This is the time the individual chooses to take action to change the current situation. Maintenance is continued abstinence from the problematic substance. This can be supported by the development of coping skills. Many treatment programs stress the need for a higher power, and this has been shown to be useful in the maintenance of sobriety. Structure is also a consistent theme in the maintenance phase of recovery (Gressler et al., 2019).

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This framework for recovery, however, does not consider natural recovery and focuses primarily on attendance at a recognized treatment program. Natural recovery or self-recovery is the antithesis of traditional recovery programs, which insist recovery is impossible without a program (Burman, 1997). It has been suggested that those who take a self-recovery path may do so out of a desire to regain control. Addiction is often delineated as a lack of control over the use of a problematic substance, be that drugs or alcohol, or addictive activities such as gambling. Traditional treatment programs can be seen as trading one addiction for another, the drug for a lifetime of meetings (Burman, 1997). In research on natural recovery, it has been noted that, as in Gressler's (2019) model, the desire for an improved life, including better social and family relations, is a key motivating factor to recovery (Dekkers et al., 2021).

Motivating factors to SUD recovery are varied and unique to each individual. Despite decades of research on SUD and various pathways to recovery, not all those who struggle are able to leverage what appear to be the necessary supports, intrinsic and extrinsic, to pursue recovery (Dekkers et al., 2021). This study hopes to build upon what is known and offer individuals more knowledge in their pursuit of a recovery pathway, be that through a treatment program or through the natural recovery pathway.

The Present Study

This study was guided by a phenomenological framework. Phenomenology is the process of obtaining thorough descriptions to allow interpretation based on intrinsic experience (Davidsen, 2013). It approaches the human experience of the phenomenon in question to glean answers and elucidate how others experience their lives and the events that comprise such a life (Neubauer et al., 2019). A researcher uses this approach to describe the phenomenon by interpreting it through the perspective of those who have experienced it. It is important to understand that this methodology requires interviews with individuals who have lived the phenomenon in question, not merely those who have observed the experience of others. This framework is ideal for the current study, as individual motivating factors to recovery are uniquely personal. Thus, drawing from this theoretical framework, this study sought to address the following research question: What qualities or experiences allow some individuals to seek addiction recovery and maintain a state of recovery from various addictive substances.

Methods

Participants

I personally recruited participants known to me who have struggled with addiction and who have successfully recovered. A final sample of $n = 4$ was interviewed, three of the participants identified as male and one as female. Participants ranged in age from 31 to 62.

Interview Guide and Procedure

A semi-structured, open-ended interview process was used. The interview guide consisted of 20 questions that focused on each individual's journey through drug abuse to sobriety. See Appendix A for the interview guide. Questions focused on the individual experience of addiction as well as the events and experiences that led participants to sobriety. Interviews were conducted in the participants' homes ($n = 1$) or via Zoom ($n = 3$). During the Zoom interviews, I used a private office space with a locking door to protect the confidentiality of the participants. In-person interviews were recorded on my iPhone using the Voice Recorder app, and those conducted over Zoom were recorded on my laptop. I then transcribed the interviews verbatim. Interviews ranged from 35 to 60 minutes.

Analysis

This study was analyzed using thematic analysis. A theme, in thematic analysis, is defined by the pattern or meaning found in the responses from the sample (Kiger & Varpio, 2020). This method of analysis was chosen as it allows a deeper understanding of the experience of recovery in this study. The flexibility of thematic analysis allows it to be used with many theoretical frameworks, including phenomenology, the framework of this study. Themes were derived from the transcribed data sets (Kiger & Varpio, 2020).

Steps in the analysis of data followed those outlined by Kiger and Varpio (2020). The first step in the process was becoming familiar with the data. After transcribing the data verbatim, I read the transcriptions several times over. The second step consisted of generating the initial codes. The third step in this process involved searching for themes within the data (Kiger & Varpio, 2020). These were labeled through open coding, allowing me to identify and label the major themes found throughout the interviews (van den Hoonaard & van den Scott, 2022). Themes consisted of those issues or ideas that came up repeatedly in the interview transcripts. Fourth, the identified themes were reviewed. Some codes were combined in the existing themes and subthemes (Kiger & Varpio, 2020). Step

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five consisted of defining the themes and naming them. Finally, step six was the production of this report, which includes the final analysis and a description of the study findings.

Validity of the study results included an assessment of researcher bias, which required reflexivity and self-reflection (Cresswell, 2018). This included a clear understanding of the topic of research to assist in avoiding personal bias from entering the interpretation of the data. This self-reflection was ongoing throughout the process of analysis and helped ensure I was correctly interpreting the participants' intentions and intended meaning without inserting my own preexisting bias or personal interpretation of the phenomenon.

