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# **Families and Drug Use in Greece**

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## **Abstract**

The study at hand explores Greek problematic drug users' perceptions of the progression of their drug using careers and family responses towards drug affected children in Greece. The methodology of the study entailed the use of semi-structured in depth-interviews. In total, 40 interviews with problematic drug users (PDUs) were conducted as well as 8 interviews with parents of PDUs. Participating drug users were asked to reflect on all stages of their problematic drug using careers, from initial contact with drugs to entering treatment facilities where they were contacted. Furthermore, they were asked to reflect on the role their families played in influencing the progression of those careers and on the impact they felt their drug use had on their families. Parents' accounts were also collected to provide a fuller picture of the issues in question.

The results of the study put forth the vital role of self perception, whether this derives from sense of self through practice or participation in social groups, in relation to drug use onset and escalation. It is suggested that drug use may resemble a learning curve where drug using peers are ascribed the role of 'aids'. The perception of one's use as problematic was for the most part related to heroin infringing upon all life domains. Entering treatment was found to be sometimes unrelated to the decision to quit drug use. When the two were synonymous, reported reasons behind such decisions centred on issues of self perception, sense of obligation towards the family and a desire to return to pre-drug use life styles and selves. Reported factors either promoting or hindering change are also discussed. The hugely influential role of the Greek family in the progression of problematic drug using careers is a further proposal made by the current study. The experience of living with addiction in the family home and the reported impact on families is also presented. The specific cultural context of Greece was also shown to be shaping family reactions as well as drug using participants' choices of course of action and perception of self. The overall suggestion based on the findings of the study is that the experiences of both Greek problematic drug users and Greek families of drug affected relatives form a 'variform universal'. The conveyed picture is similar to that portrayed in the global literature, albeit coloured by the specific cultural context within which these experiences were lived through.

**Keywords:** problematic drug use, progression of problematic drug using careers in Greece, Greek family responses to problematic drug use, impact of problematic drug use on Greek families

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## Declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

## **Chapter 1**

### **Introduction**

1.1 This research aimed to investigate problematic drug users' reflections on the progression of their drug using careers and the role their families played in that progression. Using semi-structured qualitative interviews the study explored participants' experiences from initial involvement with drugs and heroin, to occasional and then regular use and finally to the point where they deemed their heroin use problematic. Participants were recruited while in treatment and their reasons for engaging in treatment were also investigated. The investigation of the role their families played at each stage of their drug using careers was a further aim of the study. The final sample of the study consisted of 40 problematic drug using men and women and 8 parents of drug affected children.

I got interested in the topic of the current research while volunteering at a drug agency in Southeast England where I had the opportunity to spend a lot of time listening to clients' stories on the progression of their problematic drug using careers and their families' involvement in these. As what I was listening to was markedly different to my then conception of Greek families' role and function, I decided the topic deserved to be investigated.

### **1.2 Problem drug use in the EU and Greece**

According to the 2010 EMCDDA report on the drugs problem in Europe it is estimated that there are 1.2 to 1.5 million Europeans aged 15-39 who use opiates at a problematic level. According to the EMCDDA the term problem drug use encompasses intravenous drug use (IDU) or long/duration/regular drug use of opiates, cocaine and/or amphetamines. Ecstasy and cannabis are not included in this category. Moreover, drug induced deaths for that same age group account for 4% of all deaths of Europeans with opiate use implicated in three quarters of these (EMCDDA, 2010). An unfortunate suggestion made in this same report is that 'as Europe enters a period of economic austerity, with rising levels of youth unemployment, there are fears that this may be accompanied by an increase in problematic forms of drug use' (EMCDDA, 2010:13). Greece is one of the worst-hit countries of the credit crunch, sank into austerity with a

continually rising level of unemployment. According to the Greek Statistical Agency, the percentage of non active -in terms of employment- population currently stands at about one third of the country total (<http://www.i-live.gr/th-nergia-ellada-2/>)

The 2007 Greek national report to the EMCDDA discussed the prevalence of drug use in the general population by focusing on a nationwide survey on the attitudes of the general population in three Greek cities (Athens, Thessaloniki, and Herakleion, Crete) towards drug use and towards the socio-economic reintegration of former drug users. The findings of the study suggested that

*19.4% of the study population reported lifetime use of any illicit drug. The most commonly used drug was marijuana/hashish (19.3%), while a 3.2% reported also use of other drugs. Lifetime use was higher in male (24.8%) compared to female (14%) respondents. Lifetime use was higher also in young adults (aged 20-34, 31.8%) compared to other age groups (Greek National Reitox Focal Point, 2007:14-15)*

In relation to problematic drug use, it is estimated that there were 2.7 problem drug users per 1,000 inhabitants between the ages of 15–64 years in 2008 in Greece, (<http://www.emcdda.europa.eu/publications/country-overviews/el#pdu>), a number that was said to have increased in the following year. The estimated number of PDUs for the year 2009 was 24,097 men and women (Greek Reitox Focal Point, 2010).

According to country overview data concerning Greece published by the European Monitoring Centre for Drugs and Drug Addiction,

*In 2008, a total of 4,682 individuals entered treatment out of which 2,224 were first time treatment clients. In 2008, the primary substance of abuse among all clients entering treatment was opioids, at 85.3 %, followed by cannabis at 8.7 % and cocaine at 4.0 %. Furthermore, among those entering treatment for the first time, the primary substance of abuse was opioids at 80.0 %, the second most frequent substance was cannabis at 13.0 %, followed by cocaine at 5.1 %. In 2008, 23 % of all clients entering treatment were aged less than 25 years. A higher percentage in age distribution was reported among new treatment clients, with 29 % being under the age of 25 years. In 2008, the male-to-female ratio for all clients entering treatment was 87 % for male and 13 % for female (<http://www.emcdda.europa.eu/publications/country-overviews/el#pdu>).*

### 1.3 The structure of the thesis

The current thesis comprises of 9 chapters. Chapter 2 illuminates the context within which the current study took place. In this respect, it introduces the reader to the country by focusing on those socio-political, economic and cultural elements that were deemed significant in relation to study findings. Furthermore, the drug literature pertinent to the study is introduced and the gap in the literature that the current study aims to fill is highlighted. The third chapter of the thesis reflects on the experience of designing and conducting the current study. The rationale behind methodological decisions, research design and conduct of the study are also discussed, highlighting the experience of conducting research in the Greek context. The fourth chapter presents the profiles of the men and women who participated in the current study, alongside a discussion of how these profiles relate to the Greek but also to North European and Mediterranean populations of problematic drug users. Where appropriate, elements of Greek or Mediterranean societies are also presented and discussed in relation to participants' profiles. The four following chapters present the findings of the thesis. Chapter 5 focuses on the men and women's accounts of becoming problematic drug users, from initial involvement with drugs to the realisation that their use had become problematic. Chapter 6 discusses reported family reactions to drug affected children from the point that the drug problem became known to the day the current study was conducted. The seventh chapter of this thesis presents problematic drug users' recounted experience of living with addiction. Furthermore, the related experience of the few parents who participated in the current study is also discussed. The last data chapter, chapter 8, reports on participants' reasons behind entering treatment. Finally, the ninth and concluding chapter of this thesis discusses key research findings as well as research, policy and practice implications arising from their discussion.

## **Chapter 2**

### **Greece in Context**

#### **2.1 Introduction**

The aim of this chapter is to delineate the context within which the current study was conducted. In this respect the first sections are devoted to a brief account of the country's history highlighting those elements that have shaped the political, social and cultural milieu. The discussion continues by introducing the reader to the Greek family, its progression throughout the years and the place it currently holds in Greek social life. A first discussion of two cultural notions- both extremely pertinent to the study- follows. The chapter concludes by discussing the relevant drug literature. The focus in this last section is on the way Greek families have been investigated within the drug literature by making connections with the international literature on families and problematic substance use.

## 2.2 A snapshot of Greece: The early years

Greece has a quite turbulent and interesting history. This section does not aim by any means to provide the reader with a summary of Greek history since such an endeavour falls outside the scope of this dissertation. Nevertheless, any attempt to understand or even discuss a culture irrespective of its historical context is bound to fail since culture and history are inextricably linked. The section that follows aims to provide a snapshot of the country in question so as to set the background in which the study took place.

It has been claimed that at a national level the way Greeks defined their national identity shifted for the ancient Greek ‘others are not who *I* am’, to a ‘I am not who *others* are’ during the Byzantine years (Tsaousis, 1983:18). Such a shift was related to a change of historical conditions, at a time when Greeks were attempting to sustain their self-existence when ‘others’ constituted the surrounding reality. We thus have the emergence of a ‘we’ perception of Greek national identity. Following the Byzantine years, the Ottoman occupation began in 1453. The numerous guerrilla units operating during the years of the Ottoman Empire, under the leadership of the Greek Diaspora, led the revolution of 1821. In 1832 the Modern Greek State was founded, but under the insistence of our foreign allies, had a Bavarian and then a Danish king. With the rise of the Greek nationalism, internalisation of the self continued to be understood in the terms of the ‘family’, to which was added the organic state. ‘Traditionalism proved to be adaptive to the demands and structures of the modern state’ (Pollis, 1992:173).

That first state did not include the region of Macedonia, and thus Thessaloniki where the study took place. The year 1922 marked the end of the Greek campaign in Asia Minor, a disastrous campaign which resulted in a massive influx, more than a million Greek refugees settling in mainland Greece (Mouzelis, 1978). The city of Thessaloniki was freed during the Balkan wars, to which 57,000 immigrants came to fight voluntarily, and has just completed a centennial of freedom. Then came World War II with the Greek resistance playing an active role and the country suffering a grave toll. In a country that has suffered so many conflicts with many different enemies turning to the in-group has been put forth as the only survival tactic (Triandis, 1972). The genesis of the Modern Greeks, or Neo-Greeks, can be placed after the end of World War II (Mousourou, 1984).

The Greek Civil War which lasted from 1946 to 1949 devastated the country. Less than twenty years had passed when the military junta seized power and the country was



divided again in 1967. Thousands of people were removed from their jobs, imprisoned, tortured and executed because of their left-wing or liberal beliefs after their fellow men had reported them to the authorities. Finally, in 1974 the junta fell, after massive demonstrations by the youth, mainly university students, and the Turkish invasion to Cyprus, with the US featuring in its background. The involvement of foreign powers in the 1967 military coup was a known fact which even saw a public apology from US president Clinton towards the Greek people. An intensely ambivalent attitude towards the Great Powers and foreign interference had become a feature of Greek society long before that statement (Voulgaris, 2006). Tsoukalas notes how in terms of its ideological and cultural consequences the Greek civil war can be said to have really ended in 1974 (Tsoukalas, 1986). The author goes on to support that as all civil wars, the Greek civil war 'institutionalised the ideological and political polarisation, which demarcated all sectors of social life' (Tsoukalas, 1986:17).

### 2.3 The years of the political changeover

The years of the political changeover, as they are called in Greece, started after the re-instatement of democracy in July 1974, and the coming to power of the National Unity government, led by C. Karamanlis. Although it has been claimed that the years of the political changeover extend to present day, it may be more accurate to speak of two time periods: 'Greece of the Political Changeover, which covers the period 1974-1989 and Greece of Globalisation which started in the 1990s and is proceeding' (Voulgaris, 2010:15).

This section focuses more heavily on the 1980s, since this decade has been discussed by many researchers as the most influential in the years of the political changeover. In terms of conflict, the country has enjoyed a peaceful period since the fall of the junta. Perhaps indicative of the social and political climate during the first years of the political changeover is the following note:

*When a nation is wounded from the experience of national and political instability lasting for many decades and it is tested in the forge of either cold or hot division, the contrary of what is logically expected happens. Instead of mistrusting, people thirst after promises which will satisfy their suppressions that have become demands (Foteas, 1987:271)*

Papaspiliopoulos also speaks of the repression felt by Greeks in the aftermath the civil war and the junta which led to a desire for retaliation, expressed by the rise of the political party PASOK:

*If the military junta was an anachronistic extension and one of the last consequences of the civil war, the emergence and rise of PASOK constitute in effect the last episode of the civil war (Papaspiliopoulos, 1987:200)*

In this light it can perhaps be understood why the political party that spent most years in power in this time period was PASOK with prominent figure the party founder and leader for many years, Andreas Papandreou. PASOK was in power for 21 years of the 38 years following the re-instatement of democracy.

In terms of the economy the 1980s has been deemed a decade when 'economic management has been frequently influenced by politics and when macroeconomic populism which led to unclear and inconsistent policies prevailed' (Pantazidis, 2002:93). Perhaps indicative of the climate was one of the most popular political slogans of the era 'Tsovolas give them everything'- Tsovolas being the Minister of Economy- in a country where the state deficit tripled during the years 1980 to 1989 (Pantazidis, 2002).

*Greece, by the end of the 1980s, was, jointly with Portugal, by far the least developed member of the Union both in income and consumption levels as well as in market institutions and structures. It was also a case where statism ruled in public and private sectors, inflation was constantly above 20 per cent and public deficits and debts run at record levels (Emmanuel, 2004:122).*

In terms of welfare state provision, it can be argued that by the 1980s social expenditure had grown, however it accounted for less than 20% of the GDP in 1985 (Garcia, 1993). Discussing this relative absence of the welfare state in Greece, and to varying degrees in Mediterranean countries, Leontidou noted that

*The concepts of income sharing and reciprocity highlight the ways of overcoming crises. In housing poor relatives or supporting unemployed family members until they are placed into work, the Greek urban population bridges the gap between rich and poor spontaneously, without a welfare state (Leontidou, 1995:165)*

It has been claimed during PASOK's 11 years in power, till Papandreou's death in 1996,

*[It] developed the most perfect centrally directed spoils system that the country has ever known. Not only did it [PASOK] undermine and finally negate the idea of socialism in the consciousness of the masses, an idea it turned into a mentality of promoting the interests of your "own people" [ημετερισμός] of the worst kind, it also disparaged it and completely humiliated it (Filiat, 1997:361)*

Whether one agrees with the severity of Filiat's characterisations or not, the spoils system he refers to, the prevalence of favourism, populism, political clientelism and the dominance of ημετερισμός, could be seen as carrying implications for the Greek society as a whole. It can be argued that the years of the political changeover promoted 'entropy' by encouraging the formation of 'cliques' and mutual support groups. We thus have a society that is again divided- albeit differently-again looking inwards to protect and promote the interests of the in-group. PASOK very rapidly developed from a political party to a mechanism of power, with Filiat describing the period until Papandreou's death- a period that did involve the coming to power of the opposition party Nea Dimokratia for 4 years- in the bleakest colours. He speaks of the decay and collapse of all the timeless values which he deemed necessary for a society to function and not disintegrate. Perhaps interesting for its relevance to the current study is the following remark:

*Trapped in this snare and with complete uncertainty about the future, young people literary reel, crawl and struggle. With no vision, no direction and meaning in life, no passion for anything, [they] waste away, lost in the maze of consumerism and the pleasures of the entertainment industry. They have nothing to hold on to and when idols fray and fall they look for outlets in the escapism and evasion of drug (Filiat, 1997:408)*

The results of the mentality that grew and became dominant in the 1980s 'came into fruition' and can still be detected presently. Discussing trends evident since the mid-1980s Voulgaris speaks of a rapid turn towards individualism, wealth and ostentatious consumerism:

*Wealth as of measure of individual value and success, the disconnection of personal freedom from the commitments to social solidarity, the realisation of*

*individuality through narcissistic consumption constituted mentalities and behaviours which characterised this trend* (Voulgaris, 2008:336)

The 90s began with strict deflationary measures (Pantazidis, 2002) which led to what has been termed by Emmanuel as the monetary revolution of the 90s:

*By 2000, inflation had fallen to 3.2 while long-term interest rates, which were slower in changing, fell below 10 per cent. The dramatic reduction in the cost of borrowing, further fuelled by the extensive liberalization and privatization of the banking system, led to an explosion of credit for consumption and housing that, while still modest by European standards, constituted a major shift for Greek households which traditionally relied on personal savings and family assistance* (Emmanuel, 2004:122)

A further element of the 90s was the identification of the concept of modernisation to the idea of 'Europe', creating both consent and ambivalence through a constant effort to emulate 'civilized Europe' (Voulagris, 2008:345). The notion of modernisation, along with that of globalisation, in relation to Greece is discussed in a following section of this chapter. Greece joined the Eurozone in 2001. In 2004 the political party of Nea Dimokratia came to power and the state deficit saw a further rise as the 'inheritance' of *ημετερισμός* was passed on. Although a rather crude measure, perhaps the Human Development Index comprising of three measures- health, education and income- provides a picture of development in Greece since the 1980s. In particular, a steady increase had been recorded, from 0.558 in the 1980s to 0.862 in 2010 which gave the country a rank of 29 out of 187 countries with comparable data (<http://hdrstats.undp.org/en/countries/profiles/GRC.html>).

Perhaps the biggest historical event after 2004 was the economic crisis which started globally in 2008 and is plaguing the country as this thesis is being written; however, this period is still on-going and thus it cannot yet be fully discussed. I would though like to add a relevant remark. In a discussion of Greece and globalisation, Voulagris, quite prophetically, noted:

*It is possible that Greece will suffer hardships as it will be called to face politically the rupture of the ethnic society, a rupture caused by the uneven dynamic of a globalised capitalism in employment, income and security. But this will only be a wobble in a largely smooth course. Unless... Unless*

*globalised processes and the European Union in particular, enter a phase of intense turmoil* (Voulgaris, 2008:378)

Following sections focus on processes that took place during the historical periods discussed so far and aim to provide a fuller picture of the context within which the study was conducted.

## 2.4 Greek Migration: Moving outwards and looking back

At the end of the 19<sup>th</sup> century there was a massive wave of immigration from Greece to the United States. However, most of the immigrants went abroad without their wives or children because they were not planning to stay abroad permanently (Tsoukalas, 1977). The Greek Diaspora did not by any means sever ties with their communities in Greece. Perhaps indicative is that annual remittances sent by Greeks to their homeland were substantially larger than those of other nationalities- Greeks \$50 per capita, English and Irish \$ 8.1, Germans \$4 (Tsoukalas, 1977).

Because of the Civil War (1946-1949) many Greek communities were created in Eastern European and other Communist countries by Left-Wing supporters. It is estimated that around 100,000 people crossed the borders at that time (Vakalopoulos, 1992). The second big migration wave peaked in the 1960s, especially from the Northern region of Macedonia, mainly towards West European Countries. In 1973 there were nearly half a million Greek immigrant workers in Germany alone (Vakalopoulos, 1992). Tsoukalas noted how in a time frame of about 15 years, from 1955 to 1970, more than a million Greek immigrants were employed in factories across Central and Western Europe (Tsoukalas, 1986). In Canada the peak of the Greek immigration took place in the mid-60s with more than 10,000 Greek immigrants entering the country per year (Panagakos, 2003). Again, community ties were not cut off. Indeed, this vast wave of immigration functioned as another programmed social mobility attempt for the whole family (Katakis, 1998). Sponsorship to America, Canada, South Africa and Australia was common practice among relatives and the pattern of temporary migration was again noted (Just, 1992).

Panagakos noted that:

*Greece promoted particular narratives to its 'children' abroad. The most important being the idea that migration was temporary and that the migrant would eventually return to Greece (Panagakos, 2003:82)*

A flow of repatriation did gradually start for most in the 1970s (Tsoukalas, 1986). Discussing the Greek Canadian Diaspora, Panagakos (1998) speaks of a diasporic consciousness nurtured by nationalist attachment to Greece and manifesting itself in politics. The degree of ethnic identification can be viewed as varying considerably within first and subsequent generation immigrants and has been shown to be influenced by factors such as class (Tastsoglou, 1997), upward mobility or the characteristics of being career orientated (Karpathakis, 2003), among others. However, Safran (1991) described Greeks living abroad as exhibiting an obligation to protect and promote Greece through politics in the host country. Perhaps of interest is the following quotation regarding Greek migrants in the USA found in the Energy of a Nation - the USA online immigration resource centre of The Advocates for Human Rights: 'Greek culture has remained very traditional, as seen by the very few changes that the Greek language has undergone in the last millennia' (<http://www.energyofanation.org/6fb1499d-a7e3-4b2a-a08b-1d139be2cc0e.html?nodeid=>)

During the 1990s, Greece was transformed from a country that exported labour to one that received immigrants. It has been calculated that total immigration – both legal and illegal – accounts for as much as 10 per cent of the country's population (Voulgaris, 2006). An analysis of the 2002 European Survey postulated that nowadays, Greece is expanding its cultural and political horizons. Nevertheless, a large section of society is reacting by turning inwards, searching for homogeneity on the basis of national religious identity when faced with 'otherness', exhibiting what has been termed 'cultural conservatism' (Voulgaris, 2006); hence the persistent invocation by sections of Greek society of the trinity of traditional values –motherland, religion and family.

## 2.5 Greek urbanisation: Moving while 'standing still'

A massive internal immigration took place in Greece with the population of Athens rising from 14% of the total population in 1940 to 31% in 1981 (Katakis, 1998). During those years, the Greek Civil War, led to the first wave of internal immigration, with Right-wings and Left-wings fleeing to the cities to escape retaliation and in the latter's case prosecution, exile and death.

Kiriazzi-Allison noted how the waves of internal immigration towards Athens and Thessaloniki, since industry was mainly present in these two cities, contributed to the population explosion of the two urban centres (Kiriazzi-Allison, 2001). For the years 1951 to 1961 the population of the city of Thessaloniki grew at a rate of 2.5% annually (Leontidou, 1990). Stabilisation of the urban population started in the 1970s (Leontidou, 1990) and it was clearly evident by the 1980s (Tsoukalas, 1986). During the period 1985 to 1991 there was a significant decrease in the rate of urbanisation. More specifically for the city of Thessaloniki in the years 1975 to 1981, the number of internal immigrants settling in the city was 77,030, while the corresponding number for the years 1985 to 1991 was 46,734 (Kiriazzi-Allison, 1998). Such falling rates of urbanisation were noted across the country; 52,8510 people settled in urban centres during the years 1975 to 1981 while there were 30,7662 internal immigrants during the years 1985-1991. As Kiriazzi-Allison discusses, the 1991 census indicated that there was a small recorded reversal of internal immigration patterns, with people moving from the capital of a prefecture to rural areas within the same prefecture (Kiriazzi-Allison, 1998).

In her discussion of rural-urban immigration in Greece, Sutton highlighted the fact that ties with home areas were rarely severed and pointed to several ways in which this was achieved: migrant and village relatives maintained communication by personal visits or other forms of communication, such as telephone calls, and exchanged gifts and favours. In addition, migrants tended to keep inherited property and land in their home areas and finally they established regional associations to work for the improvement of those areas (Sutton, 1983). Focusing on patterns of family life that have developed in one locality of Piraeus -the biggest port of Greece, in essence part of the city of Athens- and populated by people who had been established there through four generations, Hirschon proposed the existence of 'traditional' features of social life. These features were foremost related to living arrangements and cultural family values, which as the author noted 'might at first appear inconsistent with urban conditions' (Hirschon, 1983:319). Hirschon suggested that urban life in the Mediterranean must be viewed through the prism of cultural diversity, perhaps as a region where modernity -in the form of urbanisation, resulting living conditions and practices- and tradition do not signify mutually exclusive categories. A recent study of Athenian households (2,117 households in 8 Athenian districts) rather reflects the peculiarities of Greek urbanisation (Maloutas et al, 2006). Participants who had children living in separate households reported that those households were in the same city block (30%), in the same neighborhood (40%) or in a distance smaller than 1 kilometer

(58%). Moreover, it was highlighted that couples of elder parents, 75 years of age or older, mainly lived (75%) with or close to one of their children- the cohabitation percentage being higher in cases of lone elder parents. A mere 1% of the study sample reported not being in close contact with relatives' households (Maloutas et al, 2006). The frequency of interaction between kinsmen living in Greek cities has also been reported on by Georgas and colleagues in the context of the IPROSEC study which aimed at describing and understanding the transition of family organisation in 11 European nations (Georgas et al, 2004). For the city of Athens, 23.4 % of respondents reported visiting members of their extended family- grandparents, aunts and uncles, cousins- daily, while 47.6 once or twice a week. The corresponding percentages for other Greek cities with population over 10,000 were 36.6% and 60.4% (Georgas et al, 2004). These recent findings are supportive of Hirschon's earlier claims, since urbanisation in this case does not seem to translate into diffusion of family members. It is precisely the Greek family that we will turn our attention to next.

## 2.6 Family in Greece

The accounts and data presented above perhaps hinted towards the vital role family occupies in Greek social life and mentality. From ancient years the family (*'oikos'* - *οἶκος*) was a prominent institution. 'The state did not supersede or suppress the "oikos" and there was no clear public/private split because one's civic identity derived largely from one's oikos', (Kaldi- Koulidikou, 2007:395). Historically, there have been many ethnographic accounts highlighting the importance of the family as the primary social group where one places his/her affiliation (Campbell, 1974; Friedl, 1967; Du Boulay, 1976; Salamone, 1987; Herzfeld, 1991). The interests of a family, its financial survival and social standing were promoted and ensured by, even dependent on, the co-operation between family members- including the kin- and the behaviour of each individual member. Indeed, there have been many descriptions of the Greek family as being patriarchal, extended, with strict hierarchy of family roles (Campbell, 1974; Du Boulay, 1976; Katakis, 1984; Mousourou 1981, 1985; Georgas et al, 2004).

As historical, economic and social contexts change, changes have also been brought to the institution of the family. However, its centrality in Greek life has not diminished. Kaldi-Koulidikou speaks of a new model of the family 'having elements of a



progressive society with a traditional foundation' (2007:399). Georgas and colleagues reporting on the findings of a series of studies on changes of family values, published between 1997 and 2000 concluded that

*We can speak of a changing system of the Greek family-which on the surface appears to resemble the nuclear family- however functionally it continues to retain the basic psychological characteristics of the extended family (Georgas et al 2004:219)*

Perhaps some recent statistical data will help sketch out a picture of Greek family life. Co-habitation of adult children with their parents in Greece is widely prevalent, with Greece and Spain toping the ranks in this respect amongst EU countries, (Symeonidou, 2005). Sven Reher suggested that in Greece, 'emancipation from parental households for most people came only with marriage (Sven Reher, 1998:222). Maloutas and colleagues' study of Athenian households lends support to this claim; marriage was reported as the main reason for leaving the family home while 'desire for independence as reason for leaving the family home' was reported by only 11.2% of respondents ( Maloutas et al, 2006). Greece has also been reported as having the lowest rate of children born outside marriage (Balourdos, 2005), the lowest rate of cohabitation outside of marriage (Torres et al, 2007) and one of the lowest rates of divorce (Eurostat, 2006) in Europe. Maloutas and colleagues highlighted that their 2,117 respondents almost unanimously (98%) reported that getting married determines whether one would have children (Maloutas et al, 2006). Stratigaki discussing findings of the IPROSEC study which involved the participation of 204 Greek men and women-among other Europeans- noted how for the overwhelming majority getting married and then having children was the 'natural order' of things, a notion the author deemed to have Christian origins (Stratigaki, 2004). In a recent study on Greeks' attitudes towards divorce, 67% of participants reported that if they were to be divorced, their parents would consider it a blow to the family's reputation (Riga et al, 2006). The resistance of the Greek family to divorce and birth outside of marriage has been attributed to the strength of Greek traditions and the central position that family holds in Greek society (Presvelou, 2003). Family has been reported as being the most important value amongst young people, with a rating of 9.4/10 (Nassopoulos, 2003) to 9.7/10 (Kaldi-Koulikidou, 2007). A further study, indicated that 96% of Greek people, aged 18-49, value the family above all other things in their lives (Symeonidou, 2005). Discussing the findings of the 2003 European Social Survey, Voulgaris (2008) speaks of the high value placed by Greeks to the institution of the family and the in-group.

Historically, the importance of the child in the family unit has been noted in ethnographic literature (Campbell, 1974; Du Boulay, 1976). A 1976 qualitative study into the intra- and inter-personal patterns of Athenian families, reported that when asked ‘why did you get married?’ participants responded that it was ‘to have children who would become useful members of society’ (Katakis, 1976). This centrality has been and is still reinforced by the Greek Orthodox Church which states that having children is the spouses’ contribution to the creative work of God. Kaldi-Koulikidou suggested that ‘the child is the basic pillar on which the structure of the family and the marriage is braced’ (Kaldi-Koulikidou, 2007:405). Perhaps indicative of such attitudes are the results of the 2001 Eurobarometer, highlighting that Ireland and Greece reported the highest ideal number for children in the family among 15 EU countries, quoted by Goldstein and colleagues (2003). A further finding was that ‘in Italy and Greece, countries with current period total fertility of about 1.2 and 1.3, respectively, well over one-quarter of younger women say they would like to have three or more children’ (Goldstein et al, 2003:485).

Symeonidou (1996) suggests that the centrality of family in Greece can be illustrated in four areas. The first refers to the care of the elderly since ‘it is socially stigmatizing for a Greek family to place a parent or grandparent in an old people’s home’ (Symeonidou, 1996:80). Indicative of this attitude is the fact that

*In Greece the overall population in old people’s homes and geriatric clinics is only 0.8 per cent of the total population aged 65 years and over -as opposed to 8–11 per cent in Western Europe (Symeonidou, 1996:80)*

In a recent survey study of 2,117 Athenian households, when respondent were asked who should be mainly responsible for the care of the solitary elder in the neighborhood 73% stated that it should be his/her family (Maloutas et al, 2006).

A further area relates to childcare where ‘the greater part of childcare is provided by the family, as a result of the inadequacy of services available in this area’ (Symeonidou, 1996:80). According to the author’s suggestions, children’s education may be discussed in the context of the centrality of family life. A child’s educational achievements have always been considered a family triumph (Kataki, 1998), while coveted career choices have been shown to elevate a family’s status (Papadopoulos, 1996). Symeonidou noted that ‘the outflow from Greece of foreign exchange to finance students in universities abroad [has been shown to be] greater than the state’s total expenditure on tertiary education’ (1996:

80). Moreover, parents and grandparents have been reported as financially supporting young adult offspring, (Mousourou, 1993; Symeonidou, 1998). The final area that perhaps illuminates the central place family holds in Greek life relates to the institution of the dowry. Although legally abolished in 1983, 'it continues to exist in practice and reveals the concern of parents that their children should be "settled" in terms of jobs and marriage' (Symeonidou, 1996:80). Purchasing land or house for young married couples, usually in close proximity to the family home, is common in Greece (Georgas, 1994). Such claims find support in a recent study of 2,117 Athenian households where 23.9% of parents interviewed claimed that they would buy (or have already bought) houses for their children while a further 56.8% stated that they would help their children buy a house (Maloutas et al, 2006). In this same study parents were asked how they thought their children would find employment in the future. Almost half the sample (47.2%) replied by directly involving themselves in the process- 40.8% said that they would help their children by rallying whatever connections they had, 3.7% by proving a readymade business and 2.7% by providing financial assistance. We also have to note that in the remaining 52.8% who did not report direct involvement, 20.4% spoke of deep concern but inability to help while 14.7% stated that their assistance would be confined to financially supporting a child through his/her university studies (Maloutas et al, 2006).

Traditionally, male and female parental roles in Greece have been quite distinct from each other, especially in respect to child rearing practices (Campbell, 1974, Friedl, 1967). Mothers have been described as responsible for the household and children, constituting the link between the different family members and as such performing a mediating role between children and father. They expressed the 'solidarity and integrity of the group' (Campbell, 1974:165); hence the popular expressions, 'it is a woman's job to keep the family united', 'the mother is the heart of the family/household'. On the other hand, the father was the authority figure. When a child's behaviour was inappropriate, a father would discipline and give instructions, in front of an audience of kin, to teach the child a sense of responsibility towards the whole family. The mother, although not opposing her husband, would be the source of unconditional love, making sure that the child knew that he was still accepted within the family (Campbell, 1974).

The paternal role too has an idealised prescribed character.

*The father's love for his child inevitably has been described as increasingly conditional upon the child's behaviour for it is the father's duty to guide by his*

*approval or disapproval the child's first attempts to represent his family in the outside world* (Campbell, 1974:157).

When the relation of a child, especially a son, with one of his parents was strained, the relation to the other parent was one of positive attachment and identification. The prominent role of mothers as the more empathetic of the parental figures, but also as confidants, of both husbands and children, has been noted elsewhere (Salamone, 1987).

The family of course does not exist in vacuum and it has inevitably been influenced by the societal, political, economic context within which it exists. Mousourou noted that although 'globally we may speak not only of change in the female role but also of a change in maternal ideology' (2004:85), in Greece the distribution of parental responsibilities remains traditional. Such suggestions are concordant with Loizos and Papataxiarchis who reported that the house and the children remain the imperative concerns around which married women organise their lives (Loizos and Papataxiarchis, 1991). Supporting such claims, data from the European Social Survey indicated that even nowadays, less than 50% of Greek mothers work outside the home (Torres et al, 2007). Finally, a study of family life in Athens (1983-84) with 1,924 married women aged 15-44, reported that time spent by spouses on the care of their children is indicative of sex-role differentiation, with mothers spending considerably more time than fathers (Maratou-Alipranti, 1995).

A relatively recent qualitative study, of somewhat surprising results, involved the participation of twenty five women sampled purposively in respect of age (30-50 years old) and education (all university graduates but also active participants to the Greek feminist movement). The results of the study highlighted what the researcher termed the 'contradiction of a mother's persona' (Igglei, 1990:95). This contradiction referred to the powerful mother,

*A queen in her castle, often dominating and authoritarian towards her children, capable of financial juggling when necessary, but simultaneously a powerless woman, yielding to the father's authority* (Igglei 1990:96)

Perhaps the old Greek saying, a 'housewife is a slave and mistress of her house' is still pertinent with current social conditions.

It may be that Campbell's descriptions provided above are idealised depictions of roles. However, the more recent studies cited also hint towards such cultural prescriptions

relating to family roles. A further point that needs to be mentioned is that as every coin has two sides, the protective function of the family as described in the sections above, also contains the element of reciprocity. For example, Maloutas and colleagues spoke of the friction amongst siblings or parents and children resulting from family practices of securing homes for the latter (Maloutas et al, 2006). A recent qualitative study of 38 young adults (16 girls and 22boys) aged 18 to 19 years of age discussed the transition to adult life in the city of Athens (Tsanira, 2008). The author concluded that young adults living with their parents in Greece may be viewed as living in a state of semi-independence which leads to the adoption of a *modus vivendi* between themselves and their parents. This state was said to be characterised by the security offered by the paternal family- interwoven with the especially widened protective role played by the family- which did not seem to significantly ‘annoy’ young adults, at least to the extent that would require for it to be changed. Tsanira goes on to discuss how this dependent relationship seems to be accepted or promoted by parents either because of their desire to have their children ‘close to them’ or because they consider it unavoidable in the context of materialisation of common expectations of social and professional advancement (Tsanira, 2008). For young adults

*the idea of complete autonomy was seen as something that caused insecurity although they did understand that the price for the security they enjoyed in the context of their paternal families was the delay of their maturation and independence* (Tsanira, 2008:333)

The studies and figures mentioned above are illustrative of two things. The first relates to the degree to which children’s life paths, choices, achievements and endeavours are interwoven with that of the family. The second refers to the centrality of the family in Greek life. Greece has never had an explicit family policy, leading Symeonidou to suggest that ‘family policy in Greece is to a great extent left in the hands of families themselves’ (1996:78). In Dubisch’s description of paternal and maternal roles in Greece we read how ‘they are both guardians of domestic order on the one hand and of social respectability on the other’ (1983:200). It is exactly to this notion of social respectability, and more particularly honour, that we will turn our attention to next.

## 2.7 The cultural notions shaping the study milieu

### 2.7.1 Honour and ‘allowing the right’

It is out of this scope of this thesis to investigate in depth the place of honour in Greek society. However, there have been extensive accounts on the centrality of honour, or ‘timi’ (τιμή), in the value system of Mediterranean countries, and more particularly Greece (Campbell, 1974; Peristiany, 1965; Schneider, 1971; Du Boulay, 1976; Pitt-Rivers 1977; Herzfeld, 1980). Although honour and shame have been largely discussed in terms of female chastity or misconduct other values have been proposed as pertinent to the discussion,

*These are economic success, family autonomy and physical powers, hospitality, generosity and integrity. So honor is a more complicated variable than it was initially suggested to be* (Gilmore, 1987:90)

Campbell spoke of shame as

*A sanction for all those elements that are relevant to the prestige of a family, or an individual. Thus shame relates not only to conduct which is morally bad, but also to any kind of conduct which is only conventionally deviant. And anything which leads to, or is the basis of, low prestige is a matter of shame* (Campbell, 1974:310)

It has been proposed that Mediterranean cultures share an understanding of honour that is specific to this geographical area (Rodriguez- Mosquera et al, 2002), with some researchers even suggesting that the Mediterranean may be seen as an ‘aggregation of honour and shame societies’ (Giordano, 2003:40). Nevertheless, this view has been criticised as too simplistic (Giordano, 2003). Although Herzfeld was careful not to undermine the significance of both honour and shame as cultural notions, he highlighted the need for attention to the cultural and contextual specificity of the terms, in order to avoid what he terms, quoting Davies, ‘false coherence’ (Davies, 1969), in theorising about the Mediterranean countries (Herzfeld, 1980). Other research has reinforced this need for specificity, even in different communities of the same country (Steward, 1994).

In spite of the need to sensitise the more generalising views of the Mediterranean, the literature suggests that ‘the reputation of a person and/or group does not represent a constant; it can grow and also be lost, as a consequence of public evaluation’ (Giordano, 2003:45). Much earlier Pitt-Rivers noted that ‘honour is the value of a person in his own

eyes [and] also in the eyes of his society' (Pitt-Rivers, 1965:21). The author went on to suggest that 'virtuous action alone does not ensure honour' (Pitt-Rivers, 1965:36). Describing social life in Greece, Du Boulay used the apt term, 'a kind of see-saw' (1976: 390), to convey the easiness with which honour and social prestige, can be lost or gained. Since prestige and honour are dependent on the community's favourable response to a person's actions, and since families in the community are in competition to each other for honour, among others things, it follows that attainment of honour is dependent on competitors' evaluations (Du Boulay, 1974). In his discussion of honour and sanctity Stewart noted that

*It is best to consider honour as referring to a sphere of social performance involving the continual evaluation and re-evaluation of an individual or a corporate group both in its own eyes and in the face of a surrounding community* (Stewart, 1994:211)

We thus have a discussion of honour in two spheres; the private and the public, where the latter represents the setting where one's honour is evaluated and the connotation is conferred by peers. However, such has been deemed the importance of public evaluation that Du Boulay proposed that

*Thus it comes about that there is a very significant sense in which it is considered more important to be seen honourable than it is actually to be so, and the villager passes much of his time in trying to extract from public opinion by whatever means he can (including lying and deceit) such a reputation. The result of such a situation is that although theoretically it is the reality of honour that is considered to be fundamental to personality, it is in practice the appearance of honour which is in this society the vital arbitrator of behaviour* (Du Boulay, 1974:81)

More recently Welsh (2008) described honour as the respect that motivates or constrains members of a peer group, with values associated with the notion varying with the nature of the group one belongs to and the latter's particular norms and values. It may be that this description encompasses both the rigidity and the fluidity of the concepts of honour and shame. As times change, but most importantly as social contexts change, the values associated with what is deemed honourable behaviour may vary (Cairns, 2011). On the other hand, since certain reference groups have retained their status and power- primary

example being the institution of the Greek family- we may be justified in anticipating little variation. As Loizos and Patriarchis noted, ‘the successful running of the household brings prestige to both sexes and allows connections between private interests and public life’ (Loizos and Patriarchis, 1991:8).

‘Allowing the right’ [δίνω δικαίωμα] proves to be a term core to the discussion of honour. ‘Allowing the right’ is a complex notion that eludes easy translation. However, it can be broadly understood as referring to passing to others information which might devalue you and also your family. It then provides foothold to others for gossip (Du Boulay, 2010). Perhaps ‘allowing the right’ can be seen as a bridge between the public and private, a route through which information best kept private travels and is passed to the public sphere entailing one’s community and peers. Du Boulay and Williams noted that

*It is a basic characteristic of Greek rural society that the building of one’s own and one’s family reputation is the focus of continual endeavour and one way in which this is attempted is by challenging, through mockery or gossip, the honour of others* (Du Boulay and Williams, 1987:15)

Turning the argument to its head, it becomes evident how not ‘allowing the right’, not providing material for gossip, is intertwined with preservation of honour. Perhaps of interest here is an extract of the description of the village where Du Boulay carried out her research,

*The family is seen to exist in the context of the community, and since it is to the village that the villager looks to confirm his identity, it is to the village that the right belongs to know and pass judgment on what goes on in every individual’s front yard. Nevertheless, since in the case of a conflict of interest it is the family rather than the village which commands the villager’s first loyalty and gives him his basic stability, it is only as far as the front yard that the curiosity of the community gains easy access. The house itself is impregnable* (Du Boulay, 1974:3)

Speaking metaphorically, ‘allowing the right’ may be seen as moving a performance that should only be put on inside the house, outside in the front yard for the whole community to watch. ‘Allowing the right’ then ‘exposes’ the house.



### 2.7.2 ‘*Filotimo*’: or the inherent moral code

‘*Filotimo*’, ‘*filotimoumai*’, is an ancient Greek verb deriving from the noun ‘*filotimo*’, meaning to be ambitious and earnestly endeavour (The joint association of Classical Teachers’ Greek course, 2002). Etymologically, the noun comes from the ancient Greek words *filao- filo*, (*φιλάω-φιλό*) meaning to love, and *timi* (*τιμή*), meaning honour. The word ‘*filotimo*’ has often been translated into English as a love for honour (Campbell, 1974; Tsoukalas, 1995) or a sense of honour (Salamone, 1987; Lyberaki and Paraskevopoulos, 2002).

Such definitions do not start to cover its meaning and it has proven to be a notoriously hard word to translate since it encompasses different behaviours, depending upon the social context, (Herzfeld, 1980). ‘*Filotimo*’ has been highlighted as the sense of self-esteem deriving from complete and confirmed integrity and moral uprightness (Adamopoulos, 1977; Gilmore, 1982), by adhering to the socially accepted morality (Herzfeld, 1982). ‘*Filotimos*’ has been highlighted as the person who conscientiously fulfils his duty, always observing the moral code of the in-group (Vassiliou and Vassiliou, 1973).

‘*Filotimo*’ relates primarily to behaviour towards the family. It has been described as a principle requiring a person to sacrifice his or her self to help the family and to avoid doing or saying things that reflect negatively upon his family or, to a lesser extent friends (Triandis, et al, 1968; Bourantis and Papadakis, 1996). The ‘*filotimo*’ of the Greeks is promoted by actions that bring honour and respect to the family and not simply the individual (Broome, 1996).

The importance of ‘*filotimo*’, as a personal and social control mechanism has also been highlighted. As Herzfeld noted ‘*filotimo*’ implies the adequate recognition of social obligation (Herzfeld, 1980). Herzfeld also noted the importance of ‘*logos*’ (*λόγος*), meaning word, which is a verbal contract of a person’s intentions, at least in the Greek culture. ‘*Filotimo*’ can then be seen as the act of fulfilling expectations particularly in relation to one’s ‘*logos*’ (Herzfeld, 1980).

Other aspects of the term have also been discussed, closely related to the concept of obligation. ‘*Filotimo*’ as generosity has been noted in the literature (Georgakopoulou, 1994), as it is seen as doing all that is reasonably expected by someone in a given situation

(Herzfeld, 1980). In relation to work ethic, '*filotimo*' has been highlighted in the literature as sense of loyalty and duty leading to honour (Kessapidou and Varsakelis, 2002).

'*Filotimo*' is often equated with '*sinidisi*' (συνείδηση), 'conscience'. It is only in a person's repetitive, predictable and normatively acceptable behaviour that peers discern '*filotimo*' and '*sinidisi*', and can thereby attribute high '*timi*' (honour) to the individual and his family alike (Herzfeld, 1980). As the most important element of the Greek self-concept (Triandis and Vassiliou, 1967 in Vassiliou and Vassiliou, 1973), only a '*filotimos*' Greek person is respectable and thought to be well socialised (Safilios- Rothschild, 1969).

It has been suggested that '*filotimo*' is an inherent quality of being Greek (Campbell, 1974; Georges, 1984; Kaldi- Koulikidou, 2007), integrating all other values and acting as a moral code dictating appropriate behaviour. Pollis notes that whereas in the West individuals are evaluated as to whether they possess integrity, in Greece they are judged as to whether they possess '*filotimo*' (1965).

It may be supported that cultural notions change in meaning as societies change. Modernity by definition clashes with tradition and globalisation also by definition changes the boundaries of what constitutes one's world in many respects. We will now turn our attention to both these processes in the discussion of Greek social life and culture.

## 2.8 Modernity, Globalisation and the rather Greek way

In his work on the development problems in Greece, Mouzelis utilised the term 'cultural formalism' (1978:38). According to Mouzelis cultural formalism can be found in societies where institutions which have not evolved endogenously- but have rather been imported or imposed- do not merge with old 'native' institutional structures. For Greece in particular, Mouzelis described how

*The large scale adoption of Western institutions and civilization during and after the revolution of 1821 unavoidably clashed with a pre-existing institutional setting characterized by a pre-capitalist underdeveloped economy, a patrimonial structure of political controls and the anti-enlightenment, anti-Western ideology of the Christian Orthodox Church* (Mouzelis, 1978:140).

We are perhaps then able to speak of a Modern Greek state that did have a very modern start of existence. Socio-political, economic and historical conditions have certainly changed since the formation of the Neo-Greek State. Discussing our globalised world, Tsoukalas noted:

*Since the value of difference replaces the value of homogeneity and the value of multiculturalism that of monoculturalism, the aggregate of the coordinates of social organization is questioned (Tsoukalas, 2010:17)*

Perhaps then now is the time to pose the question about the extent to which such discussions of modernity and globalisation find resonance with contemporary Greek society and the Greek family. In the realm of political sociology, Greece has been discussed as a country where modernisation ‘took, is taking and will take place through a transcendence of obstacles raised by the “backward” culture and the socio-political forces which are imbued with that culture’ (Voulgaris, 2008:355). Seen from a different light, but perhaps coming to the same conclusion, Greece can be seen as a country and society progressing, trying to catch up with the Western World, after four centuries under Ottoman rule. In this light, Greece may not be ‘backward’ but lagging behind because of a different starting point.

As touched upon in almost all preceding sections Greece can be viewed as historically being and still remaining a rather traditional society that prefers to look inwards, albeit finding itself in a modernised, globalised world. In a more recent paper on modernisation and its relevance for Greece, Mouzelis noted how

*On a cultural level we see on the one hand-via the national educational system and the mass media- the creation of a unified national cultural space, but this unified space is characterized by a mixture of traditional and modern elements that have a disorientating effect on people, making them feel that they have lost their traditional identity while being unable to acquire a modern one (Mouzelis, 1996:219).*

Discussing modernisation and globalisation in Greece, Voulgaris noted how

*The overall picture for Greece is that of a country which experiences contemporary transformations in a very conflicting way, manifesting acute insecurity and concern and seeking protection and relief in familiar institutions*

*and conservative values, trying to avoid the abrupt or radical changes in meaning, values, politics or society* (Voulgaris, 2008:342)

Perhaps of relevance here is Sutton's remark in a discussion of identity conception amongst Kalymnians- inhabitants of Kalymnos, a Greek Dodecanese island. Sutton speaks of 'change [which] is both a promise and a threat' (Sutton, 1994:253)

As modernisation versus tradition has often been discussed in terms of pre-industrialised societies and societies that have emerged after the Industrial Revolution (Mouzelis, 1996), we have to take into account that Greece in essence did never experience an Industrial Revolution in the Western sense of the term. Greece has historically been an agricultural country; in late 1950s 'more than half of the labour force was still employed in agriculture while the contribution of the industrial section to the GNP was only around 25%' (Mouzelis, 1978:27). Greece has been described as having a slow or arrested industrialisation, until the 1960s when industry started playing a greater role in the economy (Leontidou, 1990). However, by mid-70s Greece was already starting to experience de-industrialisation (Leontidou, 1990). Greek urbanisation can also be discussed in this context since it did not stem from industrialisation but rather from the crisis the rural world was facing at the time (Maloutas, 2006).

It was also around that time – but in every different socio-cultural context- when the world heard the statement 'And, you know, there is no such thing as society. There are individual men and women, and there are families' (Thatcher, 1987). Certainly without having such an intention, Margaret Thatcher could be seen as describing the context of modernity and globalisation in Greece. Undoubtedly the two notions have influenced the progression of the country- of most countries - but in terms of the family a significant degree of resilience to change can be traced in Greek culture. Maloutas describes how during the urbanisation period in Greece, the role of the family in social reproduction rather widened as it was crucial in the transition from rural to urban space and the gradual social integration to the new conditions (Maloutas, 2006). Moreover, the preceding sections on family and family values can also be discussed in the context of modernisation. We saw how although social changes in family life do occur, Greece was rather reluctant to adopt them. It may also be supported that as Greece predominantly remains a family oriented society and as family is the main vehicle of the continuation of tradition (Tsaniri, 2008), modernization in Greece takes on a different light than what is met in Western societies. Relevant contributions to this discussion in Greece have supported that

*Traditional values hindered the dominance of a modern civic society to the extent that these values shaped individuals whose behavior and psychology was determined by the loyalty in primary institutions, such as the family and in-group (Voulgaris, 2008:353)*

In the same sense, traditional values primarily relating to the preservation of family honour and to appropriate behaviour towards family members –‘allowing the right’ and ‘*filotimo*’ – may be enacted and negotiated in a changing social milieu. However, discussing the IPROSEC study findings Georgas and colleagues concluded that ‘a significant percentage of family members in Athens resides nearby spaces or houses, the same way they do in traditional villages’ (Georgas et al, 2004:200). Perhaps then ‘allowing the right’ and ‘*filotimo*’ can be seen as being enacted in different space but not so different social space. These notions can still be viewed as carrying weight in contemporary conditions and accounts of Greek social life, something that is highlighted by their discussion in recent studies (Gerogakopoulou, 1994; Bourantis and Papadakis, 1996 Broome, 1996; Kaldi- Koulikidou, 2007).