Findings

All participants identified more than one drug as being problematic, though this changed overtime as the addiction worsened. The drug of choice, or the problematic substance, for participants spanned a broad range of illicit and pharmaceutical drugs. Every participant had used and abused cocaine; three participants had abused crystal meth. No participants identified marijuana as a problematic substance, though all four participants noted marijuana was their first introduction to illegal (at the time) drugs, which in all cases started in high school. Beyond these similarities, two participants also abused pharmaceutical drugs, including Percocet and Oxycodone. Two participants had abused heroin. Only one participant had abused fentanyl and "down," a cocktail of fentanyl, carfentanyl, and other additives, including food colouring, and one participant abused morphine. Only one participant identified alcohol as a problematic substance, and two participants still drink casually without issue.

Of the four participants, two had been through in-patient treatment programs in the past. All four participants achieved their current recovery without in-patient treatment, and only one participant followed a 12-step program through their current recovery. Recovery times ranged from 10 months to nearly 20 years.

A thematic analysis of the interviews provides numerous answers to the research question of what motivates some individuals to move from the chaos of addiction into recovery. Participants identified a variety of external and internal motivating factors as playing a role in their decision to move from a life of addiction into one of sobriety. These themes include concern for and support from family. Jail and contact with law enforcement

played a role as did an internal belief in themselves and their intrinsic value. Further themes noted were near-death experiences as well as a feeling of it being time. Of note, no individual participant cited only one of the following themes in their recovery decision process; all participants identified two or more. Often, themes overlapped as well.

Family

Participants indicated that family members provided them with a feeling of value and self-worth, which pushed them towards something better for themselves as well as their family members.

Well, I mean initially I think it was my wife that she valued me and gave me that that sense of you know... (P1)

Participants' care and concern for their family members also played a role in their decision to seek sobriety. They talked about not wanting to hurt their family members further and recognized that their addiction was doing just that.

My family for sure like I have a good relationship with my mom and my family and that was getting to me you know having them to come visit me in jail like my own realization that I'm going to be here in 10 years (P4)

Jail and Contact with Law Enforcement

Three of the participants indicated that contact with law enforcement or time in jail played a role in their decision to take steps towards sobriety. Though it was not necessarily the fear of jail time itself that motivated participants, time in prison allowed them space from those who were influencing their choices. It allowed time to detox, which gave them the opportunity to think it was possible to get clean.

Sad part is jail was my saving grace I would say to anybody at you gotta be ripped out of the environment. (P4)

For another participant, his time in jail reinforced his belief that his life was worth more than just a life of institutionalization, and that without some serious changes in his life and his choices, jail was the endgame, or death.

Right well I didn't want to feel like I like yeah I... I didn't want to have this belief that this [being in and out of jail] was all that was meant for me. (P1)

Belief They Were Worth More

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Participants also repeatedly mentioned how they thought they were worth more, that they had more to offer in life, and deserved more from life than the status quo, which was the chaos of addiction.

I'm better than that! (P2)

Near-Death Experiences

Three participants talked at length about their own near-death experiences from overdose and accident. Not only did participants express a desire to live, but they all mentioned how dying would impact their loved ones. This was a strong theme throughout all four interviews and was strongly intertwined with the theme of family. For those with children, worry about how their possible overdose death would impact their children was a strong motivating factor. One participant discussed his fear that his mother would be the one left to mourn her child's drug-related death and how this knowledge weighed on them.

I thought I was dying, I think I was dying ... I remember 'cause all within half an hour I had ate like 2 Percocet, did a whole bunch of cocaine got some more Percocet's and then another line of cocaine and then some of you know got hooked up with the guy with the oxys did a big line of that and then ran into the guy who had the cocaine again ... I just started throwing up everywhere like just vomiting and then I was like I couldn't fucking think I couldn't walk I was like all I wanna do is lay down... I was like I gotta lay down, I said to him don't let me fall asleep like don't let me fall asleep 'cause I think I'm dying (P2)

One participant spoke about seeing people around him dying from homicide, overdose, and suicide.

I've seen people commit suicide, been shot in the head, I've been kidnapped at gunpoint.

(P4)

Time

Participants identified the feeling of it being time. Time to make a change in their lives and move away from the chaos of life as an addict. They had had enough of the current life they were living and felt it was time for it to change. Again, this theme had significant overlap with family. It was noted by almost all participants that they felt it was time not only for themselves but also for those they loved, such as spouses, children, and parents.