Perhaps of relevance here is Tsoukalas’ discussion on why liberal institutions and ideas did not succeed in producing a westernized liberal society in Greece. He noted that:

*It is my contention that, on the contrary, Greek society has largely objected to incorporating the formalist aspects of liberal societal projects. The central role of co-existing reference groups imposing their own normative codes on behavioural reason results in the necessity of achieving a constant balance between incompatible and antagonistic moral pressures. In this sense the apparent simplicity of formalist normative logic is impossible to implement. Even if the axiomatic liberal normative differentiation gradually penetrated the collective imagination of Greece, it is a fact that "honesty"—and, even more so, "virtue"—have had great difficulty in establishing themselves as absolute and "objective" values in Greece. They merely introduced an additional ethical dimension to a practical reason which, for all intents and purposes, has remained mainly determined by demands emanating from informal group responsibility and solidarity (Tsoukalas, 1991:12)*

It has been suggested that globalisation may bring about defensive reactions of the dominant ethnic groups which result in the strengthening of local culture identities (Maloutas and Pantelidou-Malouta, 2004). However, we also have to take into account that our modernised, globalised world also weighs heavily in the way individuals position themselves in it. Tsoukalas noted that:

*Every subject separately cannot appear as a primary prevailing creator of meaning out of nothing. He/she remains the product of his/her unprecedented era. Whether we want it or not nobody is in a position to think of or talk about him/herself and others differently than in the context of the particular communicational systems in which he swims and floats or potentially goes under* (Tsoukalas, 2010:37)

Proposing a possible cause of problematic drug use claimed in 1988 that

*The use of hard drugs emerged in Greece during the last five years as a consequence of industrial development and its consequences. The de-structuring of traditional structures and the simultaneous lack of new ones that would gradually take the former's place, the mass introduction of an extreme consumerism from the West and models of life foreign to Greek tradition, constitute factors which promote the fast prevalence of use of narcotic substances* (Zafeirides, 1988:1)

Regardless of whether one agrees with Zafeirides or not, his suggestions find resonance with a world of modernity where 'personal freedom expresses itself always as facility or ability not only of use but also of misuse of unrestrained urges, insatiable desires and latent perspectives' (Tsoukalas, 2010:46).

## 2.9 Greece in the drug literature context

Greece has a tradition in epidemiological, survey studies within the drug research field.

*Greece was one of the first countries in Europe to conduct general population surveys based on probabilistic samples. General population data have been available at almost regular intervals (every 5 years) already since the mid-*

*1980s from the surveys conducted first by the Psychiatric Clinic of the University of Athens and later by the University Mental Health Research Institute (UMHRI) (Greek Reitox Focal Point, 2011:16)*

According to the Greek 2010 national report to the EMCDDA (2009 data), the latest nationwide survey based on a probabilistic sample of the population aged 12-64 years (N=4,774) was conducted by the UMHRI in 2004, through face-to-face interviews and an anonymous questionnaire, (Greek Reitox Focal Point, 2011). The study results highlighted that

*One in 12 Greeks (8.6%) aged 12-64 reports lifetime use of any illicit drug (mostly cannabis). Some 3.8% used it 1-2 times and 4.8% repeated use at least 3 times. The highest rates of lifetime use are reported by men (13.3% as opposed to 3.9% in women), by the age groups 25-34 (12.5%) and 18-24 (12%) and 35-44 (12%), by highly-educated individuals (14.6% as opposed to 10.2% and 5.4% for the averagely- and poorly-educated, respectively) and in Athens (12.4% as opposed to 7.9% and 7.3% in Thessaloniki and in other urban areas, respectively). From 1984 to 2004, the number of individuals reporting lifetime use of illicit drugs doubled, from 4% to 8.6%. (Greek Reitox Focal Point, 2011:16-17)*

In relation to school aged populations, the latest data comes from the ESPAD study, a cross-sectional school population survey (ESPAD) which took place in high schools in six European countries: Bulgaria, Croatia, Greece, Romania, Slovenia and UK. The study sample consisted of 16,445 high school students whose 16th birthday fell in the year of data collection (Kokkevi et al, 2007a). Greece was found to have the lowest prevalence of lifetime use of illegal drugs in comparison to its five counterparts. The latest ESPAD study, conducted in 2011 involved the participation of 38,000 Greek students aged 13 to 19. Study results indicated that 15.2% of participants reported using illicit drugs at least once in their lives, while 9.8% at least three times (EPIPSI, 2012). In comparison to the other 35 participating countries Greece was placed in the group reporting low-levels of illicit drugs use (<http://www.espad.org/en/Reports--Documents/ESPAD-Reports/>).

We will now turn our focus on Greece in the context of the pertinent to the study drug literature.

## 2.10 Drug using career- definition of and discussion of relevant literature

Investigating problematic drug use in terms of the concept of a 'drug using career' is not new to the international drug literature. According to Day and colleagues the concept refers to 'a longitudinal characterisation of an individual's use of drugs over a lifetime' (Day et al, 2008:171). In a selected biography of studies on the drug user career Hunt highlighted the following career characteristics: 'progression of amount of use, a process of increased involvement in its use and the lifestyle surrounding its use and the intertwining of drugs with all aspects of the user's life' (Hunt, 1997:285). Early research on drug using careers was initially conducted in the US with Britain following suit (Bennett and Wright, 1986).

The scholar accredited with popularising the term is Howard Becker with his seminal work entitled 'Outsiders' (Becker, 1997). Becker's discussion was based on previous work and his analysis of 50 interviews with marijuana users (Becker, 1953) - identifying three distinct stages: beginner, occasional and regular user. He also conducted participant observation of dance musicians which he carried out as member of different orchestras to discuss the social life of what he termed a deviant subculture (Becker, 1997). Becker provided valuable insight into the lives of unconventional, 'deviant', individuals. In his book 'Outsiders' he elaborated on the notion of the deviant career, with explicit stages of initiation, continuance and full adoption or rejection of a deviant trajectory.

In his writings one can find a thorough examination of each stage along with what he names career contingencies, namely the factors upon which progression from one stage to another depends. According to Becker, in order to progress from drug experimentation to habitual use, the individual has to 'develop deviant motives and interests' (Becker, 1997:30). Becker postulated that both these notions- motives and interests- are socially learned and as such their acquisition presupposes the participation in a subculture, a deviant subculture, which will act as the 'teacher'. Controls that could inhibit the occasional deviant from progressing into a more regularised pattern of exhibiting the behaviour relate to: opportunity and the necessity of keeping the behaviour secret. From a practical point of view, membership in such groups provides the necessary opportunity- in the case of drug use constant drug supply. In addition, secrecy is achieved by never getting caught in possession of drugs and being able to conceal the effects of the given drug when in company of non-users, both traits that can be learned from the drug use folklore and from the guidance one's new group will provide. A more extreme measure for not being



exposed as a user is to simply limit one's interactions with members of the drug using group. A crucial danger resulting at this stage is that of actually being caught and subsequently branded –labeled– a deviant. Apart from the obvious alteration and deterioration of the labeled individual's public image, a named and shamed situation, there is an equally important, if not more, alteration of self-conception that takes place. According to Becker, the final step in the career of a deviant who does not reject such a lifestyle, is to become a member of an institutionalised deviant group, a membership that is certainly facilitated when one is experiencing the adverse effects of the public disclosure of his actions. A first important consequence of such a membership is that it 'solidifies a deviant identity' (Becker, 1997: 38). The drug user who is confined to participation in drug misusing groups will learn to rationalise his/her behaviour and will also 'pick up' tips on how to continue using drugs with only the minimum of negative consequences. Both these elements can act as factors promoting the perpetuation of drug use. Finally, evident in such subcultures is the 'repudiation of conventional moral values, conventional institutions and the conventional moral world' (Becker, 1997:39).

Becker's position has come to be known as the 'labeling theory' and as a theory has come under scrutiny for not providing causal explanations in relation to the occurrence of deviant acts (Akers, 1968). Nevertheless, Becker in later writings clarified that he never made claims of proposing an etiological theory (Becker, 1997). A further line of criticism refers to 'the neglect of historical, comparative, or structural analysis of deviant activity or roles and the emphasis placed on subculture as compared to the validity of outside contacts' (Davis, 1972:456).

Other studies have also described the lives of samples of drug users and the processes involved in drug using careers (Waldorf et al, 1991; Biernacki, 1986). Waldorf and colleagues, (1991) interviewing 267 persons both users and quitters, offered a discussion of cocaine use trajectories, from initiation of use to problematic use and quitting. Biernacki (1986) focused on recovery processes by interviewing 101 problem drug users who had recovered on their own, highlighting the sequence of changes involved in natural recovery from problematic drug use. Nurco and colleagues also discussed drug using careers based on their work with 238 male addicts, in relation to motivation and opportunity to use drugs and the time spent addicted, in the community and not addicted and finally incarcerated (Nurco et al, 1981a). Focusing on the first decade of addicts' careers, Nurco and colleagues emphasised the variability in drug using careers by proposing that, for their sample, five types of addicts could be identified, in relation to time

spent in the three phases above mentioned. Later work by the same research team attempted to link aspects of lifestyles and types of addicts as well as trends in characteristics and lifestyles over a period of 25 years (Nurco et al, 1981b; 1981c).

Rosenbaum's influential work on women heroin users, based on 100 qualitative in-depth interviews, also employed the concept of drug using careers. According to Rosenbaum the addiction career is divided into five stages:

*(1) An initial stage when people explore drug use lifestyles; (2) a 'becoming' stage when regular visits into the addict life are made as an apprentice; (3) a 'maintaining' phase when opiates are used regularly and the individual takes on an addict social identity and commitment; (4) an on again off again stage when addicts slowly find drug use alternately functional and dysfunctional (this is usually accompanied by regular stays in jail and treatment centers); and (5) a conversion phase when the addict intends to become clean permanently (Rosenbaum, 1981:16)*

However, we should not consider a drug using career as a linear progression from one stage to another until the problematic drug user decides to wean him/herself from drugs; as Maddux and Desmond proposed 'the course of opioid dependence also varies greatly' (1986:53).

Work on drug using careers, traditionally connected with the field of ethnography (Preble and Casey, 1969; Agar, 1973; Taylor, 1993) has also involved epidemiological and survey work (Chaiken and Chaiken, 1982; Anglin and Speckart, 1986; Wish and Johnson, 1986). A first general point of criticism of published work on deviant or drug using careers relates to methodology and the sometimes small, perhaps unrepresentative samples informing ethnographic accounts (Day et al, 2008). Moreover, as such studies most often involve the collection of self-reported retrospective data it has been proposed that reported accounts may not be accurate, although it has also been shown that self-reports of drug users are sufficiently reliable and valid to provide descriptions of drug use, drug-related problems and the natural history of drug use (Darke, 1998).

The present study employs the concept of drug using careers in that it provides a discussion of the ways a sample of Greek problematic drug users reflected on their drug using trajectories from initial involvement with drugs to occasional, regular and then

problematic use. It does not aim or claim to propose specific categories, typologies or linear progression from one reported stage to another.

## 2.11 Families and drug use research in Greece

Families in the drug research field in Greece feature prominently in three fields, epidemiology, prevention and treatment studies. The majority of epidemiological studies simply mention the family as part of participating drugs users' profiles (Anoikto Therapeutiko Programma Strofi, 2000, 2001; Xatzitaskos, 2001; Papageorgious et al, 2002). The following sections discuss Greek studies regarding family and drug use by making connections to the pertinent international literature.

A first point to make here is that pertinent literature often groups together alcohol and drug abuse and thus, many studies have focused on families and substance abuse, although there are exceptions discussed below. It may be supported that drug and alcohol problematic use differ, the legality of the latter being a first obvious point of the divergence. However, as the body of literature often discusses the two together, the presentation of studies below follows the same line. In a review of the literature on families and substance use Orford and colleagues reported on how 'modern history of professional thinking has been dominated by models that view the family members in a negative, pathological light' (Orford et al, 2005a:18). We can speak of three broad perspectives on how families of substance abusers have been conceptualised: the family pathology model, including the co-dependency perspective, the family system perspective and the stress-coping-support model (Orford et al, 2005a).

### 2.11.1 Family pathology Model

The family pathology model has its roots in studies of alcoholics' wives, conducted initially in the first half of the twentieth century (Price, 1945; Whalen, 1953; Pattison et al, 1965; Rae and Forbes, 1966). However, the family pathology model has also spilled over in the conceptualisation of families of problematic drug users (Orford et al, 2005a). According to the model, the onset, development and maintenance of a drug problem by a relative -most often offspring- is closely related to the pathology of his/her family environment -most usually parents.

Families, whether in relation to dysfunction (Friedman et al, 1987; Lewis, 1989), structure (Astone and McLanahan, 1991, 1994; Volk et al, 1989; Hoffman and Johnson, 1998), influence on personality development (Bauman and Levine, 1986), quality of relationships (Seldin, 1972; Jurich et al, 1985) parenting practices (Penning and Barnes, 1982; Dishion et al, 1988) or favorable parental attitudes and normative standards towards substance use (Barker and Hunt, 2004), have been put forward as playing at least a contributory role in the initiation and maintenance of substance use careers (Harbin and Maziar, 1975). Research has also reported on parental substance use being associated with their offspring's use (Jurich et al, 1985; Nurco, 1999), though such evidence may not be straightforward (Barnard, 2007). A recent review of the literature reported on underlying elements of biology, genetics, and social learning that occur in families and contribute to the development of addiction (Cook, 1999). Modeling of family members' substance use was also noted by Risser and colleagues (Risser et al, 1996). However, the family pathology model largely overlooks environmental factors influencing drug use onset and continuation.

In Greece, parenting practices have also been put forward as factors influencing drug use onset (Rousis, 2005), as has been parental indifference (Lambraki et al, 2005). The structure, family roles, relationships between parents and rearing practices have also been highlighted as factors 'mobilizing deviant or addictive behaviours' (Kourkoutas, 2005:102). In a study of 6,130 students, aged between 11 and 16, Theodorakis and colleagues found a positive correlation between being raised by one, or no, parents and adopting unhealthy life styles, including drug use (Theodorakis et al, 2004). Using the EMBU, a measure of parenting rearing practices, Tsarouha compared the experiences of parenting between Greek drug users and a comparable control group (Tsarouha, 2005). The author suggested that participating drug users differed significantly to control group members in relation to their perception of the parenting they had received. Drug users reported that their parents were dismissive and showed no emotional warmth (Tsarouha, 2005). In a study of 152 incarcerated adolescents, Kuriakides suggested a link between parental drug abuse and deviant behaviours in adolescent children (Kuriakides 2001). The author did not make any claims of causal relationships but suggested a link between parental drug abuse, insufficient rearing practices and adolescent deviant behaviours.

Indicative of the conceptualisation of the family as contributing factor to drug use, is a study conducted by Liappas and colleagues, reporting on the attitudes and perceptions of professional workers dealing with addiction problems (Liappas et al, 2000a). In a

sample of 80 hospital doctors and 85 policeman recruited, the vast majority reported that that the two main contributing factors to developing a drug problem were family and personality. A second study by the same research team reporting on current and ex-users' perception on the etiology of their drug use (n=204), suggested that trend was the main reason behind drug use onset, while they responsibility for getting involved with drugs was placed on themselves (Liappas et al, 2000b).

### 2.11.2 Family pathology and co-dependency

The co-dependency perspective rose in prominence in the 1980s in the USA, closely linked with Alcoholic Anonymous theory, although its origins have been linked to the family pathology model (Orford et al, 2005a). This approach suggested that family members may be 'addicted' to the substance user needing them (Cutland, 1998), and their actions and stances towards the substance affected relative could be viewed as symptoms of co-alcoholism or co-dependence (Dittrich, 1993).

Although popular in the United States, with numerous self-help co-dependency groups being founded in the USA and a profound impact on service providers, this approach has been criticised by a number of writers (Orford et al, 2005a). The main areas of criticism of the model are that there is inconsistency in defining the term co-dependency, 'it fails to recognise the stress-related nature of family members' responses and it is negative, blaming and stigmatizing' (Orford et al, 2005a:9). Finally, although clinical descriptions of co-dependency are common, it lacks empirical support (Rotgers, et al, 2003).

In a study using the EMBU, with suggestions placed within the family pathology model, Kokkevi and Stefanis focused on 91 drug dependent males imprisoned for drug related offences in an Athens prison (Kokkevi and Stefanis, 1988). Two control groups were used, the first comprised of 57 imprisoned men with no drug problems and the second of a general population sample of 130 participants. All samples were matched for sex, age and socio-economic status. The authors suggested that

*While few differences were observed between drug dependents and imprisoned controls - father less warm and mother more permissive in the drug dependent group - comparisons of drug dependents with a general population sample*

*revealed more differences between the two populations: drug dependents perceive both parents compared to the general population group as less rejective, very permissive, their mother as warmer and more overprotective and their father more inconsistent and less favouring them than siblings (Kokkevi and Stefanis, 1988:156).*

Placing her proposal from observations of working in the field within the family co-dependency model, Matsa suggested the importance of family relations in the maintenance of problematic drugs use (Matsa, 2005).

There have also been epidemiological studies, within the family pathology model, portraying the family in relation to structure, emotional bonding and drug use by its members, as a factor influencing the onset of drug use by children (Kokkevi, 2003; Rousis, 2005; Zotou and Kopakaki, 2005). A cross-sectional survey on psychosocial issues, drug use, alcohol and health, with a nationwide probability sample of 2,448 respondents aged 12-17 and 18-24, reported that the use of psychotropic drugs with or without a doctor's prescription by family members was significantly related to unprescribed licit drug use. The authors suggested that this finding perhaps reflects the prevalence of mental health problems in the family, leading to consumption of psychotropic medicines (Madianos et al, 1995).

### 2.11.3 Family system perspective

The family system perspective gained its popularity in Europe, about the same time as the co-dependency approach did in the other side of the Atlantic. It has been closely linked to General System Theory, which 'attempts to explain how a system, such as a family, functions as a system through the interdependence of its members' (Vetere, 1998:113). Within its realm the family is viewed as a 'complex system of interdependent parts, each of which affects all the others' (Orford, 2005a:11). In this light, the responses of substance users' family members are not seen individually but rather the family is viewed as whole. The sections below will focus on the work of a few of its representatives to provide an overview of its suggestions and assumptions in relation to problematic drug use.

One of the first people to work within the realm of the family perspective model regarding drug use was Stanton. Based on his observations while working with drug users, Stanton noted that

*The sick or addicted member helps to keep the family, particularly the parents, together through allowing them to unite over his incapacitation. If he improves and begins to individuate, the parents may begin to fight or separate. By becoming sick or re-addicted again, he allows them to reunite in relation to him. In this sense, he is a loyal son who denies himself and rescues his family* (Stanton, 1977:191)

In later work, Stanton and colleagues (1978) conducted a three year long study looking into the family characteristics and family treatment of heroin addicts, involving the participation of approximately 100 addicts and their families of either origin or procreation. Stanton and colleagues' work was informed by an analysis of over 450 videotapes of patterns of family interactions during family treatment sessions. The authors concluded that for their sample 'heroin serves in a number of ways to resolve the dilemma of whether or not the addict can become an independent adult' (1978:134).

Kaufman's work on families of drug users focused on the nature and patterns of relationships amongst family members, especially male drug users and their mothers. In a 1980 article he discussed the 'myths and realities [in the family patterns and treatment of substance abusers] as perceived by the author at this time' (Kaufman, 1980:257) and categorised family relations as 'enmeshed, 'clear' or 'disengaged'. Kaufman's impressions were that these patterns, particularly mother-child enmeshment, antedated and indeed helped precipitate the abuse of and dependence on drugs (Kaufman, 1980).

Working within the realm of Family Systems Perspective, Mercado discussed Asian American substance users and their parents by reviewing existing literature on substance abuse within the American Asian population (Mercado, 2000). The author noted how the relatively low numbers of attendees to substance use treatment services can be attributed to cultural values prescribing that 'problems should be kept within the family, saving the family from shame and embarrassment' (Mercado, 2000:268). Further, unless causing overt problems within the community, the existence of the problem was denied in an attempt to protect and uphold family dignity.

The family system perspective has been criticised on mainly three grounds. Although family system researchers

*have claimed that they were not taking sides, and that both family members and the relatives they were concerned about are seen as being together in being*

*oppressed by the problem, there are times when the system view is difficult to distinguish from the old and long-standing view of family members as pathological* (Orford, 2005a:12)

Moreover, writers within this perspective have acknowledged that some families fit better than others the assumptions made within its domain (Steinglass, 1982). Finally, the perspective has been criticised for ‘failing to acknowledge the social and economic realities of family members’ lives’ (Orford, 2005a:14).

Although the family system perspective has received much attention in the international research field, in Greece it is mostly met in the discussion of the role of the family in treatment. Most of the available literature comes from practitioners’ observations working within the family system perspective and reporting on its benefits (Foster, 2001; Kalarrutis et al, 2001). Reporting on the findings of a study of all counseling sessions conducted between 1998 and 2001 in an open treatment agency in Athens, Pomini and colleagues highlighted the significance of family members in mobilizing the drug user to seek help (Pomini et al, 2004), a finding highlighted elsewhere (Zlatanov, 2005). The role of the family in treatment efforts of its drug affected members has received attention in the Greek research field (Foster, 2004; Shiza, 2005), with suggestions advocating the necessity of family involvement (Misouridou, 2010). An exception comes from Stagaki’s work, where the role of the family as a contributing factor to drug use initiation and maintenance is discussed (Stagaki, 2005).

#### 2.11.4 Stress-Coping Model

The stress coping model may be seen as having its origins in investigations dating back to the late 1950s, by researchers who wanted to put forward a perspective that would contrast the family psychopathology model (Orford, 1998). It has gained popularity in the field of problematic substance use research in the late 80s and 90s with many researchers in the UK, USA and Australia working within its realm (McCready and Hay, 1987; Love et al, 1993; Velleman et al, 1993; Orford et al, 1992, 1998a; 1998b; 2005a; Velleman and Orford, 1990). The Stress-Coping Model expresses a shift in research interests since before its advent, almost no research had been conducted examining the impact on problem drug users’ families (Velleman, 1993:1281). In this context the model is relevant to the current



study which also investigates the impact of problematic drug use on families and the latter's responses to it.

As the Stress-Coping Model has been largely linked to the work of The Alcohol, Drugs and Addiction Research Group at the University of Birmingham, it is perhaps useful to cite some of their studies. Orford and colleagues investigated the ways in which 50 close relatives of drug users tried to cope with the latter's drug use (Orford et al, 1992). The study entailed the use of semi-structured qualitative interviews and involved the participation of partners, parents and siblings, predominantly female, of people with identified drug problems. Through this work, Orford and colleagues proposed an eight-fold typology of coping: 'emotional coping, inaction, avoidance, tolerance, control, support, confrontation and independence', although it was noted that responses and coping actions frequently mixed these pure types (Orford et al, 1992:176).

In a later study, Orford and colleagues only found weak support for their original detailed eight-fold typology of coping actions and revised their assumptions to three ways of coping: engaging to change the relative's behaviour, tolerating it and finally withdrawing from interaction with the user (Orford et al, 1998c).

Conducting semi-structured interviews with 50 close relatives of problematic drugs users, Velleman and colleagues reported on five categories under which the coping of family members could be classified (Velleman et al, 1993). These included, 'being angry or withdrawing from the drug affected family member, being "non-contentious" or "non-confrontative", trying to control the user and finally, trying to protect one-self' (Velleman, et al, 1993:1286).

More recently, Orford and colleagues offered a discussion of all the research projects on the experience of relatives living with a substance user, carried out by the team of the Alcohol, Drugs, Gambling and Addiction Research Group and its associates (Orford et al, 2010). The three broad categories of engaging, tolerating and withdrawing were again put forward, after findings from 2 decades of research projects, involving the participation of over 800 family members- mainly female- of adult substance users were discussed.

The Alcohol, Drugs and The Family (ADF) research program has also worked within the realm of the Stress-Coping model in cross-cultural comparison studies, (Orford et al, 1998b, 1998c; Orford et al, 2001; Orford et al, 2005a). The overarching proposal made by these studies was that living with excessive drinking or drug taking in a close

relative may be seen as a good example of a ‘variform universal’. Variform universals are ‘basic human characteristics common to all members of the species, albeit influenced in relation to their development and display by culture’ (Orford and colleagues, 2005a:220). More particularly, Orford and colleagues proposed that

*Although it is now our view that family members facing drug or alcohol problems share much of the same experience irrespective of the drug, the relationship with the relative (with a parent, partner or other) and the part of the world in which they live, each family member is situated differently, even uniquely, in demographic, social, cultural, economic and other terms (Orford et al, 2005a:170).*

Three main points of criticism may be discussed in relation to the Stress-Coping Model. First, although the model proposes that blame is attached to the behaviour, i.e. substance use, and not the substance taker, it ‘may look as if it places blame fairly and squarely’ upon the latter (Orford, 1998:131). Moreover, the coping perspective, at least initially, had

*little to say about the wider socio-cultural context within which CFMs [close family members] find themselves, nor the large collectives of which they are or could be a part, nor the complex arrangements of affiliation and power relations that surround and interact with their family lives (Orford, 1998:132).*

A final point of criticism may relate to the typologies of coping actions and stances proposed by the proponents of the the Stress-Coping Model. Such typologies provide a useful framework within which family responses can be viewed when these are treated as broad categories of actions. However, we cannot speak of a linear progression from one type of responses to the other. Moreover, there may be actions and responses that cannot be so readily placed in clear-cut categories.

In Greece there have been no published studies describing the coping styles of family members of problematic drug using children. The only relevant paper that could be traced comes from a presentation made at the 2003 Pan-Hellenic Meeting of Prevention Agencies, where Karkanida discussed her experience and observations of working with parents of drug affected children. The author highlighted that ‘when Greek parents ask for help, they have already tried different ways that have not yielded the desired results, they are already disappointed, feel guilty, angry and some are desperate’ (Karkanida, 2003:60).

### 2.11.5 Impact of substance use on families

One of the first studies investigating the impact of drug use on families was conducted under the Alcohol, Drugs and The Family (ADF) research program in the UK and reported on 50 close family members' experiences of living with a drug affected relative (Orford et al, 1992; Velleman et al, 1993). Velleman and colleagues focused on the negative experiences of family members (Velleman et al, 1993). According to the authors, relatives reported 35 distinct types of problematic behaviours posed by the drug user they had been exposed to, with resulting identifiable emotional, financial, professional, physical and psychological problems for the relatives (Velleman et al, 1993).

More recently in the UK there have been a number of studies focusing on the effects of drug use upon family members. The most prominent account comes from Marina Barnard at the University of Glasgow. Having interviewed not only parents of problematic drugs users but also children of drug misusing parents as well as drug users' siblings and extended family members, Barnard's work (2003; 2005; 2007) provides a comprehensive picture of the stresses and strains that families as a whole go through. Describing family experiences as a journey from discovery of the drug problem, adaptation to it and finally expulsion of the drug affected member, the author highlighted the difficulties faced by family members. Barnard's work emphasised family helpless efforts to wean a child from drugs, the effect on families' finances most often through theft from the family home, the shame experienced by family members because of drug users' behaviours, the reported distortion of family roles and the strain on family relationships (Barnard, 2007). The extended family's involvement in taking care of children with drug affected parents, also discussed in Barnard's work, highlighted the effects of this role on family relations and members.

This picture is conveyed by further research accounts. The effects and strains in inter-family relationships have been reported in many studies (Velleman et al, 1993; Scottish Executive, 2002; Duggan, 2007; Oreo and Ozgul, 2007). Within this discussion disagreement on how to handle the drug affected child has been put forward as a prominent feature (Marshall 1993; Scottish Executive, 2002; DIP, 2007; Duggan 2007). The social isolation experienced by parents of drug affected children has been reported in various other studies conducted in different cultural and geographical contexts; in Australia (Toumbourou et al 2001; ADF, 2007) in Italy (Velleman et al, 2008) in Ireland (Duggan 2007). A US study on the social adjustment of 24 mothers and 41 female significant others

of problematic drug users, reported on their disrupted social functioning in comparison to community samples (Hudson et al, 2002). In the UK, findings are similar (Velleman et al, 1993; Barnard, 2005; Butler and Bauld, 2005, Templeton, 2007; Copello et al, 2009). Feelings of embarrassment but also the sheer time required to deal with the various situations stemming from the behaviour of the drug using offspring were quoted as reasons for the withdrawal of the family members from social life (Scottish Executive, 2002).

Theft from the family home has been an overarching theme in studies of drug affected families (Velleman et al, 1993; Scottish Executive, 2002; Butler and Bauld, 2005; Orford et al, 2005a; ADF, 2007; DIP 2007; Copello et al, 2009b) and has been connected to escalation of drug use (Barton, 1991). As Barnard noted in her work, the financial loss, although certainly not to be discarded, was not the main issue for the participating families; the loss of trust and respect, the toll on family relations outweighed any monetary cost (Barnard, 2007). The financial draining of family members has also been discussed in relation to hiring legal services (Sayer-Jones, 2006; DIP 2007), treatment costs (ADF, 2007), family members' employment (Hudson et al, 2002, Copello et al, 2009b), repaying problematic drug users' debts (Scottish Executive, 2002), remedying theft on the part of the user (Duggan, 2007) and in general, bearing the financial responsibility of their children even when the latter do not live in the family home (Kirby et al, 2005; Velleman et al 2008). Families have also been reported elsewhere as taking on 'drug incidental costs, thus innocently or unwillingly, giving money that helps relatives obtain drugs' (Copello, 2009b: 23).

A further recurring theme in studies of drug affected families relates to the negative impact on family members' physical and emotional health (Orford et al, 1998a; Copello et al, 2000a; Scottish Executive, 2002; Barnard, 2005; DIP, 2007; Templeton et al, 2007; Orford et al, 2007; NTA 2008; Toumbourou et al, 2001; Duggan, 2007; Spear and Mason, 1991; Ray et al, 2009; Pearson, 2000). Studies focusing on the rate of utilisation of health services by families of problematic drug users have reported it as higher than those of average families, both in Canada (Svenson, 1995), but also in the neighboring United States where the rate was reported potentially four times greater than that of the control groups (Lennox et al, 1992). In the UK, the first attempt to estimate the number of adult people living with a drug using relative and the costs burdening drug affected families was carried out by Copello, Templeton and Powell (2009b). The resulting report highlighted the health problems family members face (Copello et al, 2009b). In addition, based on the study by Ray and colleagues mentioned above, Copello and colleagues provided an

estimate of annual excess healthcare cost for UK family members, coming to £450 per family member. Finally, in 2007, Oreo and Ozgul examined the grief experience of parents of adult problematic drug users, and its relationship to parental health and well-being, parent-child attachment and family communication, by interviewing 42 mothers and 7 fathers of problematic drug users (Oreo and Ozgul, 2007). The findings of their study highlighted the profound emotional distress resulting from grief experienced over the children's drug problems.

The current study also describes the impact of sibling drug use- albeit to a lesser extent. In this light, relevant studies from the international literature are briefly discussed below. The impact of sibling drug use is an area which has recently received research attention. Although there have been studies reporting on the influence of older siblings drug use on younger siblings' drug uptake and use (Brook et al, 1989,1991; Fagan and Najman, 2005; Bierut et al, 2008), research on the actual experience of living with a drug affected siblings is scarce.

A notable exception comes from Marina Barnard's work (2005). The data informing her discussion was derived from a two year project involving the participation of 64 individuals: 24 problematic drug users, 20 parents of problematic drug users and 20 siblings, all younger brothers or sisters of a drug affected sibling. A first reported impact was on the relationship between siblings: the difference between the 'normal' way non-using children expected to relate to their siblings and the reality of 'that once drugs took centre stage then everything else, including them, was of secondary importance' (Barnard, 2005:18). Accounts of disagreements and conflict were frequent and non-using siblings also reported being protective and supportive towards the parents, something that led to further conflict. Worry over the well being of the drug affected siblings was also a recurrent theme in Barnard's study. Feelings of embarrassment and shame were prominent as well as the general sense that

*that an elder, particularly male, sibling ought to be protective of the family interests. Their behaviours, far from being protecting, could expose younger siblings to the violence of others* (Barnard, 2005:24)

A final element considered in Barnard's study was the risks posed by unwilling or deliberate exposure to drugs.

The impact of sibling problematic drug use and family coping styles in Vietnamese families, has also been discussed (Webber, 2003). Webber's work involved the participation of two cohorts- seven Vietnamese young people (18-24 years old) and a group of five Vietnamese mothers. The study aimed to report on 'how young people and parents in the Vietnamese community saw the issues confronting siblings of illicit drug users' (Weber, 2003:233). Anger and resentment towards the drug affected brother or sister for disrupting family life and shaming the whole family, was a recurrent theme across siblings accounts. Running through the accounts of both siblings and parents were fears about the well-being of the drug affected member. Parents also spoke of their fears that the younger siblings were at risk of drug uptake because of their exposure to drugs. Families faced financial problems, usually arising from theft within the family home. Confronting and talking to the drug affected children was found to be difficult for Vietnamese parents as it was 'inconsistent with cultural norms about the way that Vietnamese parents and children interact (Webber, 2003:273). The article finally discussed factors influencing support seeking in their samples. Again, the notion that family issues should be kept within the family home was an overarching theme. In respect to accessing information, parents were portrayed as more likely to listen to an older member of the community of the family. However, issues of shame and fear of being labeled a bad parent restricted disclosure of the problem. A point of criticism to Webber's work may relate to the very small number of participants. Moreover, no fathers participated in the study although as the author notes, 'while it was hoped that some fathers would come to the focus groups, this did not occur mainly because in Vietnamese culture children's day to day care is seen as the responsibility of women not men' (Webber, 2003:233).

Accounts of the impact of drug abuse on families are practically nonexistent in Greece. An exception to this is the work of Georgakas, who studied the children of drug dependent members (Georgakas, 2000; 2002). The quantitative research involved the participation of 55 children, aged 6.5 months to 11 years who had one or both drug using parents. Georgakas discussed problems arising from prenatal exposure to drugs and a family environment of impaired interpersonal relationships and negative feelings. The results of the study indicated that the children appeared to have been influenced by their living conditions, and reported high levels of sensitivity, disobedience, need for protection, jealousy, anger, phobias, difficulties in contact and concentration.

## 2.12 Conclusion

The aim of this chapter was to provide the context within which the current study took place. In this light, preceding pages sketched out a picture of the socio-political, cultural and historical milieu that constituted the study background. Greece was portrayed as a country negotiating its identity through processes of a globalised world, by hanging on to those cultural elements that have traditionally accompanied and aided its people. Immigration, migration, urbanisation and modernisation have undoubtedly created new settings within which behaviours are enacted, lives are experienced. However, these new settings are heavily coloured by traditional practices and seem to have left largely untouched the *οἶκος*, the prominent institution of the Greek family.

This chapter also discussed research relating to families of substance users and drug using careers by making connections to pertinent Greek studies. Through the review of the pertinent Greek drug literature, a void has been identified pertaining to families and drug use in Greece. To date, there have been no studies investigating the interplay between families and progression of problematic drug using careers in the country. In this light the study aims to add to the breadth of knowledge. Further, the findings of the study are expected to be both useful and usable within the realm of the evidence based approach to both policy and practice. It is hoped that the discussion of the findings of the current study will lead to an appreciation of the issues discussed, to be used in the design and delivery of effective policies within the Greek and the European context.

The next chapter discussed the methodology of the study and reflects on issues around conducting research in the Greek context.

## **Chapter 3**

### **Conducting research in the Greek context**

#### **3.1 Introduction**

This chapter describes the rationale behind the current study, its aims and the methods employed. The chapter continues with a description of study sites and presents the rationale behind the decision to conduct the study interviews in two stages. A discussion around issues of recruitment of participants follows. Reflections on each of these issues are presented alongside their discussion. At the same time, this chapter provides a window into the research culture and drug field in Greece by recounting the experience of conducting the current study. The final section is devoted to the analytic procedures employed for the purposes of the current study.



### 3.2 Research questions

This study set out to map the experiences of men and women problematic drug users in Greece. The study intended to recruit 40 problematic drugs users, as it was believed that patterns would emerge within this number of interviews. This number was also decided upon taking into consideration time limitations and the fact that the study would be conducted by only one person. The final sample of the study consisted of 40 problematic drug users, (PDUs) and 8 parents of PDUs. The first aim of the current study was to record and present narratives of Greek men and women PDUs as they moved through initial involvement with drugs, occasional to regular use, problematic drug use and treatment where I met them. The research explored the interplay between cultural identity and problematic drug use. In a family-oriented society, such as Greece, it was deemed necessary to map out the ways families reacted to but also were impacted upon, by their children's involvement with drugs

More specifically, the current study addressed the following questions:

- How do Greek problematic drug users describe their drug using careers from initial involvement with drugs to occasional, regular and then problematic use?
- How do Greek families respond to and cope with a child's drug use?
- How do these family experiences feed into and shape the progression of drug misusing careers of Greek men and women at their various stages?
- What are the reasons behind getting treatment in a sample of Greek problematic drug users?

### 3.3 Methodology

The study design comprised of the use of semi-structured qualitative interviews with problematic drug users (PDUs) and PDUs' parents. The interviews entailed the collection of narrative autobiographical accounts, focusing on significant drug using career events, commencing with the participants' first involvement with drugs, throughout the stages of their problematic drug using careers to the day the interviews were held. The same time line was used in interviews with parents of problematic drug users. The decision to employ qualitative methods was based on the aim to explore the above mentioned processes. As the study was concerned with recording interviewees' own perspective of their drug problem, qualitative methodology was considered the most

appropriate research tool (Rhodes and Moore, 2001). To borrow from Neale and colleagues, qualitative methodologies have

*proved very valuable in demystifying drug and alcohol use and replacing stereotypes and myths about addiction with more accurate information that reflects the daily reality of substance users' lives* (Neale et al, 2005:1586–87).

In this light the collection of narrative autobiographical accounts was decided upon.

### 3.3.1 Development of interview schedules

The interview schedule was initially constructed around four main markers, always in relation to the issues of family and self-perception: initial involvement with drugs, progression to the stages of occasional and then regular use and finally, problematic drug use. Within these markers issues around family relations, family reactions and influence on progression of problematic drug using careers were investigated. Moreover, identity perception, its influence on and the ways it was affected by progression to each one of these stages was investigated. Constructing the topic guides was an evolving process: questions were added and re-shaped as the study progressed. Interview questions were initially informed by theoretical concepts central to the study as well as by pertinent bibliography. As the study progressed additions to the topic guide were made referring to concepts and issues which emerged from the recorded accounts. More specifically, the topic guide for interviews with drug users entailed:

- life circumstances just prior to first involvement with drugs
- first contact with drugs and how this developed
- shift to problematic use
- treatment efforts and relapse
- future plans

The men and women participating in the study were asked about the way they viewed themselves and the ways their families viewed and reacted to their drug use. Furthermore, interviewees were asked about their social circles, how these influenced and were influenced by the progression of their problematic drug using careers. A copy of the interview schedules research prompt can be found in Appendix I.

Admittedly, conducting interviews with drug users in treatment may carry the risk of recording post-hoc rationalisations of their history and this invites cautions in making claims about their accounts of their past. The fact that the study also involved interviews with parents of drug users, or ex- drug users, allows room for more confidence in the claims of the study. However, this inherent problem of post- hoc rationalisations needs to be borne in mind.

### 3.3.2 Narratives

The current study collected oral autobiographical narratives generated through interaction (Bertaux and Kohli, 1984), in this case interaction borne out of interviewing. Gaining access to the narratives of problematic drug use, whether as the actor or the recipient/observer in parents' case, was what this study aimed to do. Collecting personal narratives was chosen as the most appropriate methodology for offering 'ways of expressing experience and as reality can only manifest itself in us as experience, narratives are fundamental in human existence' (Steffen, 1997:104). In drug research, the collection of autobiographical accounts has been used extensively, with prime examples being Becker's seminal study 'Outsiders' (Becker, 1997), and Lindesmith's 'Opiate Addiction' (Lindesmith, 1947).

### 3.3.3 Reflections on the selected method

As Goffman points out, 'given the state any person has reached in a career, one typically finds that he constructs an image of his life course, past-present-future, which reflects, abstracts and distorts in such a way as to provide him with a view of himself that he can usefully expound in current situations' (Goffman, 1961:139). In the current study, participants had to reflect on a socially stigmatised behaviour. Moreover, perhaps being in treatment meant that they were at a stage where they supposedly had to 'denounce their old ways', either to justify their presence or really engage in the treatment setting where I met them. Taking this into account, recording accounts of 'apologia' (Goffman, 1961), was, to an extent, unavoidable. 'Selective presentation' of events has been noted elsewhere especially in relation to problematic drug users and their family members' self-reports (Gibson et al, 1987). This then invites the question of how can one assess whether such

subjective reflections are internalised to produce a behavioural universe or are just performances being put on. Especially in the initial stages of the study it became painfully obvious that mainly because of my inexperience and resulting reluctance to challenge what I was told, I was recording accounts of excusal tales. As the study progressed, intense and careful listening, adopting a critical stance and using continuous probing and of course knowledge that comes from experience, enabled me to gain more confidence in distinguishing between tale and story. However, this does not mean that I was always able to differentiate between the two.

Some further problems, inherent to the method employed, relate to the distance in time of the reports to the reported events. This was inevitable in this study as participants were only interviewed once. An alternative research design, of a longitudinal study following participants as they progressed throughout the stages of their drug using careers, to record data as they take place, was out of the scope of the current study. This was because the current study was conducted by only one researcher and within the time frame of a postgraduate degree.

A further issue was gaining access to prospective participants and locating places where I would meet the men and women that would answer my questions. The section below describes the process of study site selection and issues concerning the selected study sites.

### 3.4 Study Sites and interplay between the sites, the study and me

The choice of sites was dictated by a variety of reasons, taking into account what was pragmatically possible. The first contact with service providers was made in October 2005, when a pilot of this study took place. Apart from psychiatrists or psychologists treating drug users privately, all of the Thessaloniki's four drug treatment agencies were contacted requesting access. Narcotics Anonymous do not hold meetings open to the public and as such they denied access. OKANA, the National Centre Against Drugs, mainly operates methadone dispensing clinics and recruiting from such facilities was thought to be rather difficult, since clients come and go. KETHEA was rejected on ethical grounds, since the research contract I was asked to sign specifically asked me to hand over audiotaped data to the Centre, thus breaching any promise of confidentiality I needed to offer to the people I was going to interview.

Access for the pilot, and subsequently the study, was provided by the Multi-professionally staffed Consultative Centre of the Psychiatric Hospital of Thessaloniki and the Scientific Director, Mr Petros Alectoridis, after referral by Professor Maria Dikaiou, Department of Psychology, Aristotle University of Thessaloniki. In effect, ‘snowballing techniques’ led to the second agency that proved to be the main point of recruitment for the first part of this study, the drug detoxification unit of the Psychiatric Hospital of Thessaloniki. Mr Alectoridis introduced me to the Director of the unit and so the study began there too. Both agencies offered for the interviews to be held at their premises. This provided a solution in terms of practicality and safety. Some of the possible effects of this decision are discussed below.

An initial concern relating to sampling and recruitment involved the level of counselling received by prospective participants and whether this would mean recording the counsellors’ instead of the interviewees’ discourse. Nevertheless, given the fact that problematic drug users frequently follow a ‘revolving door’ course in regards to being in or out of treatment or the type of treatment approach adopted, this concern was dismissed as a possible bias on the recorded data. Initially, I had thought to give a payment to participants to cover their time, as it has been suggested elsewhere (McKeganey, 2001) and also to increase motivation to participate in the study. However, as I was informed by the agency directors, this was not acceptable in Greece and could have created problems in obtaining permission to conduct the study in public services. In this light, this plan was abandoned.

### 3.4.1 The Centre

The Centre is really a referral unit, a corridor to other agencies. Clients who, for the most part, were still using drugs were there to be placed on waiting lists. This had implications for what the problematic drug users, but also their parents, expected to ‘gain’ from participating in the study. Every attempt was made to clarify that I had no connection to the Centre and participation had nothing to do with entry to other facilities. However, during the pilot it became evident that I was perceived as an ‘agent’ of the agency and so there was a propensity to present a ‘polished’ picture of the drug user. The only way out of this was to move the interviews with the problematic drug users to a time when date of admission to the detoxification facility was already known and close.

This attitude from clients and providers might possibly reflect the way in which Greek people expect to relate professionals or public agencies. In Greece, it is a widely known fact, albeit an unfortunate one, that patients in Greek NHS hospitals ‘tip’ doctors for services that are freely available to them and places on waiting lists are often a commodity (Liaropoulos et al, 2008). The Greek reality as far as civil services are concerned could be viewed in terms of power relationships, in that the completion of any given task, often depends on the willingness of the civil servants involved, to actually promote or facilitate its completion. During the pilot study, I conducted an interview with a couple, parents of a problematic drug user I also had the chance to interview, during which I got the distinct impression that they were trying to stress how deserving he was of a place in the detoxification facility.

Before presenting data I would like to note that throughout this thesis, all names used in quotes from interview data are fictitious. The abbreviation M.F is used to introduce my questions or probs.

*-Because he is such a good boy, naive, good at heart, he just gets carried away by the others, that's the problem, the environment here, he just needs a chance to get away from them.*

*Parent: Vlasis' step mother*

*-We sent him to the village now, to clean up until he gets called in at the detox. I'll give him a call, you'll see he's there now, let me just call him, wait*

*Parent: Vlasis' father*

Speaking of their son in favourable terms is something to be expected, but calling him so I would see that he was indeed in his natal village and making an effort to stay off drugs, may have been linked to his parents' attempt to paint a picture that I would then convey to the agency responsible for allocating places in the detox facility. This was despite my efforts as to make clear from the beginning of the interview that I had no connection to any treatment decisions or the Centre itself.

A further effect of the setting again relates to the Centre's way of operating. As time went by and I had a chance to observe the workings of the staff, it became obvious that their contact with the clients was limited to intake and there were very few follow up sessions until the client reached the subsequent agency. Moreover, it was a contact involving the ‘preparation of the client’, gathering the necessary documents for admission and setting up routine urine tests. Clients and workers did not have the time to develop a

rapport, let alone a relationship. The effect of this became evident during the pilot when two participants were rather puzzled by the difference in style between me and the counsellors they had previously met; they did not know how to react to a relatively informal talk in the formal setting of the Centre. Note that Eirini below, as all others, had been given the study information letter, explaining what was going to happen during the interview.

*-So you want to like, to talk? How talk? Like you want to fill in like forms again?*

*M.F: I just want to ask you some questions and talk about your life as a drug user, like a conversation, is that ok?*

*- Ah...yeah, I expected that it would be like what they usually do, fill in forms and such, that's what they usually ask us*

*PDU: Eirini [female, interview 37]*

As mentioned above, a first issue was that I was different. In relation to the agency staff I was about at the right age, of the same or higher education but distinctly different in appearance and behaviour towards the clients. I intentionally dressed as casually as possible and spoke the clients' rather than the workers' language. A certain ambivalence concerning my role was suggested by the frequency of questions by the staff in relation to my future employment plans.

### 3.4.2 The detoxification unit

The detoxification unit, or detox as it is called, is located within the premises of the Psychiatric Hospital of Thessaloniki. It is housed in a restricted-access building and consists of offices, dormitories for residents and a recreation area with TV, pool table, table tennis and fuse ball machines. Clients stay there for about a month, during which they go through physical detoxification. They may then join the Therapeutic Community of Carteres, a residential rehabilitation program, or the Open Support Groups, through the multi-professionally staffed Consultative Centre. It is not obligatory to join a therapeutic program on exiting the detox and clients may leave the unit before they complete the required period of stay. As noted above, I was introduced to the Director of the unit, Miss Kakia Nikolaou at the Centre. I informed her of the aims and procedures of the study and she agreed to provide access to the clients of the unit. In addition, she informed the clients

that a study would be taking place in the unit and that clients were invited to participate. Interviews were conducted in the afternoon, just after 'nap time', five days a week. Participation was completely voluntary. The client group consisted of adult problematic drug users. The only criterion was that I met clients during or after, the second week of detoxification since that was deemed more appropriate timing.

The detox unit provided a much more 'suitable' place for the study than the Centre. The clients there were not in 'agony' over an admission date. They participated during their free time, perhaps in order to fill that free time. Moreover, the fact that interviews were held during afternoon hours distinguished the study from all therapeutic sessions, which were held in the morning. Prospective study participants were staying in the unit and appeared relaxed and this was reflected in the relationships among junior nursing staff and clients, although senior medical staff apparently retained a more distant relationship.

There was evidence of ambivalence about how I was perceived by clients within the context of the facility. The men and women I met had obviously secured their place in the facility and were thus not expecting anything in relation to gaining entry. However, I was sometimes asked for my opinion or advice on issues that arose during the interview, and thus I had to clarify that this was not my role. This could have possibly been an effect of the setting, being a treatment facility. Discussing ambivalence in relation to her positioning, Barnard suggests in her unpublished PhD thesis that 'another possible explanation for why drug users assumed a therapeutic role for the researchers is grounded in a common sense understanding of purpose' (Barnard, 1992:45). It then may be the case that a 'casual' conversation, as a qualitative interview may be perceived, about drugs with a non-drug using person could only be attributed to counselling. This may especially be the case in Greece where qualitative drug research is not common. A further issue that emerged was my role as a 'bridge' between staff and clients. Twice I was asked to intervene to get staff to 'satisfy' interviewees' requests, where again I made clear that I could not do that.

*-Yeah, and I asked them to give me a sedative and they won't and my brain is going mad, my eyes, look at the circles underneath them*

*M.F: I don't know anything about their policy here. Could you...*

*-But I am 47 years old, I am not 18, nor 25, nor 35, I am 47, if they give me this pill you will see my expression changes, now it's all wild*



*M.F: I get it but I'm sorry I cannot do anything about it, I have nothing to do with all this*

*PDU: Thomas [male, interview 10]*

I had no such requests by agency staff to act as a bridge between staff and clients.

My effect on the detoxification unit was rather different, in comparison to the situation at the counselling centre, mainly because my interviewing style was rather in tune with more relaxed interactions there. I was a postgraduate student among the paid and contracted staff. I never received any comments comparing me with the staff. The impression conveyed by participants was that talking to a 'new face' was a welcomed change. What did come up on two occasions, after completing the interviews with two men, was that they had new issues to discuss and explore during their counselling sessions which they both felt had arisen during the interview process.

### 3.5 Recruitment

At the beginning of the study, the recruitment of prospective participants was opportunistic, with the intention to recruit 40 problematic drug users. As the study progressed recruitment became largely purposive, especially in relation to women since there was under-sampling of women problematic drug users. The sample was selected according to their own self-definition of being problematic drug users, resting on the assumption that they were facing some sort- whether family, legal or personal- problem, which led them to seek drug treatment, where I had the chance to meet them. This was decided upon since objective definitions of problematic drug use were not of interest to this study, rather, the focus was on participants' own subjective belief about the problematic nature of their drug misuse; such line of reasoning is met elsewhere in the literature (McIntosh, J. and McKeganey, 2000b, 2001).

However, apart from their self-definition, the fact that, during the current study, participants were receiving drug treatment after having been evaluated by agency staff further reflects their status as problematic drugs users. Table 1 below presents a first picture of participants, according to gender, age and family's social class. In Table 1 and in the column titled 'Family's social class', 'M' stands for middle class and 'W' for working class. All families belonged to either middle class or working class. Greek middle class is

defined here as composed of ‘small business owners, crafts people self employed professionals and civil servants’ (Petmesidou, 1991:40). A detailed profile of interviewees is presented in the next chapter of this thesis.

Fictitious name given	Interview Number	Gender	Age	Family's social class
Magda	1	F	28	W
Kostas	2	M	28	M
Alexis	3	M	25	W
Manolis	4	M	32	M
Stamatis	5	M	35	W
Thanassis	6	M	32	W
Savvas	7	M	33	M
Anastasia	8	F	20	W
Katerina	9	F	33	W
Thomas	10	M	47	W
Giotis	11	M	23	M
Paraskeuas	12	M	28	M
Sotiria	13	F	24	W
Tasos	14	M	24	M
Chrisa	15	F	28	M
Mihalis	16	M	28	M
Vassilis	17	M	26	M
Haris	18	M	32	W
Thodoris	19	M	28	W
Giorgos	20	M	28	M
Panagiotis	21	M	27	W
Kosmas	22	M	46	M
Simos	23	M	36	W
Vassiliki	24	F	32	M
Vlasis	25	M	29	W
Giannis	26	M	26	M
Stefanos	27	M	29	W
Maria	28	F	24	W
Andreas	29	M	24	M
Nikos	30	M	23	M
Giota	31	F	24	M
Rania	32	F	23	W
Mina	33	F	24	M
Hara	34	F	23	M
Annita	35	F	25	M
Antigoni	36	F	30	W
Eirini	37	F	28	W
Athanasia	38	F	34	W
Vagia	39	F	29	M
Christina	40	F	30	M

### 3.6 Procedure

Both in the Centre and at the detox, prospective interviewees were given the research study information letter informing them of the nature, aims and procedures of the study. They were then given some time to go over it, ask any questions and decide whether they wanted to participate or not. Through the letter, participants were informed that I had no connection with the counseling center or detoxification unit, that the research was conducted independently of the program they were attending and that it was carried out for the purpose of a university research project. In addition, they were assured that the research was strictly confidential and that the interviews would be listened to and transcribed only by the person who was conducting the interviews. The service would not be given access to this information. Finally, participants were told that no information from the interview that could identify them would be used in the final report. A copy of the information letter used can be found in Appendix II of the thesis.

For the men and women I met at the Counselling Centre, the information letter was usually given upon their arrival for one of their meetings with the counsellors. The interviews were usually held immediately afterwards. In some cases, a new appointment was made to conduct the interview, although in most of these cases the men and women did not turn up.

Upon their agreement to participate, I led the men and women into a room provided by each service where I introduced myself again, asked again whether they had understood what was asked of them and gave them the consent form to sign. Before obtaining written consent I would again stress that all information shared would be kept confidential, their real names would never be used and that our conversation would be audio-taped. I offered coffee, told them that it was OK to smoke and started the interview. I used a predefined interview schedule which included questions on the development of their drug using careers, the role of their families in this progression, the perceived effect of their drug use on their families and finally on the ways they perceived themselves during the various stages of their problematic drug using careers.

Interviews usually lasted an hour. Upon ending the discussion, I would ask participants whether they had any questions and thank them for talking to me. Usually participants welcomed the opportunity to have a relaxed conversation, perhaps because of

the difference between the current study's procedures and the quantitative research they had experience of. Indicative of this is Panagiotis' reaction upon meeting me:

*-So, now I'm like a guinea pig? Be honest!*

*M.F: Ok, I see you're being very positive about this... [Laughter]....I believe that people who use know better than anybody about using, so who else was I going to interview? If you want to call this being a guinea pig, than ok I'll accept the term*

*-I accept that too, I can understand that*

*PDU: Panagiotis [male, interview 21]*

A novel experience for participants was signing the consent form (found in Appendix II). Ethical approval for the study was obtained by the Ethics Committee of the Faculty of Law Business and Social Sciences of the University of Glasgow. As I found out, in the Greek research field compiling information letters and consent forms is not always deemed necessary and is by no means standard practice. Participants had never been asked to consent to their participation in a study. In some cases, I had to explain again why I was asking for their signature, since some were reluctant to provide it. Upon ending each interview detailed field notes were kept as it was decided that these would provide valuable material for later reflection.

### 3.6.1 Rationale behind the two stage interviewing process

The interviewing process of this study comprised of two distinct fieldwork stages. Table 2 below presents the number of participants in each stage. The majority of participants in both stages were interviewed while in the detoxification unit. However, especially when sampling purposively to include more women in the study, interviews were also held in the assessment centre.

Recruitment	PDU	Parents
Stage 1	19	2
Stage 2	Interim Revision of	Analysis Sampling Procedure
	21	6
Total	40	8

The decision to divide the fieldwork into two stages was taken in order to provide sufficient time to reflect on the data, to comprehend the issues in question and as such ensure their thorough investigation. In this sense, I aimed to achieve ‘a dialectic interaction between data collection and data analysis’ (Hammersley and Atkinson, 1995:205).

This proved to be a wise decision as it turned out that some central issues emerged during the interim analysis, which needed further exploration. The interim analysis clearly suggested the significance of family and the vital role of parents’ reactions and actions in influencing the progression of participants’ drug misusing careers. Moreover, the narratives indicated that participants’ identities as Greek sons and daughters were important to the way they viewed themselves as well as to the progression of their drug using careers. A period of reflective discussion with my supervisor suggested a need for a more rounded perspective on the interactions between problematic drug users and their families that was not entirely dependent on the problematic drugs users’ perspective. This led to a further change to the research design, which was to include at this point, after the first stage interviews, interviews with problematic drug users’ parents. This was done with the aim to get another side of the story. The perspective of the parents in a very family orientated society seemed very important. Moreover, this inclusion in the study design related to the theoretical orientation of the study itself. Following an interactionist perspective, identity is here viewed as the result of a reflective process of the reactions of others towards self born through interaction (Mead 1967; Blumer, 1969). Since the family plays such a prominent role in Greek people’s lives, it was decided that their responses and thus influence should be recorded. The section below describes issues around contacting problematic drug users’ parents in the Greek context.

### 3.6.2 Contacting Greek parents

This stage was initially designed in such a way as to include interviews with the parents of participating problematic drug users. More particularly, on completion of an interview I asked participating drug users permission to speak to their parents. Most often, I was given permission and contact details immediately. I then sent a letter informing parents about the study, its aims and procedures and called a few days later to answer any clarification questions as well as ask them if they were willing to participate. Sometimes the problematic drug users requested that they would be the ones to talk to their parents

about the study and I was to call them later, after an agreed date, to go through the details of the study and ask for their participation. For the most part, interviewees asked me to contact specifically one of their parents, in all occasions their mothers. It should be stressed that both problematic drug users and their parents were informed that no disclosures of the reported accounts would be made to either side. A copy of the information letter used for parent interviews can be found in Appendix III of the thesis.

Unfortunately, although problematic drug users were willing to permit such contact, parents were rather reluctant to talk. Of the 13 parents that were contacted in the above mentioned way, only one couple agreed to participate. It should be noted that they were the parents of a user on the waiting list to get into the detox, highlighting possible implications for their motivation to participate. All other attempts to interview parents in this way were unsuccessful. They would decline or be absent, or simply not open the door, when I visited their homes on the pre-agreed time and date. Upon reflection, this might be attributed to issues of shame.

In light of these difficulties there needed to be a different approach. Instead I tried to contact parents of problematic drug users more generally through organised parent groups. Access to such groups was granted by the Psychiatric hospital of Thessaloniki, through a support group which was run for parents. KETHEA also runs parent groups. Nevertheless, it was rejected on ethical grounds, as a condition for access was to allow them to have copies of the audiotaped material collected for the study.

Organising the parent group meetings faced similar problems to the study. Parents were simply not willing to participate, in most cases coming to a first meeting and then dropping out after their children gained entry to the detox. In the end, I had the chance to speak to all group members, (n=6 mothers), who attended on a regular basis. Prior to these interviews, parents were given a letter informing them about the study, its aims and procedures and were asked for their written consent. A copy of the information letter used for parents' interviews and consent form can be found in Appendix III of the thesis.

All 6 mothers from the parent group were interviewed alone at the counseling centre. The interview with the parent couple was conducted in their house. The topics covered during the semi-structured interview were developed from pilot work and the interviews with problematic drug users during the first stage of the study. These topics included the history and development of the problem, the effects on the family and how they had coped,

reacted and acted during the various stages of their children's problematic drug misusing careers. A copy of the interview schedules research prompt can be found in Appendix I of the thesis.

Although, small in number, these interviews provided a helpful perspective as far as the issues investigated in this study were concerned. In one sense they provided a form of 'respondent validation' in that apart from providing a window into parents' experiences, they also helped in the process of 'checking the inferences drawn from one set of data sources [in this case the interviews with problematic drug users] by collecting data from others' (Hammersley and Atkinson, 1995:230). However, their primary purpose was to allow for a more rounded perspective on problematic drug use and families. Moreover, they enabled a shift towards a much more critical appraisal of the narrative data collected during the second stage of interviewing. During this second and final stage, I conducted 21 interviews with problematic drug users, following the procedures described above. Moreover, in this second stage, I purposefully tried to recruit more women, in order to have a more gender-balanced final sample, although this proved to be extremely time consuming, given the small number of women contacting drug services.

A limitation of the study relating to its sample, involves the lack of interviews with siblings or extended family members of participating drug users. Admittedly, recruiting siblings and extended family members would give a more comprehensive picture of family responses, impact upon family life and family dynamics. However, in light of the difficulties faced in recruiting parents, such a design was abandoned because of the time limitations of the study. It should be noted that although a sibling group does operate in the city of Thessaloniki, it is run by KETHEA. As discussed above co-operation with KETHEA was rejected on ethical grounds. Accounts relating to siblings and extended family members are included in the study but it should be taken into account that any such reports are exclusively derived from parents and drug users.

The final sample of this study comprised of 48 men and women, 40 problematic drug users, (PDUs) and 8 parents of PDUs. In all cases interviews were audiotaped and, after transcription, audiotapes were destroyed as was promised to participants.

### 3.7 Situating interviews and managing impressions

A further point that needs to be discussed is the way interview data was conceptualised in the current study. Silverman discussed how interview data within the realm of positivism can be seen as ‘giving access to facts about the world’ (Silverman, 2001:86). This viewpoint proposes treating data as giving access to some objective reality and perhaps part of the interview data can be treated this way, for example the time when an event occurred. However, participants’ reports may also be treated as the result of the active construction of the issues discussed, the narratives of events, between interviewer and interviewee. During the interviewing phase of the current research I tried to move past the collection of data as mere facts and events and gain access to the constructed narratives describing study participants’ world and self-view. In essence, the ‘situated meaning of words’ (Gee, 2005:53) was picked upon during interviewing. As Gee describes ‘the meanings of words when we look at them in the actual context of use are not general. Rather words have different specific meanings in different contexts of use’ (Gee, 2005: 52). Perhaps an example would be useful at this point to illustrate the point I am trying to make. The word ‘*filotimo*’, which will be discussed in detail in the 8<sup>th</sup> chapter of this thesis, took on different meanings in participants’ narratives depending on the context within which the word was used. Merely recording when the word was used and treating it as carrying one, objective meaning which did not vary in different contexts would have resulted in a lost opportunity to access participants’ construed narratives about themselves, ‘to access the practices of the sociocultural group’ (Gee, 2005:60), to which they belong.

Moreover, discussing meaning in the interview process Holstein and Gubrium proposed that

*Meaning is not merely elicited by apt questioning, nor simply transported through respondent replies; it is actively and communicatively assembled in the interview encounter. Respondents are not so much repositories of knowledge-treasures of information awaiting excavation- as they are constructors of knowledge in association with interviewers* (Holstein and Gubrium, 2004:141)

In the current study this ‘active’ character of interviews was reflected upon and they were treated as a ‘kind of improvisational performance’ where ‘the production is spontaneous yet structured-focused within the loose parameters provided by the interviewer, who is also an active participant’ (Holstein and Gubrium, 2004:152). In this



sense, I had to realise and acknowledge my role as a co-creator of meaning, since participants' reflections were produced by my provocation and since further questioning on my part was created in the process by listening and interpreting the stimulated participants' narratives. By recognising the role of the researcher as 'an actor in the research process we open the way to recognition of the power relations within which the researcher is located' (Holland and Ramazanoglu, 1995:131). In this respect we must speak and take into account my position in terms of age, class, gender and ethnicity and how all this influenced interaction between participants and me as well as interpretation of interview content. Interpretation of meaning can be again discussed in this context since my experiences, values, and self-identity may have acted as 'filters' through which my interpretations were made and in turn produced my responses which in essence guided the interviews I was in power of conducting and steering. Realising this issues of power and my standpoint in relation to interviewees, or how they might perceive this standpoint, hopefully resulted in an, as much as possible,

*collaborative interactional process in which the work consists of the construction of meanings with reciprocal inputs from researcher and the researched, arriving at agreed conclusions on interpretation of the content or data of the research* (Holland and Ramazanoglu, 1995:135)

Perhaps it is now time to turn our attention to impression management issues. Russel and colleagues have suggested that research relationships are situational accomplishments that reflect the specificities of the field – a dynamic interplay of site, researcher and participants (2002). Impression management proved to be one of the most demanding issues in my study since it was created by the very circumstances of the setting. The image of the researcher was independent but it was also affected by the site of the study and at the same time created the conditions in which data was recorded. My experience of the process highlighted the reciprocal character of such an interaction; my image was feeding in the participants who in turn were 'feeding' me with data.

Drug using interviewees and I did share some characteristics. I belonged to the same age group as most of the participants and we had all spent our teenage years in the same city. As such, certain places and events could be identified by them and me both, something I deliberately emphasised. Although not intentionally, one result of the opportunistic sampling strategy employed, was that about half of the men and women were more or less from the same social strata as me. In terms of financial status we belonged to

the middle class. In terms of education, half of the sample had completed three years of post compulsory education and went on to further study or vocational training.

My first intention, naive as it may have been, was to try to give my participants the impression that they were talking to one of their own. I tried using their vocabulary, avoided formalities, dressed casually and even showed off my tattoos in the summer months. Of course, I never did succeed in being ‘one of the guys’, simply because I was not and because my social positioning as a researcher could not have allowed this. Nevertheless, this naive first effort did create a relaxed atmosphere and helped separate me from agency staff. My experience of working in a UK drug agency did go a long way in establishing a brushstroke of ‘streetwiseness’ that was acknowledged during our conversations. I emphasised my role as a student, completely unrelated to the agencies where the study took place and in need of their ‘wisdom’ on issues that I was aware of but not in knowledge of.

A further issue related to the men and women’s lack of understanding of research and especially qualitative investigations where they would be asked about their experience. This created an uncertainty about my role and positioning. On two occasions, and especially in relation to using a digital tape recorder, I was asked whether I had anything to do with the police.

*-So what’s with the tape recorder?*

*M.F: I use it because it is simply impossible for me to remember every word you say.*

*-Nothing to do with the cops then?*

*PDU: Antigoni [female, Interview 36]*

If anything, this completely shattered any illusions I might have still had about passing off as a native. In the end I was a highly educated, non drug using female researcher and it is questionable how much a problematic drug user can relate to that image. This was maybe an image better suited for the interviews with the parents. In comparison to the impression I tried to create during interviews with drug users, this setting demanded the ‘construction of a different self’ (Hammersley and Atkinson, 1995: 87). I presented myself, in appearance and talk, differently. A further element that was different was that during these interviews I was in the last month of my pregnancy, which is something all mothers noted and related too.

*-You will see, you will now understand how it feels, because when you hear about the agony, the worry of a mother before you just don't understand, it doesn't touch you, but I'm sure you are starting to get it now.*

*Parent: Anna's mother*

### 3.8 Conducting research in Greece: being native, yet not

The current study was designed by a Greek researcher who had been educated in the UK and had minimal contact with research in Greece and certainly none at the level of designing a study. Thus, although I was aware of certain potential difficulties in relation to study design, such as approaching parents, other issues that came up were never foreseen despite my being Greek. A first difficulty related to 'transferring' a study designed with practices and procedures used in Northern Europe, where I have trained, to the Greek context. Similar issues were encountered in a European Union and Nuffield Foundation project, which considered the experience of migrant children, conducted in Greece, Portugal, Sweden and the UK (Redmond, 2003). The author discussed how both qualitative and quantitative methodologies remain 'culture bound', both in terms of theoretical concepts used but also in relation to certain methodological assumptions, (Redmond, 2003). This was evident in the issues of ethics, namely the absence of a procedure for gaining ethical approval for the study from Greece, the non-practice of obtaining informed consent from prospective research participants, and also the issue of whether interviewees would get paid or not for their participation. Assumptions then of how to do research in a North European context do not readily translate into Greece.

Apart from the difference in the research protocol encountered and discussed above, the mindset of Greek service providers was a further issue. The asymmetry of the doctor patient relationship is not new to the literature (Fisher, 1983; Lazarus 1988; Peglidou 2010). Lazarus suggests that, 'the control of medical knowledge, technical procedures, and rules of behaviour, as well as control of patients' access to and understanding of information on which treatment decisions are made, creates a world of power for the medical profession' (Lazarus, 1988:45). In the Greek context, perhaps illustrative of this asymmetry is the informal payment, 'tip', made to doctors under the table discussed earlier in this chapter. A further element that may promote such an asymmetry in the context of the current study is the fact that it was conducted within the framework of the services of a psychiatric hospital. In his discussion of psychosocial systems and policies in relation to social exclusion in Greece, Bairaktaris noted how

‘psychiatric care is geared towards the centrality of the doctor’s position, thus promoting his “hegemonic” role’ (Bairaktaris, 2004:273).

KETHEA’s request for access to audiotaped data has already been discussed and may be seen as stemming from such a mindset. A further incident that perhaps more fully illuminates this dialectic occurred while I was conducting interviews at the detoxification centre of the Psychiatric hospital of Thessaloniki. I was approached by a senior psychologist who more or less demanded that I inform him of the content of the interviews. This was not an official request and my cooperation with the unit was indeed excellent. When I refused on ethical grounds his response was that ‘these people belong to us, they are ours’. Assumed authority over the clients was something I encountered throughout this study and often manifested itself in other more subtle ways, such as staff smoking in front of the clients when the latter were not allowed to. Having worked at a drug service in the UK, but also having come into contact with UK civil servants, this was not something I was accustomed to.

Perhaps the biggest challenge in conducting a culture specific study is to fine tune or ‘hear’ those elements that define and characterise the ‘world’ in question. Becker also noted this difficulty, ‘foremost a matter of it all being so familiar’ (Becker, 1971:10), when conducting research in familiar settings, such as one’s own culture. Hammersley and Atkinson have also discussed the difficult task of ‘suspending for analytic purposes precisely those assumptions that must be taken for granted in relations with participants’ (Atkinson, 1995:103).

Going to the Greek drug literature did not help to a great extent as the field is mostly dominated by quantitative, often epidemiological studies. Being rather optimistic I believed that being Greek would prepare me for the study. It certainly helped in that I shared a language and understanding of social context. However, as noted by both Becker and Hammersley above, it was this quality that, in some cases, prevented me from seeing the elements that constituted the cultural world of my participants, simply because they constitute my own cultural milieu. In this respect, a critical point of the research occurred after the end of the first point of data collection. When looking at the data with my supervisor, we realised that I was using terms I took for granted, but which she didn’t understand. Certain concepts such as ‘allowing the right’ (*δίνω δικαίωμα*) or ‘*filotimo*’ (*φιλότιμο*) have proved to be central to almost every aspect of my participants’ drug misusing careers. At this point I will note again that ‘allowing the right’ can be loosely translated into giving pretext for one’s behaviour to be criticised while ‘*filotimo*’ loosely

translates into love of honour. However, the importance of these concepts initially eluded me simply because I was using my own culturally bound definitions of these terms and was unaware of their explanatory significance for my data. Going to the ethnographic literature on Greece, and other Mediterranean countries, has further illuminated and expanded many such concepts and themes.

### 3.9 Analysis

As previously mentioned all interview data was audiotaped, transcribed and then translated in English. The analysis of the data comprised of a systematic, thorough and comprehensive reading of all the accounts, ‘the first step in the process of analysis’ (Hammersley and Atkinson, 1995:210), aiming to identify interesting patterns in relations to the research questions. At the same time, I was careful to pinpoint what Becker termed ‘deviant cases’, negative instances that contradict the emerging ideas, to ‘find new variables, new aspects of the thing being analysed’ (Becker, 1998:208). This stage of case by case analysis resonates with the assumptions of analytic induction (Becker, 1998: 195). However, analytic concepts also emerged ‘spontaneously’, ‘being used by participants themselves’ (Hammersley and Atkinson, 1995:211). Thus, deductive analysis was also used when confirmation of the validity of such ‘spontaneous concepts’, was sought throughout the body of the data. The main themes that informed the study emerged from a thorough reading of the interview data as a whole.

The analytic procedure entailed a line to line reading of a single interview transcript and the recording of the main themes emerging from this thorough reading. These analytic concepts were then used to develop typologies, in relation to the research questions of the study, which were tested through the validity on each recorded account. Once the emergent typologies had been tested for one interview, I would move to the next one, repeating the procedure, comparing and checking whether my original assumptions applied, whether they could account for what I was reading in that subsequent transcript. If they did indeed apply, I would go on to the next account. If not, I would try to explain the ‘weird case’ (Becker, 1998: 207), in order to produce in the end a multi-layered picture of the stories participants had provided me with.

According to Seale, ‘seeking out and attempting to account for negative instances that contradict emerging or dominant ideas is a core approach in a fallibilistic analytic strategy

devoted to improving the quality of research accounts' (Seale, 2000:73). Apart from leading to the emergence of a more rounded view of the data at hand, they also guard against bias in the analysis that might stem from the researcher's attachments to his/her perspective and pre-existing ideas since one has to continually compare and revise, led only by the data. Borrowing again from Seale (2000:78) deviant cases have three uses:

- Deviant cases that provide additional support for the analysts' conclusions, perhaps by showing participants acknowledging that an event is unusual.
- Deviant cases that require modification of the analysts' ideas
- The deviant case is considered exceptional for good, explainable reasons

Perhaps it is helpful here to illustrate using an example from the current study. As will be discussed in the sixth chapter of this thesis, the expulsion of a problematic drug user from the family home whatever the infractions, is not done in Greece. This was evident from the statistics for the population of Greek problematic drug users and my own data for this study. Nevertheless, two men interviewed were homeless. Clearly these were deviant cases that had to be accounted for. Initially, the idea formulated was that Kosmas, a 46 year old man who had been using drugs for 30 years, had simply exhausted the patience and stamina of his family because of the length of his involvement with drugs.

*My mother does not want to set eyes on me, after all these years, so many attempts, once in Athens, once in Exodos, 5 times in Ithaki all these years, I mean she has always been there, taking care of the financial expenses but also there for me and I was always betraying and then lying, betraying and lying, betraying and lying...do you know the story about the boy who cried wolf all the time, well at the end his fellow villagers couldn't care less...*

*PDU: Kosmas [male, interview 22]*

A second case, that of Alexis, who had been using drugs for three years and was homeless, indicated that length of problematic drug using career was an insufficient explanation for being expelled from the family home. This necessitated a revision of my initial assumption. I had to look for an alternative explanation to account for Alexis' 'weird' or deviant case. A more thorough examination pointed to the profound betrayal of the family and the role he was supposed to occupy within it. He thus behaved in a way that undermined instead of promoting the interests of the family unit, what in Greek discourse is deemed 'afilotimo' (αφιλότιμο)- lacking of 'filotimo'- way. Both terms cannot be translated in single words in English and are discussed again later on in the thesis. This may have been the main reason behind his expulsion from the family home.

*The worst thing that I did was betray their trust because we used to be very close to each other. We faced everything together, clung together like a fist, this is how we got over everything because we have no family here, it's always been the three of us against the world. I don't think that I can ever set that straight....even If I stay clean for say five years, I can never set that straight because I betrayed them.*

*PDU: Alexis [male, interview 3]*

### 3.10 Note on the presentation of data

As mentioned earlier, throughout this thesis, all names used in quotes from interview data are fictitious. The abbreviation M.F is used to introduce my questions or probs. It should also be noted that in an attempt to capture the tone of the original Greek language used by interviewees, it was decided that the resulting English translation should be 'bad English'-for want of a better phrase.

### 3.11 Conclusion

This chapter has described the study in terms of evolution, practice and procedures. My experience emphasised that although these issues are discussed by researchers worldwide, there are cultural specificities that need to be taken into consideration. The discussion highlighted how the Greek cultural milieu influenced and shaped research decisions and even protocol. Greek cultural elements and Greek drug research culture 'imposed themselves' on almost every aspect of the research, from access to participants, payment, sampling methods used and issues around impression management. Methodological discussions need to be carried out in terms that can be understood and assessed globally. However, the culture specific element needs always to be taken into consideration. In an EU of 27 member states, aiming for aligned policies based on evidence based research, the experience of conducting the current study may serve as the starting point for a discussion on the research challenges ahead.

The next chapter looks specifically at participants and introduces their profiles in terms of socio-demographic variables and drug use career data.

## **Chapter 4**

### **The profile of the interviewees**

#### **4.1 Introduction**

This chapter focuses on the profile of the men and women who were interviewed for the current study. The chapter begins with a presentation of demographics and information on interviewees' drug use patterns. Where relevant, comparisons are made between the study sample and their Greek and European counterparts. Problematic drugs users' marital and living status as well as a profile of their families of origin is then presented. Criminal behaviours are described next. The chapter then discusses the educational paths and employment status of interviewees in relation to family and societal expectations, highlighting the fact that Greek aspirations of gaining higher social status through social mobility efforts like education and professionalism have always been a high priority. What follows is a presentation of the treatment paths of the interviewees. Finally, the last section is devoted to the profile of the small number of parents who participated in this study. Findings relating to the problematic drug users' families are presented with the aim to give a sense of the central place of family in organising life in Greece. It will also be helpful in illustrating the complex dynamics of close-knit family relations.



## 4.2 The men and women drug users

The current study involved the participation of 40 problematic drug users, 23 men and 17 women. Women made up almost half the sample, 42.5%. This should not be considered representative of the population of problematic drug users in Greece. Statistical data indicated that men represent the overwhelming majority (approximately 85%) of illegal drug users who request treatment every year (Greek Reitox National Focal Point, 2007). Oversampling of women in this study was done purposively in an attempt to get a fuller picture of both men and women's experiences.

The mean age of the sample was 28.7 years, with ages varying from 23 years to 47 years of age. For the women, the mean age was 27 years, with the youngest woman being 20 and the oldest 34. For the men, mean age was 30, with the youngest man at 23 years of age and the oldest at 47. Although as a small scale qualitative study no claims are made for its representativeness it is interesting to note that the mean age of the sample in this study is very close to the mean age (29 years) of drug users presenting for treatment in Greece, reported in the 2007 National report to the EMCDDA (Greek Reitox National Focal Point, 2007).

## 4.3 Drug related data

### 4.3.1 Drug onset

The mean age of drug use onset reported by participants was 15.5, with the youngest starting to use drugs at 11 while the oldest at 25, with the national mean again almost identical at 15.8 years of age, (Greek Reitox National Focal Point, 2007). Table 3 below presents the drug of onset for participants in this study alongside data for the population of problematic drug users in Greece, as described in the 2007 Greek national report to the EMCDDA (Greek Reitox National Focal Point, 2007). Spaces on this and following tables have been left blank where there were no corresponding data reported. Moreover, it should be noted that the sum of percentages presented in the 2007 Greek national report in relation to drug of onset does not add up to 100%. Data appearing in Table 3 has been presented as this was included and presented in the 2007 Greek national report to the EMCDDA (Greek Reitox National Focal Point, 2007).

Table 3: Interviewees' drug of onset

Drug of onset	N 'Families and drug use in Greece' study	2007 Greek National Report
Cannabis	33 (82.5%)	82.2%
Petrol sniffing	4 (10%)	
Benzodiazepam	2 (5%)	5.5%
Heroin	1 (2.5%)	6.2%

#### 4.3.2 Introduction to drugs

For both men and women in this study introduction to drugs was largely made in the company of friends. This is consistent with other studies discussing the role of peers in relation to drug use onset (Ong, 1989; Ramsay, 1982; Dimitriou et al, 2001).

*I started smoking cannabis when I was 17-18 and it was occasional use, I didn't go looking for it, it was only that I did like it so if someone from my group of friends had some I would use, there was no conscious effort to look for it and that went on for quite a while. Then I tried ecstasy and LSD and such but even then I would use in moderation, I mean I would always have the notion of moderation in mind as far as drugs were concerned...I mean maybe when I went to parties, which I enjoy doing, I would take one ecstasy pill, maybe one and a half, no more...*

*PDU: Mihalīs [male, interview 16]*

The literature on women's initiation to drugs points to a variety of reasons for their involvement. A link between physical and sexual abuse and women's problematic drug use

has been proposed (Paone et al, 1992; Boyd, 1993; Blume, 1994; Stocco et al, 2000). According to the Drug Treatment Outcome Study of Adolescents in the US, a study focusing on adolescents admitted for drug treatment between 1993 and 1995, 57% of girls in the sample reported physical or sexual abuse (Rounds- Bryant et al, 1998). Data from the Specialized Program of the Drug Dependency Unit 18ANO in Greece, indicates that between 1997 and 2003, 39.13% of women admitted had a history of physical abuse or sexual harassment; the authors of the paper point to a link between abusive backgrounds and initiation of drug use for females while noting that ‘men on the other hand used drugs for social reasons or simply for pleasure’ (Sfinaki and Efstathiou, 2005:258). Nevertheless, women’s drug use for social reasons has been noted in the literature (Taylor, 1993). This latter picture is consistent to the one emerging from the accounts of the women in this study, where initiation to drug use was a similar story to that of the men. Perhaps indicative of this is Hara’s interview extract presented below.

*M.F: So, how come you started using?*

*-Hmm, coolness? Everybody was doing it so I wanted to do it too*

*PDU: Hara [female, interview 34]*

In relation to the above mentioned studies, an ‘anomaly’ of the current study is that only two women reported abuse. In both cases, they reported physical abuse by their fathers, both of whom were presented as having drinking problems. This difference may be due to the small and unrepresentative sample of the current study. Moreover, it may also be the case that participants did not want to disclose such information to me.

#### 4.3.3 Heroin use

For the men in this study, their introduction to heroin was a similar story, involving again the presence of peers. Indicative is Haris’ account below.

*I started out with spliffs and pills and then some years later a friend had some heroin and I thought I’d give it a try...I loved the feeling*

*PDU: Haris [male, interview 18]*

However, for 11 of the 17 women in this study, introduction to heroin was through their boyfriends, with most of them reporting that they initially tried to get their boyfriend

to quit heroin. The link between drug using romantic partners and women's initiation to heroin use has been pointed out in the literature (Hser et al, 1987a), although recently the role of women peer groups in influencing drug using careers has also been noted (Bryant and Treloar, 2007).

*I first had heroin with Mihalīs [boyfriend]. When I met him I was into spliffs and sedatives but I wanted to see what he was getting out of it so I asked him to give me a line*

*PDU: Rania [female, interview 32]*

Amongst interviewees, the longest female heroin using career reported was 17 years and the shortest 3 while the longest male heroin using career was 30 years and the shortest a 1.5 years. All participants reported injecting heroin prior to the treatment sessions during which I met them. As evident in table 4 presented below this is not typical of the population of problematic drug users in Greece. In considering the reasons for this potential anomaly, it is worth noting that recruitment was carried out in a public centre, one of the three main routes to state treatment in the city of Thessaloniki, with no inclusion criteria apart from nationality and the drug use of potential participants. The sampling procedure did not involve referrals by agency staff or any sort of pre-selection of the sample. In this light, the difference may be due to the small and unrepresentative sample of the current study.

Data relating to heroin use exclusively is presented in table 4 below. As a point of comparison, this data is contrasted with national data on Greek drug users reported to the EMCDDA in 2007 (Greek Reitox National Focal Point, 2007), and also data taken from the UK National Treatment Outcome Study. The NTORS study is a longitudinal study, which started with a sample of 1,075 clients recruited during 1995, in 54 treatment centres across England and followed them for five years. The data presented here can be found in the five year follow up of NTORS (Gossop et al, 2001).

Table 4: Interviewees' heroin use data

Heroin Data	'Families and Drug use in Greece' study	Greek National Report 2007	NTORS UK 2001
Mean age of heroin use onset	19	19.2	-----
Mean length of use (years)	8.5	-----	9
Injecting	100%	44.4%	62%

#### 4.3.4 Patterns of use

Polydrug use was prevalent for the men and women in this study. For the most part (32/40) interviewees reported that they were involved in polydrug use until heroin onset, a number which rose to 36 after the group's involvement with heroin, increasing the percentage to 90% with the corresponding mean national average at 69.7% (Greek Reitox National Focal Point, 2007).

#### 4.4 Marital status

The majority of the problematic drug users interviewed were single and not in a relationship (n=33/40). According to the World Marriage Pattern data by the Department of Economic and Social Affairs of the United Nations (2000), the mean age of marriage for the general population in Greece is 28.5 for men and 24.5 for women. The mean age of women's first marriage in Greece has been rising steadily since 2001 and was reported as being 28.6 years in 2006 (Hellenic Ministry of Economics, 2009). This suggests

interviewees were fairly typical of the Greek population. Two of the interviewees were married; one of them was a man married to a non-user and had a son while the other one was a woman married to a problematic heroin user and had two children. These were the only two individuals responsible for children. Only two men were in a relationship with non drug users while three women were in relationships with problematic drug users. This picture differs from that reported in the UK, for example, where the NTORS sample comprised of 28% married or cohabiting problematic drug users, 30% of individuals not cohabiting but in a relationship and 47% of PDUs were responsible for children (Gossop et al, 1998). Studies involving socio-demographic profiles of problematic drug users in Southern European countries provide similar data to that of the current study. According to the 2007 Spanish National report to the EMCDDA, 65% of individuals admitted for treatment were single, with only 18.4% married (Spanish Reitox Focal Point, 2007). According to VEdeTTE, a longitudinal study of 10,554 heroin addicts recruited in 115 national health treatment centres in Italy, between 1998 and 2001, 17% of all respondents were married (Bargagli, et al, 2006). A Greek study involving the participation of 226 individuals admitted to major specialised drug-free treatment services in Greece from October 1994 to December 1995, reported that 77.3% were single, 12.9% separated or divorced and 9.8% married (Kokkevi et al, 1998).

#### 4.5 Living Status

The majority of the men and women sampled were living with their parents at the time of the study (n= 33/40). Their living status is illustrated in table 5 presented below, which by way of comparison with other country data is presented alongside NTORS data on problem drug users in the UK .

Table 5: Interviewees' living status

	'Families and Drug Use in Greece' study	Greek National Data 2007	NTORS UK 1998
Living status			
With Parents	82.5%	66.9%	-----
With Spouse/partner with or without children	5%	11.5%	28%
Alone	7.5%	11.9%	-----
Homeless or temporary accommodation	5%	7.8%	20%

Again, the sum of percentages presented in the 2007 Greek national report in relation to living status does not add up to 100%. Data appearing in Table 5 has been presented as it was included and presented in the 2007 Greek national report to the EMCDDA (Greek Reitox National Focal Point, 2007).

It is noteworthy that amongst the interviewees living on their own (n= 3/40) one man and one woman, were still highly dependent upon their families as both were living in apartments rented and paid for by their families. A further interviewee was living on his own in the family home, expenses again paid by family, while his parents had retired and moved to their natal village.

*M.F: You talked about your family, discussing things with your parents.  
Will they help?*

*-I think that, sure they can help, up to a point, I mean when they left to move to Xanthi, the electricity bill, water and all the utility bills, they were paying for all that. And now, I mean financially, they will help, pay for some...until I can stand on my own two feet*

*PDU: Simos [male, interview 23]*

Participants' experience of their parents' involvement in their lives will be discussed in detail in following chapters of this thesis.

Two participants were homeless at the time of study, both men, one who had been living on the streets for more than two years and one who had been expelled from the family home 4 days prior to the interview. Low rates of homelessness have been highlighted in other Greek studies, with rates of more than 90% of stable housing (Pouloupoulos, 2007).

Low percentages of homelessness amongst drug users have been reported in the Mediterranean. In Italy, Bargagli and colleagues reported a percentage of 2% of homeless drug users (Bargagli et al., 2006). According to the 2009 Cypriot national report to the EMCDDA, 'the percentage of drug users living in a condition of homelessness / unstable accommodation, as these terms are internationally understood, appears to be marginally decreasing: 4% in 2006, 3.9% in 2007, 2.9% in 2008' (Cypriot Reitox Focal Point, 2009: 85). Similarly, in Spain, percentage of homelessness was reported at 2.4% (Spanish Reitox Focal Point, 2009).

It might be interesting to read these statistics alongside comparable data from the UK. In the 2009 UK report to the EMCDDA, it was reported that data from the National Drug Treatment Monitoring System (NDTMS) in England shows that, in 2008/09, 10% of clients presenting for treatment reported an urgent housing problem (no fixed abode) with a further 16% reporting a housing problem such as staying with friends or family short-term or residing in a short-term hostel (UK Reitox Focal Point, 2009). Data from the Scottish Drug Misuse Database shows that 16% of clients entering treatment in Scotland in 2007/08 were homeless (UK Reitox Focal Point, 2009).

According to the 2007 Greek National Report to the EMCDDA, 66.9% of problematic drug users presenting for treatment in Greece live with their parents (Greek Reitox National Focal Point, 2007). This percentage was even higher (80%) in a study recording profiles of individuals presenting for treatment at KETHEA between the years



2000-2006 (Poulopoulos, 2007). Similar data has been reported in other Southern European countries: 61% in Cyprus (Cypriot Reitox Focal Point, 2007) and 54.8% in Italy (Bargagli et al., 2006). This trend in living status is not only evident in problematic drug using populations in Greece. In 2005, the percentage of Greek young adults living with their parents was 68% (Vaggelis, 2005), with Greece and Spain sharing the first ranking among European Union countries in this regard (Symeonidou, 2005).

#### 4.6 Participants' families of origin

The majority of interviewees' parents were still married to each other and living together. Thirty three interviewees had siblings. Two of the men I spoke to were brothers; nobody else reported having a problematic drug using sibling. Table 6 below presents the family structure of the families of the interviewees.

*Table 6: Participants' families of origin*

Profile of families of origin	'N Families and Drug Use in Greece' study
Parents married to each other	24
Parents divorced	9
Parents separated	1
Parent (father) deceased	6

Greece traditionally has had a low rate of divorce. In 1994 Greece had the lowest divorce rates and the lowest percentage of births outside marriage in Europe, 0.7 and 2.7 per cent respectively (Papadopoulos, 1998). This is the case even despite the Greek Orthodox Church being relatively lenient as far as divorce and abortion are concerned. Low levels of lone parenthood have been attributed to the stigma attached to it, to access to

private and relatively unrestricted abortion and to the limited welfare support for lone parents (Papadopoulos, 1998). In an analysis of the European Social Survey, Greece was reported as having the lowest rate of cohabitating couples (Torres et al, 2007).

Although the incidence of divorce and birth outside of wedlock has increased in recent years, the reported increase appears only marginal. In 2004, Greece still lay third from the bottom in Europe in relation to divorces rates and the second to last relating to children born outside marriage (Eurostat, 2006). The resistance of the Greek family to divorce and birth outside of marriage has been attributed to the strength of Greek traditions and the central position that family holds in Greek society (Presvelou, 2003).

In Greek discourse, the term ‘family’ does not usually limit itself to the parents and children; it is rather considered to also encompass the extended family, the ‘*soi*’ (σói). The interview data similarly reflects this interconnectedness between members of extended and nuclear families. The majority of men and women in this study (n=36/40) reported that their parents and siblings had close relations with their extended families and 32 reported having close relations with their extended family themselves. Of the 8 participants who reported not having a relationship with their extended families, 6 attributed this to their drug use. Extended families were largely reported as either being involved in/or supportive of the interviewees’ treatment efforts. Only 8 of the men and women interviewed, reported that their extended families had withdrawn from their lives; such a low percentage may reflect the bonds of solidarity between the kin.

#### 4.7 Criminal Behaviour

Most of the people interviewed had either never been arrested, or charged with any crimes at the time of study (n=30/40). Of the ten who were, 3 interviewees had been to prison and were subsequently released on parole. Eight participants had been arrested or charged in relation to drug related charges while 2 had pending court cases in relation to debt. According to a study by KETHEA -Centre for the Treatment of Addicted Individuals, which is the second largest treatment provider in Greece, between 2000 and 2006, 50% of problematic drug users were facing legal charges (Pouloupoulos, 2007). By contrast, studies in the UK of problematic drug users report arrest rates of up to 75% in their samples (McKeganey et al, 2008; Gossop et al, 2001). Table 7 below presents participants’ self-reported criminal behaviour.

Table 7: Criminal behaviour

Criminal Behaviour	'N Families and Drug Use in Greece' study
Unreported theft from the family home	29
Unreported drug dealing	15
Unreported acquisitive crime	8
Having faced or facing charges	10
Having been in prison	3

Although it was uncommon for men and women in my sample to have been convicted for crimes committed, it was apparent in their accounts that just over half, (52.5%), had been engaged in criminal activity that had either gone undetected or unreported. Eight participants stated that they had been involved in unreported theft outside the family home. Finally, 15 participants stated that they had been or were at the time involved in legally undetected drug dealing.

Examination of the body of the data suggested that the families of the drug users were often deeply involved in trying either to prevent their children from committing crimes, or in paying all legal expenses in the cases where the latter had been caught. The following interview extract is indicative of the way families handled such situations.

*What happened was that he got arrested, caught with 11 grams of heroin just outside our house, practically in the house. ....we got him out on bail, he is still on bail because this case hasn't gone to court yet, they keep postponing it.*

*Parent: Markos' mother*

There was a family who worked to ensure that their child was put in prison in order to get him off drugs. The reported reasons behind this decision are made clear in the interview extract below.

*We couldn't save him, he wasn't listening to us...he couldn't understand what we were telling him... and since I could not make him stop, could not clear up his mind so he would start thinking about joining a community and be saved,*

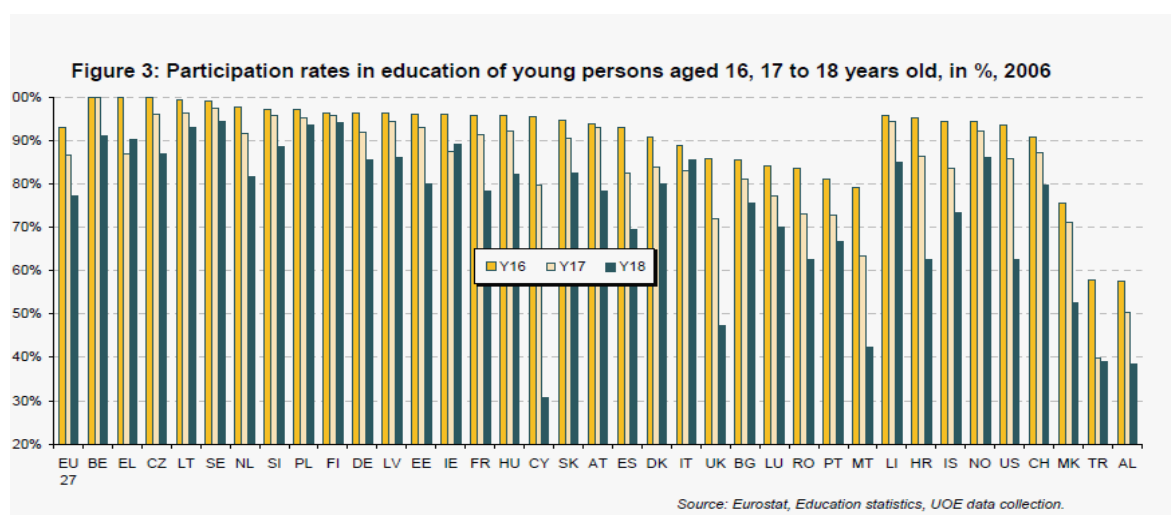
*prison was the only way out...I had to. I said to myself 'this is the end of the line, I need to save him', he had reached his limits, the way he was going he would have died so I asked myself 'how can I save him?'.. So, he had court appearances coming up. During one of them we talked to our lawyer and he said 'we won't let him appear and we will talk to the DA, explain the state he is in and ask him to take him in custody...His dad felt very guilty, he came home crying after the court, I didn't go...he came home crying and saying 'fathers pay to get their children out of jail and I paid to get a lawyer to speak to the DA to lock him up'...he felt so guilty and...like a failure*

*Parent: Stavros' mother*

The majority of the individuals interviewed (n=29/40) -72% of the sample- reported stealing from the family home; in none of these cases was the theft reported to the police. Theft from the family home has often been reported by studies focusing on the effects problematic drug use has on families, (Barton, 1991; Butler and Bauld, 2005; Orford et al, 2005a; Barnard, 2007), as discussed previously. Theft from the family home and its impact on family members will be discussed in the 7<sup>th</sup> chapter of this thesis.

#### 4.8 Educational paths

The majority of the people I interviewed (n=33/40) had stayed in education until the age of eighteen, thus completing three years of post compulsory education, with half of them going on to further studies or vocational training. This high percentage may be indicative of the high social value Greek people place on education. Education remains in Greece the main route to social mobility (Tsakoglou and Cholezas, 2005). As shown in figure 3 below, Greek young persons' participation rates are among the highest in the EU. In Figure 3 Greek is represented with the letters EL.



A young adult's success at university entry exams and subsequent registration to a higher education institution is commonly reported as experienced as a personal triumph by his or her parents (Katakis, 1998). Perhaps illustrative of this is the way Greek children's education tends to be talked about in terms of 'we' (*εμείς*) rather than 'she/he' (*αυτός/αυτή*) signalling that investment in a child's future is viewed as a familial not solely individual affair (Tsoukalas, 1986; Gari and Kalalatzzi-Asizi, 1998). This conflation is apparent in the following parent's account of her daughter's education as a jointly undertaken activity:

*...we were an A student and within a year...It was that I hadn't realised that other factor [referring here to her drug problem], that second road in her life...*

*Parent: Anna's mother*

Parents have been put forth as playing a vital role in directing choice of university course, and thus future profession. A study on post-compulsory education students on the island of Corfu highlighted this: 17.4% reported that choice of 'desmi', equivalent to UK A levels, was mainly made by their parents, while 23% reported a decision jointly made with parents (Fakiolas, 2003). Also illustrative of the pressure that parents exert on their children for admittance to socially prestigious faculties are the findings of a 1993 study, reporting that 35% of Medical School graduates claimed they had been forced to select the particular academic course by their parents (Fakiolas, 2003).

Education has often been reported as the only means of elevating the family within and outside the community (Gari and Kalalatzzi-Asizi, 1998). Whether the *only* way of enhancing family status, or one of them, it does seem that Greek society greatly values what Tsoukalas has termed, 'familial educational investment' (Tsoukalas, 1986:270), with Greek families not only hoping for their children's upward mobility but 'believing in it and doing everything possible to program it' (Tsoukalas, 1986:280). As Papadopoulos notes, this is an investment that is expected to yield a two-fold gain; the enhancement of a family's status and an increased income that is to be secured after university graduation and the appointment to an appropriate position (Papadopoulos, 1996). This investment in education as a major means of social mobility can be found across all strata of Greek society. It was reported, for example, in Campbell's ethnography of families in Greek herding communities (Campbell, 1974). Labiri-Dimaki, in her discussion of the Greek educational system, which she terms 'egalitarian' (Labiri-Dimaki, 1995:223), highlighted how this 'openness' promotes social mobility, since in Greece social classes are mainly defined through financial and professional criteria. More particularly, she utilised data

collected over more than a decade (1961-1974), to show the distribution of students, attending higher education facilities, according to fathers' social class. It was almost equal throughout the years (48 to 50% which changed to 52 to 50 % - the decrease in the lower class students being attributed to the decreasing numbers of farmers in the population). She proposed that this demonstrated 'openness' of the educational system enables people to move upwards in societal ranks through practicing a 'white collar profession' (Labiri-Dimaki, 1995:223).