I was like whoa I need to change my life I really do (P1)

Something to Prove

Another strong theme in the findings of this study was a desire to prove everyone wrong. Participants talked about those around them who said they could not do it, and they had a strong desire to prove those people wrong.

I've never gotten this far before I don't think I'm going back... I was really determined right... I was determined to prove everybody wrong, because nobody believed I could do it. (P3)

Discussion

Numerous motivating factors for recovery were identified in this study. Many of these themes support previous research. Motivation in Gressler and colleague's (2019) research included external and internal factors. We see in the findings of this study that participants also indicated a combination of internal and external factors helped motivate them to make this change. Many of the themes overlapped. External factors in previous research included family and contact with the legal system, both of which were found in the current study.

Internal factors that influence an addict to seek treatment include finding self-worth, which in this study was often aided by family. Family and other loved ones gave the individual a feeling of value that they had lost or perhaps did not feel before. This helped them see they were worth more than this life of chaos they were currently living. Health issues and near-death experiences were another motivating factor found in previous research (Gressler et al., 2019). This is supported by the current study. Participants identified overdose scares, fear of heart attack due to drug use, as well as death, suicide and overdose of others, such as friends and contacts, as significant motivators to their own recovery. Among these health concerns was also fear of how their loved ones would feel if they did die due to their current addicted lifestyle, as family and health overlapped.

There are two themes found in this research that are not found in previous research to the best of my knowledge. Participants identified time as a significant motivating factor in their journey to sobriety. This was a difficult thing to quantify. Participants mentioned that it was time they were simply ready to move on from where they were and knew all along drugs were not the answer, but it took time to come to a place where they were able to move away from that crutch. The final theme found in this study was the desire to prove others, those who said it could not be done, wrong. Participants all talked about the stigma they faced while using. This stigma played a significant role in their continued drug use until it

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acted as a motivator to show everyone who looked down on them that they could stop. By having family support them through their addiction, and show them that they were valued, participants began to see the value in themselves. This then allowed them to overcome the negativity and doubts expressed by others and to show these others that they could succeed in their recovery.

Limitations

Some limitations of this study include a lack of saturation. It is highly unlikely I reached saturation with only four participants (Dekkers et al., 2021). There was a lack of diversity in my sample. All participants were white and cisgender, and only one participant was gay, while the rest were heterosexual. None of my participants grew up in foster care; all grew up in their family of origin. This is important to note because there is strong evidence that children within the foster system and those who have aged out have a higher prevalence of drug abuse (Braciszewski & Stout, 2012). With a lack of strong family support due to their removal from their family of origin, individuals in this situation may have very different motivators to recovery.

Further limitations may stem from personal bias. While I used reflexivity and self-reflection throughout the process of analysis, it can be challenging in this type of research to know with certainty that bias has not crept in. Lastly, my lack of interview experience was a distinct limitation. In reviewing the interview transcripts, it was also apparent that more follow-up questions could have been asked for clarification.

Conclusion

Given the state of the drug crisis we are currently facing in BC, any and all research focused on ways to help support those seeking sobriety is warranted. Addiction takes an horrific toll not only on the addict but also on family and surrounding social networks. This study supported existing research on motivation to sobriety as outlined by Gressler et al. (2019) while identifying themes that were not previously discovered. It is vital to consider not only ways in which we can help prevent people from falling into addiction but also how we can use research to help lift them out of addiction and into a place of healing.

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Appendix

Interview guide

Could we start with a few basic demographics? Just your age and gender.

I'd like to talk to you about addiction today. What are your views on substance use and misuse?

I'd like to ask you a bit about your addiction, what substance or substances were you addicted to?

Tell me your story of addiction?

What was your experience of addiction like? What did your life look like when you were still in active addiction?

What made you think you were an addict/what made you think your substance use was a problem?

<if these aren't answered above>

How long did you use <insert substance>?

<if more than one drug> and <insert substance>?

When did this start, how old were you?

When did you stop? How long ago?

Was there anyone important in your life then who encouraged you to use when you first started?

<if someone used with them> you mentioned <person> was a factor in you starting, how did that impact your use? And how did it impact your recovery?

What would you say were the key factors that contributed to your decision to stop using?

What things made it easier?

What things made it harder?

Did you have family support, friends? Did you seek treatment of any sort?

What do you wish you'd known/realized before or sooner?

Follow-up – ask for explanations on why they were the key factors and the impact they had

What were the biggest challenges that you faced during your recovery?

How did you overcome these challenges?

What barriers prevented you from stopping sooner?

Is there anything else you would like me to know about your journey?