The education level attained by interviewees is presented in table 8 below.

*Table 8: Participants' level of education*

Level of Education	'N Families and Drug Use in Greece' study
Participants leaving school at the age of 12 or younger <b>(Compulsory Education)</b>	2
Participants leaving school at the age of 16 or younger <b>(Compulsory Education)</b>	4
Participants completing 2 <sup>nd</sup> grade education at the age of 18 <b>(Post Compulsory Education)</b>	34

The high percentage of people completing 2<sup>nd</sup> grade education, 85%, is not typical of the population of problematic drug users in Greece. According to a 2007 KETHEA study, 40.6% of individuals requesting treatment at KETHEA centres between 2000 and 2006 had left school at the age of 15, completing compulsory education and 42% had left at the age of 18, completing post compulsory education (Poulopoulos, 2007). A further study reported that the largest proportion of individuals seeking treatment for drug-related

problems and/or were admitted to treatment in drug-specialised services stayed at school until the age of 16, 38.3%, 31.8% until the age of 18, 21.9% until the age of 12, and 6.2% are 3<sup>rd</sup> grade education graduates (Greek Reitox Focal Point, 2007). Resonating with the current study's data, a more recent study by the Greek University Research Institute on Mental Health, highlighted that the biggest percentage of problematic drugs users presenting for treatment in Greece in 2009 were either lyceum graduates or had attended some years of higher education (EKTEPN, 2010). As a point of comparison between the Greek data, the percentage of problematic drug users in Scotland staying in school beyond the age of 16, thus beyond compulsory education, was only 6% and 47% had no formal educational qualifications (McKeganey et al, 2008).

In considering the reasons for this potential anomaly, it is worth noting again that recruitment was carried out in a public centre, one of the three main routes to state treatment in the city of Thessaloniki, with no inclusion criteria apart from nationality and the drug use of potential participants. The sampling procedure did not involve referrals by agency staff or any sort of pre-selection of the sample. All prospective interviewees were given the same, plainly written information letter, upon entering for their scheduled appointment and were subsequently asked whether they wanted to participate. Perhaps it is possible that this atypical characteristic of the participants can be attributed to two reasons; the small and unrepresentative sample of the study and/or over-reporting of educational level out of participants' wish to present themselves in more socially desirable terms in front of an educated female of about the same age as most of them.

In addition to post-compulsory education courses, 3 of the women and men interviewed had graduated from Technical Vocational Educational Schools, thus gaining formal professional qualifications. 8 interviewees completed courses by Vocational Training Institutes after Unified Upper Secondary School graduation while another was, at the time of the study, in adult continuing education course again after completing Unified Upper School. Finally, a further participant had graduated from lower secondary education and continued on for vocational training courses (OAED) for a further two years.

#### 4.9 Employment paths

In this study employment was commonly reported. Twelve of the men and women interviewed were in legal paid employment at the time of study, 11 of whom had been at

these same positions for the last two years. Table 9 below describes participants' employment status.

*Table 9: Interviewees' Employment status*

Employment Status	'N Families and Drug Use in Greece' study
Employed at the time of study	12
Unemployed at the time of study	28

The number of men and women who reported employment in this study (30%), was somewhat lower than the 42.5% reported from the Greek National Treatment Demand Indicator, TDI, Network in 2006 (Greek Reitox National Focal Point, 2007). However, in the current study half of the interviews were conducted in a detoxification unit with some of the interviewees going to a closed detoxification community upon completion of their 21 days in the unit and thus had formally left their employment. When asked whether they had been employed in the last six months prior to the interview, 22 interviewees stated they had. Further, 30 interviewees reported having been employed in the 2 year period prior to the interview. Respective employment rates in southern European countries have been reported as being similar to Greek data: 41.6% in Spain (Spanish Reitox Focal Point, 2007) and 30% regular employment and 20.7% irregular employment in Italy (Bargagli et al. 2006). On the contrary, employment rates among problematic drug users in the UK have been reported to be much lower, 12% in the one year follow up of the NTORS study (Gossop et, 1998), or 4% in the Drug Outcome research study in Scotland, (Doris) (McKeganey et al, 2008).

Three of the employed interviewees were working in their families' businesses. In two of these cases, the positions pre-dated the discovery of their drug problem by the family while the one remaining participant reported that she was employed in the family business, a position offered to her by her parents in an attempt to control her drug problem.



*Because until recently I was working at their bookshop, they made me so they would keep an eye on my and they thought I was doing ok but I mean I would step out for a minute, score, I would call someone to bring it over and such and then I would stash it so they wouldn't find it when we got home, things like that. Or maybe they knew but they could see that it was sort of controlled you know what I mean, like I know my dad checked the register and saw that money was missing and they would see me after I got home and used but at least I was in the house and with them in the bookstore all morning. So, they stayed off my case but then I would fuck it up after a while [...] they didn't accept it, I mean the drugs, not really. But working in the bookstore was a way of controlling me, you know where I am, who I am with and such. I think they were afraid of what might happen to me if I am out on the streets all day so they would have me there...*

*PDU: Maria [female, interview 28]*

The men and women in this study described their employment as fulfilling many functions; these will be discussed in detail in the 8<sup>th</sup> chapter of the current thesis.

#### 4.10 Treatment Paths

At time of interview half of the sample (n=21/40) were attending state sponsored drug services for the first time. For a further 10 this was only their second time. It might seem surprising that the mean age of 'new' clients was 28.6 years given that most reported serious drug use from the age of about 19 years. This can be contrasted to the UK EMCDDA data which reports 37% of problematic users under 24 years of age, presenting for treatment for the first time (UK Reitox National Focal Point, 2007). A closer look at the study data revealed a significant difference in the organisation of drug treatment in Greece between private and state drug treatment and the central role of the family in treatment efforts.

Greek state sponsored drug services were not the first choice when the men and women in this study attempted to cease drug use for the first time; indeed nobody reported use of Greek state drug treatment services when first the process of trying to recover from problem drug use began. In all but one case, where the father had died before treatment was sought and the problematic drug user reported being estranged from her mother, initial attempts to stop using drugs, involved the active participation of the family. The central role of the family in PDUs' treatment choices and paths will be discussed in detail in the sixth chapter of this thesis, which deals with family coping styles and responses of families to problematic drug using careers.

The majority of the sample (n=30/40) had turned to private practitioners before deciding to come into contact with state services. In most cases, this was done upon drug users' suggestions after the parents had turned to their children for possible solutions to the problem. Where these treatment efforts involved the administration of prescribed drugs, mothers largely took charge of administering treatment.

Explanation for this reluctance to use state sponsored services emerged in the data as being closely related to notions of ensuring anonymity through use of private facilities. What also emerges from the following extract is a negative image of drug users attending state treatment services and the parental reluctance to attach that label to their children by placing them in the same context. The decision to finally contact state services came in the form of last resort; in all cases it was after several failed attempts at treatment had been made. It occurred when parents realised that they could not control and deal with the problem on their own or with the help of private practitioners.

*We live in Stavroupoli...and you know the methadone clinic is right next to our house....so I would be on the bus going home and I would see these kids from the methadone clinic, you can't believe the state they are in....vomiting on the bus, dozing off.. and I would think to myself 'she is not like that, no way my daughter is in that state' because she was never like that when I saw her....and I didn't want her to join the program and be with people like that....so I kept kidding myself*

*Parent: Lena's mother*

Turning to state services marked a point of realisation of the true extent of the problem as described in the following account.

*MF: Let me ask you about the stages you just mentioned. You said that as a parent you go through stages*

*.....The first stage is the wall, the second is anger...this is the worst thing, the anger, desperation. Because you know by then, you know what is going on and it's like, not just that you lose the ground under your feet.... It's like opening Pandora's box and all those things that you had hidden in your mind all those years and you wanted to push them back, not believe them, fight them in a different way, are suddenly in front of you...in reality you were trying to fool yourself but of course this is something that you see much later on. [.....] And every day that goes by it's like you are killing your own child, along with the bastards that are also killing her, on top of that thing that kills her. It's like you are part of that. Because she is your responsibility [.....] You take on the responsibility because you are supposed to be mature, sober and you are supposed to know more, 'reality check! You know nothing! Nothing! When our daughter was young 'our child did that, our daughter did that so we*

*are this and that', boasting? Our child would become a second Einstein, you dream...what parents don't? And when you see where you have ended up...*

*Parent: Anna's mother*

#### 4.11 The parents

At the time of the study, all birth mothers interviewed, (n=6/8), were still married to the father of their children. All mothers were in their 40s apart from one who was 55. The father I interviewed had divorced his first wife who was the mother of his son with the drug problem, and had re-married. This interview was carried out with the step-mother also present. The sons of two mothers I spoke to, Markos and Stavros, had not used drugs for the two years prior to interviewing. In one case, both children- Giorgos and Vasillis- were problematic drug users; I had the chance to speak to their mother as well as to both of them.

Three of the women I spoke to were housewives, two had given up their jobs in order to focus on their problematic drug using children, one was retired, and finally one was working full time.

All the women reported having faced or facing psychological problems which were attributed to their children's drug problem. At the time of study, Anna's mother was being treated for panic attacks while Kostas' mum was prescribed sedatives. Studies highlighting the problems families of problematic drug users face, provide a similar picture (Velleman et al, 1993; Orford et al, 1998a; Barnard, 2005; Oreo and Ozgul, 2007).

The one father I did have the opportunity to interview was not working due to an accident that confined him to a wheelchair; all other fathers were working full time. It should be noted that the invitation to participate in the current study was extended to both parents; however, no other fathers were available for an interview. This unwillingness to participate may be seen as mirroring fathers' ways of involvement with their drug using children's treatment efforts, given that invitation to participate in the study was made through parent groups and interviews were held within the agency premises. No fathers were attending parent groups throughout the duration of this study. As it will be discussed later in this thesis, it was mothers who were mainly in charge of and heavily involved in their children's treatment efforts. This may also reflect traditional gender roles in terms of child rearing practices, as discussed in chapter 2 of the thesis.

Indicative of such family roles are the following quotes.

*I mean...it was my husband who threatened to kick him out, but I told him 'whatever your dad tells you, even if he says you have to go, you don't go anywhere'.....I had to go through everything, from both sides. I would put myself in the middle and try to link the two ends, my slogan is 'I can take it'*

*Parent: Markos' mother*

Markos' mother's words may be viewed as an illustration of the role of the mother as source of unconditional love, making sure that the child knew that he was still accepted within the family and expressing the 'solidarity and integrity of the group' (Campbell, 1974:165). The paternal role too has an idealised prescribed character. The father's love for his child inevitably has been described as increasingly conditional upon the child's behaviour for it is 'the father's duty to guide by his approval or disapproval the child's first attempts to represent his family in the outside world' (Campbell, 1974:157). When the relation of a child, especially a son, with one of his parents was strained, the relation to the other parent was one of positive attachment and identification. Again keeping in mind that Campbell's account conveys what may be considered the standard or model of the 'perfect' family, such dynamics emerged from the accounts reported for the current study.

*But you see I always had my mum my side... because my father is a different story, you do what he says and he's happy....my mum will be there for me regardless....*

*PDU: Rania [female, interview 32]*

#### 4.12 Case Studies

At this point it would be helpful to present a few short 'case studies' of participants so as to provide a first snapshot of their autobiographical narratives.

##### *Giotis (male, PDU, interview 11)*

At the time of interview, Giotis was a 23 year old man living with his parents. He was the youngest child of a middle class family and had two sisters. Giotis had been using cannabis for 6 years and started using and injecting heroin while doing his compulsory service in the Greek army, two years prior to the date of interview. About a year after he had started

using heroin, he disclosed his use to his mother after his sister confronted him about it. This confrontation occurred because his sister was in the police force and had seen Giotis in the company of heroin users known to the police. Giotis described how he had never ‘allowed the right’ for his behaviour to be criticised; he had been working with his father, never appeared intoxicated in the family home, carrying out what was asked of him in the household and avoiding being seen in the company of heroin users. He also noted how he had been largely funding his drug use with money he earned. Upon disclosure the whole family rallied resources to get Giotis off drugs. He made unsuccessful efforts to quit heroin use by detoxifying in the family home. During these efforts he spoke of how his parents, sisters and members of the extended family were, literally and figurately speaking, by his side. Giotis’ aunt was working in a detoxification service and after her intervention, the family decided that the only way was for him to join a state program. Giotis spoke of having a good relationship with all his family members. They were by his side supporting him all the way through. He only spoke of one incident which caused real tension, the fact that some days prior to the interview he had stolen money off his mother. When discussing friends, he made a clear distinction between drug using associates and what he termed true friends, people who were not using heroin. Giotis spoke of not having lost his true friends, although he acknowledged that he found himself spending less time with them. Giotis felt that heroin use had not changed him as a person. He feared that if his drug problem became known to the community it would disgrace his family and would result in him losing his ‘*filotimo*’ towards family members. It was his desire to avoid such a disgrace of the family honour that had brought him in treatment, along with his desire to get back to his life. He felt he had lost valuable time in making something of himself and was eager to complete his time in the detoxification facility and get back to the family business. He expected, and was till then receiving, the full support of his family. He spoke of how he was planning to mainly socialise with immediate and extended family members to avoid other drugs users. He described how he was thinking about opening up his own business; his family would provide the funds and help him leave this bad experience behind him.

*Maria (female, PDU, interview 28)*

Maria was 24 years old at the time of interview and was living in the family home with both her parents. She was an only child from a middle class family. Maria recalled being around fifteen when she first became involved with drugs. Initially she had used various

drugs such as cannabis, LSD and ecstasy. When talking about that period, she described what she termed a normal home life. She was a model student and so, as she reported, her parents trusted her. Introduction to drugs was through a friend who offered them and as she recounted she accepted because she wanted the experience. She also reported that a possible reason behind her involvement with drugs was that she wanted to prove herself to her friends, be 'one of the guys'. Her use gradually became habitual but that posed no problem for her. She continued to do well in school, which meant that her parents continued to trust her. As she felt that she could take it or leave it, along with her friends she was 'living the dream'. Her introduction to heroin was through a heroin using boyfriend who soon died of an overdose. By then she had developed a heroin problem and was injecting. Although she was in treatment for problematic heroin use, she was a polydrug user at the time of study. She had gradually moved away from non-using friends because they did not share any common interests. Disclosure of her heroin problem to her parents came about three years after she had started using heroin, when she felt that she could not conceal it anymore. She had dropped out of university and was stealing money from her parents; she had thus 'allowed the right' for her behaviour to be questioned. Her parents' initial reaction was to try to handle the situation themselves. According to Maria they did not want to contact state agencies because they could not picture her as a 'junkie' and believed they could solve the problem on their own. I met her during her first contact with state agencies, after her mother had called up and arranged for her to attend. By then, Maria had seen 3-4 psychologists and had been using heroin for 6 years while other drugs for 9 years. She described the decision to contact state agencies as a last resort. Maria spoke of the years after disclosure as a tug-of-war; her parents trying to control her and wean her from drugs while she was trying to conceal and continue her use. Concealing her use translated into attempts not to 'allow the right' and involved periods where she would limit or stop using heroin while working in the family business. Maria reported that she wanted to stop using drugs because she was tired of life on drugs. She felt she had betrayed in many ways the person she was prior to involvement with drugs and wanted to restore this. She also spoke of not living up to her parents' expectations of her and having behaved without '*filotimo*' towards them. However, Maria felt that although she had deeply disappointed her parents, especially her father, they were and would always be by her side.

*Vassilis (male, PDU, interview 17)*

Vassilis was 26 years old at the time of interview and came from a middle class family. He was living in the family home with his parents and brother who was also a drug user and participant in this study. He had started using cannabis in high school along with his friends when he was 13 years old and quickly went into dealing cannabis and using cocaine. At the age of 15 he moved on to heroin and had been injecting heroin for 10 years when I met him. He also reported polydrug use throughout these years. He reported that he started using drugs, heroin included, because he was curious about the effects and drawn by the allure of a socially risqué life. Staying in school but also funding his drug use through dealing meant that he ‘allowed no rights’ for his behaviour to be discussed by his family for the first six years of drug use. Gradually heroin took over his life and he felt he could not control it anymore. It was then, 4 years into heroin use, that he decided to disclose the problem to his mother, who subsequently spoke to his father. The family rallied resources to wean him from drugs. Their initial reaction was to take him to a psychiatrist who prescribed medication, which his mother was responsible for administering. Vassilis spoke of that effort as an attempt to pacify his parents rather than an actual attempt to quit drug use. The following six years, to the point I interviewed him, were described in much the same way. He would make efforts to quit, his mother always in charge of handing out prescribed medication, most of the times in order to comply with family expectations. During most of such efforts he would try not to ‘allow the right’ by either limiting his use or stopping it for a while. Vassilis had been working ever since he had finished school, at the age of 18, something that he reported as helping him not to ‘allow the right’. Eventually pretext was given and the family would once again rally resources to commence a further treatment effort. Extended family members, his aunt and grandparents, were involved in such efforts as well, by taking him in while he was detoxifying. However, his mother was the prominent figure in every form of support. I met him during his first contact with state agencies. Vassilis recounts how he had practically no friends since his social circle was dominated by heroin users. He felt that although his life on heroin had changed him as a person, he had not lost his *‘filotimo’*, a quality which was very important in his effort to anchor a post-drug identity. He described extremely tense family relations at times and noted how his actions had brought shame upon his family. Vassilis spoke of wanting to quit drugs because he was ‘fed up’ with the life and he did not want his parents to suffer anymore. He also reported that despite putting his family through what he described as ‘hell’, they had always been and would always be supportive of him.

*Vassiliki (female, PDU, interview 24)*

Vassiliki was a 32 year old woman living with her parents and sister at the time of interview. She came from a middle class family. Vassiliki started using cannabis and then codeine and benzodiazepine at the age of 14 and quickly moved on to heroin a year later. Introduction to all drugs was made through female drug using friends. She recounts how both the corporal pleasure and the sense of self she got from heroin use led her to continue using. Starting to date a heroin user was related to escalation of her use and introduction to drug dealing. At around the age of 18, her parents' discovery of her drug problem threw the family into disarray. Vassiliki recounts how her parents tried to solve the problem on their own but also reportedly keep a lid on the situation by controlling access to drugs and drug using associates. Members of the extended family were called upon to help in these efforts with a relative in the police force being asked to keep an eye on her. At a later stage it was decided that she was to be sent away to study at university at a neighboring country where extended family lived and could look after her. During her time there, the fact that she was attending courses helped in not 'allowing the right' and resulted into about three years of continued use. However, eventually she did 'allow the right' and was brought back home about ten years prior to interviewing. During the preceding decade she recounts making some attempts to quit drugs only as a means to pacify her family, always in the family home with or without prescribed medication. She had mostly lived in the family home but had also spent periods living with a heroin using partner. Vassiliki spoke of life on the heroin clock, how every activity was scheduled around and dictated by meeting the need for heroin. She reported years of this treadmill existence where every day was much the same as the next one. She also recounts the disgrace she felt her use had brought on her family, especially her sister who held a prominent position in the community. Adding to that, was the fact that Vassiliki had been in prison on drug related charges. She spoke of constant arguments and threats of expulsion from the family home, noting how these were perceived merely as threats. Although publicly embarrassing her family and having hurt them many times, she felt she had not exhausted her parents' patience, as she phrased it. Their continued support especially that of her mother, was indicative of her claims. At the time of interview, Vassiliki had entered treatment to 'get a break' while waiting for her boyfriend to be released from jail. Despite feeling that life on heroin had tired her she was not sure whether she wanted to quit drugs since as she said she still very much enjoyed heroin.



*Panagiotis (male, PDU, interview 21)*

Panagiotis lived with his mother, step-father and brother at the time of interview. He came from a working class family. At the time of interview he was 27 years old and had been using cannabis for 16 years. He attributed his introduction to drugs to curiosity, watching friends using and wanting to share the experience. He was introduced to heroin at the age of 13 and had been injecting for at least 11 years when I met him while also being involved in polydrug use. He recounted how his first experience on heroin was unpleasant but noted how older users explained about the effects to him and coached him into using for a second time. According to Panagiotis being involved with drugs from such an early age meant that all his friends were drug users and as heroin use escalated his social circle became dominated by people who used heroin; not friends just drug using associates. At the age of 16, after going through withdrawal for the first time, he realised his use had become problematic. He told his mother, who initially kept it a secret from both his step-father and father. Mother and son decided to employ a psychiatrist to provide drug treatment. Panagiotis got his first prescription drugs at that time, drugs that his mother was in charge of administering. He recounts that for the first eight years after he disclosed the problem to his mother he really had no intention to quit using, something that as he notes was facilitated by the fact that he had access to prescribed medication which he frequently traded or sold in order to secure his heroin supply. Going to psychiatrists for drug treatment was also presented as an attempt to comply with family expectations. Panagiotis also recounted making what he described as genuine attempts to quit drugs, either on his own in the family home or by twice moving in with his uncle who lived abroad. Family relations were described as frequently being tensed in the family home, sometimes resulting into threats to kick him out. However, he portrayed his mother as the reason he was still alive and in such good health. His family, but above all his mother constituted a safety net for him; whatever he had done in the past was expected to be put behind as soon as drug use ceased. Indeed, Panagiotis' family was planning to send him to live with his uncle in Germany upon completion of the detox program, although he had stolen a substantial amount of money during his last stay there. He spoke of social isolation during abstinence periods, in spite of his brother's efforts to integrate him in his social circle. Panagiotis spoke of wanting to have a normal life, wanting to experience how the rest of the world lived when I asked what had brought him into treatment at the time of interview.

### *Markos' mother*

Markos' mother was a housewife, in her 40s, living with her husband and her recovering son. Markos' mum spoke of how her son had enjoyed her full trust when growing up and how the fact that he was a good student and helped in the family business prevented her from understanding what was going on in his life. The first blow came when Markos' grades started slipping and he got arrested for cannabis possession. His mother confronted him but chose to keep it a secret from his father. She chose to believe her son, even when she discovered paraphernalia in the family home and was told that they belonged to one of his friends, something she did not disclose to his father for over two years. She could not believe how her son, a good student and worker could be involved in anything more than youthful mischief. At about the age of 21, after 6 years of use, Markos dropped out of private college and the house of cards collapsed. Markos' mother spoke of years of arguments between her husband and herself on how to deal with their son's problem. She spoke of feeling responsible for her son, his behavior and treatment efforts but also being allocated this responsibility by her husband. She had acted as a shield to her son but also to her husband whom she felt she had to protect from the full extent of things; the father spent all his day working, he had to be spared of all the havoc she was facing at home. At the same time, she felt she was put in the middle of a constant fight between them, a place she had to occupy in order to keep the family united and her son out of more harm's way. Markos' problems fed into his parents' relationship, they had grown apart from the constant worry and tension. The family had suffered the financial burden of their son's use in many different ways. Markos had stolen money and goods from the family home. His parents had to pay for private treatment and legal costs. However, these were not the only areas of family life affected by Markos' use. Being involved in the family business translated into many embarrassing incidents where Markos would show up visibly intoxicated in front of business associates and co-workers. Occasions involving the kin also started posing a problem since Markos' problem was not to be disclosed to all members of the extended family, some of whom had distanced themselves after finding out about his use. Such occasions were described as carefully staged productions. His parents' social life was also negatively affected and his mother had faced psychological problems which she attributed to her son's drug use. Markos' mother reported that both her husband and she had never given up on him. At the time of interview Markos had not used drugs for over two years. His mother, although still feeling she had to be alert for possible signs, felt she had won her son back.

#### 4.13 Conclusion

This chapter has described the characteristics of the study participants. The data further indicates the interconnectedness of family members and family life in Greece. Perhaps the most illustrative of such claims is the discussion of living arrangements of young adults, especially in the case of problematic drug using young adults since even in all the stress created by drugs the families did not remove the children from the family home. Educational choices, made by both children and parents, and seen as having implications for the whole family and as working towards the whole family's interests, may also be seen as indicative of this suggested interconnectedness. A further element introduced related to problematic drug users' treatment paths and how these were handled as a family affair.

The next chapter follows the narratives of drug using interviewees in their journey to becoming problematic drug users.

## **Chapter 5**

### **Becoming a Problematic Drug User**

#### **5.1 Introduction**

This chapter presents interviewees' reflections on becoming problematic drug users. Participants' narratives on life circumstances around drug use onset are presented alongside factors reported as influencing uptake of drug use. Initiation of heroin use is discussed next, focusing on reported reasons for transition to heroin and occasional use of it. The chapter then follows participants' narratives of progression to regular drug use, highlighting consequences of participants' drug involvement on their lives. Finally, the discussion concludes by presenting factors and circumstances around interviewees' realisation that their drug use had become problematic.

This chapter presents data derived exclusively from interviews with problematic drug using men and women.

## 5.2 Starting to use

When asked about their life circumstances around the time of first involvement with drugs, for the most part (n=37/40) participants recounted what they termed 'normal lives'. Most of them being either in school or employment, they reported no problems in their personal or family lives at the time.

*To be honest I don't know why I started using, I was going to school, doing really well, no serious problems at home, stuff like what time I was supposed to get back home when I went out or how many times I would go out, but nothing serious and...and my parents really trusted me so they never checked on my friends or anything and we were never, you know how you hear about abusive parents, broken homes and all that, we are not that kind of family, to be honest none of my friends who used came from such families so I guess that is a myth, at least from my own experience that is a myth...*

*Maria [female, interview 28]*

Three women provided alternative accounts, describing family and personal problems during that time. Of these only one linked involvement with drugs directly to coping with problems as she was reportedly introduced to heroin by her husband in order to cope with post-natal depression.

Experiencing family problems prior and during the time of initiation of drug use was reported by the remaining two women. Sotiria, recounts how her introduction to alcohol by her father, a problematic drinker and abusing father, may have influenced the way she learned how to cope with problems.

*...the only thing I blame my dad for is that he gave me my first cigarette and every day he would sit down to drink wine and give me some, I was having wine every day since I was five so at some point I was drinking too much alcohol and especially if I was not feeling O.K for some reason, you know kids stuff like being upset over a boy or something, I would have so much alcohol that I would let's say drink myself to a coma so...maybe he got me used to the idea of getting wasted..*

*Sotiria [female, interview 13]*

Finally, Anastasia although linking family problems to the first time she used cannabis, was not sure whether these had been the cause.

*So one night we had this fight and he kicked me out and he knew I had nowhere to go, I mean he was trying to break my spirit sort of and I ended up crashing with these kids I was hanging out with, drug users, so*

*they skinned up and passed me the spliff so I took it and that's how I started. So maybe if he hadn't kicked me out that night, I wouldn't have used but we will never know now, right? I mean I am not saying that this was the reason but maybe I wouldn't have used.*

*Anastasia [female, interview 8]*

A further 2 participants, both male, reported that in retrospect, family problems long before their first contact with drugs could be the reason for feeling vulnerable, which may have contributed to their involvement with drugs. This realisation occurred for both during the course of counseling they had received at drug treatment centres.

*-So, I talked to a couple of psychiatrists and psychologists there and they all concluded that the gist of the problem is my father and that deep down inside I wanted us all to be like a family, together and that's the problem.*

*MF: And what do you think?*

*-I think they are right, to an extent. I think that maybe people have stuff buried in them and they need to deal with them, I accept that, and maybe that's the case for me too. But I never put blame, like say that's the reason I got specifically into drugs, maybe once or twice... in the heat of the moment..*

*Alexis [male, interview 3]*

The weight of the data for this study does not point to family dysfunction as an explanation for drug use. The picture presented by the men and women interviewed was not one of family dysfunction or conflict. However, this was a qualitative sociological study so therefore perhaps not attuned to elicit such sensitive data. For the most part, interviewees spoke of good family relations, referring to them as 'normal'. The vast majority of participants (n=38/40) reported experiencing no physical abuse within the family. However, the small sample of the study invites caution in making generalisations.

### 5.3 First contact with drugs

For the most part (n= 37/40) participants' first involvement with drugs was most likely to be attributed to curiosity, the desire to experiment with mood altering substances and the desire to come in contact with and/or be accepted by drug using peer groups, which at the time seemed exciting.

*Back then were went to rave parties a lot and I would see these people dancing like crazy and there were always drugs around so I just wanted to see what the fuss was all about*

*Nikos [male, interview 30]*

Curiosity as reason for drug use initiation has been reported in various studies in various cultural contexts and countries (Ellinwood et al, 1966; Brown et al, 1971; Hser et al, 1987a; McIntosh and McKeganey, 2002; Yang et al, 2009). A further commonly cited reason behind drug use initiation is the desire to comply with others' expectations, particularly those of the peer group (Hser et al, 1987a; McIntosh and McKeganey, 2002).

Initial contact with drugs involved for the men and women in this study the presence of peers. In the majority of cases these were friends (n=39/40) with only one woman reporting being introduced to drugs by her husband. As the following respondent points out, peers were 'coaching each other', to borrow from a participant's words, on how to use drugs, much as Becker reported in his seminal work 'Outsiders', discussing the stages involved into becoming a marijuana user (Becker, 1997).

*I started at 14...you know how it is, smoke your first cigarette at 12, first day of high school, hmm... didn't go looking for it or anything, my friends and me just knew that some guys there had started using and we thought we would give it a try...smoked our first cigarette together, started sniffing petrol together, coaching each other...then pills, then cannabis, acid, ecstasy...*

*Paraskeuas [male, interview 12]*

*So yeah... the first time was through Katia I guess, this girlfriend of mine, she had some spliffs with her and we thought it would be cool to do it together, she had done it before so she explained stuff to me, like hold in the smoke and how to roll and stuff and so, yeah...that was the first time*

*Giota [female, Interview 31]*

The interplay between peer group membership and drug use has long been reported in the literature with many studies highlighting the role of peers as point of introduction to drugs (Ong, 1989; Ramsay, 1982; Dimitriou et al, 2001), as sources of drugs (Swadi and Zeitlin, 1988), as behavioural models for drug taking (Mohan et al, 1981; Duncan et al, 1995), or as influencing frequency and level of use (Boys et al, 1999). In a review of the literature on non-biological risk factors associated with illicit drug use and norms governing the social acceptability of drug use, Rhodes and colleagues, reported that evidence highlights the importance of 'peer modeling, availability of drugs, and norms

governing the social acceptability of drug use' (Rhodes et al, 2003:314). Longitudinal and cross-sectional studies have portrayed drug-using peers as the most important predictive factor in initiation and continuation of use (De Wit et al, 1997; Menares et al, 1997). Drug using friends have been suggested as a necessary condition for the onset and development of drug use (Dinges and Oetting, 1993). The findings of a recent study involving the participation of 16,445 high school students in six European countries, including Greece (n= 2205), highlighted the strong correlations between having friends or older siblings who used cannabis and illegal drugs and using those substances (Kokkevi et al, 2007a). In a further investigation of the same data set, looking into psychosocial correlates of substance abuse, the team of researchers concluded that:

*Going out most evenings, substance use by peers and siblings, and antisocial behavior are generally the strongest correlates of substance use by adolescent students [while] family related factors seem to be less important than the peer culture (Kokkevi, 2007b:311)*

However, the nature of this relationship has been debated with researchers commenting on the importance of the role of the individual rather than that of peer pressure (Coggans & McKellar, 1994), the process of selection of friends according to common interests (Kandel, 1985) and projection relating to attributing one's action to his or her peer group (Bauman and Ennett, 1996).

In the current study there was no mention of peer pressure per se: the term which best describes the emergent picture is 'social pressure'. As Levy and colleagues phrase it: 'You see friends having a great time and you want to join in' (Levy et al, 2005:1433). Other researchers reported similar sentiments among participants initiating drug use (McIntosh and McKeganey, 2002).

For the current study, introduction to drugs was made with or through friends. In one case cited above, Giota recounts how her friendship with a drug using friend offered both the opportunity and knowledge needed to commence using drugs. In the other case cited, for Paraskeuas and his friends, experimenting with drugs was a decision they made as a group, a group which created a supportive environment in which they could experiment and continue using. This has been similarly reported in other studies (Pearson, 1987; McIntosh and McKeganey, 2002). These accounts were typical of the men and women interviewed. Although in some cases, initiation of drug use was presented as



somewhat non-reflexive, carried out as a ‘a routine act of companionship within the friendship group’, as reported by Pilkington (2007:382), for the most part, the men and women reported *seeking out* the experience, highlighting their active role in drug initiation, something that has also been noted elsewhere in the literature (Rhodes et al, 2003).

#### 5.4 First contact with heroin

For the men in this study, initiation to heroin use was reported as a similar story to that of introduction to other drugs. Some interviewees recounted that prior to their involvement with heroin, they thought of the drug as having a greater taboo status than other drugs. However, the weight of the data suggests that first contact with heroin followed the same trajectory as initial involvement with other ‘soft’ drugs.

*So I tried heroin...I started hanging out with people who were using, in the beginning I wouldn't have any, I just watched them but after a while I tried it myself. And then I tried it again and again*

*Mihalis [interview 16]*

Perhaps, transition to injecting would reflect a different, less ‘casual’ contact. Unfortunately, data specifically on circumstances and reflections on first injection were not collected systematically and thus no suggestions can be made.

Turning to the women in this study, their heroin use trajectories followed a somewhat different pattern. For the most part (n=11/17) introduction to heroin was through their boyfriends, with most of them reporting that they initially tried to get the latter to quit heroin.

*I had cannabis once and then it was straight to heroin...basically I was involved with a guy that was using and I started using too. I thought that I would make him stop*

*Mina [female, interview 33]*

The role of male partners in women’s drug use initiation has been reported extensively in the literature (Rosenbaum, 1981; Anglin et al 1987; Amaro et al, 1989; Amaro, 1995; Higgs et al, 2008). More recent studies have started to highlight the role of friendship networks, sometimes consisting exclusively of females, in drug take initiation (Sargent, 1992; Taylor, 1993; Payne, 2007), or initiation of injecting practices (Crofts et al,

1996; Diaz et al, 2002; Bryant and Treloar, 2007). However, the picture emerging from this study is that male partners played a pivotal role in the women's introduction to heroin. Given that all male partners of the participating women were Greek, perhaps this is also illustrative of a gender dynamic in male- female relationships.

For some of the participants (n=10/40) first experiences with heroin were not pleasurable. In all of these cases, interviewees reported that they decided to use heroin again because their friends explained to them that the experience would get better. Indicative of the reported role of drug using peers in explaining effects and reassuring the novices is Panagiotis' interview extract presented below.

*Didn't like it the first time I used, I threw up. Wondered why people died and do all that stuff for this thing, in essence it's nothing. I thought 'why would I want to use and be like that when I can have a joint and ...be better, use and be like that...no point'...it just happened that after 5 months I was with some people who were using heroin, all of them, cooking up in front of me, spoons and everything, and they sort of explained that the first time is always crap and I should try it again*

*Panagiotis [male, interview 21]*

In his discussion of the stages involved in becoming a marihuana use, Becker also reported on the importance of experienced users in helping the novice redefine a negative experience (Becker 1953). Gourley also suggested that knowledge about drug related pleasure is gained through the observation of more experienced users (Gourley, 2004).

So far we have seen how the introduction to heroin for interviewees was made through friends, or romantic partners in women's cases. Peers were also reported as important in providing knowledge on how to use heroin. For the men and women in this study, initiation to heroin was 'another experience'. Perhaps illustrative of this is the interview extract presented below.

*So, yeah, somebody offered, a good friend of mine, so I wanted the experience and I tried, same story about all the drugs I told you so far, it was more of a group thing, we had something and we all tried it, no pressure or such....I mean ok, maybe there was peer pressure, trying to fit in and all that but when you are a teenager everything is about fitting in, do you know of any teenager who doesn't have a confidence problem?*

*Maria [female, interview 28]*

## 5.5 Occasional heroin use

The most commonly cited reason for continuing with heroin use (n=25/40) was the fact that participants enjoyed the actual experience they were getting through use of heroin.

*Why did I go on using? Because I liked the effect...I still do to be honest, it's like you live for the day, you doze off and everything is calm and nice... I just love the rush when you have your hit and your whole body warms ups...and the way you are afterwards, I loved myself on heroin*

*Manolis [male, interview 4]*

Manolis' account illuminates various aspects of the notion of pleasure derived through drug use. He points towards the actual corporeal experience, its functional aspect- achieving calmness- and the pleasure he derived from the experience of himself on heroin, which is closely related to perception of self through use to be discussed in the next section. In his discussion of pleasure as motivation for use of dance drugs, Duff makes a distinction between pleasure conceived in functional terms,

*rationally planned in order to achieve some discreet goal, enhancement of sociability, closeness or confidence, and the experience of pleasure, per se and the corporeal and sensory joys that are experienced in and through the enhancement of sociability, closeness or confidence* (Duff, 2008:384)

The extract presented above resonates with accounts in Duff's study, 'to become other', to experience 'the rush of difference' (Duff, 2008:387), while noting other aspects of the experience of pleasure. It should be noted that although traditionally the role of pleasure as a motivation to use substances has been largely overlooked (Holt and Treloar, 2008), recently there have been studies highlighting its influence. Work on ecstasy or other party drugs use has consistently underlined the role of pleasure in participants' narratives of reasons for drug use (Hinchliff, 2001; Levy et al, 2005; Maclean, 2005; White et al, 2006). Studies on other drugs, such as inhalants and methadone/heroin, have reported on the pleasurable corporeal experience recounted by participating drug users (McLean, 2008; Valentine and Fraser, 2008).

A further reported reason by participants (n=12/40) for continuing with heroin use was the sense of self attained through the drug experience.

*I'll tell you what the main thing is, and that's why they call it heroin, from the word hero. When you use you feel that you can do anything and everything. You lack courage, you get it, you lack confidence, you get it, it's like it makes you everything you wanted to become, a hero.*

*Savvas [male, Interview 7]*

This notion of 'personal power' has also been noted by Pearson in his work (Pearson, 1987:33), with drug taking as an 'antidote to shyness or lack of confidence', also reported (McIntosh and McKeganey, 2002). In a study of 30 white middle- and upper-class female heroin/methadone users which focused on gender and drug use, notions of empowerment and positive feelings about the self, were reported as reasons for using drugs (Friedman and Alicea, 1995). Although these studies were not based in Greece, their findings resonate with the current study's assertions about reported reasons for engaging in occasional illicit drug use.

Nikos' interview extract below highlights a further issue raised by the men and women I spoke to, the allure of the drug scene itself.

*M.F: So why did you continue using?*

*-Because I liked the way it made me feel. Because we were like super cool back then, you know that's what we thought, we were like these super cool guys who did everything and hung out with all the dealers and users, like the underground scene, that's it, we were like the underground scene*

*Nikos [male, interview 30]*

This resonates with Zinberg's suggestions on the factors that influence the experience of drug taking (Zinberg, 1984). These factors were termed 'setting' and included physical setting and surrounding people (Zinberg, 1984). Although connected with membership to specific social circles the 'scene' here is used more to describe a broader context of behaviours and practices rather than an actual group of associates, a drug using subculture. The appeal of this new world has been noted in other studies. Pearson commented on how, in conditions of social deprivation and lack of alternate social roles, 'to be part of the smack-head scene', can even assume something of a heroic status (Pearson, 1987:41), while Peele noted that 'this active addict lifestyle can sometimes prove as attractive and exciting as the drug itself' (Peele, 1985:48). Focusing on heroin use among lower socio-economic males, Feldman reported on how aspiring to a 'stand-up cat' ideology, being able to survive in 'street life', may involve the participation in the drug market and/or problematic drug use (Feldman, 1968), while Lindesmith (1974) suggested

that problematic drug users do form a subculture. Much later, Bourgois' seminal study on marginalised Puerto Rican young men in the US, reported on their involvement in the drug economy, and adoption of street culture, as a way of finding their role in socio-cultural and economic milieu, characterised by a crisis in patriarchal social organisation and male unemployment (Bourgois, 1996). More recently, McIntosh and McKeganey reported that a minority of their sample viewed drug taking as having a 'certain status and glamour attached to it through its association with pop stars and other prominent figures' (McIntosh and McKeganey, 2002:16). This resonates with theories of risk taking explaining the relationship between culture and drug acceptability (Rhodes et al, 2003). Drug use may be characterised as having a 'positive function' (Duff, 2003a:434) in promoting participation and membership to desired social environments. Drug use as expression of identity that facilitates group bonding was reported in a recent study investigating the interplay between school environment, drug-related attitudes and actions (Fletcher et al, 2009).

The extract below is quite characteristic of the status conferred by heroin use and participation in the heroin scene. We also see that even when harm had been encountered, it was assessed and devalued, because of the context in which it occurred. Rhodes (1997) writes that because of normalisation, habitual illegal drug users do not consider risk, and that the 'risky' action may be perceived to have more benefits than costs especially if no harm has been encountered. Implied in this extract is also a sense of excitement derived from the whole experience, including the danger of overdosing and death, something that has been noted elsewhere in the literature (McLean, 2008).

*I was having a good time. I mean I did have a sense of what was going on, my mind was working and I was always reading stuff, I did know, I just didn't want to accept it. I was using heroin, there was no lack of money so I didn't have that problem, I hid behind my immaturity and chose not to realise what I knew. I had no sense of danger so I just didn't get what was happening to me until that day of the car crash where I realised the danger. I mean I did experience overdoses and adulterates in the heroin and stuff like that but it didn't register as danger, this was all part of the game, of these movies that I was starring in, an enormous over-evaluation of my ego, of myself, I was the man, the super-junky, super-dealer, I demanded respect and there was no way that I would fall into the trap.*

*Kosmas [male, interview 22]*

At this point in participants' lives, using drugs was not reported as creating or posing problems. Their work or schools lives were not apparently affected to a degree they classified as problematic and their families were unaware of their use. Their drug use was

still perceived as a pleasurable activity. This phase of their drug using careers may be best described using the term ‘conventionally-unconventional’ (Hammersley et al, 2001:139), where they could ‘be’ or ‘not be’ drug users according to the social setting they found themselves in. This began to change once drug use became habitual.

## 5.6 Progression to regular use

The men and women who participated in the current study recounted their move into regular use as an almost unwitting drift. This drift into regular use has been noted elsewhere in the literature (Pearson, 1987; McIntosh and McKeganey, 2002).

*I liked it as a fix, I wanted to use everyday....anyways...my friend told me ‘no worries, we’ll use once a month or so’... so we used the next week and the next week, then every other day and then every day...*

*Simos [male, interview23]*

Simos’ account also highlights the role of peer groups in progression to regular use. Always in the company of friends who provided opportunity, supply, knowledge and reassurance, interviewees’ drug use escalated. Ironically, for Sotiria below this learning was done in the detoxification centre, when she first got admitted for treatment back at the age of 18.

*I didn’t even know how to cook up heroin on my own, you couldn’t tell that I was a....junky...I couldn’t even tell...I didn’t even know how to cook up, others were in charge of the whole thing, I mean I didn’t even have my own dealers...and I came here and when I got out I knew everything there was to know and started dealing myself...*

*Sotiria [female, interview 13]*

In the above extract, we see how Sotiria relates acquiring the practical knowledge of preparing the drug for use and having the necessary connections to secure supply with the label ‘junky’, linking practices and networks to self-perception. This label was assigned in retrospect, and as Sotiria says, was not how she perceived herself at the time. The term ‘junky’ is used in Greek discourse with a double meaning. The term may refer to the person who uses heroin but perhaps more relevant here, ‘junky’ [τζάνκι or τζάνκουλας] is used to denote an extreme degree of addiction and/or immersion to a drug, not necessarily heroin.

For the most part, progression into regular use also involved the initiation of injecting practices in the company of friends. Reported reasons for the shift to injecting practises mainly revolved around modelling the behaviour of others and wanting the experience. Apart from forming the social environment in which first injection took place, drug using associates were in all but one case instrumental in teaching novices the necessary skills to successfully inject. Although self-initiation of injecting drug use has been noted elsewhere in the literature (Crofts, 1996; Novelli et al., 2005), the overall picture of the current study confirms reports on the vital role of peers in first injection from studies worldwide, Canada (Khobzi et al, 2008), Scotland (McIntosh and McKeganey, 2002), India (Kermode et al, 2009), USA (Frajzyngier et al, 2007; Lankenau et al, 2007; Harocopos et al, 2008).

Although female initiation to drugs in general and specifically heroin was not exclusively made through romantic partners, escalation and progression to regular use seemed to be related to the creation of romantic relationships with heroin users who were for the most part reported as sustaining women's use. Such patterns have been noted elsewhere in the literature (Hser et al, 1978c). At this stage following initiation of heroin use, Rosenbaum has argued that sustained usage may reflect traditional sex role differentiation (Rosenbaum, 1981). Certainly in Greece a woman's participation in many aspects of social life has been conceived as carried out through her relationship and identification with a man (Campbell, 1974; Du Boulay, 1974), and this appeared similarly resonant in the majority of narratives provided here by the Greek women drug users.

*I stayed at home, it was my husband who would go to get drugs*

*Katerina [female, interview 9]*

More broadly, other research that has considered the differentiating role of gender highlighted that women's addiction careers are often closely associated with men both in the initiation and sustaining of their heroin habits. A study of 408 heroin users and 150 cocaine users conducted in London, reported that women heroin users were more likely than men to have a heroin using partner: 78% of the women who had a regular sexual partner stated that their partner had used heroin compared to 55% of the men (Powis et al, 1996). In this respect MacRae and Aalto's study of 90 Scottish drug users, 63 of whom were women, reporting on the interplay between injecting practices and concerns such as trust-intimacy or power in romantic relationships is of relevance here. The researchers reported on how the desire to feel close and similar to their partner influenced a shift to

intravenous use for their sample, while trust and love and intimacy were put forward as reasons for sharing injecting equipment (MacRae and Aalto, 2000). Moreover, getting their sexual partners to inject them, even in cases where women could self-inject, was directly linked to issues of power, something that has been noted elsewhere in the literature (Bourgois et al, 1997). A further study from Scotland, involving the participation of 122 men and women injectors and examining the social contexts within which injectors reported having shared unsterile needles and syringes, indicated that the majority of female participants reported having male partners who injected drugs, which as the author noted, was 'perhaps the single biggest difference between men and women injectors' (Barnard, 1993:809). This picture is further supported by data for the current study where, apart from a married couple both of whom were heroin users, no men reported relationships with female heroin users.

## 5.7 The beginning of the slippery slope: effects of drug use on interviewees' social networks

I would like to focus now on the effects that progression to regular use had on participants' social lives. All the men and women interviewed noted how gradually their social circles began to be dominated by drug using peers, and more specifically heroin using peers. Interestingly, no one reported being isolated by non-using friends; on the contrary, it was they who distanced themselves because escalation of their drug use practically meant that they were devoting more time to securing supply and being intoxicated.

*I had my usual group of friends, all of them clean, occasionally using cannabis no more than that and I had a separate group of people who were heroin users....and I just chose who to see accordingly. Gradually, I started drifting apart from the first group and hanging out with the second until eventually I ended up only hanging out with the users and seeing the other guys maybe once a month*

*Tasos [male, interview 14]*

This neglect of non-using friends stemmed from 'a substantial amount of time and energy [being spent on] learning how to ensure the possibility of continued use' (Feldman, 1968:136). More recently, a qualitative study of 53 drug users contacted at nightclubs in Denmark, proposed that the closing of social networks forms one of six career



contingencies, for the move from regular to problematic use (Järvinen and Ravn, 2011). The term career contingencies refers to ‘those factors on which mobility from one position into another depends’ (Becker, 1997:24).

Although, one might expect drug free associates to increasingly move away from users, we have to keep in mind that at this point interviewees reported that their heroin use was still quite ‘discreet’. This finding may also, to a point, be the product of impression management strategies directed towards the interviewer (Goffman, 1959), or the tendency to reconstruct episodes one wishes to forget in more favourable terms (Gardner, 2001).

The move away for non-using networks was attributed to lack of common interests and the desire to keep their drug use concealed from friends who were uninitiated into heroin. There was only one report of introducing a non-using peer to heroin, by a male who introduced his non-using partner. However, this is likely to be a result of selective presentation of events on the part of the participants, as for the most part they spoke of seeing it happen all around them. It could be argued that such an underreporting may have occurred in interviewees’ effort to present themselves to the interviewer in a more favourable light, while also preserving a moral identity for themselves.

This move away from non-using friends was the first stage in participants’ drug using careers where one aspect of their social identities, derived from membership to non-using groups, was clearly influenced by heroin use. Allegiances began to shift from more diverse social associations towards more exclusive association with heroin users. Association with other heroin users served the preferred purpose for participants: they could exercise their chosen activity and meet the conditions, information and supply, necessary for its continuation. This progressive shift towards a social network almost exclusively made up of people similarly focussed on heroin use is well described by Mihalis below:

*I’ve got lots of friends who don’t use, just that I cannot hang out with them all the time like I would with people who do use because with the latter there is a common goal-heroin. When I wasn’t using, hanging out with non users was not a problem because the common goal then was to go for coffee, go out to have fun...that common goal just went missing... so I guess it’s lack of common interest, in general using isolates you, either you want it or not. It really does isolate you, eventually all the people you hang out with are users*

*Mihalis [male, interview 16]*

For the study participants, regular use did not signify a problematic pattern of drug taking; it was still conceived of as an exciting and pleasurable activity which was not perceived as heavily infringing upon other aspects of their lives. Indeed it was compared by many of these men and women as akin to other forms of drug taking like cannabis. Nevertheless, for all of them, the realisation that they had a drug problem was just around the corner.

## 5.8 Shift to problematic drug use

For over half the men and women interviewed (n=23/40) the realisation that their drug use had become problematic was connected to the realisation that heroin was infringing upon other aspects of their lives, an outcome of the ‘gradual sedimentation of drug-using routines in everyday life’ (Gibson et al, 2004:610), which led to the creation of ‘entangled identities’, defined as a ‘state of instability and conflict between user identity and practices and non-user identity’ (Gibson et al, 2004: 602). Participants’ perceptual shift from regular to problematic user was attributed to their inability to preserve other life domains, and roles, unaffected by their drug use.

*And then without realising it, it was all heroin. I mean, believe me it was like, gradually everything else was put aside, my studies, my whole life was just put aside and heroin just like became the one thing that I was all about. I started cutting classes either to score or because I was too fucked up, and like, all my money was going to heroin and there was no time for anything else and then I knew I was in deep shit.*

*Antigoni [female, interview 36]*

While most participants also commented on the draining of their financial resources as a factor that contributed to the realisation of the problem, for others it was the sheer continuous involvement with heroin that was the switch.

*When did it become a problem? I guess, when I got tired of seeing it, I mean money was never a problem, to make money to pay for my use we were dealing, you know, I had reached a point where I got tired of it, it was always in front of me, whatever I did was about heroin and...it got something like.. ‘I can’t take it any more’, I mean, you know, I wouldn’t take it anymore, that’s what I felt*

*Giannis [male, interview 26]*

For the 23 participants reporting that their use had become problematic when it infiltrated other life domains, loss of control was not related to control of the effects of the drugs or, for some, even withdrawal symptoms or overdoses. They had had such experiences but these were not reported as factors influencing perception of use as problematic. What they all referred to was the inability to control heroin from spilling over to other parts of their lives, which they had been able to preserve drug free. They thus transgressed the borders of regional behaviour, the behaviours prescribed and dictated by moral and instrumental demands in specific region of activities (Goffman, 1959). A recent ethnographic study of 111 experienced cocaine users in Antwerp, Belgium investigated perceptions of controlled and uncontrolled use and noted that sustaining drug free identity roles was closely related to maintaining controlled drug use (Decorte, 2001). As Grund (cited in Decorte, 2001) noted controlled use is dependent upon sustaining a stable life structure, of maintaining scheduled activities and fulfilling social obligations (Decorte, 2001). The definition of controlled use as a pattern of drug use that does not disrupt the roles and responsibilities of daily life has been noted also in Waldorf and colleagues' work (1991).

For 12 participants, experiencing physical withdrawal for the first time made them realise that their use had become problematic, a factor reported elsewhere as influencing awareness of the problem (McIntosh and McKeganey, 2002).

*The first time I realised that it was a problem was...2004, like 5 years into using by then, there was a football match in Athens and we went for the weekend and I was like used to going there without taking anything with me[drugs] so I went and by half time I was in withdrawal, first time. That's what made me realise and I said to myself, 'Thanassi you're sick', that was the first time that I realised heroin's grasp on me...but I just continued with it*

*Thanassis [male, interview 6]*

Some of these 12 participants could not recognise withdrawal symptoms for what they were because they had never experienced them before. In all of these cases it was up to drug using peers to explain what was going on. Thus, perhaps as drug use is learned, so is addiction.

*I mean one day I didn't use and my bones were aching, runny nose and all that and I was wondering what was wrong with me so someone told me that it was withdrawal symptoms. I was shocked.*

*Sotiria [female, interview 13]*

For a minority of the sample (n=9/40) the realisation that their use had become problematic was related to their families' reactions upon disclosure of the drug problem. Five of these participants recounted realising they had a drug problem exclusively through their parents' reaction to disclosure of the drug problem. For the remaining 4, realisation was a result of parental reaction and the experience of withdrawal. In some of these cases, disclosure was a consequence of loss of control over drug use patterns which was experienced as a problem only because it became known. Yet in other cases, families were informed of the drug users' activities, setting a train of events into action that eventually turned what had been until then a pleasurable activity into a problem. Their accounts resonate with labeling theory (Becker, 1997), in that their sense of self as having a problem with drugs was socially constructed rather than emerging from their own assessment of their situation.

*I mean once your parents find out, you are fucked. First of all, everything changes, I mean first of all it shows and that's why they find out....to be honest it showed before, it was just them that didn't see it... so I guess it is maybe that you can't control it anymore, they find out because you can't control it anymore, sort of keep it separate but the most important thing is that after they find out you need to do something.*

*Maria [female, interview 28]*

## 5.9 Conclusion

This chapter presented participants' narratives on becoming problematic drugs users. Commencing from the first time interviewees came in contact with drugs, the chapter has illuminated the processes at play as their drug use escalated to the point when it reached the stage where it posed a problem for them.

Participants' narratives on the progression to problematic drug use point to the pivotal role of the social environment in every stage of their drug using careers and in various aspects within each stage that facilitated and enabled drug use escalation and transition to successive levels of use. In this light, drug use can be seen as a 'learning curve' with drug using peers aiding the process. This does not mean to imply that participants were not active agents in their involvement with drugs, although largely not reporting a role in getting other people involved in drug use. Participants' sense of self- whether through attributes made from the experiences of self while on drugs, from participation in different social groups or settings and daily practices- also emerged as an important factor

influencing drug use, its escalation and perception. Interventions regarding both drug use prevention and treatment should therefore be sensitised to the influential roles of both social environment and sense of self.

Finally, the emerging picture of initial involvement with drugs to escalation to problematic drug use, hints towards common paths and processes between the experiences of the Greek study participants and the available worldwide literature. Although the small number of participants in this qualitative study does invite caution in making theoretical generalisations, the findings of the current study indicate that there may be distinct similarities in pathways to problematic drug use across countries and cultures.

## **Chapter 6**

### **Family responses to the drug problem**

#### **6.1 Introduction**

This chapter aims to map out family responses to their children's unravelling problematic drug using careers in the Greek context.

The chapter begins by introducing the reader to the cultural elements which shaped the men and women's progression of problematic drug using careers and their parents' responses to these careers. It thus sketches the cultural milieu within which these people live and operate, and so gives context to the behaviours reported. The two concepts - both conveying the degree of interconnectedness between family members in Greece- discussed here are the collective notion of the individual as part of the wider group formed by his/her family and the concept of 'allowing the right'.

The chapter continues by recounting the ways in which the men and women's problematic drug use became known to their families and the latter's initial reactions. What follows is a discussion of the ways in which families went about coping with their family members' problematic drug use. Perhaps particular to the Mediterranean societies, the central role of the family in being involved or even managing PDUs' treatment efforts is discussed in relation to the concept of 'familism' (Papadopoulos, 1996). Moreover, the notion of 'allowing the right' is discussed in the context of progression of problematic drug using careers known by now to families. The final sections discuss parents' reported unwillingness to expel problematic drug users from the family home and present an analysis of the two cases where the families were reported as having withdrawn from participants' lives. The aim here is to illustrate a broader point, namely the role taken by the families in influencing the course of the drug users' lives.

The approaches taken by families to their children's drug problems are discussed through use of the analytic schema proposed by Orford and colleagues (2005a).

## 6.2 There is no 'I' in Greece

An overarching theme in both parents and problematic drug users' accounts was the sense that very little was experienced as an individual action or process. In the following sections of this chapter, reported family responses to participants' drug problem will highlight this view of a family course of actions where a child's drug use was experienced and managed as a family rather than a personal affair. For now I would just like to present other life areas where families were reported as being involved, to reinforce the view that the line between individual and family is rather blurred in Greece.

To add a piece of anecdotal evidence at this point, I would like to refer to the most commonly met way of making introductions in rural Greece. When met for the first time, you are not asked your name. Rather the question you are asked is 'whose child are you?' Perhaps evident in this is the way people used to be, and to some extent and contexts still are placed through participation to a specific family group.

In the fourth chapter of this thesis, presenting interviewees' profiles we saw how children's educational choices and achievements were discussed as an 'we' thing. This proposed blurring of the individual and the family is also illustrated in the quotation below.

*It was also during the year we had the university entry examinations... Let's not create trouble now...we sat the examinations and didn't pass. He wanted to go to ACBS, a private college...he attended for 2 years, two or three, I think it was two years. We passed the course the first year and during the second year we dropped out, got into trouble the second year and after that....then it was all the arrests and this and that...*

*Parent: Markos' mother*

This investment in a child's future was reported as a familial not solely individual affair. As we have seen this has been termed 'familial educational investment' (Tsoukalas, 1986:270), and has been put forth as expected to yield a two-fold gain: the enhancement of a family's status but also an increased income that is to be secured after university graduation (Papadopoulos, 1996).

Yet in another context the employment opportunities the problematic drug users participating in this study had, were by large a result of their families' interventions. Securing positions in the family business, through family connections or by providing the

funds for participants to open up their own businesses, were commonly cited in the current study (n=27/40) and took place throughout PDUs' problematic drug using careers.

Participants' future aspirations were also intrinsically connected to their families' continual support.

*-If I quit drugs, I'll have a business of my own, my own house, maybe my own family and everything will be fine*

*M.F: Do you think your family can help you in this?*

*-Sure. Both financially and in every sense I need really. For example, if I tell them that I want to open a business, because I am a qualified car engineer, so if I tell them that I will open up such a place I can get funding from the state but my family will also help, I mean I have their full support in whatever business I decide to do, also about the boats, my dad told me that I should clean up so we can get our own boat, we did have our own last year but because it was not running very well we gave it away, he told me that this year we are getting a new one and that I shouldn't worry about it....*

*PDU: Giotis [male, interview 11]*

Nonetheless, it was not only problematic drug users who visualised their futures in terms of their families. The parents, in this study almost exclusively mothers, when asked about their future all spoke in terms of their children's recovery.

*M.F: How do you see your future life?*

*...For the future...I hope everything will be O.K in the future, I want her to get well, this is what I want, for her to get well. I want us to live a normal life like...*

*Parent: Lenas' mother*

This sentiment expressed by mothers was also referred to by participating drug users and seems to be linked to the degree of interconnectedness of the Greek family. Greek society still appears to be very much oriented towards the child as the focus of the family life. Children are understood to be 'vehicles' of social mobility, a way to elevate the whole family from its current social status. However, there are always two sides to every coin. As the child can elevate his/her family's social standing, it can also bring disgrace on it. In this respect, a core concept reported by the study participants- central to the discussion of family honour and family responses-was that of 'allowing the right'.



### 6.3 ‘Allowing the right’: or providing the material for others to cast aspersions on you and your family

‘Allowing the right’ [δίνω δικαίωμα] proved to be another term core to the way of thinking and experiences of the men and women who participated in the current study. As discussed in chapter 2 of this thesis ‘allowing the right’ is a complex notion that can be broadly understood as referring to passing to others information which might devalue you and also your family. It can be viewed as providing foothold to others for gossip (Du Boulay, 2010). As previously mentioned in chapter 2 ‘the reputation of a person and/or group does not represent a constant, it can grow and also be lost, as a consequence of public evaluation’ (Giordano, 2003:45). Since prestige and honour are dependent on the community’s favourable response to a person’s actions, and since families in the community are in competition to each other for honour, among others things, it follows that attainment of honour is dependent on competitors’ evaluations (Du Boulay, 1974).

In this sense, not ‘allowing the right’ can be viewed as a means of preserving family honour.

Participants’ efforts not to ‘allow the right’, not to give pretext for their conduct to be criticised either in the public or the private-family sphere, proved to be an overarching theme, greatly influencing many aspects of the behaviours that were discussed in the reported accounts. Effectively not ‘allowing the right’, was reported as an umbrella term encompassing all forms of conduct aiming at preserving honour by keeping one’s reputation unblemished. We can turn to the interviewees’ words to try to illuminate the term.

*Because in the beginning they [parents] couldn’t see it, they would have never thought that I was involved with drugs. I never allowed the right for such thoughts because I was a good student, you know how it is, the good student in lyceum that gets accepted in the university. I got awards for my performance in school, I got a scholarship and stuff like that, I got into uni, they never expected me to be involved in anything like this, I had my car, they never said no to me but I was always working so I rarely asked for money anyway, as I said I had a job*

*PDU: Mihalis [male, interview 16]*

For Mihalis not ‘allowing the right’ meant upholding prescribed roles, the good student and worker, thus avoiding discovery of his drug use and problem. For others, not ‘allowing the right’ meant avoiding disclosure of their drug use by either controlling drug

intake in order not to appear intoxicated, whether this was inside the family home or outside, or avoiding certain areas where drug users were known to frequent.

*There is a square where all the young kids gather but we would never go there. And you never like, like when we couldn't score from anywhere we didn't go out to that square, you do get some users hanging out there but we didn't hang out there waiting like the rest... I mean worst case scenario we might drive by and if you saw someone you knew then you might ask him and leave, you would never stick around because sticking around there was like wearing a sign saying that you are a user*

*M.F: So the people in the square make up the heroin scene of your home town.*

*- Yeah, the worst of the worst. I never allowed such rights*

*PDU: Giotis [male, Interview 11]*

Not 'allowing the right' was also reported in accounts where families had been told or had found out about the problem. In these cases, interviewees reported that by not stealing from the family home, not being violent or getting arrested they secured the tolerance of their families as far their drug use was concerned.

Not 'allowing the right' involved what Goffman has termed as over-communication of some facts, which in the reported accounts were performances and roles that helped maintain a picture of normality. At the same time, there was under-representation of 'destructive information; all those transgressive behaviours that could discredit the desired performances' (Goffman, 1959:141).

Outside the walls of the family homes, not 'allowing the right' translated into behaviours that helped maintain appearances as far the family as a whole was perceived by others. Not 'allowing the right' then was family efforts to preserve family honour.

*They kept on giving me whatever I wanted. Maybe my mother was a little bit more negative but I would always get my way with my dad. So basically, they helped maintain the situation, I mean I would give something like supposedly try and quit, they would cave in my every demand, and the story goes on and on. I know that it may sound strange to you but that was the depth of it, they would cave in, not that I didn't take advantage of it or manipulate them, ... they just facilitated and tried to keep a lid on the situation rather than resolving it. Don't forget that I was never into too much trouble, in the sense of fights and such, because by providing the money to do whatever I wanted they secured a supposedly balanced situation in the house and generally a front in the community and of course that meant that there was also no need for me to make trouble.*

Not 'allowing the right' did not only dictate parents' behaviour towards their children but also within their own social circles.

*M.F: You said earlier that your husband's attitude really helped you*

*-Yes, I mean we always met our social commitments but it was all an act. The only good thing about my husband was that, he didn't let me drift away, I mean he was the only one who had the strength to support us, to support me psychologically by dragging me out 'let's go for a glass of wine', 'I don't feel like it', 'get dressed we are going there', so he could get away and also in order not to allow the right, don't know how he saw it but I think it was also in order not to allow others the right to say that there were problems....so they couldn't tell...*

*Parent: Markos' mother*

Not 'allowing the right' was reported as a principal concern for the men and women who participated in the current study. I am not suggesting here that honour and the concern with one's reputation is something distinctive of Greece, or for that matter the Mediterranean. It is rather the collective view of the concepts that perhaps separates Greece from North European cultures. It is thus the fact that attaining and sustaining honour is not and cannot be an individual affair; it is dependent on collective effort and the behaviour of each and every member of the group, with the family being the point of reference.

A study comparing the notions of honour in a Mediterranean country, Spain, and a northern European country- the Netherlands, highlighted this proposed difference in viewpoint (Rodriguez-Mosquera et al, 2002). In relation to cross-cultural differences, Spanish participants rated family security, honour, humility, respect for parents and elderly, respect for tradition, social power, and social recognition as more important in their own culture than did Dutch participants. Dutch participants rated ambition, capability, freedom, helpfulness, independence, moderation, responsibility, self-discipline, and self-respect as more important in their own culture than their Spanish counterparts did. Moreover, in the question of what constitutes honour, Spanish participants' free descriptions of honour were centered more often on the interdependence between the self and others, whereas Dutch participants' free descriptions of honour were centered more

often on the self's autonomy, achievements, and failures' (Rodriguez- Mosquera et al, 2002:33).

The above section provided a sense of two cultural notions which emerged as important factors in shaping family responses to the children's problematic drug use. Let us now turn to these exact responses.

## 6.4 Discovery of the drug problem

The following section presents participants' accounts on how and when the drug problem became known to their families. The section starts off by highlighting that discovery which for most of the families involved disclosure of the drug problem by their children and presents the reported reasons for such disclosures. The accounts of a minority of interviewees who were confronted about their drug problem are discussed. Participants reported that for a considerable time their drug use went undetected. The section finishes off by discussing the notion of 'allowing the right' in relation to adhering to socially prescribed roles and delaying discovery of the drug problem by the families.

### 6.4.1 Accounts of discovery

Most families in this study did not discover by themselves that their child had a drug problem. Indeed for the most part, it was their children who finally told them about their drug problem. This was the case for 29 of the 40 interviewees, as well as for 7 of the 8 parents. The mean time between reported heroin use initiation and the families' reported discovery of it, was 3.5 years, with the family finding out the soonest after 6 months and the latest after 9.5 years. Most of the men and women interviewed were living with their parents at the time of the study (n=33/40) while almost all of them were living with their parents when they started using heroin. Whilst other research has reported problem drug use going undetected by families for a period of time (Barnard, 2005), it was for shorter periods of time, typically about 2 years.

The reasons reported by participants for disclosing their drug problem tended to centre on the difficulties of coping and keeping it hidden from their families. The inability to financially sustain their drug use was one of the most commonly quoted reasons. The

men and women in this study reported turning in the end to their parents for help because they felt they could not cope anymore with withdrawal. Inability to control the pharmacological effects of drugs, especially while in the presence of their family members was another reason that led to disclosure of the drug problem.

*I started stealing from the house to top up what I was getting as pocket money, that means that most of their jewellery is gone, plus whatever money I could get my hands on and I started getting really fucked up...even in front of them*

*PDU: Maria [female, interview 28]*

Such instances of loss of control were also the reason reported by the participating problematic drug users who recounted specific incidents that led to the discovery of their drug use. Five of the men and women interviewed were discovered using or carrying paraphernalia in the family home. Although being confronted by parents was not common in the sample, 5 men and women reported being confronted about their drug use by their parents. In all cases it was the mothers who initially confronted them about their drug use. In four of these cases, such confrontations resulted from the extended family or siblings notifying the parents about the relative's behaviour.

*It was my uncle who sort of told her, 'he's up to something, talk to him there is something going on, you have to do something'...so that's what convinced her to speak out*

*PDU: Nikos [male, interview 30]*

In Stamatis' case though, it was his neighbours' intervention that led to discovery of his problematic heroin use.

*... I mean they [the villagers] would tell her that your son is using and that he hangs out with people who use so but she wouldn't believe it... but one day she asked me to roll up my sleeve and she saw the track marks....*

*PDU: Stamatis [male, interview 5]*

#### 6.4.2 Delayed Discovery

All the parents interviewed, reported that in hindsight they had seen a difference in their children's behaviour even if they did not attribute drug use as the reason. Reported signs were aggressiveness, untidiness, increased introversion, unpunctuality and

inconsistency where household chores or obligations were concerned. Such changes in behaviour and even appearance, which family members noted before understanding that drugs were at the heart of the changed behaviour of their relative, have been noted elsewhere (Barnard, 2005; Butler and Bauld, 2005). According to all parents (n= 8/8) these manifestations of atypical behaviour were attributed by parents to adolescence or youthful mischief. The parents recounted that they would have never thought that their child would be involved with drugs. A survey conducted in 2008 by Addaction, the biggest UK based drug and alcohol treatment charity, involving the participation of 1,984 adults, reported that parents were more likely to think other people's children were using drugs than their own, with the majority of adults saying parents 'don't take enough responsibility' for their children's behaviour (83%), even though the children in their local neighbourhood took drugs (22 %) and drank alcohol (42%) (Addaction, 2008).

What featured prominently in all the reported accounts for the current study was an inability to recognise the child's drug problem because children fulfilled the roles their parents requested of them. Perhaps illustrative of this is the following extract from an interview with a mother of a problematic drug using woman.

*She was so good... I mean, even her principal at school called me 'congratulations', because of her projects, they formed a group with two girls and she would do all the projects...she would spend half her day at the YMCA...she was an A student and within a year...It was that I hadn't realised that other factor, that second road in her life..*

*Parent: Anna's mother*

In being a model student Anna deflected attention for her developing drug problem, by not giving pretext for her conduct to be criticised either in the public or the private-family sphere. This resonates with Mihalis' account presented earlier, on being able to conceal his drug use by being a good student and worker. This was a prominent feature towering over and influencing greatly many aspects of the behaviours that were discussed in the reported accounts. The term used by all participants when referring to behaviours that fulfilled required roles while deflecting attention from the drug use, was not 'allowing the right'.

For participants, as we have discussed earlier, not 'allowing the right' was accomplished by working, doing chores around the house, studying at university, attending school, not stealing or creating trouble in the family home.

The following interview extract is interesting because Haris felt that his mother knew about his drug problem but did not admit it until he ‘allowed the right’ by running into debt. What is interesting here is the implication that whilst his mother knew, she could also ignore it because he worked, did his share around the house and did not steal or hurt her. He thus did not ‘allow the right’ and could continue with his drug use while his mother could continue to ignore it. Haris had been using heroin for eight years before deciding to discuss it openly with his mother.

*It's only the last two years that she found out, I told her.*

*M.F- That's a pretty long time*

*Yeah, because I never allowed such right, I mean I was always working and although it was more or less common knowledge by then, she never said anything because I never allowed such rights. I was working and doing my share around the house, most of the times I gave her some money for bills and stuff. Even during the last couple of years, I never stole from her or hit her or anything like that.*

*PDU: Haris [male, Interview 18]*

Not ‘allowing the right’ also translated into efforts directed at concealing their drug use by controlling drug intake and avoiding being seen with known drug users or at places known as drug users’ ‘hangouts’. It also meant socialising with the ‘right’ sort of people. Half of the parents (n=4/8) explained away their children’s behaviour by reference to their knowledge of the families of their child’s friends.

*But you see, I never expected that because I always knew his friends. I mean, of course he was allowed to go out with his friends because I thought it was safe, I knew the kids and I knew their families because most of them were friends since high school so you get to know the parents, I would go for a coffee with some of the mothers, get together[...] and I was reassured because they were all nice people, like us I guess....*

*Parent: Kostas' mother*

Not ‘allowing the right’ then, enabled the continued use of drugs without the families realising, or confronting them about the problem. This was achieved for both parents and their children through the performance of normality by adherence to particular roles and so undermining what Goffman has termed ‘destructive information; all those transgressing behavioural elements that could discredit the desired performances’ (Goffman, 1959:141). Yet another function of such behaviours though, may be linked to

the preservation of family honour. Not ‘allowing the right’, through not providing material for gossip is intertwined with the preservation of honour.

#### 6.4.3 Reactions to discovery

Discovery of the drug problem threw the families into disarray. Both drug users and parents interviewed spoke of the initial shock and confusion their families experienced. Perhaps illustrative of this ‘daze’ is the extract below by Anna’s mother.

*And so...when she told me I dropped from the clouds. My first reaction was that I wanted the earth to open up and swallow me, ‘what to do?’ My second was a wish that I could have like a rotating head to turn to all directions and find out what is the next thing to do, where to turn to. There was a hum... and the feeling that you do not know where you are going, you think that you going north and in reality you are going west, that kind of feeling...*

*Parent: Anna’s mother*

Disclosure, or discovery, of the drug problem was reported as a blow for all the families in the current study.

*One day I go home, you know I had the syringes with me, in my jacket, went to eat, threw the jacket on the bed, there go the syringes, she found them and .... You know, basically she found out like that, just like that, so that overwhelmed her, crashed her... She got sick, went to bed, she got old in one afternoon, was in shock...*

*PDU: Paraskeuas [male, interview 12]*

As Barnard in her 2005 study of drug users and their families described ‘the most likely reaction was utter panic, arising from a lack of knowledge and experience’ (Barnard, 2005: 26). In the current study also, parents reported as not knowing where to turn for help and information or how to cope with the devastating news they had received. 23 men and women PDUs in this study reported that their parents’ initial reaction was to ask them what to do, where to go next; this pattern of response was also reported by the parents interviewed.

#### 6.5 Responding to the drug problem: A family affair

After discovering the drug problem, all the families whose stories informed this study were reported as being actively involved in the effort to change the course of their children’s lives. Although this involvement took many forms, the men and women who



participated in this study, both parents and problematic drug users, mostly reported approaches where families attempted to take charge of the children's drug using careers.

Such family approaches were reflected in both courses of actions taken but also linguistically. What was striking in reading the narratives collected for this study was that, both parents and problematic drugs users continually spoke on terms of 'we' [εμείς] rather than 'I' [εγώ], especially in relation to the latter's treatment efforts which were reported as a joint endeavour. Consider the following examples where mothers talk about their engagement in their sons' treatment efforts, talking in terms of 'we', something that is not met in North European studies.

*And we started going to doctors, psychologists, paying and paying again and having therapy and we did quit I mean the first four years...from the moment I found out and onwards, the first 4 years we were...we were detoxifying at home...on our own at home...with the help of private doctors, paying and paying...*

*Parent: Stavros' mother*

*- We were....we were at Ahepa [state hospital] for a month and a half, throwing up and the rest. I didn't know that these were withdrawal symptoms.*

*Parent: Markos' mother*

*So, we would stay in the house the two of us and go through the whole thing together. We would clean up, stay clean for a week or a month and then relapse again....that's how we spent the first few years*

*Parent: Kostas' mother*

Apart from the linguistic aspect discussed here, tangible behaviours described in the following sections reinforce this view of a collective course of action where a child's drug use was experienced and managed collectively as a family rather than a personal affair. Apart from the discussion on initial responses, the order in which the findings are presented does not imply a specific linear progression of stages. This was not the case for any of the families involved in the current study. The approaches taken by families varied over the course of their children's drug using careers and were influenced by the latter's progression. This meant that the ways families responded slipped in and out of these broad categories, which are ultimately constructs to aid analysis and comprehension.

## 6.6 Responding to the drug problem: Actions and Stances

The ways in which families responded to their children's drug problem are presented following Orford and colleagues' categorisation of actions and positions taken by family members of alcohol or drug problematic users (Orford et al, 2001; Orford et al, 2005a). Actions labeled by Orford and colleagues 'trying to regain control' are presented first. According to the authors, such actions are attempts to 'exercise control over the family and the home life in the face of a relative's drinking or drug taking' (Orford et al, 2005a:128). This broad category includes actions that were proposed by Orford and colleagues as serving the same function: restoring control in the family and home.

In the current study, family attempts to control drug using children mainly centered on controlling and orchestrating their treatment efforts. Families also tried to take charge of other aspects of their children's lives, such as employment or contacts with drug users, in order to restore some stability in the family home and life and also support their drug using children.

After the shock of finding out that their children were facing a drug problem families were reported as either rallying exclusively around the resources of the family (n=19/40) or involving the help of private practitioners, usually psychiatrist or psychologists (n=18/40). For the most part, families did not choose to contact a drug agency in the first instance (n=37/40). The parents' accounts painted the same picture. In all these initial efforts siblings were reported as being involved. Indicative of how the problem of one drug affected member became the focus for these families is Stefanos' interview extract below.

*When I first told them they had no idea about these things, even my brother although five years older than me had no idea because he is let's say a quieter person than I am and so they found out about all this through me. I mean naturally it was a blow for them but they still believe that it is something that can be resolved with some effort. I mean they would learn how to cope with me, I would tell them that we needed to go to a doctor, to get prescriptions and gradually they came to know things, they started asking people, they got interested in learning about it because suddenly drugs became our problem and they needed to know how to deal with it..*

*PDU: Stefanos [male, interview 27]*

Three families differed as they involved state services at the outset. However, it was reported that parents were again in charge of these efforts. Indicative of this attitude is

Giannis' account below. Note that disclosure of the drug problem was made when Giannis was an adult. He speaks of a joint decision to be carried out with his mother, 'where should we go?', and the realisation that their decision would involve his mother accompanying him to Germany and staying with him until he was settled, enrolled in a treatment program and employed.

*-so I one day I told my mother...ok, she had her suspicions that my brother and I were using something but she couldn't...so, I told her... O.K, we sat down, we talked, where should we go? Let's go to Germany....*

*[.....]*

*M.F: You said you went there to join a program*

*-With my mother, because of drugs, to get away from here and such. At first we didn't know what the programs were like there*

*PDU: Giannis [male, Interview 26]*

This impulse to resolve the problem of a substance affected relative within the family has been noted in studies carried out in diverse socio-cultural and geographical settings (Marshall, 1993; Guillermina, 1999; Mercado, 2000; Orford et al, 2005a; Barnard 2005; 2007).

Typically families would try to control and limit their child's drug use even when private practitioners were involved (n=30/40), at various stages during a child's problematic drug using career. In the majority of cases the mothers were reported as in charge of the treatment.

*We went to this doctor and when he explained what we needed to do, explained about narolex and I thought to myself that it would be really easy, 5 days abstinence with the support of pills, take narolex...*

*Parent: Vassilis and Giorgos' mother*

One of her sons, Giorgos, also recounts this incident,

*...so we told our mother what was going on so she could help us and we started going to this doctor for treatment and basically what went on was that he gave our mother the pills and she would give it to us every morning*

*PDU: Giorgos [male, interview 20]*

Efforts to try to control and support the drug using children were reported throughout the stage of the latter's problematic drug using careers. Varying responses in attempting to control the family member's problematic drug using behaviours have been reported in the UK (Barnard, 2005), but also in Australia (Higgs et al, 2009), with Scottish and Vietnamese Australian samples respectively. In the current study these efforts entailed helping the men and women find jobs, arranging for them to work in the family business in order to keep an eye on them, preventing drug use by restricting access or opportunity, providing emotional support and in some cases, even arranging marriages.

*So...when he completed his army service we started looking for a job, something good not whatever came along*

*Parent: Stavros' mother*

*I took him once or twice to Bulgaria, I thought I would get him to marry. We found a couple of girls, good, nice...he says 'let's go back to Greece and we'll see'. The girls phoned, Vlasis refused*

*Parent: Vlasis' father*

Extended family members were also called upon to help in such efforts, usually by providing accommodation for drug users.

*So he completed the [detox] program and he asked me to go pick him up and he said that he didn't want to come home because Giorgos was still using and so we decided to go to my sister's to sleep, I mean he would sleep there. Of course he did also go to Chalkidiki, I mean it was summer and my sister was at her summer home so went there instead...*

*Parent: Vassilis and Giorgos' mother*

However, the most central element of controlling approaches was involvement in treatment. Parents wanted to have a core role in treatment efforts, whether this related to choice of treatment path or actual treatment delivery. The turn to state services signalled a change for families. All parents reported that this decision stemmed from the realisation that they couldn't cope on their own.

*When we were going to all these doctors and stuff, I thought it would be good for us, that we would avoid all the programs for users I kept hearing about,*

*that no, we would make it our own way...differently and then I realised that this could not happen...*

*Parent: Kostas' mother*

This last resort approach was also noted in the UK. Marshall highlighted that many family members try to cope using exclusively the family's resources before they turn to outside sources for help (Marshall, 1993). These decisions were reported as resulting from the realisation that families cannot wean children from drugs on their own. Moreover, such decisions were reported as being accompanied with feelings of shame since turning to outside sources for help was experienced as an admission that the family cannot take care of their own (Marshall, 1993).

When state services were approached, the decision was portrayed as a family affair. Most drug users (n= 35/40) reported that it was their families who chose which service to come in contact with for the first time and made the actual first phone call prior to pressuring their sons or daughters to attend. Siblings and extended family members were also reported as being involved in this process.

*Basically, it was me that put my husband up to talking to somebody so we would get some help...and he went to his brother....My husband's family was more involved. I mean they were the ones that contacted the service here and also the psychiatric hospital for me in the beginning...both times...it was his brother and my mother in law who arranged things, they looked for all the information and stuff...they did help us a lot...*

*PDU: Katerina [female, Interview 9]*

*My mum didn't know what to do next so she went to her brother and they sort of talked it over, my uncle got all the info about what we could do and then they sat me down and sort of laid down my choices*

*PDU: Chrisa [female, Interview 15]*

This involvement did not diminish over time. When men and women who had been in state treatment prior to the time I met them (n=19/40) were asked who had chosen and contacted the service to initiate the current treatment, most (n= 10/19) reported that it was their families, while two spoke of a joint decision.

### 6.6.1 Families' central place in treatment: A Mediterranean take

This continuous and largely undiminished involvement of the family in their children's treatment efforts may be linked to the concept of familism, the ideological assumption that the family operates as the primary provider of welfare support (Papadopoulos, 1996).

All the parents in this study expected to assume responsibility for their children's lives. Their continuous involvement was not presented as anything other than as a given. There was no question as to whether they would engage, but only as to how.

*But what can I do? He's my son, whatever he does, he is my responsibility, my flesh and blood and I need to sort him out.*

*Parent: Kostas' mother*

As every parent perceived their role as a given, so did every drug user. There was no questioning as to where the latter would turn for help or to whether they would receive it.

*I mean it couldn't go on like that...we needed help that would have to come from the family because who else is there to help?*

*PDU: Vasillis [male, interview 17]*

This expectation was also reinforced by practitioners who, as described earlier, placed parents in charge of their children's treatment.

*We went to a doctor, a psychiatrist and in order to get money from us he prescribed rohypnol and sedatives, two boxes each...he said to my mum 'you will give this to your son, 4 boxes and in two weeks he will be ok'! My mum didn't know much, I didn't know much either about psychiatrists [...]...I had now discovered the pills as well, going to doctors on my own, my mum would call up 'my son will be coming by'*

*PDU: Panagiotis [male, interview 21]*

Participants reported that they perceived their families' continuous involvement as a manifestation of concern and caring, a sign that their families had not given up on them.

*My mother has never stopped trying to set us straight, to get better...I mean to be honest if it wasn't for my mum, neither of us would be alive today, I strongly believe that, because it was her that held us back, it was because of her attitude*

*that we didn't go all out, if things were different we would have destroyed everything, nothing would hold us back....*

*PDU: Giorgos [male, interview 20]*

The propensity to take over and manage their children's treatment efforts, and progression of drug misusing careers was tied to notions of family solidarity. In the Mediterranean context, familism as the ideological assumption that the family operates as the primary provider of welfare support, has been much discussed especially in relation to welfare state and policies development (Saraceno, 1994; Papadopoulos, 1996; Naldini, 2002; Minquez, 2004). The prevalence of this characteristic that defines the welfare states of Southern Europe has been tied to historical and political circumstances particular to the region (Naldini, 2002; Saraceno, 2003). In relation to Greece, familism is considered to be a cause of the underdevelopment of the welfare state (Maloutas, 1988) as well as a consequence of this underdevelopment (Papadopoulos, 1996). Berkowitz in discussing familism in Italy, introduces 'familism by default', a notion tied as much to the weakness of all ties not based on kinship, and the South Italians' notorious lack of faith in government institutions, as it does to the actual strength of family bonds (Berkowitz, 1984). The presence and prevalence of familism in the Mediterranean has led some researchers to speak of a distinct Southern European model (Karamessini, 2008). In spite of recent changes in Southern European welfare regimes, Mediterranean families are broadly still expected to manage their affairs with only limited financial support from central government (Appleton and Hantrais, 2000).

In the field of drug research investigations of ethnic and racial factors influencing service uptake in the USA have suggested that familism is an inhibiting factor, especially where Hispanics are concerned by either focusing on the reluctance of family members to be separated (Kline, 1996) or the impulse to turn to family rather than services for support (Soriano, 1994). In the current study, reluctance by the family to be separated from the problematic drug users was also noted:

*M.F: So how were things between you before you got admitted here?*

*On the one hand my mother was happy, because as I said I am living with my mum, my brother has his own family and has moved out, so on the one hand she was happy that I am going away to do something good, that maybe this time it will work, get detoxified and be done with it, not that you are done with it as simple as that but anyway.. But on the other hand I m sure that she is hurting, that she wishes the door would open and it would be me*

*PDU: Stefanos [male, interview 27]*

*I mean the Mediterranean people have a completely different mentality as far as children are concerned, which is both good and bad... We marry them off and we want them to stay home ....you know how crazy it seemed to us that we couldn't see him while he was in the community...*

*Parent: Markos' mother*

Garcia and Karakatsanis' research on Southern European cultural norms and practices suggests that these 'cultural norms and practices teach family members to assist each other at times of need rather than rely on the state' (Garcia and Karakatsanis, 2006:104). A notion of duty to the child and an associated unwillingness or even inability to conceive of an alternative course of action, was evident in all the accounts reported for this study. No family appeared to deviate from this pattern of effectively orchestrating their children's treatment efforts. Families largely remained responsible for the welfare of the children, playing out socially prescribed and culturally embedded roles as informal care givers.

Although not as prominent as familism in the recorded accounts in relation to family involvement to treatment, a further concept that may be of relevance here is that of not 'allowing the right'. Trying to handle the children's drug problem within the family can be viewed as an attempt to avoid public disclosure or admittance of it. Of relevance here is the ancient Greek proverb, 'ta en oiko mi en dimo', meaning that matters involving the family should never become public.

*When I finally told my parents, we sat down to discuss what we were going to do. I knew this girl back then and she was going to go to Ithaki, you know the community...so I suggested that but they wouldn't hear of it...'what? Our daughter with all those washed out junkies?' and such...I also think that they wanted to keep sort of a lid on it, you know, like if they dealt with it on their own, we could shove it under the rug or something*

*PDU: Christina [female, interview 40]*

Illustrative of such attitudes may be the length of time from point of disclosure/discovery of the drug problem for the families to contacting state services, which was reported at an average of 5 years. Apart from the realisation that families could not resolve the children's drug problem on their own, contacting state services also meant



public admittance of the drug problem. The overarching theme of involving private practitioners may also be relevant if seen from the point of ensuring anonymity through use of private facilities.

Studies focusing on cultures where the respectability of the family unit is portrayed as a prominent feature have highlighted that the pronounced threat such disclosure constitutes for family honour acts as a barrier for accessing treatment (Ja and Aoki, 1993; Abdulrahim et al, 1994; James et al 1997, Guillermina et al, 1999; Makimoto, 1999; Wanigarative, 2003).

### 6.6.2 Resisting, refusing and limiting

This section discusses another broad category of responses of trying to exercise control labeled by Orford and colleagues, ‘resisting, refusing and limiting’. Such attempts involve actions attempting to ‘change the rules of engagement which governed their lives with their families’ (Orford et al, 2005a:130).

Prominent in the recorded accounts were descriptions of parents’ efforts to refuse their children’s demands -most often monetary- and resist and limit the latter’s access to drugs. The narratives conveyed a picture of years of negotiating with the child, trying to control, manage and cope with the latter’s use. This has been commonly reported in studies focusing on North European populations (Krishnan et al, 2001; Barnard 2005; Butler and Bauld, 2005). These efforts included families stopping giving money, throwing away drugs or paraphernalia, controlling communication with drug using acquaintances, or verifying their children’s stories by calling up the their friends.

*Once I was sleeping and she came into the room and started looking into my wallet and I caught her in the act, I mean O.K no trust but it doesn’t go down well with me that she would do that. The other time she called one of my friends to check whether I was with her, I was standing next to my friend*

*PDU: Athanasia [female, Interview 38]*

Apart from searching their rooms, families also resorted to searching their sons or daughters for drugs or stolen items, sending them abroad to relatives or the families’ natal villages and exercising a constant vigilance on their children for signs of drug use.

*I have learned to hear silence. When you remain silent for some time, when they were silent in the rooms for some seconds, minutes of silence...I would think to myself 'something is going on', and something was going on...*

*Parent: Vassilis and Giorgos' mother*

Finally, one mother recounted the decision to have her son arrested. The extract from her interview presented below, is indicative of the desperation the family experienced leading to their decision.

*We couldn't save him, he wasn't listening to us...he couldn't understand what we were telling him... and since I could not make him stop, could not clear up his mind so he would start thinking about joining a community and be saved, prison was the only way out...I had to. I said to myself 'this is the end of the line, I need to save him', he had reached his limits, the way he was going he would have died so I asked myself 'how can I save him?'. So, he had court appearances coming up. During one of them we talked to our lawyer and he said 'we won't let him appear and we will talk to the DA, explain the state he is in and ask him to take him in custody...His dad felt very guilty, he came home crying after the court, I didn't go...he came home crying and saying 'fathers pay to get their children out of jail and I paid to get a lawyer to speak to the DA to lock him up'...he felt so guilty and...like a failure*

*Parent: Stavros' mother*

A further approach adopted by the families in this study relates to restricting access to the family home. Almost half (n=18/40) of the men and women I interviewed had never even been threatened with expulsion. Of the 22 remaining participants, 2 were homeless at the time the study took place; their cases will be discussed in a latter section of this chapter. Looking closely at the remaining 20 revealed certain differences between them and the men and women who had never even been threatened with expulsion. The former reported more stealing from the family home, 77.3% to 55.6%, and also being arrested and/or charged with crimes more often, 33.4% to 16.7%. It may be the case that this is again linked to the notion of 'allowing the right', since the reported behaviours clash with expected roles or involved public disclosure of problematic behaviours.

### 6.6.3 Protecting self and home

This last category of attempts to exercise control on family and home life involves actions directed 'not so much at controlling the excessive drinking or drug use itself as of

protecting the family member, the home and particularly the children [non using] from the harmful effects of the problem' (Orford et al, 2005a:134).

All the parents interviewed in the current study recounted stories of hiding money, credits cards and jewelry, changing hiding places, putting locks on bedroom doors or bars on bedroom windows and in general trying to protect the family's belongings. The same picture emerged from PDUs' accounts.

*I used to have cash in the house but I never do that anymore, I cancelled most of my credit cards because she used them in order to buy stuff which I guess sold or traded for drugs, I would get these bills from shops I've never even heard of. I only carry one debit card now and a visa but I put them both in my pillow case before I go to sleep. Because I caught her crawling into my bedroom once, she was going for my purse...*

*Parent: Lena's mother*

In the current study, there was one reported case of physical abuse towards parents. Stavros' mother recounted how she tolerated her son's abusive behaviours for four years because she felt sorry for him and attributed it to the drugs rather than the person. The decision to stop the abuse was reached after her contact with parent support groups.

*I was attending the group meetings and they took out a board and said 'let's see who the victim is and who the victimizer'... 'does he get beaten up, do you hit him?', 'no', 'do you get beaten?', I did, he did hit me to get money....and so the made lists and showed me the board and told me 'look at it? Who is the victim, you or him?' and that woke me up...*

*Parent: Stavros' mother*

#### 6.6.4 Holding still for

According to Orford and colleagues a large category of family members' actions involves inaction towards the problem, a degree of acceptance of the status quo, sacrifice to accommodate the problematic substance use, or support of the relative facing the problem (Orford et al, 2005a). Such approaches are characterised by resignation and inactivity.

Although not common in the accounts provided for the current study, there were some examples of such approaches. Most of the families were portrayed by drug using

children as exerting varied levels of control and pressure throughout the latter's drug using careers. A significant minority (n=10/40) described periods where they felt their families were tolerating their drug use. Most of these participants had been using heroin for longer than most people in this study (mean= 13 years in comparison to the sample mean= 8.5 years).

Such approach did not translate into withdrawal of financial help by families, resonating with what Orford and colleagues discuss as accommodation of the substance problem (Orford et al, 2005a). A further point made by these 10 men and women was that although their use was known, they did not 'allow the right' during the period that their families tolerated their use. Seven of them reported not stealing during those times and 8 of them were working.

*I mean I never allowed such right, like I have never been arrested, never taken to court, never stolen from the house. I mean I would work and I would try not to be around that much, I was more or less financially independent and I tried to keep out of their way....*

*PDU: Savvas [male, interview 7]*

Participants referred to such periods as times during which their parents did not pressure them to get treatment. Such periods were not the result of conflict or being inactive because of the family clearly distancing themselves. These were not periods where participants were on waiting lists to get into treatment. Rather the reported accounts highlighted periods of resignation and hopelessness.

*And finally I came back here, for a while they just gave up on me, I mean like 'let him do whatever he wants', I had reached a point, how can I put this? Too washed out, messed up!*

*PDU: Simos [male, interview 23]*

Three parents, a couple and a mother I spoke to, provided the same picture of periods of resignation where they appeared to be tolerating their children's use.

*Lately, Vlasis comes here, to the house, doesn't do anything, help out or something, goes in his room, sleeps, wakes up, doesn't talk to anybody, sometimes he will have a cup of coffee, sometimes not, he will go out, now how he gets it, where he gets it.... Comes back home at night, 10-11 o'clock, goes to bed again. I mean before he was working, it wasn't like this. Sometimes, when he hasn't had his hit I see him restless let's say, restless, pacing, doing stuff*

*inside his room... but I can understand because as soon as I look in his eyes I know. And very rarely he would tell me 'give me some money to get some'*

*Parent: Vlasis' father*

#### 6.6.5 Putting some distance between

The third broad category of responses involves 'actions or approaches aiming to distance family members from the problematic using relative, whether this translated into emotional, physical distance or both' (Orford, 2005a:134). The focus in such attempts shifts from the relative facing the substance problem to the family member and entails actions that aim to improve the latter's quality of life. According to Orford and colleagues this category involves

*small scale and time-limited actions, such as hiding in the bedroom or locking oneself in the shower or another room, to those that were on a larger scale and represented potentially longer term solutions, such as living apart in the same home, leaving home or asking the relative to do so (Orford et al, 2005:135)*

Attempts to put distance between parents and drug using children were not commonly reported in this study, neither by drug users nor parents. This does not mean to imply that parents devoted every moment of every hour to their drug using children or the latter's problems. Perhaps the families who were previously reported as tolerating their children's drug use can be seen in this light as attempting to distance themselves from their children. However, the overall picture that emerges from the reported accounts, the way participants experienced, perceived and recounted their parents' support, or their involvement in their children's drug using careers, is one of unceasing and uninterrupted engagement.

Specifically in relation to expulsion from the family home, most of the men and women interviewed had not experienced such approaches; nor did the parents follow such courses of action. As this is not something common in the literature, a discussion behind parents' reported reasons for not wanting or not being able to withdraw from their children's lives aims, to shed some light on the topic. The two cases that deviate from this finding are discussed in an attempt to comprehend the factors that differentiate them from the study's norm.

During the current study I only met 2 problematic drug users who had been expelled from the family home. This finding is in contrast to studies focusing on North European or US populations (Barker, 2004; Ghodse and Galea; 2005; Barnard, 2007). Nevertheless, a relative absence of withdrawal responses has been highlighted in countries and cultures where family is reported as traditionally having a more central role in family members' lives (Orford et al, 2001).

The refusal to cut ties with their children was explored in parent interviews. Half of the parents I spoke to (4/8) had never even contemplated reaching this point. The remaining 4 had threatened to do so, but described this approach as a strategy to get their children into treatment rather than an actual decision to withdraw from their lives.

*M.F: But you said that you never reached a point of having enough, a point where you asked him to leave*

*-No, that never crossed my mind. When the time came that I told him 'if you decide to leave then that's it, you never come back', it really shook him up. That really shook him up because he knew that his father's words didn't count. I mean my husband supposedly kicked him out and we would call him or he would come 'is there anything to eat? Or he would ring the bell and I would come down ...I mean I would see him hanging around the house, you can't bear that. Your heart cannot bear that, leaving him like that. But you, as a parent, when you decide and say 'that's it' so he can realise too, It's only then that they realise, they make a decision.*

*Parent: Markos' mother*

When asked why they hadn't expelled their children from the family home, the parents, reported several reasons. Fear for the children's safety featured in all parents' accounts, an element that is not exclusive to the parents' in the current study (Barton, 1991; Butler and Bauld, 2005; Barnard 2005; 2007). What is evident in the following extract, and widely quoted by the parents interviewed, was the attempt to preserve family honour by keeping the children at home to avoid public exposure of behaviours that could arise from their problematic drug use.

*M.F: How come you haven't kicked them out after all this?*

*What happens if they rob somebody on the street and they get caught? I can't protect them then, they will have to go to prison and that will be worse and...imagine if they killed somebody...such things cannot be fixed and if I can prevent such things I will, no matter the cost, imagine if they killed somebody, I would be the mother of the murderer or the mother of the robber, once such*

*things happen you cannot take them back, you know that popular saying 'it's better to lose your eye than your reputation'? If something like that happened I wouldn't be able to protect them, some things, some mistakes cannot be corrected, especially if they become known...[till now] they hurt themselves... and us... but nobody can say that they have hurt him or blame them for something... they can only say that they are sick. If I did kick them out, there is no way to know what would happen, no way to control it*

*Parent: Vasillis and Giorgos' mother*

This emergent notion of control was also mentioned by other parents:

*But I was scared... too scared to ask him to leave so they [parents group] were talking and talking and one girl got fed up and said 'are you doing it to serve your own interest? Maybe you want to have him in the house so you know he will go to bed and then you could go to bed too, if he is out on his own you won't get any sleep' and indeed one night that I did leave him out I didn't sleep at all...that got me thinking 'maybe I am thinking more of myself than I am thinking of my own child'?*

*M.F: What do you think now?*

*To be honest, I think that I was thinking of myself too. To a point it suited me to have him in the house, sort of control him, I would let him in and feel more reassured, if he was on the streets I wouldn't have been able to relax....*

*Parent: Stavros' mother*

Familism may again be a central factor here. A study of 146 Australian-Greek caregivers of ill or disabled family members in Melbourne, Australia, highlighted the feelings of responsibility or duty reported caregivers. Although noting the difficulties they were experiencing, caregivers also stated that they would not consider other options of care and felt that they would continue with their roles until their care was no longer needed (Morse and Messinger- Kianidis, 2002).

This reluctance, or inability, to expel problematic drug using members from the family home may be seen as portrayed in the percentage of PDUs living with their parents in Greece. According to the 2007 Greek National Report to the EMCDDA, 66.9% of problematic drug users presenting for treatment in Greece live with their parents (Greek Reitox National Focal Point, 2007). This percentage has been reported to be even higher in a study of problematic drug presenting for treatment at KETHEA, 80% (KETHEA, 2007). A look into the literature of Southern European countries paints a similar picture, with percentages ranging from 54.8% in Italy (Bargagli et al., 2006) to 61% in Cyprus (Cypriot Reitox Focal Point, 2007 and 72.1% in Spain (Puigdollers et al, 2004). Studies from North

European countries provide alternative accounts. Data from the Scottish Drug Misuse Database (ISD, 2008) suggests that 24% of drug misusers were living with at least one parent while the corresponding figure for Northern Ireland, according to the Northern Ireland Drug Misuse Database was 26% (DHSSPS, 2009). In Norway, it has been estimated that roughly 80% of individuals seeking drug treatment in 2007 were either living in properties they rented on their own, or in properties they owned (Norwegian Reitox Focal Point, 2008). According to the 2001 annual report by the National Board of Institutional Care in Sweden, of 80% of clients presenting for treatment that year only 7 % reported living with parent or relative during the last 30 days prior to intake (Swedish Reitox Focal Point, 2008). Living alone might not always mean living independently in the fuller sense of the word. Barnard describes a ‘revolving door arrangement’, where Scottish families who had reached the point of expelling their problematic drug using children would be supporting them when the latter showed signs of recovery, allowed them back in the family home when ill, or, on occasions, such as births or deaths, when the family would be once again united (Barnard, 2007:36).

## 6.7 The two homeless men

In two cases families were portrayed as having withdrawn from the PDUs’ lives. Kosmas and Alexis’ narratives of their families’ responses are presented below.

### Kosmas

Kosmas, a 46 year old man who had been using drugs for 30 years, reported no ties with his family any longer. His family had been involved in his treatment efforts many times over the years, taking him in again after each effort or relapse, providing him with job opportunities and twice funding businesses he started and run into the ground because of his drug use. Kosmas attributed his family’s withdrawal to the recurring disappointment and frustration of his many relapses. He also hints towards betrayal as a contributing factor to his estrangement from his family.

*My mother does not want to set eyes on me, after all these years, so many attempts, once in Athens, once in Exodos, 5 times in Ithaki all these years, I mean she has always been there, taking care of the financial expenses but also there for me and I was always betraying and then lying, betraying and lying, betraying and lying...do you know the story about the boy who cried wolf all the time, well at the end his fellow villagers couldn’t care less...*



## Alexis

Alexis, had been made homeless some days before I met him. He had been excluded from the family home before but was staying with family friends, with the mother agreeing to this. This time he was sleeping rough because the mother had asked all family friends not to let him in; he was convinced that this time his mother would stick to her decision. Alexis had been using drugs for three years when I met him, he disclosed his problem to his mother after six months and this was his third attempt to get treatment. In this respect, his mother's withdrawal does not seem to stem from the same reasons as Kosmas' family. Poring over Alexis' account pointed to a rather different reasoning; he attributed his mother's stance to lost trust, which at first glance does not seem to provide an adequate explanation since this is something that was evident in all the accounts, whether they were provided by PDUs or parents. What does differentiate Alexis' case was the role he used to occupy in the family prior to his involvement to drugs. Alexis was the oldest son in a single parent family, who supported his mother throughout their lives and was also involved in the past in helping raise his younger brother. Nevertheless, his involvement with drugs had led to a drug conviction and being released on parole, continually stealing from his mother, 'looting' to use his own words, their joint accounts and having to quit several jobs. Alexis had behaved in ways that can be viewed as profound betrayal of the family.

*The worst thing that I did was betray their trust because we used to be very close to each other. We faced everything together, clung together like a fist, this is how we got over everything because we have no family here, it's always been the three of us against the world. I don't think that I can ever set that straight....even If I stay clean for say five years, I can never set that straight because I betrayed them.*

PDU: Alexis [male, interview 3]

A point to make here is the differentiation between Alexis' mother and his brother's behaviour. As Alexis reported, he was to meet his brother after our interview was going to be completed.

*He will call me up in a while, my mum took away my mobile phone but my brother gave it back to me so he could reach me. He's going to bring me some*

*clothes and probably some money for food...he has done this before, bringing me stuff, like when my mother said I should have noting...*

*PDU: Alexis [male, interview 3]*

## 6.8 The role of the kin

In Greek discourse the term family does not limit itself to members of the nuclear family but includes the kin. The centrality of kinship and family has been so prominent in Greek social life that it became evident to non-Greek researchers that ‘one had to understand something about kinship and family in order to understand the way the Spartihorians [Greek island community] construed their social world’ (Just, 1992:115). In this light in the discussion of family responses to a child’s drug problem it is important to make a reference to the role of the kin.

The picture painted by participants in the current study, resonates the assertion presented above. Only a minority (8/40) of problematic drug users reported not having close relations with their extended families with 6 of them attributing this to their drug use. For the most part (n=36/40) the extended family knew of the drug problem. Again, only a minority (8/40) reported that their extended families had stopped being involved in their treatment efforts, a percentage that may reflect the bonds of solidarity between the kin. Unfortunately, this study did not involve the participation of members of drug users’ extended families. However, I have referred in previous pages to reports on the involvement of the kin in family responses to the drug problem, as these were conveyed by parents and drug users.

Such bonds have long been documented in Greece (Fiedl, 1959; Campbell 1974; Du Boulay, 1974). The sense of obligation that family members feel towards each other but also towards their extended families that was documented in earlier anthropological accounts is still being documented nowadays; recent studies have postulated that in Greek society there is still no absolute distinction between nuclear and extended family, as far as obligation is concerned (Giotsa, 2003). In a discussion of family obligation towards its weaker and dependent members (Millar and Warman 1996) place European countries in three distinct groups: the first group where family obligation is minimal, the second where obligation is mainly upon the members of the nuclear family, the UK as an example, and third where obligation towards family members is an extended family matter; Greece is

placed in the last group. Chrisa's interview extract below is perhaps indicative of this sense of obligation.

*I couldn't get in Ithaki [residential rehabilitation unit in Thessaloniki] because of the waiting list so my parents and my uncle called some relatives we have in Crete and they sort of arranged it so I could apply there... I hadn't seen these people for a decade but basically they took me in for a month, to live with them but then I got a place at the detox so I came back*

*PDU: Chrisa [female, Interview 15]*

Apart from the sense of obligation present in kin relations, there is also the underlying notion of self-interest for as members of an extended family all form one unit in the eyes of society, 'one blood' (Du Boulay, 2009:202). It is in everybody's interest that all the members contribute to the preservation, if not elevation, of its social standing. Perhaps it would be interesting to present here an incident recounted by Haris. In her attempt to get him to commit to treatment his mother gathered members of the extended family to the house so he would make a promise in front of all of them.

*So this last time, just before I got in here, she called my uncles and aunts, my brother was there too and she told me to say it in front of them, I mean say that I would admit myself and really make an effort this time, like promise it to the whole family*

*PDU: Haris [male, interview 18]*

This choice of support sources may be culturally bound. Close relatives of people with alcohol or other drug problems in Mexico reported that Mexican social networks, dominated by kin and neighbours, were the main source of positive social support for Mexican relatives. Nevertheless, their English counterparts were as likely to mention professionals, as they were to mention family and friends as sources of support (Orford et al, 1998b). Friends as the main social support sources have been reported in a further UK study (Raine, 1994).

## 6.9 Conclusion

The sixth chapter of this thesis aimed to present the paths taken by problematic drug users' families from discovery of the drug problem to coping with the former's problematic drug use. The ways families found out about their children's drug problem

were discussed with a special focus on the notion of not ‘allowing the right’ by adhering to socially prescribed roles. Evident throughout the pattern of families’ responses was their overarching involvement and management of their children’s treatment efforts and progression of drug misusing careers, linked to the concept of familism. The men and women who participated in the current study expected their families to be constantly involved in their lives, even assume responsibility for them. Such expectations were met by parents who reported, or were reported, as willingly accepting this role and expecting to enact it.

In this light we are perhaps able to talk about cultural specific responses and coping styles to the universal problem of problematic drug use. In the Greek context this chapter has illuminated how two cultural elements, ‘allowing the right’ and familism, shaped family responses and in turn influenced the relatives’ progression of problematic drug using careers. Although analogies can, and were, drawn between coping styles of North European families, as these have been reported in the literature, the differentiations reported in this study suggest that we may not be able to speak of uniform response styles, even within Europe. Such a suggestion may have implications for policy and intervention on a European level.

## **Chapter 7**

### **Living with addiction**

#### **7.1 Introduction**

This chapter presents participants' accounts of living with addiction. Although parallels can be drawn between the findings of the study and North European literature on the experience of living with a drug problem, some facets of the experience may be seen as particular to the Greek, perhaps more broadly Mediterranean milieu. In this light, the chapter first explores the implications of living with addiction within the family home. The discussion continues by focusing on five reported themes: living on heroin time, grafting, the men and women's social circles, lost opportunities and lost self-respect. Although parents formed only a small part of the interviewees, their narratives provide a glimpse at the strains and stresses experienced because of their children's problematic drug use, and are presented in the final section of this chapter.

## 7.2 Living with addiction in the family home

Most of the men and women interviewed were living with their parents at the time of the study (n=33/40) while almost all of them were living with their parents when they started using heroin. Certain aspects of the experience of living with a drug problem are met across countries and cultures. Similarly, trying to deal with and help a problematic drug using child cannot be easy for any parent in any country or culture. However, the trend for drug using adults to live with their parents, met mostly in Mediterranean countries can be seen as creating a set of circumstances not common in other European countries. Narratives for the current study highlighted three broad areas that appear to be stemming from drug users and parents' cohabitation which are discussed below. It is not suggested here that these experiences are unique, rather that they are accentuated because of the degree of family interconnectedness of Greek, and broadly Mediterranean, countries.

### 7.2.1 A 'cat and mouse game'

This intriguing term was used by an interviewee to describe the situation arising from him living with his parents while they were trying to control his drug use and he was trying to continue using. The majority of the men and women interviewed (n=30/40) reported such periods during which they recounted concealing their use from the investigating gaze of their parents. They all spoke of controlling intake to avoid re-discovery. This was also recounted by all the parents who participated in the study. During those periods interviewees were careful not to 'allow the right'. This meant that they would try to avoid any behaviours that would tip their parents off about the fact they were still using heroin.

*There was a lot of tension because I was always trying to make them believe that I am not using so I could keep on hiding the situation and naturally they weren't buying into that. I should say that I was never off my face when I was at home, I mean I would try to return when they would be sleeping or avoid being seen somehow, or use eye-drops in a stupid attempt not to be made out and stuff like that. I would also try return home at a reasonable hour, like 11-12, even when I was using so I would keep a balance but at the same time I was going out in the morning and returning at night, even if it was early in the evening, you get what I am saying?*

*PDU: Mihalīs [male, interview 16]*

The 'cat and mouse game' can be seen as 'controlling' the men and women's drug use. Interviewees reported on how living under their parents' watchful eye prevented them from engaging in behaviours they described as more extreme.

*My mother has never stopped trying to set us straight, to get better...I mean to be honest if it wasn't for my mum, neither of us would be alive today, I strongly believe that, because it was her that held us back, it was because of her attitude that we didn't go all out, if things were different we would have destroyed everything, nothing would hold us back....*

*PDU: Giorgos [male, interview 20]*

However, such periods would not last very long because eventually pretext was given, 'right was allowed', by failing to sustain roles and exhibiting transgressing behaviours, such as stealing from the family home, being absent from school or work, returning late home late or not at all, or visibly intoxicated.

*They would quit, a month or two, a fortnight...the longest must have been 2 months but until I realised that they were using again another 10 days or so would go by because maybe they used less in the beginning and so I couldn't tell but after a while they would go overboard, used more and it showed and we would start fighting all over again...so they would quit, start again and this is how the story went on all these years.*

*Parent: Vassilis and Giorgos' mother*

Such efforts to avoid re-discovery of participants' drug use can also be discussed in terms of Goffman's proposed distinct modes of communication: 'expressions we give' and 'expressions we give off'. Expression we give can be seen as intentional manifestations- in this case the assurance that one had ceased drug use- while expressions given off relate to unintentional manifestations- in the current discussion appearing visibly intoxicating or stealing from the family home to name just two. As Neale and colleagues- in their elaborate discussion of recovery from problematic drug use in the context of Goffman's dramaturgy- propose 'despite such endeavours, maintaining symmetry between the expression given and given off can prove difficult for someone whose drug taking is chaotic' (Neale et al, 2011:6).

### 7.2.2. Making compromises

Making compromises refers to reciprocal arrangements between parents and their children that mainly revolved around the latter's adherence to roles their parents expected them to fulfill. Illustrative of such an arrangement is the situation Giannis describes below.

*-M.F: So why does she give you 50 Euros every day?*

*-What can I say, I am a good boy!...I mean I don't do stupid stuff, some things I keep at a level...Like doing the chores around the house, what needs to be done around a summer home...in whatever shape I get up in the morning I do something*

*--M.F: You keep stuff at a level*

*-Can't be done otherwise. I can't see it any other way... I mean, I told you now she is giving me 50 Euros per day to get heroin, I need to be doing something too. It hasn't been long that it's like that, a month and a half, two months. Ok, I used to work before that, I didn't get money off my mother. What I made I spent there. But even then, I mean let's say I had to pay utility bills, I just didn't and my mother would pay for that, in essence she was paying for the heroin.*

*PDU: Giannis [male, Interview 26]*

These arrangements were made in an effort to control the child's use but also their behaviour. As Lena's mother describes, these were efforts to maintain a façade of normality.

*I know that it sounds ridiculous, now that I hear myself saying it but back then...I would tell her something like, 'if you help me out at work and you don't miss school, I'll give you 100 Euros every week', it's like I was giving her pocket money if she was a good girl even though I knew she used it to buy heroin. But what could I do? I was trying to maintain some sort of normality.*

*Parent: Lena's mother*

The notion of 'allowing the right' was also central at these points.

*In essence they were giving money to buy drugs... but it was like a leash, I don't do that, let's say embarrass them or stay out all night and they give me some money...*

*PDU: Chrisa [female, Interview 15]*

What is evident in the above extracts is the manipulation of the notion of prescribed roles and adherence to them by not 'allowing the right' by both parents and their drug



using children. The former by bargaining adherence to desirable roles attempted to impose a sense of normality during highly abnormal situations which they helped maintain by funding their children's problematic drug use. Additionally, they tried to present a picture of normality to the outside world, thus preventing gossip, or further gossip, and preserving family honour. From participating drug users' perspective, such arrangements provided them the actual financial means to buy drugs. One cannot suppose that families considered being a problematic drug user a desired social role, nor that using drugs did not by itself 'allow the right'. Nevertheless, families entered this state of manipulating a common belief honour system in order to serve the interests each member wanted to promote. This line of reasoning resonates with Bourdieu's discussion of the Kabyle marriage practice of parallel-cousin marriage, where he highlights a similar process of manipulation of the official definition of the situation, where tangible but not expressed necessities lead to adherence to this practice and the ends that are served by its continuation under the cloak of custom (Bourdieu, 1979).

Another aspect of the strife to maintain a façade of normality while living in the family home was that drug using children were to a degree expected, especially by 'outsiders' to participate in families' social lives. These family occasions, when not to be avoided, were perceived by parents and PDUs as dreaded times. Attendance of the family was perceived as a carefully staged production to convince onlookers of the normality of the family; all family members played their part in this, albeit in different ways. Katerina, a problematic heroin user and mother of two explains:

*I mean we usually go to my village and I don't know.. the usual...we go to church, with the kids, the usual stuff but....always high, always having enough drugs with us so we don't start withdrawing, and I'm always thinking 'why should I be like this' and I'm always scared of ODing there, of people realising that I have used, always stressed...there is no fun in anything, neither Christmas, nor Easter we only do it for the kids.*

*PDU: Katerina [female, Interview 9]*

Such situations often resulted in feelings of resentment amongst family members.

*Impossible situations...visits... and I usually get invited too, I don't know why, maybe so they can show me to their children and say something like 'look at her so you don't become that way', complete and utter stupidity but you know what, what I have just said to you has happened once. When I was really thin, we had gone to these people's house and they said to their child 'see, this is how you become if you don't eat'... I just turned around and asked 'sorry are you referring to me?', needless to say I was wasted, and she said 'yeah, can't*

*you see the state you're in'...so I just left...basically I felt completely stupid at that time, why the fuck was I there? To play the fool for them?*

*M.F: How do you think your parents felt?*

*-They shouldn't have made me go anyway....*

*PDU: Vassiliki, [female, interview 24]*

Parents' experience of participation in family occasions or social events will be discussed later on in this chapter.

### 7.2.3 Tense relationships

Trying to manage a child's problematic drug use is bound to lead to tense family relations in any cultural setting. Living with one created an even tenser family life for all family members.

*It is as if I started hating them and that was because they were making it difficult for me to use. I mean I used to have everything and they took it away, they took away my car, my bike, my money, my computer, stuff from my room, they would only give me tickets for the bus, cigarettes and some money just for a cup of coffee and was not accustomed to such treatment, they took everything away and they did it so suddenly that it really got to me*

*PDU: Andreas [male, interview 30]*

A further effect was the tension created among family members, since more often than not, parents, or members of the extended family, were not in agreement on how to proceed.

*I knew they were fighting about me...because of me...I mean I could always get my way with my mum and when my dad found out he would lash at her...but it was also, I mean imagine living in a house like ours, nerves tensed all the time...Of course there fights...at some points there was nothing but fights*

*PDU: Annita [female, interview 35]*

Participants stealing from the family home also created tension between family members. If parents felt like 'prey', predators felt like captives. Although it may be understandable for families to feel they were under siege and thus take measures to protect

themselves and their belongings, the following extract illuminates the other side of the story.

*They changed the locks, they put locks on the bedroom doors and they would like search me before I went out to see if I had stolen stuff or money...they actually still do that sometimes, if they get the idea that I've used or such... I would be getting ready to come here and my mum would come into my room and watch me dress, like a criminal even though they know I am making an effort...feels like shit, like a proper jail but how can I blame them?*

*PDU: Christina [female, interview 40]*

Where stealing from siblings was recounted, the emerging picture was rather different. It conveyed a degree of pity expressed towards the drug affected brother or sister, at least as this was recounted by interviewees. The effect of participants' drug use on their relationships with their siblings will be discussed in a following section of this thesis.

*There is no trouble between my brother and me, even though I have stolen from him so many times, he has never like done anything about it. He studied to be a photographer...I have stolen so many digital cameras off him, really expensive and I knew that he raised the money to buy them himself..shit I'm that much of a bastard....I remember when he was fifteen and I was like 21 and he had a piggy bank...I would use tweezers to get the money out, like 20 euro notes..When he broke it he only found coins, I must have stolen more than 200 Euros off him like and he said nothing...he feels sorry for me, he sees how I am, withdrawing and all...*

*PDU: Magda [female, interview 1]*

Although all participants recounted tension, even chaos, when describing their family life, they all reported believing that the situation would go back to normal as soon as they quit drugs. The men and women interviewed, conveyed a picture where their families portrayed them as 'sick' individuals who would 'turn to normal' once drug free. This does not mean to imply that relationships were not tense, and that this tension was not feeding into participants' self-view; this rather expresses the general feeling that men and women in this study reported as an overarching theme. Evident in all the accounts was the notion that whatever families had undergone through the course of their children's problematic drug use, things could and would be corrected, sooner or later, once drug use ceased.

*Yeah, because they love me so much and ...I mean they believe that everything is because of the addiction, the disease...and they, in the house everything revolves around me... and I mean if I get well, everything will be OK...I'm not*

*saying that I haven't given them trouble, more grief than trouble but they know that it is because of the disease and as soon as I am OK, everything will be good and I will go on with my life*

*PDU: Paraskeuas [male, interview 12]*

The degree to which the issues discussed so far are experienced by problematic drug users may be particular to Greece and the Mediterranean in general. The following sections deal with issues that have been highlighted in the literature across different countries and cultures.

### 7.3 Living on heroin time

The men and women interviewed reported that gradually their lives revolved exclusively around heroin, what needed to be done to secure supply and using it. In the light of symbolic interactionism, 'the self is an outcome of the reflexive cognitive activity of the role taking during cooperative social activity' (Simons, 2004:21). People come to define themselves, create their sense of identity, through the multiple roles they occupy, through a practice of the self: intentional and voluntary actions establishing personal identities (Foucault, 1988). The men and women in this study found that their repertoire of roles gradually decreased, even diminished, to the point where their prominent role was that of the problematic heroin user.

*M.F- So, you did think of yourself as a junky.*

*-Yeah, of course I did. I mean I was one, that's what I did. A footballer says 'I am a footballer', a construction worker says 'I am a construction worker', a junky says 'I am a junky', can't have it otherwise, it's how things are*

*PDU: Andreas [male, interview 30]*

Several interviewees spoke of living on 'heroin time' or according to the 'heroin clock', conveying the utter domination that heroin had on their daily routines at this stage. This has been noted elsewhere in the literature (Klingemann, 2000; Levy and Anderson, 2005). The notion of problematic use envisaged through time spent on looking for, using or recovering from drugs, also forms one of the criteria for dependence as formulated by the International Classification of Diseases, 10th revision (ICD-10) (Room, 2003). The constant and exclusive preoccupation with securing drug supply while addicted has been

termed as the ‘treadmill existence of heroin’ (Reith, 1999:105), which accurately conveys the recounted experiences of the men and women in this study.

This way of living was reported as leading to further differentiation of self from mainstream society. The following extract also resonates with the principles of social comparison, a perspective suggesting that the view people hold about themselves stems from comparison of self to others (Festfinger, 1954; Hogg and Abrams, 2001).

*What was I doing on the bus anyway? I mean I was on the bus to go to a place where I would score, then use, then get back on the bus to go home...the other people were on the bus to go to work, meet their girlfriends, meet their friends...you see what I mean?*

*PDU: Tasos [male, interview 14]*

Apart from the sheer time demands heroin use imposed on the study participants, a further element that characterised their experiences of living with addiction was the activities they had to engage in, in order to secure their drug supply.

#### 7.4 Feeding the heroin habit

Most of the men and women I interviewed (n=29/40) had stolen from their family home in order to fund their use. In addition, 8 participants stated that they had been involved in unreported theft outside the family home. 15 participants stated that they had been or were at the time involved in legally undetected drug dealing. Finally, 10 had been arrested, and three had been spent time in prison.

Findings of the current study in relation to stealing and drug dealing are in accordance with the relevant literature where the notion of drug- related or drug-driven crime has been noted (Seddon, 2006).

An interesting distinction emerged from the men and women’s narratives relating to such illegal activities known to the public and activities kept secret, contained within the walls of the family home. The two extracts below, provide a good illustration of this point. In the first one, Thodoris described people’s reactions to finding out that he is a user. He makes a point of how people do not treat him in a bad way because the only stealing he committed was concealed.

*When you asked me before how do they feel, react? Most of the people get upset, they don't treat me like 'the low-life'! Because, I didn't allow right for comments, I mean stealing, like you would leave your bag and I would take and things like that. I only do that to my mother or at home, where things are covered up, hidden, to the outside world I am good....*

*PDU: Thodoris [male, interview 19]*

Along the same lines, Manolis talked about breaking into cars,

*M.F: You said it's different to steal stuff from your family home than it is to break into cars, why is that?*

*-Because, in the first case it's yours.*

*M.F: How is it yours? I mean when you stole your mother's jewellery, wasn't that stealing?*

*-Yeah, but it's like yours, the family's, you are not stealing from someone else, like some random person, that's worse. Your family is your family and also they will never tell. Imagine if I got caught breaking into a car, how would I face people then?*

*PDU: Manolis [male, interview 4]*

In contrast to Thodoris, Manolis did steal both outside the family home and from his family. For Manolis, the distinction was made between public disclosure of the stealing and concealment by family members. He notes how he felt he would not bear to face the world if his breaking into cars became known.

Although Manolis' view was not common amongst the people who had stolen from their families, the general view was that stealing from the family home was qualitatively different than stealing from the 'outside world', since it carried no risk of the action being disclosed and thus, the problematic users being labelled. Indeed, in no case was theft from the home ever reported to the police.

Engagement in illegal activities for participants whose criminal behaviour had become known, took on a different light.

*MF: So, people looked at you differently after completing the community.*

*-Yeah, definitely. Some people have accepted me, how can I put this? Well done, you proved yourself strong, you are O.K now, I did look better, my face looked O.K and everything...it was just after I have left the community...I was strong, you could see that I was O.K...but some neighbours, because they had*

*witnessed a lot of stuff, it's not a small thing when 5 narcotic squad cars showed up, dogs and everything, DA, searching the house...taking you out in handcuffs. I mean they saw a lot of stuff and they thought 'no way, he will start using again, he will do this and that' ...it sort of sweeps the rug under your feet*

*PDU: Simos [male, interview 23]*

In relation to identity perception, Simos' account resonates with the assumptions of labelling theory (Lemert 1951; Becker 1973). Labelling theory suggests the primary factor in the repetition of delinquent acts, initially caused by a variety of factors, is the individual being formally labelled as a delinquent (Shoemaker, 2000). Moreover, and central to the argument made here, repetition of such acts is heavily influenced by the internalisation of the label by the agent, the alteration of self-image according to the label and subsequent identification with it, resulting into accordant behaviour. It is not suggested here that problematic drug use, or criminal acts, continued because of the label being attached to the participants. Nevertheless, in respect of identity perception, accounts did resonate with Cooley's looking glass self, the image of self, the sense of identity, negotiated and created by and through social interaction (Cooley, 1964). The link between criminality and perception of identity has been noted elsewhere in the literature (McIntosh and McKeganey, 2002; Radcliffe and Stevens, 2008).

The illegal activities the men and women in this study engaged in order to feed their heroin habit were perceived, or explained away, as a result of drug craving and were reported as having no real bearing since they would stop once involvement with drugs stopped. Not surprisingly, this was more pronounced in cases where involvement in such activities was kept to a minimum, but was reported across the participants, thus forming the second point as far as identity perception and grafting was concerned. This notion of putting forward a moral identity, a view of a pre-drug self that would have never engaged in such activities, albeit was forced to by the need for the drug, has been noted in other studies (McIntosh and McKeganey, 2002; Hughes, 2007).

*I was never like that and I'm not like that when I am clean. Before I got involved with heroin I mean, let's say that I went to the baker's or something and I didn't have enough change on me, I would go straight back and give it cause it didn't feel right owing money to people, and that was owing not stealing. But after I got involved with heroin, that was all I cared about, how to get it, one track mind, it's the drug that makes you do these things*

*PDU: Antigoni [female, interview 36]*

In some cases a balancing act between desire for drugs and stealing was recounted. However, craving for the drug was again put forward as the driving force behind stealing.

*I'm not proud of it. But at the time the only thing that was in my mind was the sickness and how to get heroin, now is that an excuse? No it isn't but you have to understand that at the time I didn't need an excuse. It's like you are after everything you can get or everything others will give you, you don't stop and think...it's only afterwards that you realise*

*M.F: After what?*

*-Not that... I mean you do realise what you are doing but if you realise it you have to do something about it, like if I said to myself 'it's wrong to take his money' I would have to stop taking his money and where would I find money for drugs then? I would have to quit drugs. So, I didn't want to do that so I just did not think about it, like really think about it, get it? When your head is all cleared up, when you are clean, like now, everything comes back and there is no way and no drug to make you forget so, as I said you feel ashamed of everything you have done and you can only hope that if you try hard enough people will forgive you*

*PDU: Panagiotis [male, interview21]*

Undetected drug dealing was not reported as having a negative effect on identity perception in the same way theft was. Participants considered it as part of the drug scene and the people who did engage in dealing spoke of it as a 'protective factor', allowing them the luxury of not having to 'stoop as low', according to Vassiliki, as others had in order to secure their drug supply.

*I have always dealt drugs so I guess I was sorted, I mean I have seen girls doing whatever, you know like having sex, for one hit! I would never, I mean I never stooped to that level, never, I have kept my self-respect.*

*PDU: Vassiliki, [female, interview 24]*

Vassiliki is illustrating an important dynamic that relates to the preservation of an essential self. In effect, she accepts her status as a drug user but differentiates herself from other drug using women who sell sex in exchange for drugs. In this way she salvages her dignity and limits perception of herself as spoiled.

There was one case where fears about the possibility of a return to the former unspoiled self after cessation of drug use and especially grafting, were expressed. For Thomas, having stolen from his wife and in-laws was a blemish that was difficult to erase since it was in contrast to the role he felt he had to enact as the providing spouse and



father. In the extract below he refers, not to stealing, but to taking his child along to buy drugs in order to avoid detection.

*I wasn't dealing but the police thought I was and that's why I used to take the kid with me so they wouldn't stop me... I would say to him, 'George, get out and check the lights, are they working?' and I would get it, so he doesn't see, get it? Once, twice, he is not stupid, nowadays kids are so smart, not like in my days, no? I mean, he must have known something was up....he doesn't know what exactly, he must think that his dad is up to something, I can see it in his expression*

*M.F: So, you used to take him along to avoid getting stopped by the police. How did that make you feel?*

*Look here, I shudder at the mere thought of it... get it? This is how I feel, how can I make this right... and it's killing me... [Crying] I mean my own kid...just so I could get it....what's the excuse for that? No excuse, I just didn't care.....I just didn't care enough...*

*PDU: Thomas [male, interview 10]*

A further point about activities engaged in to feed their heroin habit, especially theft from outside family homes was that for the most part, it involved the presence of other drug using peers. This was more pronounced in women's cases, with all of them reporting initiating illegal activities, apart from theft from their families, with their drug using boyfriends, hinting towards traditional gender roles. Along these lines, an interesting perspective was offered by Magda, when recounting the perceived reaction of her boyfriend's mother during the couple's trial on theft charges.

*I'm sure she blames me, definite. I mean, me, and I am a girl and I am younger than him. I mean he is the man, she shouldn't like blame me being a girl and all*

*PDU: Magda [female, interview 1]*

## 7.5 On no man's land

For the greater part participants eventually found themselves with no friends since they reported gradually drifting apart from their friends who did not use drugs and only kept company with other heroin users whom, as we will see in the following sections, did not consider friends. Perhaps illustrative of their social lives is Nikos' interview extract below.

*Using is lonely, you use on your own, you live on your own*

*PDU: Nikos [male, interview 30]*

Problematic drug users' restricted social networks, entailing almost exclusively other drug users, have been discussed in other studies (Fraser and Hawkins, 1984; Pearson 1987; Weeks et al, 2002).

For the current study social networks were reported as being dominated by other heroin users. Most of interviewees reported that re-approaching non-using friends, after their use had become, publicly or not, problematic was not an option. As Sotiria notes this was both because it might be embarrassing and because of divergent interests.

*I mean one of my friends is into church and...I am saying this now and I shudder at the thought of it...I mean I didn't want to be close to her so that people would, how does that saying go 'show me your friend and I'll tell you who you are'...I didn't want to bring shame on them...I mean what was I a junky doing with them, with a girl that was teaching Sunday school, see what I mean?...So I didn't want to go near her in case that allowed people the right to talk about her and that was why...but to be honest, you drift away from everything, that is another reason...I mean you are always on the go, you are interested in different things after a while...in only one thing really...*

*PDU: Sotiria [female, interview 13]*

Apart from shame, a further reason reported by a small minority (n=3/40) was the danger of getting their friends 'hooked' on heroin. As previously discussed only one male reported introducing a nonusing peer, his then girlfriend, to heroin. However, for the most part, participants reported frequently witnessing instances where heroin users would introduce their non-using friends to heroin. It may then be the case that this underreporting by participants themselves of such events is due to selective presentation of events, especially so in the light of presenting themselves in a more favourable light and preserving a moral identity for themselves.

*I was out with Tasos [non heroin using friend] one day and he says, 'come on mate, I want to try some'... and then it just dawned upon me...that's how I had started, it was like I could have messed him up for good...*

*PDU: Nikos [male, interview 30]*

When discussing the issue of friendship all the men and women interviewed, were careful to make the distinction between 'true' friends and what they termed 'junk friends', (*πρεζόφιλοι*) people they had met during their drug using careers and used drugs with.

*It's like, because there is no friendship with heroin. I mean it should read 'friend of heroin', get what I am saying, because he is friend only to heroin, get it? I mean I would have a friend, he really is an acquaintance, we may be hanging out for 12-13 years but he is an acquaintance to me, not friend, not friend.*

*PDU: Katerina [female, interview 9]*

Most of them referred to 'junk friends' as acquaintances, noting that the relationship amongst them was all about transaction, finding, paying for and using heroin, rather than communication, support or any elements they considered as defining friendship. The general picture was one of 'associates' rather than friends. The functional, and even reciprocal, nature of drug users' relationships in securing drugs has been noted elsewhere in the literature (Power et al, 1995; Hoffman et al, 1997; Ekendahl, 2006). Power and colleagues also reported on how relationships were influenced by lack of supply, with the functional and reciprocal nature of drug user relations deteriorating at such times (Power et al, 1995). On the other hand, in a qualitative study of 77 drug users in Canada on the patterns of trusting relationships, some or all of their drug network members, were recounted (Kirst, 2009). Such accounts were not common for the men and women in this study.

*First of all, there is no trust, right? That's for sure. I mean that should be the main thing for a group of friends, for friendship...so when this disease comes in the middle...you cannot trust anything apart from the disease, you know what I mean? It was the same for me, the first and only thing was the disease and how I can get better so I also acted like that. Apart from that there is nothing. These people, myself included, are only about use, relationships exist until the point we arrange to score, up till then... it is only 'where and when', after using everything is O.K and that's it. We never used to go out or have anything more than that.*

*PDU: Tasos [male, interview 14]*

There were 7 participants (n=7/40) who reported that they had been able to sustain both user and non-user social networks. Non disclosure of the problem was critical in sustaining ties with non-using friends. The preservation of non-using social networks was also reported by an Australian study which also highlighted the importance of non disclosure of the drug problem (Fitzgerald et al, 2004).

However, some of these 7 men and women had disclosed their drug problem to their non-using friends. What seemed to differentiate these men and women from the rest of the participants in this study was the fact that when in the presence of non-using groups

they ‘allowed no right’ for the behaviour to be criticised, regardless of the fact that in some cases their use was known by their friends.

*I am very lucky, my friends are all there for me and they know, they even know where I am now that I am talking to you, like coming today to attend the service. But you see I never allowed the right, like I go out with them and we can go anywhere without anybody like telling us ‘you can’t sit here’, because I never did stupid stuff like steal or fight and such and most people don’t know about me.*

*PDU: Thanassis [male, interview 6]*

The same notion of impression management was of course there, in cases where non-using friends were not aware, or not sure, about the existence of the drug problem.

*I went out, even while I was using I would go out with non-using friends and act like a non-user, even though they had an idea of what was going on I never admitted to it...I mean O.K, I never went out with them while I was going through withdrawal, I was always high so there was no problem, these people are really good friends.*

*PDU: Hara [female, interview 34]*

With the exceptions just discussed, the study participants found that their social networks gradually diminished to the point where the notion of friendship became a thing of the past. Apart from peer group relations, there was also the reaction of the participants’ wider social milieu. Although participants generally spoke of not having personally experienced social isolation in the sense of being automatically excluded or rejected because of their use, they all spoke of the negative view society holds of problematic drug users, the shared meaning of the label and the behavioural expectations attached to it.

*I mean, most people like they push you aside, they consider you marginal, I mean there is a kind of social racism because they expect you to do stuff, maybe I have not allowed such rights, but think about it, when you think ‘junky’ what comes to mind? Thief, washed out*

*PDU: Savvas [male, interview 7]*

Whether or not the men and women in this study had experienced this ‘social racism’ was not really the issue. What weighed heavily in terms of their self-conception was the fact that they expected not to be accepted, at least on equal terms, reflecting that social organisation shapes self-organisation (Weigert, 1986). Discussing stigma, Schur noted that society responds to stigmatising attributes with ‘interpersonal or collective

reactions that serve to “isolate” “treat”, “correct”, or “punish” individuals engaged in such behaviour’ (Schur, 1971: 24). It was these reactions that participants expected to experience. Specifically, in relation to drug abuse, it has been suggested that negative social sanctions affect significantly self-rejection (Kaplan and Fukurai, 1992), as stigmatised individuals tend to hold the same beliefs about identity as ‘normal’ people, having incorporated and internalised the same evaluative social standards (Goffman, 1963).

Social relationships were not the only aspect in participants’ life that suffered. The next section will discuss two core concepts that emerged from the men and women’s narratives, missed opportunities in life and self-respect.

## 7.6 The life not lived

All the participants, regardless of length of drug use, commented on how they felt their involvement with heroin had robbed them of opportunities to get ahead in life and to materialise their dreams and ambitions. This has been reported elsewhere (Levy and Anderson, 2005).

*Imagine, I could have had my own business by now and everything would have been great, my own house, during the two years that I have been using! I mean it’s a minus in itself that I was using but on top of everything I have lost money spent on heroin, if I had this money now I would have more than ten grand in the bank and add to that the day’s work I could have made something of my own, maybe not my own business straight away, still working for somebody else but I could have bought a house, built a house in a plot we have, I could have started to make something of myself, the sooner I set myself up the better...it’s like, these are my dreams.*

*PDU: Giotis [male, interview 11]*

This theme ran through all the accounts, albeit in different forms. For Giotis above, getting back to the road he felt he should have taken was not reported as an impossible or even difficult task. Nevertheless, this was not true for all participants.

*I was a track athlete, medals and all and you know how you get admitted to uni if you have won championships, like get extra points in the entry exams. I gave all that up...didn’t even shape a character...character...there was a character but... some of the dreams I had never became real, and there is no way to make up for all the lost time, how could I?*

*PDU: Christina [female, interview 40]*

Christina speaks of the lost time and opportunity, preventing her from going back and fulfilling her life ambitions. Lost time, although widely reported as maybe the most important factor in participants materialising their life dreams and ambitions, was not the only one standing in their way. It was not just the years that had gone by, but rather what had happened during those years, the deviant of hurtful activities engaged in, the paths deemed 'normal' which were not taken and the effects all these had on the way participants viewed themselves.

*I wanted to study politics, as I said I wanted to change the world...we would have these conversations, back then at school and such, like how governments and the system used drugs to pacify young people's movements, like you know in the US, how they used drugs and fucked up the black people in the ghettos or the hippies and such...I was all talk wasn't I? Always a smart aleck and look where I am now, I can't really use any other word but stupid. There were these kids, you know nerds, always studying never going out and we would make fun of them...now they are lawyers or whatever, they have done something with their lives and I am a fucking junky, washed out 24 year old junky....serves me right, star student and all that shit....And you know what? I am 24 and there is nothing ahead, I mean I had all these dreams and now there's nothing, it's like I am 80 but I have done nothing, no, no...I have done things but they are all bad and stupid and I have become this stupid fucked up junky that hurts everybody...*

*PDU: Maria [female, interview 28]*

## 7.7 Losing one's self-respect

The experiences of living with addiction recounted so far involved being exclusively preoccupied with securing a drug supply, engaging in grafting activities which resulted in negative self-conceptions, even if for the most part these were not deemed permanent. Moreover, the men and women reported having lost most of their friends, and feeling socially rejected. Related to all these was how they came to lose respect for themselves.

*You start feeling that you have no dignity, like you're nobody, worse than nobody because a nobody may have done nothing wrong. I mean, you are a nobody because you don't exist, get it? It's like you are running parallel to normal life and on top of that whenever you do something, it's crap. How can I feel good about myself?*

Participants came to accept that what characterised them, in their own but also others eyes, was their membership to the problematic drug using world. Nevertheless, the allure the world had once presented was reported as long gone. The men and women interviewed may have enjoyed membership in a socially risqué world in the initial stages of their problematic drug using careers, but they now assigned only negative connotations to this membership and world.

Although they accepted the term ‘junky’ referring to their status, a recurrent theme across the reported accounts was the preservation of the ‘unadulterated self’, a residual sense of identity, an unblemished part of the self that the men and women participants maintained regardless. This sense of unadulterated self was also reported as separating the beholder from other ‘worse-than-me’ users. This separation may be viewed in two ways. Goffman notes how stigmatized individuals often exhibit ambivalence in their support, identification with and participation to the stigmatized group, given the ambivalence built into the individual’s attachment to the stigmatized category itself (Goffman, 1963). In social identity theory a negative view of one’s social identity inevitably leads to efforts to remedy it through adopting different strategies (Hogg and Abrams, 2001). Where the status quo is unlikely to change- in this case society’s negative views of problematic drug users are unlikely to change and he/she will not be accepted in it if drug use does not cease- social creativity strategies are employed. The strategy that may be at play here refers to making comparison with other subordinate or even lower-status groups, or at least groups that are presented in this light. To put it simply, the separation of ‘them-bad’ from ‘us-good or at least better’ may have been done in the context of participants efforts to feel better about them, to view themselves in a more positive light. Stigmatization within drug using groups has been noted in other studies (Rhodes et al, 2007), while a connection between stigmatizing others and management of one’s discreditable identity has been made (Radcliffe and Stevens, 2008).

The same line of reasoning was put forward in a recent UK study, part of a larger national study to evaluate the efficacy of needle exchanges throughout England and Wales. The study reported on how intravenous drug users, (IDUs), stigmatized other IDU groups, for example the homeless or those engaging in risky health behaviours, in an effort to ‘remove themselves from a heavily stigmatized category [.....] and feel an enhanced sense of self- esteem’ (Simmonds and Coomber, 2009:128). Taking into account that,

stigmatizing another group, ‘relieves’ pressure for the ‘stigmatizers’ to change the behaviour that confers the stigma, it could be argued that the distinction between us and them, made by the current study participants, could have aided in the perpetuation of problematic drug use. From a completely different viewpoint, the role of the ‘unadulterated self’, was reported in the context of identity change, and as such, will be discussed in the eighth chapter of the thesis.

A further issue weighing on self-image was the image itself. For the most part, the men and women in this study reported on how commonplace everyday activities like brushing their teeth or combing their hair were simply forgotten.

*..all these years, even though I was using, I mean I would go to score but I would never go in a track suit...I mean I wouldn't go out like that, I'm not saying that I would put make up on but I mean I would have a shower, wear proper clothes, brush my hair and then go out not like go out in whatever state...but lately I just gave up, I've been in such a sorry state, was always out and about... I ended up not caring*

*PDU: Sotiria [interview 13]*

## 7.8 Living with addiction: a glimpse at the parents' experiences

The focus of the current study was not parents of problematic drug users. However, their narratives provide a glimpse into their experiences of living with a drug affected child. Although the small number of interviews with parents does not allow for making generalisations, what follows is a brief discussion of the main themes emerging from their accounts.

### 7.8.1 Effects on family relations

All the parents I interviewed recounted how their whole lives revolved around their children, leading to disrupted, or even interrupted, relationships between family members. This exclusive focus on the drug affected child took its toll on relationships between parents and non-using children. Disagreement on how to manage and handle the reality families were faced with, resulted in tension and strained family relationships. Relationships between members of the immediate and extended family were also affected. The emergent picture was one of unpredictable lives in which families struggled to accommodate and respond to the needs and demands of the drug affected child.



*And you know all this, not only on my part but from Giorgos' [husband] part as well; I mean... you grow apart. You want to start, I mean you know like a woman and you think to yourself, 'this is completely stupid' and then you look at your husband's long face and you see him lost in his own world and you say to yourself 'it's futile'. You just get caught up in the problem and you get swept by it, without realising and then it's been 4 or 5 years that you haven't been together or just gone out to have fun... the only thing you care about is how to save the child*

*Parent: Lena's mother*

A further and major strain on the relationship between parents was disagreement on how to respond to the problem their family was facing. Although most parents (n=6/8) reported adopting a 'common front' approach at some stage of their children's drug using careers, they noted how this did not last long. Mothers reported how they would try to control and manage the situation by accommodating the child's use, an effort which involved in all cases concealing the true extent of the situation, or even the existence of the problem, from the fathers. Such disagreements between parents on how to deal with their child have been noted elsewhere in the literature (Scottish Executive, 2002; Barnard, 2005, Orford et al, 2005a; DIP, 2007).

All mothers also commented on how they would conceal information so that their husbands would not accuse them. In this way, mothers did not only feel that they were responsible for their children's behaviour and actions but were also held accountable for them.

*Waiting for Markos to come home and get to sleep to avoid the fight, waiting to open the door and get him in because he fought with his dad earlier and 'don't you dare come in... And 'where is he?, damn him' and I was not supposed to swear, trying not to swear and my husband would say 'you and that bastard! It's all your fault' 'Bastard?'*

*Parent: Markos' mother*

Trying to manage and protect the children they felt exclusively responsible for, while constituting a link between family members and preserving the stability in the family home was really a juggling task for the mothers in this study. As evident from the quotes above, the balls were frequently dropped resulting into tension and arguments.

Half of the parents interviewed (n=4/8) also had children who did not use drugs. All of these parents reported on how by focusing exclusively on the drug affected child, they felt they had neglected their other children.

*...it's also all the rest, as I said my other son had just been married when it all started...and we threw ourselves on him but the other one, the eldest wanted help too.*

*Parent: Kostas' mother*

The constant and exclusive preoccupation with the drug affected child and the toll this takes on relationships between parents and non-using children has been highlighted in other studies of problematic drug users' families (Webber, 2003; Barnard, 2005; 2007).

Three of the parents participating in the current study, had also become grandparents by their non-using children. They also commented on how this relationship was affected because their non-using children or their spouses were either afraid to bring babies in a house a problematic drug user lived in, or they were angry at the parents.

*My only joy was that child and he would get angry at me for helping Vlasia and not bring the baby over[....]also my daughter-in-law was afraid to bring the baby over because you never knew what would happen next in our house*

*Parent: Vlasia's father*

*There was a lot of talk about diseases and they would see me, because I had to take care of the rest of the family so I would use bleach on everything, boil everything because Stavros was coming in and eating, I didn't know if he had a disease or something...so if he had, I needed to make sure that the others would be safe and of course the baby...they were afraid of leaving my grandchild in my care in case I cooked something...*

*Parent: Stavros' mother*

On the whole, relationships between siblings were not portrayed by participants as similarly tensed as those with parents. Disagreements and arguments were recounted but the overall picture was one of support. Characteristic of the pattern of relationships between non- using siblings and participating drug users conveyed by interviewees is the interview extract below.

*My mother and sister were both very understanding, that is as much as they could anyway. They only got upset when I would deny I had a problem, I mean I would say that I was doing fine and they were like 'Fine? But you are acting like this and that, no way you are fine' and I would keep saying I was fine and they would get mad, shout and we would have a fight but after one hour we*

*would be speaking to each other again...and they would ask 'come on Taso, what are we going to do?'*

*Tasos [male, interview 14]*

However this should not be taken to mean that relations were not tensed or not adversely affected. Illustrative of the hurt felt by siblings is the interview extract presented below.

*We never fight but like once, it was like six o clock in the morning and he [brother] came in my room...he was drunk and crying and said 'can't take it any more Madga, when are you going to clean up...so I can feel I have a sister?'*

*PDU: Magda [female, interview 1]*

There were only two cases where estrangement from siblings was reported. Kosmas- the one of two homeless men at the time of the study- reported being estranged from his whole family, including his brother. The other case was that of Vassiliki, who attributed this breakdown in relationships to the public embarrassment her drug use caused.

*With my sister we have cut off all communication, we just say a typical good morning and good afternoon because she is the secretary of the Prefect in my home town and she believes that she holds a position of real power and of course I disgrace her by using...my home town is a very small community, word gets around fast. She has said that to me out right and that's good, the fact that she has told me out right means that I know exactly where I stand with her and I know who I can rely on and who I cannot if push comes to shove.*

*Vassiliki [female, interview 24]*

Unfortunately, the study sample did not include siblings and thus, their experiences can only be conveyed as perceived and presented by participating drug users and parents. Perhaps non-using siblings would have recounted much more tensed relationships than what their drug affected brothers and sisters or their parents spoke of. It may also be the case that this lack of reported conflict could be attributed to the fact that, although non-using siblings were involved in drug users lives, this was not to the same extent as their parents. As we previously saw Tasos reported on how his sister was involved in getting him to address his drug problem. However, as he also recounts:

*My sister...I mean she has been living with a guy for a long time now and she didn't go through all this so intensely. I mean I would see her every 10 days,*

*she would come and spend a weekend to be with me but there wasn't everyday contact, she was spared of the everyday trouble...*

*Tasos [male, interview 14]*

As there is no clear distinction between extended and nuclear family in the Greek social organisation, a discussion of the effects of problematic drug use on families would not be complete without reference to the kin. As Du Boulay notes, members of the extended family, kindred, are expected to support each other, 'kinsmen mean support' (Du Boulay, 1974: p155). This sense of obligation has been suggested as remaining strong over the years (Millar and Warman, 1996; Giotsa, 2003; Du Boulay, 2009).

According to the parents' accounts, in all cases extended families knew of the problem and were described as being supportive. Nevertheless, this blanket statement of extended family support, revealed upon closer examination a different picture; not all extended family members were told of the problem, some were critical and disclosing or admitting the problem were reported as humiliating experiences. Indicative of this complex picture is the extract from a mother's interview presented below, where although extended family members did admittedly help, the decision to inform them was by no means straight forward or easy for her husband.

*They were all by our side...all of them, trying to find about a program, they suggested those programs abroad Spain, Italy, the one where you get a blood transfusion in Athens and in general whatever they found out about they would tell me... My husband did not want to say anything to his relatives, too ashamed, my folks knew and his didn't. It will be embarrassed, humiliated, how can I say such a thing?... he considered it a big humiliation so I took the initiative and told them.... he came home as I was telling them and heard us talking...he started crying and they hugged him and said 'we are here for you, don't worry' and he knew that they would help him and not reject him.. so they also helped out, all of our relatives did, even financially...*

*Parent: Stavros' mother*

The humiliation and avoidance of disclosure of at least some aspects of their children's behaviour, touched upon in the above extract, was a recurring theme. Giorgos and Vassilis' mother, reports on how, although her sister knew of the problem and was actively involved by having one of her drug using nephews staying with her while detoxifying, there were some things that could not be shared.

*What can I say to my sister? He stole? I can't say that, I am ashamed. What can I say about my children? Because another person will take it differently, he*

*will look at them differently afterwards. People know that they have good qualities, I mean my sister knows my children, she raised them with me and she knows them but still I can't say anything bad about them. The serious stuff I have told nobody and nowhere.*

*Parent: Giorgos and Vassilis' mother*

Since, parents not only avoided telling all extended family members of the problem, but were also trying to conceal it from them, in some cases the presence of kin rather complicated things.

*Every Easter we used to go to my in-laws, to their village, Christmas we spent at home. They are difficult people and it is a very small society there and we didn't want to visit. Whenever we did, his father would tell him to watch out, don't do anything and such, watch out for his behaviour. ..To be well dressed, this was my mother-in-law's biggest worry, his appearance... ..once we did fight because I found some pills on him and I took them and went to flush them down the toilet and all hell broke loose but it was only that one incident...*

*Parent: Kostas' mother*

Disagreement on how to handle the drug using child was also reported amongst members of the extended family and parents.

*And my father can't realise. How do I get through to them? You tell me, I have told them so many times. Last time I had a fight with them, 'This is what you want? To bury her now? Bury her right here in the front lawn? Ok, then keep giving her money.' Because he was giving her money, 'give me 5 Euros for coffee, cigarettes, give me 10 Euros', and he gave it to her. But after our fight he stopped. I told him, buy her the cigarettes, give her the ticket, never money though.*

*Parent: Lena's mother*

Three mothers interviewed reported that certain members of their extended families had cut ties with them as a result of their children's drug problem. Such experiences of ostracism have also been noted in the literature (Butler and Bauld, 2005; Yang et al, 1997).

According to the men and women interviewed, all family relationships were affected by one member's problematic drug use. However resilient, families were torn apart in their effort to manage the PDUs' lives and maintain some sort of stability. Family relations were not the only aspect of family life affected. The sections below focus on how family home and life were impacted.

### 7.8.2 Family integrity in danger

A recurring theme in both parents and problematic drug users' accounts revolved around instances of public behaviour that brought shame upon the family. These were instances where drug using children 'allowed the right' for people to comment and gossip about themselves and their families. Such instances would involve appearing visibly intoxicated around the neighbourhood, fighting with their parents outside the family home, or inside within earshot of neighbours, seen intoxicated by acquaintances, frequenting places publicly known for drug activity or in the company of other drug users.

Siblings were also recounted as being concerned about family reputation, which by extension included their own public face. For the most part, drug using participants spoke of this concern being expressed in terms of worrying and complain. Nevertheless, Sotiria recounts how her older brother's concern resulted in violent behaviour.

*M.F: So what happened next?*

*-My brother would always be on my case, he would beat me up and that made me react against him even more...the worst was one day that he almost killed me because I got pulled in, I only got pulled in to the police station twice and that was because of the people I hung out with, not that they ever found something in my possession or that they ever caught me while I was scoring or anything...so they pulled me in more to advise me, because I was young and they would see me with these older junkies so...so they would pull us all in and they would call up my mum to come to the station...so my brother on one of these occasion... I mean he was like 'what is going on here, she is not out of her shell yet and she is disgracing us so much that we won't be able to show our face in the neighbourhood?', this is how he sees things...so my mum came and picked me up from the station and he was waiting for me at home, he really beat me up so badly! He kept pounding on me, kicking and punching. My mother was trying to stop him, screaming 'you are going to kill her', he would shove her off and I was so wasted that I couldn't feel anything and I was reacting like telling him 'come on', I mean I drove him crazy...I mean the next day I couldn't get out of bed to go out to score...I was black and blue all over.....After that he just gave up...my mum told him that he is not to touch me again and he just left me to do whatever I wanted for then on, 'let her be and she will figure out on her own', that was his attitude from then on, he would support me whenever I made an effort but sort of backed down to an extent...and it was my mother who arranged that, prevented him from....*

*PDU: Sotiria [female, Interview 13]*

Sotiria's account constitutes an exception to the general picture conveyed by both participating drug users and parents. Perhaps this extreme reaction by her brother is linked to the fact that he had taken over the place of an alcoholic abusing father, who he himself

had kicked out of the family home violently. It could also be the case that there is an older male sibling- younger female sibling dynamic at play here. Unfortunately, as there were no such other reports and no interviews with siblings, such claims cannot be further investigated. Future research will have to address such questions on siblings' interactions and relationships.

The drug users' frequent request for money from neighbours and family friends was also a source of shame for the families. PDUs' frequent intrusions to the parents' workplace turned it into a potential minefield for the integrity of the family.

*Yeah, you see...my husband works in 'Greek Oil' but we also have a private business, constructions [...] So Markos went along. But imagine how he was I mean being addicted and going to work, oversleeping, showing up wasted so...cursing and screaming then...*

*Parent: Markos' mother*

Transgressions from the part of PDUs translated into public embarrassment of the family in front of an audience of employees or co-workers, when families were struggling to preserve a front of normality that would protect their families' honour and social standing.

But as honour was something to be gained and lost, it was also something to be bargained. This did not go unnoticed by PDUs who were reported as taking advantage of the situation in their attempt to secure money for drugs.

*At some point, she started coming by the office and asking for money. My main concern was to get her out of there as soon as I could so people wouldn't see her, you can imagine the state she was in. So I would give her whatever she wanted to make her disappear. One day she said, 'if you don't give me money, I'll start screaming in front of everybody', it was then that I realised that she was outright blackmailing me*

*Parent: Lena's mother*

Social occasions involving drug using children always constituted a threat, discussed previously from the drug users' perspective. This was more pronounced in family gatherings, where large number of relatives, close and distant, would get together, usually in one of the parents' natal villages. Transgressions were always feared and anticipated and when these did occur parents found themselves in dire straits trying to

contain the damage, often resulting in implausible accounts. Markos' mother recounts an incident where he had overdosed during a visit to his father's, Giorgos, natal village.

*What do you tell them? He had a coffee and it made him sick, thank God there was a coffee mug there, he had nothing to eat and he drank coffee, too much coffee. I took him to the hospital [...] when I took him to the hospital that time, Giorgos' cousin was standing next to me and I looked at the doctor and said 'it's because he had too much coffee' and I whispered 'tell everybody to get out', luckily he got it and asked everybody to leave the room...*

*Parent: Markos' mother*

A further issue raised by parents was the perception of their own identities by self and others. Having to manage the public behaviour of their children was one thing, having to manage their identities as parents of problematic drug users was quite another.

*To be honest...I was afraid to attend weddings, thought that everybody, relatives or not, would see me and say 'poor thing, what she has to go through...'*

*Parent: Stavros' mother*

### 7.8.3 Vanishing social life

All the parents I spoke to recounted how their social lives gradually diminished until they became practically non-existent. Their constant preoccupation with their children, the emotional problems they faced and the shame they felt created an impenetrable wall, they felt separated them from people and other families who had no experiences with drugs.

*I lost my friends, I didn't want to go out at all...I could hardly go to work, I lost all my friends, I didn't want to talk to anybody because I used to go out with friends and everybody would be talking about their children, my child this, my child that... what could I say about mine? And so I just isolated myself, isolated myself in the house... didn't want to talk to anybody. I mean what was there to say? Didn't want to hear anybody talking, I wanted to be alone*

*Parent: Giorgos and Vassilis' mother*

The need to uphold a front of normality in order to prevent negative remarks about the family was a recurrent theme, present in all the parents' interviews. This created a further burden on parents who felt that they had to perform roles counter to what they were



experiencing but vital to preserving family honour. In this light, social gatherings were experienced as a demanding task, more of a chore than recreation.

*You grow apart from your friends, from people you used to go out with because, I mean, you go out and they see you spacing out at one point, at some point you just space out. They will ask you once, 'what's going on? Is anything wrong?' How many times can you tell the same lie? How many times can you fool them until they start wondering that something serious is going on?*

*Parent: Lena's mother*

The social isolation experienced by parents in this study has been reported in various other studies conducted in different cultural and geographical contexts; in Australia (Toumbourou et al 2001; ADF, 2007), in Italy (Velleman et al, 2008), in Ireland (Duggan 2007), in the US (Hudson et al, 2002). In the UK, findings are similar (Velleman et al, 1993; Barnard, 2005; Butler and Bauld, 2005, Templeton et al, 2007; Copello et al, 2009); feelings of embarrassment but also the sheer time required to deal with the various situations stemming from the behaviour of PDUs, were quoted as reasons for the withdrawal of family members from social life (Scottish Executive, 2002).

This deterioration in social life was not portrayed as extending to siblings. All parents and drug users reported on how, although siblings were involved in their drug affected brother or sister's lives, they did lead their own separate lives.

*I mean my sister is studying to be a midwife, my brother is a car technician, no relation to drugs whatsoever, my brother has his girlfriend, my sister her boyfriend, I mean they are slowly getting their lives on track and stuff even if they are younger than me...it is just that I remained like frozen but they continued with their lives*

*Paraskeuas [male, interview 12]*

#### 7.8.4 Drug use and overdose in the family home

The parents I spoke to also recounted incidents where they came face to face with the harsh reality of their children's problematic drug use, either by seeing them use drugs inside the family home or by finding themselves in the terrifying position of having to deal with their children's drug overdoses. The extract presented below is indicative of the agony parents experienced in having to deal with a possible overdose. For the parents

below, the situation was even worse since the father was confined to a wheelchair and could do nothing but watch.

*Step Mother: once, he isn't coming, I go to his room, he is on the floor, I don't know what is going on*

*Father: at that time he had used alcohol on top, both....*

*Step Mother: And I listen to his breathing....I say to myself he is dying! And I can't get him up*

*Father: I can't help*

*Step Mother: I say I'll sit by his side and it will be OK, then I see the syringe.....and I waited and gradually he came around*

*Parents: Vlasis' father and step-mother*

According to the parents, encountering such incidents forced families into a state of constant alert and worry, irreversibly altering the nature of the family home as sanctuary.

*...because I would spend the whole night by his side to check, is he sleeping? Is he dead? Is he breathing? Because I used to go by his side very often and count his breaths, I would breathe 15 times, he would breathe once and make a noise 'ahhhhhhhh', is he dying? What should I do? What should I do? I was ready at any given time to .....scream and grab him, run and save him, do something....*

*Parent: Stavros' mother*

Siblings who were faced with such instances were also recounted as being adversely affected.

*My brother is like such a nice person, such a kind soul...he is worried and upset and especially once when he found my works...he froze, went mad. Lately he has been very on edge... you touch him and he jumps...not that he will ever take it out on me, but I think he has reached his limits...*

*PDU: Haris [male, interview 18]*

### 7.8.5 Theft and family finances

Overdoses and drug use in the family home were not the only threat these families had to face. Theft from the family home, was the norm for the study participants

(n=29/40). In none of these cases was the theft reported to the police, hinting to a ‘Catch 22’ families found themselves in since calling the police would bring shame upon the families. All participating parents confirmed this picture. Everything that could be sold or traded was removed from family homes, leaving the families baffled at the lengths PDUs would go to, in order to fund their use.

Theft from the family home had been recorded in other studies focusing on the effects problematic drug use has on families (Velleman et al, 1993; Scottish Executive, 2002; Butler and Bauld, 2005; Orford et al, 2005a; ADF, 2007; DIP 2007; Copello et al, 2009b) and has been connected to escalation of drug use (Barton, 1991). The term ‘predation’ has been used to convey the families’ experience of theft from the family home (Barnard, 2007:31), a term which most accurately reflects the experience of the current study participants. This state of trauma and desperation is illustrated in the quote presented below:

*MF: So how did you deal with that? I mean it’s theft within the house*

*.....he would steal money from my purse...so I stopped carrying money on me, I never carried money on my... he also stole my credit card [...] but he would think of ways to get money, even if I didn’t give him money he would go to the supermarket, charge things on my card and then sell them... and of course there is nothing you can do about it, what could you do? Go to the police and make a complete fool of all of us? [.....]we would be sleeping and he would come in the room...my husband now sleeps with the money in his pockets because he would come in the room while we were sleeping and steal it or he would think of ways...for example we would be getting ready to leave for somewhere so my husband would leave his bag in the car, now Giorgos would fiddle with one of the doors so even when we did lock the car one door would remain unlocked and he would get money from my husband’s bag, he would find ways...he is extremely clever when it comes to that..*

*Parent: Giorgos and Vassilis’ mother*

The financial drain on families’ resources was not limited to money and goods stolen from the family home. Both parents and drug using children reported that the families were at various times directly funding their children’s drug taking. Families were also reported as taking care of all the legal costs for the PDUs who had faced criminal charges. Moreover, parents were quoted as paying off debts to third parties, such as credit card bills or bank loans.

*So my parents used to pay off the credits cards and all the mobile phone bills, I think the credit cards came to around 10.000 Euros over the years but during these last three years they have stopped paying.*

One of the biggest money drain for families, widely quoted by both parents and PDUs, was the latter's treatment. For some families this translated into trips abroad, buying controlled drugs for the child, and for the most part commissioning private practitioners. All the of the participants commented on how over the years their families had paid vast amounts of money, either for treatment or just to secure scripts to obtain controlled substances, exhausting the families' resources.

Although maybe not as important as other aspects of the devastation these families experienced, the monetary cost, the financial exhaustion, that these families faced, remains an issue. The financial burden placed on families is also evident in other studies investigating the impact of problematic drug use on families (Hudson et al, 2002; Scottish Executive, 2002; Barnard 2005; 2007; ADF, 2007; DIP 2007; UK DPC 2009).

A further aspect of the financial drain families faced related to the fact that money spent on the drug affected child was in essence deprived of the non-using siblings. Indicative of this imbalance is Stavros' mother interview quotation presented below.

*His bother got married and we could not offer anything. They bought furniture, staff for the house and we as parents had nothing to give...I know it sounds bad but in essence there was nothing left for us to give because everything we had was going to cover Stavros' expenses...the things he stole, lawyers*

*Parent: Stavros' mother*

#### **7.8.6 Parents' physical and emotional health**

Life with a problematic drug user was a source of great stress and anxiety according to the parents. The constant worrying about the safety and well being of their children was a common and core theme in all the provided accounts. These parents exclaimed on how their daily lives were experienced as a treadmill of negative emotions. Lena's mother used the word 'haunted' to describe her state from the moment she found out about her daughter's use. Indeed, this word seems to perfectly capture the experience of all parents who did not know what the next day would bring for their children and families.

*It was like, 'God, why am I still alive? Why? Why? I don't want to live. And if I go to bed and never wake up again? Please God, make me not wake up again', sitting around crying... ...so I didn't know what to do around the house and I would be sitting around, my mother would tell me to knit, she had taught me how to knit so I would knit and cry and tell her 'why, am I knitting this now? What will I do with it? Where will I put it? ...she would say 'then stop knitting', 'no, I'll knit because when he dies', at the funerals they use these baskets where they place the bread in, so I knitted to prepare those baskets, I was knitting for his death, to decorate the baskets for the funeral...*

*Parent: Stavros' mother*

Living under such conditions, inevitably took its toll on parents' health. For the most part (n=7/8) they reported having faced or facing emotional/and or physical health problems, that they reported caused by their children's drug problem. At the time of study, two mothers were receiving treatment for mental health problems. The profound effects of living and caring for a problematic drug user on the emotional and physical health of their families have been highlighted in the literature worldwide, in the UK (Orford et al, 1998a; Copello et al, 2000; Scottish Executive, 2002; Barnard, 2005; DIP, 2007; Templeton et al, 2007; Orford et al, 2007; NTA 2008; ), in Australia (Toumbourou et al, 2001), in Ireland (Duggan, 2007), but also in the US (Spear and Mason, 1991; Ray et al, 2009; Pearson, 2000).

## 7.9 Conclusion

This chapter presented the experience of living with addiction, as this was reported by both problematic drug users and parents who participated in the current study.

Narratives suggest the domination that heroin was recounted as having on participants' lives. The emerging picture is not one of drug consumption. It rather conveys how the individual comes to be consumed by the drug and more importantly the time spent on and the nature of the activities related to securing drug supply. The negative self-image emerging from this single-minded life was noted. At the same time, the individual was reported as stripped from social relations and roles deemed necessary for positive self-view. Both suggestions may have important implications for the design of both treatment and reintegration interventions as sense of self is closely related to behaviour.

Living with addiction was hard for problematic drug users and their parents. The devastation families faced was highlighted by discussing the different aspects of family life affected by a child's drug use. Although the issues mentioned are met worldwide in studies describing the experience of living with addiction, what does differentiate the study findings is that all this took place within the family home, thus perhaps creating a particular set of circumstances. Parents and drug using children appear to be 'bound' by cultural dictates that prescribe the unity of the family- even if that family is being torn apart, albeit privately.

## **Chapter 8**

### **Entering Treatment - Deciding to quit**

#### **8.1 Introduction**

This chapter deals with participants' reported reasons behind the decision to enter treatment facilities and/or try to wean themselves from drugs. Although one might expect that the two would be synonymous, getting treatment did not always coincide with the intention to stop drug use. In this light, participants' accounts of reasons other than their own resolution to quit drugs are presented first. The chapter continues by discussing the main factors leading to treatment efforts instigated by the men and women's own decision to stop using drugs: being tired of life on heroin, rejecting the person they had become, out of a sense of '*filotimo*' and the will to restore its integrity. The term '*filotimo* (*φιλότιμο*)' which has been very loosely translated into 'love of honour' is discussed and elaborated upon in this chapter. Finally, sense of self while abstinent and reported barriers to change are discussed.

Although, the reported accounts find parallels with the North European literature on reasons behind treatment decisions, the concept of '*filotimo*' (*φιλότιμο*) adds a further dimension to the discussion. '*Filotimo*' emerged as central in the men and women's narrative accounts and relevant to their discussions around why they wanted to become drug free. Within the chapter that follows the terms '*filotimo*', '*filotimos*' (*φιλότιμος*) and '*filotimi*' (*φιλότιμη*), the last two respectively meaning man and woman who behave with '*filotimo*', will be used.

This chapter presents data derived exclusively from interviews with problematic drug users.

## 8.2 Forms of treatment in the context of the current discussion

Before embarking on a discussion of the reasons behind participants' decision to engage in treatment efforts, it might be helpful to provide a picture of what the term treatment referred to in the context of participants' accounts. Treatment as discussed in the recorded narratives can be broadly divided into three categories: getting private treatment, treatment at home and finally contacting various state agencies. As previously noted getting treatment should not always be considered synonymous with making the decision to quit drug use.

- Private treatment

According to the study participants, treatment efforts involving private practitioners almost exclusively involved the acquisition of prescribed medication. As discussed previously, for the most part such medication was distributed by their mothers. There were only two reports where private treatment translated into counselling for the drug affected children. In all cases parents paid for the services of private practitioners.

- Treatment at home

As can be understood from the above, engaging private practitioners meant almost exclusively that treatment efforts took place in the family home. The only exception to this was one case, where private treatment meant admittance to a private detoxification clinic, paid by the participant's parents. Additionally, participants reported trying to detoxify in the family home by gradually reducing their heroin intake, by using illicit medication, illegally obtained methadone or with the help of no drugs at all. The financial burden was again placed on parents.

- State agencies

Participants also recounted participation in state agency programs. For the current sample these involved entering the detoxification facility where interviews took place. Such efforts involved the administration of medication and counselling and lasted for about 3 weeks at a time. Participants also reported having been admitted to the two closed therapeutic communities of the city of Thessaloniki. Attendance to the Open program of the Psychiatric Hospital of Thessaloniki was also reported. The Open program offers



counseling and urine testing. Finally, two participants reported attending state programs abroad. All state programs are free of charge in Greece.

- Families of drug users

In relation to the families of the men and women interviewed, there was provision of counselling in the form of parent and sibling groups by Ithaki (KETHEA), the Psychiatric Hospital of Thessaloniki- where parents of participants were contacted- and by NA groups. Participation to such groups was free of charge.

We will now turn our attention to participants' accounts of being involved in treatment efforts.

### 8.3 Treatment efforts without the intention to quit drugs

The two main reported reasons for getting treatment unrelated to the decision to stop using drugs were complying with family expectations and trying to avoid problems stemming from the men and women's problematic drug use.

#### 8.3.1 Complying with family expectations

The most prevalent reason for getting treatment, other than the desire to stop using drugs, was complying with family expectations. All the study participants (n=40/40) reported engaging in treatment as a way to 'pacify' families, to satisfy their expectations and demands, at some point in their problematic drug using careers. The families of the interviewees were instrumental in their children's treatment efforts from the point they understood there was an issue with drugs.

*And then when she [mother] saw the track marks on my arms, she took me straight to a psychologist, psychiatrist to like get treatment. And I mean, what was I supposed to do, say no? I had to go. But I mean that was in the beginning so why would I want to quit?*

*Stamatis [male, interview 5]*

Like Stamatis above, all the participants for whom this was not the first time in a treatment facility (n=19/40) reported that previous treatment episodes were unsuccessful

because the decision had been made for them and any decision to quit drugs had not been made of their own accord.

As in Stamatis' case, such treatment episodes were usually engaged in, during the early stages of participants' problematic drug using careers where there was no intention of quitting drugs since their drug use was still enjoyable to them. This contact with treatment was described in the men and women's narratives as a 'cat and mouse game', where coming into contact with treatment agencies was done with the sole intention of 'tricking' their families. In this way they could provide reassurances to their families but still continue heroin use. Characteristic of this 'cat and mouse' game is Christina's account below.

*So, to be honest I had no intention of quitting, just that they were all on my case and like I had to give them something to get them off my back...*

*Christina [female, interview 40]*

In such cases treatment was sought in an attempt to satisfy families' expectations of 'doing something' about what the families perceived as a problem. The answer to the question posed by Stamatis '*And I mean, what was I supposed to do, say, no?*', interestingly points to the weight of obligation on him to comply with family expectations. None of the men and women in the current study refused their families' requests in this respect.

As noted above, participants reported that treatment efforts stemming from complying with family expectations were in the long term unsuccessful. Nevertheless, in some cases they did lead to periods of abstinence, lasting even up to more than 2 years for one woman participating in the current study.

*And then she [mother] arranged things so I would get in here... so I completed the community once....counting the whole process, detox and everything I stayed clean for 2 and a half years...*

*Sotiria [female, Interview 13]*

Those men and women who made, or appeared to be making an effort to wean themselves from drugs, were able to salvage some respect from others which clearly was important.

*The neighbours all know, I mean they know by now. But they see me making an effort so they know that I am not...like a deadbeat or something...*

*Annita [female, interview 35]*

At the time of study 3 participants reported that the main reason for getting treatment this time was to comply with family expectations.

### 8.3.2 Breathers: The ‘warrior’s resting place’

This intriguing term was used by an interviewee to explain her view of treatment; perhaps it would be best to first see how she used it:

*I met this friend of mine in here and he goes, ‘this place is the warrior’s resting place’, you come in here and clean up for 20 days and you go out there all rested up and ready!, like to get away when things are too messed up...*

*Vassiliki [female, interview 24]*

For Vassiliki, as well as for a few other men and women I interviewed (n=7/40) the reason behind seeking treatment during the time I met them was to ‘catch a breath’, to ‘get away’ from problems which had arisen because of their drugs use; these people have been termed here ‘breathers’. Thus, for ‘breathers’, the intention was not to quit using drugs but to distance themselves or to avoid, drug related problems they were facing at the time. For Vassiliki, her time in the detoxification facility was used as a ‘resting place’ until her boyfriend would be released from jail. Seeking a ‘break’ because drug use had got to a point the ‘breathers’ felt they could not handle, was a further reported reason.

*It just got too much, running around all day long, getting hustle from everybody...I just needed a break...I am not going to lie to you, not really sure I want to quit, just want some time to myself away from it all, I’m getting out in a week’s time and will probably go back at it....*

*Vagia [female, interview 39]*

Several other interviewees referred to using the ‘warrior’s resting place’ at some point in their problematic drug using careers, as a last resort when they felt things were too hard to handle. These reasons included being threatened with expulsion from the family home, having exhausted all possible sources of funds to secure drugs, feeling that they physically could not handle withdrawal without the medication provided in the detoxification facility, or feeling that their bodies could not handle heroin use itself. A further cited reason offered by participants for getting treatment without wanting to quit

drugs, was on the basis of legal advice to seek treatment so as to encourage a favourable resolution of a court case.

*Until May 2001 that I came here, to this agency for the first time... Why? I came because I had charges , 4 counts, dealing, possession, buying and using...4 counts and I had talked to this lawyer...he said 'you have to go to some program... so we can claim extenuating circumstances' and that was the reason why I joined this program*

*Simos [male, interview 23]*

All the reasons for engaging in treatment described above were offered in a context unrelated to the desire to be drug free. Moreover, the reasons cited stemmed more from efforts to find what were felt by interviewees to be temporary solutions to practical concerns, such as to present a favourable appearance to the court. The sections that follow present a different set of motivations for getting treatment stemming from the men and women's own volition to wean themselves from drugs.

#### 8.4 Treatment efforts instigated by the decision to quit drugs

*M.F: So where are you now?*

*-Where am I? I mean I have been through tons of therapy...tons...and I am just trying to stay clean and it's the hardest phase of my life so far because, although I do know the reality, because I know both sides of the coin by now, I know that I can't go on like this, I know that I can't tolerate myself as it's been up to now, I don't want to be the monster anymore, because this is what I am, a human like monster without feelings, a unsociable being, it's like I am an ape completely shut to himself whose life up till now has been a cycle that contained a cage and a banana and the everyday process was the route from the cage to the banana, on and on and the years went by and it was only that and there came the shock and the therapeutic community so Dostoyevsky's 'Idiot' started to wake up gradually, gradually understanding that there is another side too because up till now I have been operating at zero, nothing more than scoring my heroin*

*Kosmas [male, interview 22]*

In the interview extract presented above Kosmas recounts the two overarching themes that were reported in this study as the driving forces behind the men and women's decision to engage in treatment in order to stop using drugs. The first relates to being tired of a life completely consumed by the activity of securing and using drugs- the banana and

cage route as Kosmas describes it. The second refers to issues of self-perception which he describes above in the grimmest colours.

### 8.5 The end of the line: being tired of it all

All participants who reported being in treatment with the aim to wean themselves from drugs (n=29/40) spoke of being 'sick', to quote a participant, of the life on heroin.

*I'm just sick of it all, the running around to score, the things you have to do to score, it's like humiliation on a daily basis.*

*Kostas [male, interview 2]*

This notion of getting tired of the lifestyle has been reported elsewhere in the literature (Ekendahl, 2006). Best and colleagues' study of 107 former problematic drug users, reported on how being 'tired of the lifestyle', was the most commonly provided reason for stopping drug use (Best et al, 2008).

Evident in the narratives of the men and women who reported being tired of life on heroin was a rejection of a once coveted lifestyle. This rather resonates with Rosenbaum's notion of reduced options

*The individual enters the career [in addiction] because at the time it appears to offer increased options; s/he makes a commitment to the career and with this commitment the option to participate in conventional life is not stifled but limited. The commitment to the career increases with further immersion into deviant activities and, eventually, the individual becomes fully inundated- thereby further decreasing the option to go back and forth between two worlds [....] The recognition of decreased options often motivates the individual to try to get out of the deviant career (Rosenbaum, 1981:130)*

### 8.6 Sense of self as a motivation for change

A major concern and reason behind wanting to quit drugs, reported by over half the interviewees (n=26/40) was their desire to restore what was termed by Goffman as 'spoiled identity'. According to Goffman,

*The central feature of the stigmatized individual's situation in life can now be stated. It is a question of what is often, if vaguely, called "acceptance". Those who have dealings with him fail to accord him the respect and regard which the un-contaminated aspects of his social identity led them to anticipate extending, and have led him to anticipate receiving; he echoes this denial by finding that some of his own attributes warrant it (Goffman, 1963:19)*

Indicative is the extract presented below.

*I cannot live with myself anymore, I cannot look at myself in the mirror...all the things I have, I hate the person I have become...when you reach this point you, need to make a change*

*Eirini [female, interview 37]*

Participants at some point reached a stage where their drug use perceptually translated into a negative self-image. The accounts they offered in relation to the desire to quit drugs, revolved around a core notion of a degraded self. This notion of degraded self, or self-loathing, has appeared elsewhere in the literature. Gibson and colleagues' study reported on the conflict their participants expressed in relation to the pre- and during drug use identities, leading to feelings of disgust and self-loathing (Gibson et al, 2004). Anderson too has spoken of the negative self-perception of her participants, 30 active problematic drug users, in recovery (Anderson, 1993). In their study of the experience of recovery, offered by 70 drug addicts recruited by various sources in Glasgow, McIntosh and McKeganey, spoke of the 'deep unhappiness with the sort of person they had become' (McIntosh and McKeganey, 2001:51), the 'unacceptable extent to which his or her identity has been damaged by addiction' (McIntosh and McKeganey, 2002:43). More recently, Neale and colleagues discussed recovery from problematic drug use in terms of Goffman's dramaturgy (Neale et al, 2011). The authors emphasise that 'spoiled'- or 'unspoiled' for that matter – identity should not be taken to refer to a totalizing view of one's sense of self but rather to presented aspects of one's social identity- highlighting both the situational and relational nature of this view (Neale et al, 2011).

### 8.6.1 Sense of self and the Greek '*filotimo*'

For problematic drug users participating in the current study, narratives of the way they perceived themselves centered on the concept of '*filotimo*'. Before we go on to discuss the role of '*filotimo*' in participants' decision to wean themselves from drugs, it might be useful to try to define the term. To try to unpack the meaning of the word '*filotimo*', I will focus on the accounts of the men and women participating in this study and discuss the notion as it emerged from their words, using at time quite lengthy interview extracts to demonstrate the complexity and plasticity of the term.

'*Filotimo*' was one of the analytic concepts which emerged 'spontaneously', 'being used by participants themselves' (Hammersley and Atkinson, 1995:211). The term was first used commonly (n=28/40) unprompted by the men and women in this study. The degree to which it was used signified its importance for participants and '*filotimo*' was thus incorporated in the interview topic guide and analytic scheme.

As discussed in chapter 2 of this thesis, the word '*filotimo*' has often been translated into English as a love for honour (Campbell, 1964; Tsoukalas, 1995) or a sense of honour (Salamone, 1987; Lyberaki and Paraskevopoulos, 2002). However, '*filotimo*' can take on different forms in different contexts (Herzfeld, 1980). It has been discussed in terms of complete and confirmed integrity and moral uprightness (Adamopoulos, 1977; Gilmore, 1982), adherence to the socially accepted morality (Herzfeld, 1982), fulfillment of duty, always observing the moral code of the in-group (Vassiliou and Vassiliou, 1973), generosity (Georgakopoulou, 1994), work ethic (Kessapidou and Varsakelis, 2002). '*Filotimo*' relates primarily to behaviour towards the family. It has been described as a principle requiring a person to sacrifice his or her self to help the family and to avoid doing or saying things that reflect negatively upon his family or, to a lesser extent friends (Triandis, et al, 1968; Bourantis and Papadakis, 1996).

For the men and women in this study '*filotimo*' was first and foremost related to their behaviour towards their families. Thodoris below notes how self-absorbed and egoistical he believes his drug use had made him, while at the same time defining '*filotimo*' as the exact opposite behaviour. In the following extract '*filotimo*' is thus reported as involving being sensitive to and respecting other family members' needs.

*M. F: Were there fights..?*

*-Hmm... . definitely, definitely. Yeah, and she [mother] had to run with the hare and hunt all the time because, with my step father and we never got along and I mean, she was in a very tight spot, covering for me with my step father.....all the time...for the last 3-4 years*

*M. F: How did that make you feel?*

*I wasn't living there, it's been 3 years that I have been living on my own, almost. I didn't really feel it, the pressure, but my mum was saying that it isn't...I could see the situation as well but... I was pushing it to the limit, as far as it went...I didn't care, I mean I could see what was going on ...as soon as I looked into her eyes I understood but ....the need...let's say it makes you insensitive....you lose your filotimo*

*Thodoris [male, interview 19]*

In the same context Eirini recounts:

*But did I care? At the time I didn't. I was going to her [mother] for money and then they [parents] would fight. I didn't give a shit as long as I got my money and my drugs, this is what happens when you lose your filotimo*

*Eirini [female, interview 37]*

Similarly, for Giotis below 'filotimo' is about not being selfish and respecting his family by putting their own interest above his personal needs. However, he admits he had behaved without 'filotimo' since he did do exactly what he claimed was inappropriate behaviour, albeit 'sometimes' as he says.

*M. F: So, why don't you want them [brothers in law] knowing about your heroin use?*

*-I don't want that because I'm afraid that they might start looking at me differently, I mean one of my sisters is engaged and it might affect her engagement negatively, things like that...if I get out of here and I am clean, I don't mind if they find out about it...I mean because at some points we do fight with my sisters, I sometimes asked the married one to give me money, she could have got into fights with her husband if he knew that I was a user, maybe he wouldn't let her give me money and she would have to go behind his back and that would cause trouble between them...where would my filotimo be then? I didn't want to become a burden to others, I mean everybody chooses what they do in life but I don't want others suffering because of me...*

*Giotis [male, interview 11]*

Giotis' accounts above also touches on the issue of family honour 'they might start looking at me differently [...] it might affect her engagement negatively'. 'Filotimo' as a



way of preserving and protecting family honour was evident in the recorded accounts and is discussed later on as a motivation to quit drug use.

The following interview extract is characteristic of '*filotimo*' as the recognition of filial obligation.

*- Because my parents are getting older, have got older. It's me that is supposed to look after them, not them looking after me.*

*M.F: Do you feel that you have let them down in this respect?*

*-Yes, in a way yes. But ok, even by making this effort they are pleased, I can see that. And I believe that one day I will reverse this disappointment, all this. Ok, I might have lost certain things, but I haven't lost the lot, I haven't lost my *filotimo*.*

*M.F: When you say *filotimo*?*

*-My sense of obligation towards my parents, what I've just told you.*

*Savvas [male, interview 7]*

This notion of filial obligation as a core element of '*filotimo*' was noted throughout participants' accounts. Especially pronounced in the words of the two participating problematic drug users who were parents, '*filotimo*' was portrayed as having been lost in terms of their behaviour towards their children.

*I just didn't care. I thought I did but I only cared about myself, getting heroin, than about my own child, who am I kidding? How can I make this right? What does he think of me? How can I ever be father to him when I've been such a junky?*

*Thomas, [male, Interview 10]*

'*Filotimo*' first and foremost is about obligation to the family. However, it was also used as a more general concept referring to one's conduct towards others in his /her community. In the interview extract below we can see how '*filotimo*' was reported as extending to friends.

*So, I just distanced myself... nowadays sometimes we see each other, like I phone, 'are you around? Yeah, come over and such', I mean in the old days I would go over every day, when we just used hash... and then I distanced myself because I saw that they would get hooked. You know, if you see something in front of you every day and you don't have any hash and I do have something, you might use it, get it? Where would my *filotimo* be then?*

*Thodoris [male, interview 19]*

Two brothers who participated in this study, Giorgos and Vassilis, spoke of another aspect of ‘*filotimo*’ as sense of obligation, highlighting the plasticity of the term. They both referred to the notion of providing help. Giorgos speaks of reciprocity, or even generosity, and of helping out one’s friends while Vassilis refers to helping people in need even when these are complete strangers.

*I’ve never lost my filotimo and I always get into trouble because of it....because of it...and when I say filotimo what do I mean? I mean like someone will treat you to some heroin and then you will meet him when he is not doing well and you won’t help him like you used to help him before, even if he is your closest friend you won’t help him, you’ll let him suffer because you are only looking out for you, get it? I never did that*

*Giorgos [male, interview 20]*

*Nowadays if you see someone hitting someone else, you won’t even look twice, people don’t care about anything now, they have lost all filotimo, to help out a fellow man, no way...people are just too isolated, locked into their homes..*

*Vassilis [male, interview 17]*

A further element of ‘*filotimo*’ introduced by participants in this study relates to ‘*filotimo*’ as part of work ethic.

*I did use [heroin] at work but I never like used to the point where I would doze off. I used to the point where I could work, I could be OK towards what I had to do because I mean we shipped parcels all over the world, all over Greece. Let’s say you are expecting a parcel and it’s urgent in Thessaloniki and I ship it to Athens, you get it? I had responsibility and it was a matter of filotimo for me*

*Thanassis [male, interview 6]*

Losing one’s ‘*filotimo*’ has been quoted as the greatest social disgrace for Greeks (Campbell, 1974), with the characterisation ‘*afiletimos*’ (person lacking ‘*filotimo*’), commented upon as one of the worse insults for Greeks (Dimitriou and Didangelos, 1987). Throughout all the accounts from problematic drug users the use of the term ‘*filotimo*’ was striking. This may seem strange at first but one has to consider the importance of ‘*filotimo*’ for Greek people. This did not escape the men and women in this study.

*A junky is a person that operates like a junky...I mean when you are about scamming people, when you are screwing people over, when you have no shame, no filotimo, no feelings, these are the negative qualities of a junky.*

*Kosmas [male, interview 22]*

The way in which participants went about to assert ‘*filotimo*’ for themselves was by elevating certain areas of their lives where they felt they acted with ‘*filotimo*’ while skating over others where they reported being ‘*afiletinoi*’ (αφιλότιμοι)- (people lacking ‘*filotimo*’).

*M.F: I’ve been told that a lot of people lose their filotimo through use. What do you think?*

*If I have lost it? Depends by what you mean by it...I mean towards my family, yes. I mean, I have lied, stolen and hurt them, when you hurt the people who have raised you, given up their lives for you how can you call yourself filotimo? But I have never stolen from other users, like while they are dozing off like so many others do...*

*Antigoni [female, interview 36]*

#### 8.6.2 ‘*Filotimo*’ and the decision to quit drugs

Now that we have a sense of what the term ‘*filotimo*’ means, we will turn to specific examples relating to the role of ‘*filotimo*’ in decisions to quit drugs. For participants in this study, it was the absence of ‘*filotimo*’ in their behaviour that was quoted as the main driving force that forced the men and women to take a hard look at themselves and decide to make an attempt to quit drugs. Thanassis below was explaining why it was so important for him not to be what he termed a ‘junky at soul’.

*M.F: Could you explain what a junky at soul is?*

*You sell off your own mother... lose all filotimo, how can I put this? When you are at a stage where you have lost your filotimo, then you are a junky at soul... you’re finished*

*Thanassis [male, interview 6]*

In this discussion, a major area of behaviour breaching the code of conduct that ‘*filotimo*’ represents was disrespecting one’s family. Participants all spoke about the damage they felt their drug use had inflicted upon their families and how this translated into negative self-perception. This was noted in McIntosh and McKeganey’s study, where the impact of the drug using lifestyle upon individuals close to the problematic drug users acted as the vehicle through which PDUs came to realise the people they had become

(McIntosh and McKeganey, 2001). However, for participants in the current study this realisation was mainly discussed in terms of '*filotimo*'.

*It's like I've made them age ten years in two, you know what I mean? They always did what was best for me, everything they did was for me and I kind of like broke them, destroyed them. Where is my filotimo?*

*Maria [female, interview 28]*

A further major impact on family discussed in terms of '*filotimo*' and the decision to quit drug use related to family honour. Below Giotis speaks of preservation of family honour, through the investigating gaze of the community. In this sense, '*filotimo*' may be seen as dictating the cessation of behaviours- including drug use- that can potentially bring shame upon the family.

*And this is why I wanted to clean up anyway. ....Another reason is that we are very close to each other as a family, my family is a really good family and another reason that makes me want to clean up is that I am disgracing them at the moment, I mean all of my family is good people, why should I be bad? Why? And all these years the neighbourhood would point at me as a good example, why should they start to point at me as the bad one, where would my filotimo be then?*

*Giotis [male, interview 11]*

Another related issue raised by several participants (n=18/40) was their failure to adhere to what they felt where their prescribed roles of a son or daughter which they related to their decision to quit drugs. Vasillis, Giorgos' brother from whom we just heard, also reflected on this:

*Sometimes I feel like...they raised two children and both of them have ended up like this, I mean....what more to say...I mean I have disappointed them, it's not a small thing for both your children to be using... at this age we were supposed like to care, to provide for them and we have done the exact opposite*

*Vasillis [male, interview 17]*

Such line of reasoning was particularly pronounced in the two participants who were parents and has been noted elsewhere in the literature (McElrath, 2002). We have seen the only participating father's quotation above. The one female participant drug user, who was also a mother, further commented:

*The children...the children could have so many things...I mean my daughter was taking ballet lessons and I had to make her stop just because of this...because I couldn't take her...because I couldn't pay for it...she was taking these lessons for four years and she had to stop, my son wants to join a football club now and I am not taking him...because I know that I won't be able to manage... and the thing is that we spend 8000 Euros in a month and somehow we never have any money for the kids...do something for the kids...while we always find money to score.....priorities....and this really gets to me. Heroin has turned me into a bad mother and I want to be a good mother to them*

*Katerina [female, interview 9]*

### 8.6.3 Sense of self through group membership and daily practices

A further source of negative self-image was reported as stemming from their participation in problematic drug using groups and practices. We have previously seen how interviewees' perception of the drug scene had gradually taken on bleak colours. For the most part participants, at least partly, accepted the label 'junky' for themselves and the decision to quit drugs was reported as an effort to shed that label.

*I want to be normal again, like go for coffees, do normal stuff and feel normal, that's the main thing. Feel like you are a normal person, not this washed out, manipulative junky.*

*Nikos [male, interview 30]*

This quest for normality, which predictably had different connotations for different individuals, has been noted elsewhere in the literature in the discussion of decisions to quit drug use (Biernacki, 1990; Watson and Park 2009). Studies investigating recovery for drug addiction have highlighted the importance of rejecting the drug identity in making and sustain the decision to quit drugs. Granfield and Cloud, in their study of problem drug users who had achieved recovery without attending addiction services, reported on the rejection of the addict identity as a vital element in recovery (Granfield and Cloud, 1996). The researchers also noted the importance of changing peer groups, so as to have drug-free friends. Similarly, Biernacki spoke of identity transformation as a critical element in his discussion of recovery from drug addiction without treatment (Biernacki, 1990). A US study of 654 individuals eligible for drug treatment which investigated motivation for abstinence, reported that self-concept issues provided the highest level of motivation to remain drug free (Downey et al, 2001). More recently, McIntosh and McKeganey's study

on recovery from dependent drug use, proposed that ‘successful attempts to give up drugs are usually motivated by the desire on the part of the addict to restore an identity that has been badly spoiled by their addiction and by their immersion to the world of drugs’ (McIntosh and McKeganey, 2002:92). A further investigation, analysing the findings of 14 studies, with the aim to identify common elements in individuals’ decision to change ‘unhealthy behaviours’- including problematic drug use- put forward identity revision as the sustaining factor in behavioural change (Kearney and O’ Sullivan, 2003).

### 8.7 Memory of drug free selves and decisions to change

For the participants of the current study memories of their drug free selves were reported as motivation for change.

*First of all I want to finish my degree, you see that course was my first choice, I want to get my degree, do a Masters and find a job in my field because I really enjoy it. I would like to live abroad for a while, preferably where I was born and raised in Germany. I want to get back to the person I was before this...I had my dreams, my life, I stood on my own two feet, I was a person who was going places, I want to get back to that person*

*Mihalis [male, interview 16]*

Especially pertinent to this discussion is the notion of ‘residual identity’, as termed by McIntosh and McKeganey, the memory and sense of their former drug free selves (2002). According to the authors:

*Sense of former selves enabled the addicts, through comparison, to recognise the extent to which their identities had been damaged by their addiction. Second, the memory of the former selves also contained seeds of hope for the future because it enshrined within it the basis for believing that they did not have to be the people they had become; they had been different in the past and could be so again (McIntosh and McKeganey, 2002:50)*

Mihalis’ account presented above is illustrative of this second point. Indicative of the comparison processes McIntosh and McKeganey discuss, is Mina’s account below where she recounts the reasons behind her decision to enter the treatment facility where I had the chance to interview her.

*Before heroin, I would get up in the morning, take care of how I looked, I mean I always did that I sort of have a hang up on that, then I would go to my nice little job, I felt that I was contributing something, that I was fulfilled.. It's very important for me and heroin has taken that away... I would then call my friend, go out for a drink maybe have a spliff at night...with heroin, that need to always have some in the morning to use, then go get money in order to use again, this degrading of myself...this is what heroin has done to me, this is the most prominent thing*

*Mina [female, interview 33]*

Related to this discussion is Reith's study of 38 individuals addicted to drugs in Glasgow, where the researcher discusses cases where 'identity reverting' – 'the re-establishment of an old identity', as introduced by Biernacki, (1986), suggesting that the creation and perception of a future self is tightly connected to a memory and experience of the pre-drug identity (Reith, 1999). The author discusses the function of roles adopted and exercised when drugs were not in participants' lives as points recovering drug users could anchor their sense of self while giving up drugs; something also reported in the current study.

### 8.7.1 Residual identity and the Greek '*filotimo*'

This notion of residual identity appears to also have currency in the context of the present study in the form of '*filotimo*'. For the men and women in this study the memory of their former selves as '*filotimoi*', was widely quoted as reason for change, as a result of the comparison of who they felt they really were and who they had become, but also as an aid in shaping drug free identities. '*Filotimo*' was also reported as a component of their residual identities that separated the men and women from the 'other', 'bad' users and all of the interviewees were adamant about not having lost it.

*M.F: You say you have kept your filotimo*

*-Yes, all through these years I've always kept it. I mean, you see all these stuff around you, I have never like nicked somebody's stash or something like that.*

*M.F: How about towards your family?*

*- Yeah, I mean OK, I have put them through hell but I never raised my hand, you know the way you hear about others.*

*Andreas [male, interview 30]*

Andreas then, in his attempt to convey a picture of himself as *'filotimos'*, acknowledges the behaviours that would deny him the term but makes sure to note other aspects that would be award it. In essence, the men and women, quite aware of the practices that would blemish their self-perception as *'filotimoi'*, would pick and emphasise the behaviours that would award them the term. In this respect, behaviour characterised by *'filotimo'* may be seen as enactment and performance of a social identity perceived- by self and certain others- in positive terms. This last suggestion is in tune with Neale and colleagues' suggestion on a not all-encompassing notion of drug users' 'spoiled' identity (Neale et al, 2011). This process recounted by participants may also be seen as resonant of that of compartmentalisation, the tendency to categorise and organise self-perceptions according to their positive or negative ascribed values (Showers, 1992a) in a way that serves either implicit or explicit self-goals (Showers and Zeigler-Hill, 2007). The reported accounts show a tendency to present oneself and one's actions in the best light and to eliminate the discordances as a means of self-preservation.

In this sense, study participants did not bear losing their *'filotimo'* and so resorted to 'negotiations' in order to secure the characterisation for themselves. The extract below is illustrative of the way lack of *'filotimo'* was perceived and recounted by the men and women in this study as social death.

*You generally lose all sense of value. This way of life makes you steal and lie even to the people whom you care about and love. And this is very bad. And the more you do it, the tougher you get and then you get used to this and then... to my eyes you are not filotimos. You are just a vacant person, no feelings, no nothing.*

*Savvas [male, interview 7]*

In essence then, the men and women reported as their main motivation for quitting drugs, the desire to re-establish themselves as honourable members of the community. *'Filotimo'* has been noted as the most important element of Greek self-concept (Triandis and Vassiliou, 1967). In this respect, we could draw parallels between the discussion presented here in relation to the concept of *'filotimo'*, and the concern to restore a spoiled identity (Goffman, 1963, McIntosh and McKeganey, 2000b; 2002).

If then *'filotimo'* is regarded as a core component of the Greek psyche, a vital attribute to self-perception, such assertions contrast with Gibson and colleagues' discussion of encapsulated identities, cases where 'the person had no sense of who they



had been before they started using drugs' (Gibson et al, 2004:605). Attaining a drug free identity, where '*filotimo*' would again characterise in all respects their way of living, was the goal for the study participants. A major reported factor in the formation of this new self-perception was the role of the families. The way families saw their children, as the pure persons before drugs, provided participants with a foothold in their effort to turn their lives around and acted as a mirror displaying a positive reflection of them.

*For my parents, I will always be their little girl, I mean this is how they see me.*

*Hara [female, interview 34]*

Discussion till now has focused on the reasons behind entering treatment and engaging in treatment efforts as these were reported by the men and women interviewees. It has to be kept in mind that the study was conducted while participants were in treatment and their narratives are therefore largely aspirational. This chapter now turns attention to those factors that seemed influential in either promoting or hindering attempts to quit drugs.

## 8.8 Sense of self and abstinence

Participants who had been able to attain and sustain periods of abstinence within their drug using careers spoke of their experiences in relation to identity perception. Periods of abstinence were recounted as times where participants re-established their residual identities. The ability to sustain abstinence was reported as heavily influenced by two processes: attainment and negotiation of drug free identities.

Families were again reported as playing a vital role in both these processes. On a practical level, securing work for recovering problematic drug users provided them with an opening to a drug free world, as well as in terms of filling their time, which until then had almost exclusively been occupied with drug related activities. In addition families tried to fill the social void. Siblings, cousins and other members of the extended family, were called upon to provide bridges with the non-using world, by inviting participants to their social circles or simply hanging out with them.

*My brother has helped a lot, like asking me out with his friends when I had no one to talk to because you reach a point when you get better and you just want to get out of the house and you realise there is no one there.*

*Alexis [male, interview 3]*

When talking about periods of abstinence, interviewees spoke of the importance of their parents' reactions and acceptance of their drug free selves, since it again provided a reflection of self upon which the men and women in this study could base their claim of a rediscovered sense of drug free self and built upon it. The significance of the acceptance of the recovering drug users' claims to a drug free identity by his or her significant others, was also noted by McIntosh and McKeganey (2002). Extremely pertinent here is the suggestion made by Neale and colleagues in their discussion of recovery from drug and Goffman's dramaturgy (Neale et al, 2011). The authors suggest that identity is not innate or essential but performed and achieved. Moreover, according to the authors, 'performance is not achieved in isolation, but in social interaction with others' (Neale et al, 2011:6). For the participants in the current study those interactions that were reported as most significant in this respect were interactions with family members and most notably parents. The importance attached to family acceptance during abstinence periods is illustrated in the Nikos' words below.

*It was great during that time. I mean my parents were so happy because they had found their son again, like we went back to how we were before. And for me, because they believed in me and like treated me like a normal person and that made me feel like a normal person...*

*Nikos [male, interview 30]*

Engagement in activities that are unrelated to drug use has been reported as vital to the establishment of a non addict identity (Stall and Biernacki, 1986; Biernacki, 1990; McIntosh and McKeganey, 2000). For the current study, the two sources of self-perception that stood out from the reported accounts were work and further education.

Working and/ or attending further education were reportedly very important for all the study participants. Both provided a source of positive self-image, throughout the stages of their drug using careers since they constituted for participants what Biernacki has termed identity materials- 'those aspects of social settings and relationships that can provide the basis to construct a non-addict identity and a positive sense of self' (Biernacki, 1990:118).

*-OK, if I quit [drug use] and I am ok, I will try, OK, I can get a job because I am good with my hands and I know how to do a lot of stuff, whatever needs to be done, first a job and then a family....*

*M.F: So it's easy to get a job*

*-Sure, 'good morning', 'good morning', 'Work?', 'OK, what can you do?', 'You will see!' After that they wouldn't ask me to leave! That sort of thing, wherever I went, they wouldn't, they didn't want me to leave... but with no work ...I am not doing anything, I am not offering anything, useless....*

*Vlasis [male, interview 25]*

Work and further education also acted as bridges to the drug free world and as such were recounted as vital elements of drug free identities. In the extract below it is interesting to note that Sotiria really appreciated being accepted by non-users who had no idea of her status as a recovering addict.

*What they [treatment agency] did offer was that upon completion of the community time you could attend lessons through one of the treatment programs in Argo, [treatment facility] but I didn't want to go there because I knew that attending an evening school meant that my classmates would not be users while if I went to Argo I would be stuck with users again...*

*M.F: Was that important for you?*

*Of course it was and it is...being all day long with ex-users...at least when I went to the evening school I got to be different and everybody there loved me, really loved me...*

*Sotiria [female, interview 13]*

In a US study on injecting drug users who provided risk reduction outreach education to their peers currently using drugs, researchers reported on the pride some drug users had in maintaining work through their addictions (Dickson-Gomez et al, 2004). This resonates with the current study's data, where work was viewed as a source of positive self-perception. A further study from the US highlighted the valued role of work as a drug free social setting and as offering the opportunity to develop a new drug free identity (Magura, 2003). Employment as a bridge to drug free settings and social environments was also reported in the Scottish study by McIntosh and McKeganey (2002), while also noting the role of work in sustaining a drug free lifestyle. The positive self-perception derived from the ability to sustain such drug free roles, reported by McIntosh and McKeganey (2002), was also an overarching theme in the accounts provided for this study. Finally, an English study with 30 current and former drug and alcohol users, highlighted how employment was seen as conferring normality, a way of avoiding isolation and involvement in drug using social environments and lastly, a central factor in rebuilding drug free daily routines (Cebulla et al 2004).

Families were reported as quite active in getting problematic drug users into work. Securing positions in the family business, through family connections or by providing the funds for the men and women to open up their own business, was extremely common in this data (n=27/40). A further emergent theme was the men and women's expectations of such family involvement as well as the parents' sense of obligation to intervene, something that has been discussed previously in relation to controlling and supporting approaches adopted by families throughout all the stages of the participants' problematic drug using careers.

*I'm not worried about that. I'll go work at my parents' place for a while, they have a take-away, and I'm sure that they will find something for me, they have all these friends.*

*Andreas [male, interview 30]*

Future aspirations were also interwoven with the support the men and women were receiving, or expected to receive, from their families.

*I just want to open up my own restaurant. I mean I don't have the money, but my brother owns a restaurant in Cyprus so I can get started there and then my parents will help me out with the rest, it's just a matter of getting cleaned up.*

*Manolis [male, interview 4]*

The support Manolis was expecting to receive from his brother was a common theme in cases where siblings were presented as having the financial means to aid participants.

*My brother says, 'you get well and I will take you with me. Away from the places you hanged out, neighbourhoods and such, everything'. He has a house, he has just finished it, around Kardia, around there, he has a house...very nice... and he tells me 'come. Stay here'. I will go by the house. We will find a job somewhere close to there, I mean in the centre, not west side where I know everything, what is going on, well if you want something anything is possible, the point is...but I mean this will also help, and I will make a fresh start.*

*Vlasis [male, interview 25]*

For all but one participant a change in lifestyle was expected to elicit family support. The only exception to this came from Kosmas, a long term homeless user who reported being estranged from his family.

Apart from providing bridges to ‘conventional’, drug free society, both employment and educational related activities may be seen as a set of practices unrelated to drug use enabling involvement in drug free society. As Hughes argues ‘what they *did* was core to their understanding of who they were; their practices (identity and living) were never conceived as relationally isolate’ (Hughes, 2007:687).

## 8.9 Barriers to change

A first major concern recounted by participants involved the role played by other problematic drug users in the former’s efforts to turn their lives around. Narratives of abstinence often conveyed the fear of having no one to socialise with outside of the drug using world. This fear of social isolation has been reported elsewhere as a factor inhibiting decisions to quit drug use (McIntosh and McKeganey, 2002; Ekendahl, 2006). Several men and women who had made attempts to stay clean prior to the current study reported on how the lack of a supportive peer group environment had contributed to their relapse.

*So I got these [pills], sat in the house for a week, got through it, I was in a little bit of pain but the pills helped a lot, relaxing my brain, also psychologically, a week went by, I was feeling better, started sleeping properly but I had to go out again, right? Couldn’t stay in forever. Ok, now I knew nothing else, like to go see somebody, to talk to people who have nothing to do with drugs, I had no choice but to hang out with people who either used cannabis or something else, I had no other choice if I wanted to go out so I went down the same road again, the one day I would be smoking a joint, the next joint, the next day heroin again. I have done this so many times now, in out, in out, with pills and stuff....*

*Panagiotis [male, interview 21]*

Yet others spoke of their concerns around this matter whilst in the detox facility.

*This is a something that really worries me, I mean I don’t really have anybody to hang out with, like anybody that’s not into drugs so...I don’t know what will happen when I get out. I’m really alone ...*

*Anastasia [female, interview 8]*

The role of drug using associates in ‘bringing you down when you are clean’, to quote a participant, was something reported by all the men and women in this study. Avoiding drug using associates has been described as key in the effort to sustain abstinence

in various studies (Stimson and Oppenheimer, 1982; Gossop et al., 1989; Biernacki 1990; McIntosh and McKeganey, 2000b; 2002).

*The moment you decide you want to quit, everybody remembers you, coming around, calling 'come on, I've got some, my treat', I mean hang on there...I mean when you are using, you turn the world upside down and you can't find any of them, as soon as you decide to quit, everybody comes around! So many times this has happened to me..., all the time...?*

*Giorgos [male, interview 20]*

To buffer this effect, the protective role of extended family members in providing accommodation, away from drug using associates, was also reported in the current study.

*-Basically, I went to the village, in Florina, up in Amyntaio, ehh... I went there, I have my grandfather, my uncle, my aunt there, my cousins but there the atmosphere is very different... away from everything and everybody*

*M.F: Do they know that you use?*

*-Yes sure, I have got support there and the door is always open. I went there to get off, I have gone there many times to get off.*

*Vlasis [male, interview 25]*

Similarly, siblings were also reported as a source of support in trying to establish, or reconnect with, non-using social circles.

*I will be hanging out all the time with my sister, my father, I'll be working with my dad, we'll go out together as we used to, or for drinks with my sister, I mean we always went out like that anyway, I had my friends my sister and her fiancé would come along and we would all go out together.*

*Giotis [male, interview 11]*

There were cases where friendship ties with non-using peers had not been cutoff completely and thus a return to those circles was deemed feasible.

*I have a lot of friends from the NA who have been clean for many years and they know me well. They know that I am coming here and told me to go back to the meetings as soon as I am finished with the detox, so I've got a sort of help, a support network which is very important. I also have friends that have no relation at all to the drug scene, as I told you before we drifted away but there is still some contact so I will try to get together with them again, it might be difficult at first but it will happen as the time goes by, you know what I mean, I need to gradually restore the bridges again. There were some people who did*

*continue calling me even though they knew that I was using but naturally they kept telling me to quit. The only thing is that as I said before people who have no experience with drugs will never be able to understand what I have been through.*

*Mihalis [male, interview 16]*

Other drug users had concerns because they felt that they could not relate to people who had no experience with drugs. In Panagiotis' case below we see how even when his brother did try to establish a 'bridge' to non-using associates, the degree to which Panagiotis felt 'different' undermined such efforts.

*...he [brother] helped me in his own way, he said 'don't be a fool, come with me, let's go out with my friends', he took me along but I wasn't able to communicate, they talked about some things that I had no idea about, didn't know the topics, nothing, and I sat in a corner like...the only things I know about are football and drugs, they talked about university, music, this and that and I sat in a corner listening to them and....going out with them again....why? To do what? Since....I mean, I end up being boring as well...the others seeing me not talking, saying nothing...*

*Panagiotis [male, interview 21]*

As seen in the extract presented above even if the social void was filled in some way, the men and women's lack of engagement in conventional society created a social distance or awkwardness that was reported as major concern. This sense of 'strangeness and distance', experienced in the company of non-users, was also reported by participants in McIntosh and McKeganey's study (2002:114). As expected, the more heroin was felt as taking over control of every aspect of participants' lives, the more estranged they reported feeling from non-using peers.

## 8.10 Conclusion

This chapter focused on participants' engagement in treatment efforts and their decision to quit drugs. Although initially the two terms may have been conceptualised as being synonymous, it quickly became apparent that they were in effect quite distinct. In this light then, the presentation of findings began with accounts of reasons for getting treatment other than the men and women's own resolution and proceeded to a discussion of the main reported reasons behind their decision to quit drugs.

Identity issues were of vital importance to the recovery efforts and processes for the men and women in this study and as such, should be taken into account in the discussion and implementation of treatment interventions. Particular to the Greek discourse and culture, the notion of '*filotimo*' within the discussion of identity and treatment/recovery from problematic drug use should perhaps be integral to the design of corresponding interventions in Greece. The role of families, ubiquitous at every stage of the men and women's drug using careers as we have seen in the current study, should also be considered in the specific family orientated milieu where these individuals live, function and derive their sense of self.



## **Chapter 9**

### **Conclusions and Implications**

#### **9.1 Introduction**

This last chapter discusses the findings of the study within the realm of the evidence-based approach. In this light, the aim is to highlight research, policy and practice implications that will constitute this study as both useful and usable. I will here borrow from William Solesbury to state what this chapter, perhaps ambitiously, intends to accomplish.

*From the research perspective, more particularly that of social science, there has been a (re)turn in the last decade to doing useful research, research that helps us not just to understand society but offers some guidance on how to make it better (Solesbury, 2001:4)*

It is hoped that the discussion of the current study findings will lead to an appreciation of the issues discussed to be used in the design and delivery of effective policies within the Greek and the European context.

I will begin by highlighting the main research findings of the study. I will then move on to present chapter summaries, highlighting and discussing the main findings emerging from the data of each separate chapter. The discussion continues by focusing on research implications. The case of how the specific cultural context influenced the conduct of the study is discussed along with implications of conducting research in various cultural contexts. Policy and practice implications are presented next, starting off with the Greek milieu and moving on to the European level. Finally, suggestions for future directions arising from the findings of the study are discussed.

## 9.2 Key findings

In trying to envisage this concluding chapter, I decided to focus on three key notions- sense of self, family and cultural context. Sense of self appeared to be a prominent factor influencing the progression of drug using careers for the men and women in this study. The different elements of what constituted the men and women's images of themselves played a pivotal role colouring all facets of their reported experiences. Sense of self through participation to specific groups – what has been termed social identity (Brewer and Hewstone, 2004) - was one of the main reasons put forward by participants for their initial involvement with drugs. Positive self-image and a coveted social identity were put forth as grounds for escalation and continuance of drug use. To the other end, the first negative impact of escalating heroin use felt and reported by participants related to social identity and the diminishment of their social circles as far as non drug using peers were concerned. Moreover, the conceptualisation of their drug use as problematic was largely made by the men and women in this study through their sense of self derived from the roles they occupied. It could be argued that their use turned problematic when it stopped being something they 'did' and became something they felt they 'were', highlighting the pivotal role of self-perception in conceptualisation of drug use.

Families were shown to be ubiquitous and influential in every stage of their children's drug using careers, once the latter's drug use became known. This constant presence and involvement of family may at first seem surprising to the non-Greek or non-Mediterranean reader. However, the strong ties that characterise Greek families have been noted historically in ethnographic accounts (Campbell, 1974; Friedl, 1967; Du Boulay, 1976; Salamone, 1987). More recent studies have highlighted that although conditions change, one is justified in supporting that Greek family members' lives continue to be interwoven to a large extent (Katakis, 1984; Mousourou 1981, 1985; Georgas et al, 2004; Kaldi- Koulidikou, 2007). Indicative of such a claim may be the extremely high value young Greeks place on family (Nassopoulos, 2003; Symeonidou, 2005; Voulgaris, 2008), the living arrangements of families in urban centres and the frequency with which extended family members have been shown to interact (Maloutas et al, 2006). The degree to which families are involved in their children's educational or professional endeavours may also be seen as a manifestation of Greek family members' interconnectedness. Moreover, familism- the ideological assumption that the family operates as the primary provider of welfare support (Papadopoulos, 1996) - and the extremely limited family

policy in Greece may also serve as examples of the ways Greek families function, and are expected to function.

Although the current study only recruited drug using children and parents, evident throughout the reported accounts was also the role played by siblings and members of the extended family of drug affected offspring. The overall picture was one of family being actively involved in the latter's lives: orchestrating drug users treatment efforts, managing their educational paths, and being heavily involved in their employments choices and opportunities as well as reintegration efforts. The role of the families was so prominent that it became obvious from the onset that any discussion of these young, and not so young adults' progression through stages of problematic drug using careers could not be carried out without reference to and inclusion of their families.

Cultural contexts and cultural notions were further important factors influenced both the progression of problematic drug using careers and family responses to them. Of particular relevance here were the concept of honour and two relevant notions 'allowing the right' and '*filotimo*'. 'Allowing the right' - translates loosely into providing the material for others to cast aspersions on an individual and his/her family. '*Filotimo*' - love of honour - has been discussed in many social contexts taking on different meanings, with prominent feature the sense of obligation towards the family. It has to be noted that discussions of Greek honour have their bases on ethnographic studies for the large part conducted towards the second half of the 20<sup>th</sup> century, before the processes of globalisation and modernisation were at the centre of Greek political, economic or social discussions. However, as honour has been closely related to family and as family continues to hold an extremely prominent place in Greek society, one can argue for the relevance of this discussion in the context of our modernised, globalised world. The attainment of honour is still dependent on the evaluation of the community but as living and social conditions have admittedly changed, mainly from rural to urban, there may be less opportunity for the gaze of the community to 'investigate'. Having said that, urbanisation in Greece has been described as taking on a distinctive light of traditional shades (Hirschon, 1983) with living conditions in Greek cities compared, in respect to social relations, to those of Greek villages (Georgas, 2004). In this light, traditional views of honour, 'allowing the right' and '*filotimo*' can still be seen as having currency in modern day discussions.

For the current study the overarching notion of 'allowing the right', was put forth as influencing family responses and drug users' choices. Parents and their drug affected

children's efforts not to 'allow the right' affected treatment decisions, choice of support sources, mainly for parents, and even problematic drug users' level of use. 'Allowing the right' was used as leverage, a situational advantaged exercised by problematic drug users to secure funds for their drug use or establish conditions that would enable them to continue using drugs.

If not 'allowing the right' was one way to preserve family honour, '*filotimo*' was seen as the code of behaviour ensuring the success of such efforts. '*Filotimo*' had great prominence in the discussion of treatment decisions and processes of change since it was closely linked to the notion of 'residual identity'- the memory and sense of their former drug free selves (McIntosh and McKeganey, 2002). '*Filotimo*' as assertion was seen as a prominent point where participants could anchor their claim to a drug free identity. Validation of such an assertion was largely made by parents.

It is thus, through these three concepts- sense of self, family and cultural context that one can get to the heart of this thesis. The following sections take a more detailed look at the overarching themes that led to this assumption. Summaries of each of the data chapters that informed the current thesis are presented while overarching themes are highlighted and discussed.

## 9.3 Summaries and discussion of research findings

### 9.3.1 Becoming a problematic drug user

The first data chapter of this thesis presented men and women's reflections on becoming problematic drug users. The general picture conveyed by the study participants in relation to life circumstances at the time of first involvement with drugs was one of 'normality' as they termed it. The men and women in this study were largely working, studying or at school and on the whole reported no family or personal problems to which they could possibly ascribe their involvement with drugs. In this respect the findings of the current study come in contrast with both the family pathology model (Friedman et al, 1987; Volk et al, 1989; Jurich et al, 1985; Dishion et al, 1988; Barker and Hunt, 2004) and the family system perspective (Stanton, 1977; Kaufman, 1980; Steinglass, 1980; Vetere, 1998), both proposing the family unit as a contributing factor to the onset of substance use.

Perhaps of relevance here is Tsoukalas' discussion

*In our modernised, globalised world even if the individual still continues to be bound by laws, he or she is privileged with the now indefeasible power to define, choose, prioritise his/her own differentially different semantic structures, his own personal cultural codes and his own habits* (Tsoukalas, 2010:99)

For participants, curiosity was the main reported reason for drug use initiation, alongside with the desire to come in contact with and/or be accepted by drug using peer groups, something that at the time seemed exciting. They portrayed drug use initiation as a choice, the outcome of their desire to 'rub shoulders with' a certain group, perhaps even a culture, and to gain novel experiences. It cannot be supported that they were unaware of the illegality of drug use, the status drug using groups held in wider society, or the negative-to say the least- reaction by their families this involvement of theirs would bring about if it ever became known. We can thus be justified in talking about personal choice, a different hierarchy positioning individual desire higher than moral constraints placed by family and wider prevalent society. Having said that, we have to take into account that at this point participants did not expect their involvement with drugs to become known and thus carry negative consequences or connotations for them or their families. Perhaps we can speak of a kind of 'doubling', the slipping in and out of different-quite distinct-reference groups and their practices; the family and peers.

In relation to peers, the current study findings highlighted a picture that seems to be reported globally; peers and peer drug use correlate with an individual's initiation and progression of substance use. Introduction to drugs -including heroin- was made for participants largely through peer groups. The findings of ESPAD, a cross-sectional European school population survey, in six European countries including Greece, with samples of 16 year old high school students (16445 in total of which 2205 were Greek), lends support to such assertions. In a discussion of ESPAD findings Kokkevi and colleagues proposed that the strongest set of psychosocial correlates common to use of all legal and illegal substances were peer and older sibling models of use and peer-orientated lifestyle, while family related factors seemed to be less important than peer culture (Kokkevi et al, 2007b).

Progression to occasional heroin use was attributed to the actual pleasure derived from using the drug and the coveted sense of self one gained from both drug use and participation to drug using groups. Reflecting on their move to regular use, participants recounted a 'drift process'. A point that seemed to differentiate female participants is that although introduction to drugs followed the same trajectory, heroin mainly came into their lives through heroin using boyfriends. This point of divergence has been reported elsewhere (Rosenbaum, 1981; Anglin et al 1987; Amaro et al, 1989; Amaro, 1995; Higgs et al, 2008). Peers provided the opportunity, supply, knowledge and reassurance, necessary for participants' escalation of use. However, for women escalation and progression to regular use seemed to be related to the creation of romantic relationships with heroin users who were, for the most part, reported as sustaining women's use.

To this point in their drug using careers, participants reported that their use was not perceived as a problem. The first domain of their lives that was affected by escalation of drug use was their social life. Their social circles gradually became dominated by heroin using peers. Heroin infringed upon their relations with non-using friends; they reported distancing themselves as they devoted more and more time to securing supply of drugs and drug use. For the most part, what signalled the turn to problematic drug use was related to the domination of every aspect of participants' lives by heroin. They found that they could no longer keep their use separate from other life domains and that they could no longer perform unrelated-to-drugs roles that made up their daily routines and practices. Physical withdrawal was also reported as a reason for labeling their use problematic as was their families' reactions upon disclosure of the drug problem.

The findings of this study in relation to drug use initiation and escalation hint towards an experience that could be paralleled to a learning curve, with peers having the role of instructors and coaches. However, this does not imply a causative relationship in any respect. The men and women in this study clearly highlighted personal reasons for wanting to use drugs. Curiosity was the main reason for wanting to experiment with drugs. Sense of self, whether through attributes derived from experience of self while on drugs, from participation to different social groups and settings, was put forward as main reason for both drug use onset and continuance.

### 9.3.2 Family responses to problematic drug use

The sixth chapter of this thesis discussed family discovery and response to the drug problem. Although findings derive exclusively from parent and problematic drug users' accounts, references to the role of kin and siblings were made by both. We may then be able to speak about family responses, with different family members being involved in varying degrees and parents carrying most of the burden.

A first point made was that although all participants were living with their parents when drug use started and escalated to a problematic level, families were reported as being largely unaware of the problem for several years. Moreover, it was mainly drug using participants who disclosed their drug problem to their families rather than being confronted about it. According to the accounts provided, performing as expected by families in several life domains - for example school and professional life - translated into deflecting attention from behaviours that could give away their drug use. However, as heroin took over participants' lives, such performances were no longer possible to sustain. Parents were thrown into disarray by the news of their children's predicament. The first impulse was to try to solve the problem within the family, something not particular to the Greek context (Barnard, 2005). Parents were portrayed as taking control of their children's treatment efforts, most often and at least initially involving the commission of private practitioners.

In their attempt to control the drug affected child, families were reported as limiting access to money, access to drugs and drug using friends, and threatening the child with expulsion from the family home. A further category of actions taken by families was that of protecting self and home and involved mainly trying to protect the family's belongings. Both of these broad categories of families' actions and stances have been described elsewhere in the literature (Barnard, 2005; Orford et al, 2005a). Most of the families were portrayed by drug using children as exerting varied levels of control and pressure throughout the latter's drug using careers. However, there were cases where families were viewed by participants as tolerating their drug use and these were described as periods of resignation and hopelessness. The last category of family responses discussed involved actions or approaches aiming to distance family members from the problematic using relative, whether this translated into emotional distance, physical distance or both (Orford et al, 2005a). In the current study such approaches were not commonly reported. The chapter concluded by making reference to members of the extended family, who were largely reported as actively supporting the men and women in treatment efforts.

My study's findings are resonant with the literature on family responses to a relative's substance use (Barnard, 2005; Orford et al, 2005a). Nevertheless, what may differentiate this study's findings from other -mainly North European- work is that family involvement in drug affected children's lives largely did not diminish over time. Two concepts may be of relevance here. The first, an overarching theme in all the accounts, was that of familism, commonly seen in Southern European countries. The second is that of not 'allowing the right', since families' ceaseless efforts to handle the problem on their own could be ascribed to their effort to avoid public disclosure or admittance of the drug problem. Along the same lines, the general absence of reported actions or approaches aiming to distance family members from the problematic using relative forms another point of divergence from North European accounts. The discussion of expulsion from the family home, practically non-existent in the reported accounts, is of special interest. The refusal to cut ties with their children was explored in parents' interviews. Fear for the children's safety featured in all parents' accounts, something by no means particular to the Greek context (Barton, 1991; Barnard 2005; Butler and Bauld, 2005). However, the reported attempt to preserve family honour by keeping the children at home in order to avoid public manifestations of behaviours that could arise from their problematic drug use, is closely related to the Greek notion of not 'allowing the right'. Further, the concept of familism could again be at play here. A close look at the cases of the two homeless men who participated in the study, suggested a profound betrayal of family, a complete nonadherence to family roles as possible reasons for their eventual expulsion.

The propensity exhibited by families to be involved in, handle and even orchestrate the drug affected members' lives can be seen as creating a specific set of circumstances that constitute a safety net for the latter. Perhaps indicative of this assertion is the low rate of homelessness among problematic drug users in Greece- with rates of more than 90% of stable housing (Poulopoulos, 2007)- or the extremely high percentage of problematic drug users living with their families- 66.9% (Greek Reitox Focal Point, 2007) to 80% (Poulopoulos, 2007). A further point relates to the comparatively high rate of employment and education reported by Greek problematic drug users (Greek Reitox Focal Point, 2007). Indicative of the high level of education amongst problematic drug users presenting for treatment in Greece are the findings of the 2010 annual report on drugs and alcohol conducted by the University Research Institute on Mental Health (EIPSI, 2010). The biggest percentage of problematic drug users presenting for treatment in 2009 were either lyceum graduates (stayed at school until the age of 18) or had attended some years of



higher education (EPIPSI, 2010). According to the same study, a further 9.6% had completed higher education studies. Such rates may reflect family involvement since in the general population both children's education and professional life have been shown to constitute family concerns and affairs (Tsoukalas, 1986; Gari and Kalalatzis-Asizi, 1998; Maloutas et al, 2006). Similarly, the results of the current study highlighted family intervention in both these life domains.

While HIV prevalence rates in intravenous drug users (IDUs) remained in 2009 at very low levels in Greece (ranging between 0.4% and 1.5%), HCV infection rates in the IDU population tested in 2009 ranged between 35.6% and 64.3%, depending on data source and clients' different profiles (Greek Reitox Focal Point 2010). These percentages are fairly close to the European average varying from 22% to 83% (EMCDDA, 2011). It thus seems that we cannot speak of the protective role of the family environment in relation to infectious disease prevention. However, another element we have to take into account is the lack of syringe exchange programs in Greece which only operate in the cities of Thessaloniki and Athens. Further research is needed to look into a possible relationship between infectious diseases, perhaps general health, of Greek PDUs and the role of the family.

Thus, the Greek family operating within the Greek cultural context can be seen as putting a spin in an admittedly dangerous activity such as problematic drug use, placing it as much as possible under wraps, under protection or even unwillingly under auspice. Reported family reactions can be seen as creating a 'safe' environment in which problematic drug using children perform their drug use. Familism and not 'allowing the right' seem to influence the enactment of families' reported responses. We could then be justified in talking about specific Greek coping styles, certainly very close to North European accounts, yet again coloured by cultural notions.

### 9.3.3 Living with addiction

The seventh chapter of this thesis presented interviewees' accounts of living with addiction. The largest part of the chapter was devoted to problematic drug users' reflections since their accounts form the main body of this study's data. Parents' accounts, although the latter's contribution was small in number, were also discussed in as much as they provided a valuable insight to their experience of living with a drug affected child.

The chapter began by highlighting the set of circumstances created by the fact that almost all participants were living with their parents, something particular to Greece and perhaps Mediterranean countries in general. The first part of this chapter looked at ‘living with addiction within the family home’, because the experiences recounted could be seen as stemming from that living situation.

It may be useful here to remind ourselves of Tsanira’s study discussing the transition to adult life in the city of Athens (Tsanira, 2008). The author concluded that young adults living with their parents in Greece may be viewed as living in a state of semi-independence which leads to the adoption of a *modus vivendi* between themselves and their parents. This state of affairs was described by highlighting the security offered by the paternal family- interwoven with the especially widened protective role played by the family- which did not seem to significantly ‘annoy’ young adults, at least to the extent that would require for it to be changed. Tsanira noted how this dependent relationship seemed to be accepted or promoted by parents either because of their desire to have their children close to them or because they consider it unavoidable in the context of materialisation of common expectations of social and professional advancement (Tsanira, 2008). The current study results hint towards the presence of such a *modus vivendi* in the families of participating problematic drug users. However, a twist perhaps added by ‘living with addiction within the family home’ is best described by a term which emerged spontaneously from participants’ accounts, the ‘cat and mouse game’. Effectively this meant that drug affected children had to conceal their use, most often by controlling how much drugs they did use in order not to ‘allow the right’ and therefore, avoid re-discovery of their use. Apart from controlling drug intake, all other transgressing behaviours were also avoided. In this sense, the fact that interviewees were living with their parents and their resulting efforts not to ‘allow the right’ could be seen as protective factors in relation to drug use and deviant behaviour escalation- they could not go ‘all out’. We thus have another dimension of the ‘safety net’ discussed in the above section. Further, the fact that all drug affected children and parents had to co-exist in, as much as possible, a ‘normal’ way translated into the making of compromises by all parts. As described by participants in this study such compromises were attempts to establish some normality in the family life but also, perhaps most pressingly, attempts to present a façade of normality to the outside world. This again could be seen as attempting to harness drug affected children’s activities and behaviour by caving into the latter’s requests. Families were trying to keep a lid a situation that was ‘boiling within the family home walls’. Seen from a different angle, such

arrangements, although protective to an extent, could also be seen as aiding the perpetuation of drug use. The only thing interviewees had to do in order to secure a cash flow to fund their drug use was to behave within at least certain limits set by their families.

Trying to wean your child from drugs while he or she is trying to continue using may be parallel to a tug-of-war. Tense relationships were, as can be expected, evident in all the accounts provided for this study. The deterioration of drug users' family relations has been noted widely in the literature (Scottish Executive, 2002; Barnard, 2005, Orford et al, 2005a; DIP, 2007). Living with a drug user and seeing no alternative to such living arrangements, a situation met in this study, perhaps creates even graver tensions.

The second part of this chapter presented accounts of living with addiction that have been described in studies worldwide and as such can be seen as forming a common set of experiences. The notion of 'treadmill existence of heroin': the constant and exclusive preoccupation with securing drug supply while addicted (Reith, 1999:105), was of particular relevance here. It accurately conveyed the outer domination and grip participants felt their heroin use had on their lives. They reported that all their efforts and activities were geared towards one purpose: getting the drug. Apart from this exclusive preoccupation, the actual nature of activities they had to engage in weighted heavily on the way they saw themselves. In this respect, activities to feed the heroin habit were discussed next. A distinction was made between overt and covert stealing. Covert stealing was largely stealing from the family home. Although participants were not unaware of the problems this behaviour created, the general sense was that covert stealing was qualitatively different and not as grave as stealing from 'strangers'. Perhaps, participants were right at least in relation to consequences faced by them. No family ever reported this kind of stealing to the police, although the vast majority had experienced it and parents' accounts of stealing from the family home were painted in the grimmest colours. Covert stealing also meant that no pretext was given for participants to be talked about and criticised: thus they did not 'allow the right' for comments about them or by extension about their families. In general, such activities were described as a result of drug craving and were reported as having no real bearing since they would stop once involvement with drugs stopped. This was not as straightforward in cases where interviewees had been arrested for drug related crime. Social isolation was a further overarching theme running in the reported accounts. A further recurring theme was related to lost opportunities, unrealised dreams and ambitions. Participants widely spoke of the effect they felt their problematic drug use had on their sense of self-respect. However, participants ,for the most

part, claimed a sense of unspoiled self for themselves, separating them from other 'worse-than-me' users. This separation could be indicative of participants' efforts to, to view themselves in a more positive light, something that has been noted elsewhere (Radcliffe and Stevens, 2008).

The chapter concluded with a section devoted largely to reported parents' experiences of living with addiction. A first theme involved the deterioration of relationships amongst the different family members attributed to parents' efforts to deal with the drug affected child. A point that differentiates the findings of the current study from the North European literature on the impact of problematic drug use on families is the degree of extended family members' involvement in participants' lives and the ways in which kin relationships were affected. Although largely kinsmen were reported as supportive, humiliation and avoidance of disclosure of at least some aspects of their children's behaviour was a recurring theme throughout parents' accounts. This is perhaps indicative of a much more complex picture than the one conveyed by the extended families' reported support. A further recurring theme related to instances of public behaviour that brought shame upon the family, which ended up being 'bargaining tools' in the hands of problematic drug using children in order to secure funds for drugs. The notion of 'allowing the right' was again prominent in this discussion. Moreover, parents spoke of social isolation. Drug use and overdose in the family home were both reported as disturbing family life. The financial burden placed on families was an overarching theme in parents' accounts, both in relation to theft from the family home and in relation to taking on drug incidental costs, widely described in other studies (Velleman et al, 1993; Scottish Executive, 2002; Barnard, 2005; Butler and Bauld, 2005; Orford et al, 2005a; ADF, 2007; DIP 2007). Perhaps, accentuated by the Greek context, was the elevated cost of hiring private practitioners during family efforts to wean their children from drugs. Parents reported both physical and emotional health problems which they attributed to their children's problematic drug use. Similar findings have been reported worldwide in studies looking into the experiences of family members of substance users (Orford et al, 1998a; Copello et al, 2000a; Pearson, 2000; Toumbourou et al, 2001; Scottish Executive, 2002; Barnard, 2005; DIP, 2007; Duggan, 2007; Templeton et al, 2007; Orford et al, 2007; NTA 2008; Ray et al, 2009).

This seventh chapter of the thesis perhaps highlighted the universal character of the effects of living with addiction, both from the drug using participants and family members' perspectives. We saw how reported experiences can be considered parallel to the picture

emerging from the North European and even global literature. What can be considered different is perhaps best described by using the phrase ‘golden cage’: the situation both families and drug affected children created for themselves by ascribing to cultural dictates relating to family unity and preservation of ‘face’ for the family. In this light, worldwide experiences of living with addiction can be seen as being accentuated by the specific cultural context and the circumstances it creates. Living under the same roof translated for drug using children into balancing their use and the image they wished, or had to project to family members and onlookers. For parents, perhaps it weighed on the ways all elements of this experience were perceived because apart from living with their drug using children, they envisaged of no alternative. However, siblings were reported as being less affected in this respect.

#### 9.3.4 Entering treatment- deciding to quit

The final data chapter of this thesis dealt with participants’ reported reasons behind the decision to enter treatment. It soon became obvious that not all participants were, or had been in treatment because of a decision to wean themselves from drugs. A recurrent theme in relation to engagement in treatment was complying with family expectations. In the context of the ‘cat and mouse game’, participants would come into contact with treatment agencies in order to trick their families into believing that they were making an effort, while they either continued with their drug use or intended to return to it. Although in the majority of cases, engaging in treatment because of family’s expectations did not produce the desired results, there were interviewees who managed to stay off drugs for some time after such attempts. It is perhaps interesting to note that several interviewees saw no alternative to complying with their parents’ wishes. The high value placed on family but probably also the desire to continue to have their families’ support, emotional and tangible may have resulted in this ‘compromise’ on their part. A further interesting label of drug use services was that of ‘the warrior’s resting place’. Several interviewees referred to treatment agencies as places they could enter in order to avoid problems stemming from problematic drug use, whether these were legal, financial or other.

The chapter continued by discussing treatment efforts instigated by the participants’ own decision to wean themselves from drugs. An overarching theme here was the rejection of a lifestyle that was often portrayed as alluring in participants’ initial stages of involvement with drugs. The desire to restore a ‘spoiled identity’ (Goffman, 1963), was a

further commonly cited reason for wanting to turn their lives around. The distinctive notion of the Greek '*filotimo*' was a great relevance to this discussion. Although participants went to great lengths to secure the connotation of '*filotimos*' for themselves, the damage made to it by their drug use was noted and highlighted as a strong motivation for change. Again in relation to sense of self, participants spoke of the negative image they held for themselves through daily practices and membership to drug using groups. A prominent motivating factor in their decision to quit drug use was what McIntosh and McKeganey have called 'residual identity, the memory and sense of their former drug free selves' (McIntosh and McKeganey, 2002:49). In this respect, the study's findings echo discussions in the North European literature on motivation for change. An element specific to the Greek context was the addition of '*filotimo*', as integral part of the participants' sense of self and a quality where they could anchor their claims for a return to a former unadulterated self.

The chapter continued by highlighting reported factors that either aided or hindered efforts to remain abstinent. In the discussion of identity material, 'those aspects of social settings and relationships that can provide the basis to construct a non-addict identity and a positive sense of self' (Biernacki, 1990:118), several points were reported. Perhaps not surprising by this point, families featured prominently in this discussion. Participants spoke of the positive effect their families' acceptance had on their efforts to establish their rediscovered sense of a drug free self. Working and/or attending further education were reportedly very important to the study participants. Both activities provided a positive sense of self, even throughout their problematic drug using careers, and as such could be seen as points where they could anchor their claims to drug free identities. Families were extremely active in this field by securing work for their children. A further reported family role related to the most commonly cited barrier to change which was social isolation. The inhibiting role which the fear of social isolation played in the decisions to quit drugs has been highlighted in studies carried out in other socio-cultural contexts (McIntosh and McKeganey, 2002; Ekendahl, 2006). In this respect, families were portrayed as constituting bridges to conventional society by providing drug affected members with access to drug free social circles. A further element participants recounted as a barrier to change was a sense of 'strangeness and distance', experienced in the company of non-users, also reported elsewhere (McIntosh and McKeganey, 2002).

Chapter 8 illuminated participants' reasons behind getting treatment and making the decision to wean themselves from drugs. Sense of self appeared to be a vital factor in such decision making, something that is by no means exclusive to the Greek social context.

The two elements that seem to differentiate this study's findings are the concept of '*filotimo*' and the instrumental role ascribed to families. In this last respect, the point of divergence is not family support in itself. It is rather the degree to which families are involved in treatment efforts and, perhaps more intriguingly, the drug affected children's expectations of such family involvement as well as the parents' felt sense of obligation to intervene.

## 9.4 Implications and Future Directions

### 9.4.1 Methodological Implications

A first methodological implication that perhaps deserves some attention is the exact research method selected for the purposes of the current study, the collection of autobiographical narratives utilising the concept of drug using career. There have been accounts- mainly quantitative and epidemiological- in the Greek drug using literature investigating different stages of drug using careers. However, no published research was identified which follows the progression of individuals from initiation of drug use to entering treatment by recording problematic drug users' narratives through a qualitative approach. As Neale and colleagues noted, qualitative methodologies

*proved very valuable in demystifying drug and alcohol use and replacing stereotypes and myths about addiction with more accurate information that reflects the daily reality of substance users' lives* (Neale et al, 2005:1586–87).

The current study aimed to provide room for participants to reflect and elaborate on their experiences, in their own words as freely as the context of a semi-structured interview would allow. In this way it is hoped that it succeeded in giving voice to a socially silenced group, which in Greece is not yet accustomed to having such a freedom in a research context. Participants' reactions to the selected procedures which were distinctively different to quantitative research they had experience of, lend support to this assertion. A further possible consequence of the overwhelming prevalence of quantitative studies within the drug field in Greece was the created ambivalence towards my role as a researcher. Participants were baffled as to what our meeting was about and how it would be carried out, as any experience of research they did have involved quantitative measurements. Another issue with the research design that perhaps confused my

participants was signing a consent form. As it was largely noted, they had never been asked to agree to their participation in a study in this way and I often had to explain again why I was asking for their signature, since some were reluctant to provide it.

Reflecting on the research design and conduct of the study, a further thing that stands out was how the specific milieu within which the current study was conducted influenced research decisions. The discussion presented in the methodology chapter, chapter 3, highlighted the cultural specificities encountered and necessitated a revision of the research. The following section, first discusses elements of the Greek drug research field met during this study. It then moves on to broader cultural elements possibly colouring the research.

When contacting agencies within which the study could take place, a first notable event was the request from KETHEA, the largest treatment provider in the city of Thessaloniki where the current study took place, for access to raw data. This was rejected on University of Glasgow ethical grounds, since satisfying this request would breach any promise of confidentiality I needed to offer to the people I was going to interview, which was part of the conditions for passing the University of Glasgow's Ethics Committee. The decision I had to make on ethical grounds weighed heavily on the recruitment process. KETHEA runs a residential program as well as parent and sibling groups, which meant that satisfying their demand would have given me access to many prospective drug using participants. Similarly, this also affected my ability to recruit parents or siblings as study participants.

Reflecting on the Greek cultural milieu, the most prominent feature that possibly shaped the circumstances under which the study was carried out was the obvious asymmetry of the doctor-patient relationship. It is not suggested here that this is particular to Greece. Indeed it has been noted in studies on other socio-cultural contexts (Fisher, 1983; Lazarus 1988). However, this power differential may be accentuated by certain characteristics evident in Greece and not met in North European countries, or at least to the same extent. The hegemonic role of the doctor arising from the centrality of his/her position within the psychiatric system has been proposed in the Greek literature (Bairaktaris, 2004). A further 'unspoken rule' relates to the realities of the civil sector in Greece. It is not uncommon to make 'informal payments' to promote or secure the completion of one's dealings with the State as it is widely believed that this depends on civil servants' 'willingness' to do so. In this light, perhaps we can understand why patients



in Greek NHS hospitals ‘tip’ doctors for services which are freely available to them (Liaropoulos et al, 2008). Both these elements may be intensifying the asymmetry between doctor and patient, perhaps more so in a vulnerable group like the one problematic drug users could be seen as forming. Consequently, KETHEA’s request for raw data but also the attitude I met especially from senior agency staff towards clients is reinforced by these specific cultural elements. Such dynamics, even if not anticipated, need to be taken into account in relation to study design and more importantly because of the impact they may have on research studies. It took a great deal of effort to distance myself from the image of the ‘authoritative agent’ in the eyes of participants, and it is certainly doubtful that this endeavour was fully successful.

Both the methodology chapter of this thesis and also the discussion presented here highlighted the proposal arguing for the fine tuning of research to the cultural specificities of host countries and contexts, noted elsewhere (Redmond, 2003). Perhaps the experience of conducting this study echoes discussions on the emic-etic paradigm.

*The emic perspective involves the evaluation of study phenomena within the culture and its context in an attempt to explicate the phenomena’s significance and interrelationships with other intra-cultural elements from the inside. This approach aims to characterise the internal logic of a culture, its singularity, considering this a necessary step prior to any valid cross cultural analysis. The etic perspective, on the other hand, is fundamentally comparative, and is directed at eliciting overarching categories of phenomena out of local specificities. Its goal is to identify and compare equivalent phenomena across different cultural contexts (Canino et al, 1997:166)*

The reality of an EU with 27 member states, aiming for aligned policies based on evidence based research may require etic approaches to inform policy makers. However, the experience of this study, small as it may be, hinted to the value of the emic perspective, at least as a starting point.

#### 9.4.2 Policy and Practice Implications

In the discussion of policy and practice implications, this study’s findings are expected to be both useful and usable in the process of answering one of the basic

questions of the evidence based approach, ‘what works and why?’. Borrowing from Black, in this context ‘research is used to fill an identified gap in knowledge’ (Black, 2001). In the current study’s case, this gap related to reporting on the experience of becoming a problematic drug user in Greece and on the role of the family during this process. The sections below discuss identified policy and practice implications relating to the study findings by focusing on Greek Drug policy and practice first and then moving on to the European context.

According to the Greek National Plan for Action Against Drugs (Ypourgeoio Ygeias kai Koinonikis Allileggus, 2008), the three main National Organisations that deal with drugs are: OKANA (organisation against drugs), KETHEA (Centre of Therapy for Addicted Individuals) and ‘18 ANO’, a detoxification centre of the Psychiatric Hospital of Athens. However, OKANA does not provide for parents of problematic users. There are also other secondary treatment providing organisations such as the Psychiatric Hospitals of Thessaloniki and Athens, Greek NHS hospitals and certain local administration centres. Within these structures and agencies, only KETHEA runs nationwide support centres directed specifically and exclusively to family members, with 21 programs across the country. Of the secondary treatment providing organisations, the two psychiatric hospitals do provide support group for parents, while Greek NHS hospitals and local administration centres do not. However, the current study clearly highlighted the pivotal role of parents in almost all stages of their drug affected children’s problematic drug using careers. Moreover, although siblings and extended family members were not recruited for the current study, the collected accounts by problematic drug users and their parents convey a picture of all family members being involved- albeit to varying degrees. In this sense, the degree to which problematic drug users and their families appeared to be interwoven needs to be recognised in the establishment of more services and/or interventions directed specifically towards family members.

In the sections devoted to specific actions included in the 2009-2012 Greek National Plan for Action Against Drugs, there is a special mention to providing parents with information and training in relation to drugs (Ypourgeoio Ygeias kai Koinonikis Allileggus, 2008). The findings of the current study are rather attuned to this proposal. Evident throughout the accounts provided by participants whose narratives informed the current study, was the degree to which their parents’ reactions influenced the progression of their drug using careers. Together with cultural notions of not ‘allowing the right’, we have seen how parents may have played a protective role by hindering a ‘dramatic’

escalation of problematic drug use and related behaviours. However, these two same factors may have contributed to the perpetuation of the behaviour in question, exactly because they prevented their full blown development. A further finding that necessitates the training and information of parents was the reported complete ignorance on how to handle their drug affected children, often resulting in asking the latter for advice.

The notion of not ‘allowing the right’ was an overarching theme in this study. Mentioned above is one of the ways this cultural element influenced participants’ problematic drug using careers. A further reported role of not ‘allowing the right’, along with the notion of familism, was the families’ propensity to handle the drug problem on their own. It is not suggested here that this is something specific to Greece. However, the degree of families’ involvement and perhaps the reported preference of employing private practitioners rather than turning to state services may have been accentuated by cultural notions. In this light, establishing services may not be enough if parents and problematic drug users are hesitant about using them. Familism and not ‘allowing the right’ are perhaps acting as barriers to service use uptake and this is something that needs to be recognised and addressed perhaps through informative campaigns.

In the field of practice, a further area that needs to be addressed is the evident asymmetry between service providers and clients. In an article reviewing the first 15 years of the founding of Ithaki- KETHEA’s first therapeutic community in Greece- Zafeirides, a founding member and for many years director of KETHEA, sketched out this asymmetry clearly,

*During the crisis faced by KETHEA I realised that certain members of staff, in the name of therapy, had become completely addicted to authority and power. In essence this is a new form of addiction to the process of ...addiction treatment (Zafeirides, 1999:7)*

The experience of conducting the current study cannot support such a forceful assumption; yet again the study was not investigating such processes. What can be supported is the obviousness of this asymmetry, even if met on the sidelines of conducting the current research.

The stated expected results of the National Plan for Action Against drugs specifically refer to the ‘improvement of drug users and family members’ quality of life’.

The problems families of problematic drugs users face is implicitly recognised in one single sentence:

*It is expected that by ensuring more drug users' access to treatment, morbidity resulting from problematic drug use will decrease by 50% since with the new situation drug users will be able to become more creative, seek employment and in general prepare for the reintegration to society thus removing a significant amount of the burden faced by their families and social environments* (Ypourgeio Ygeias kai Koinonikis Allileggus, 2008:50)

This is rather indicative of the general sense one gets from reading the whole document. There is no mention to families independently of their drug affected children. However, the current study has discussed both family members' experiences thus making the requirement to address their needs prominent.

Moving on to the wider European context, perhaps it is useful to discuss the corresponding European publication. In the EU Drug Action Plan for 2009-2012, a main priority put forward is to have more efficient policy development and implementation by ensuring effective coordination at EU level (EMCDDA, 2008). One of the actions proposed to achieve this goal is that the 'The Commission and Council to ensure coherence between internal and external drug policy' (EMCDDA, 2008:C326/10).

The current study emphasised similarities between the reported experience of problematic drugs users in Greece and the international literature. The influence of sense of self on the progression of drug using careers may be seen as a point of convergence between cultures. However, in order for desired coherence between EU state members to be achieved successfully, differences of individual cultures and State systems must be recognised and incorporated in policy design and implementation. In this respect, bearing in mind this being a small qualitative study, my findings do highlight a difference between the role families play at different stages in problematic drug using careers between North European studies and the Greek case presented here. It is suggested here that this difference should be taken into account in any policy or practice design and implementation.

## 9.5 Future Directions

The conclusions and suggestions presented in this thesis are based on the findings of a small qualitative study involving the participation of 40 problematic drugs users and 8 parents. Apart from the size of the sample, certain characteristics of the participants interviewed may have influenced the findings of the study. Although opportunistic sampling strategies were largely employed, we saw how the participants differed from reported national averages in some respects, for instance in the level of education. This certainly invites caution in making generalisations. Consequently a first future aim would be the design and conduct of a large scale study investigating the validity of the suggestions made in this report for the general population of problematic drugs users in Greece.

Moreover, although this study did not focus on parents, the accounts provided by the very small number of parents did highlight certain facets of their experiences. Along the same lines, admittedly a limitation of the current study relates to the fact that no siblings or members of extended families were part of the study sample. Perhaps a further study exploring the ways family members cope with and are impacted by the drug affected member's use, exclusively from the former's perspective, would add to the breadth of knowledge.

Finally, within the European context, the current study suggests the need for a cross-cultural research study between North European and Mediterranean countries. The similarities in the reports by Greek problematic drug users collected for this study and the literature reviewed seem to point to many points of convergence that could be utilised to inform evidence based interventions and policies on a European level. However, the cultural specific notions highlighted in this study, perhaps evident in and characteristic of the Mediterranean region, seem to be colouring this convergence in rather distinctive ways. It could be argued then that any design, policy or intervention that overlooks such notions would be rendered culturally irrelevant and thus ineffective. It is proposed here that if we are to talk about unified and coherent policies within the framework of the European Union, a cross-cultural study between North European and Mediterranean countries would be extremely useful in adding knowledge required to the field.

## 9.6 Conclusion

This chapter has discussed main research findings by focusing on three core concepts: sense of self, family and cultural context. Summaries of each data chapter, along with a discussion of overarching themes highlighted the different roles, effects and manifestations of these three concepts, followed. The final sections of this concluding chapter were dedicated to bringing to light the research, policy and practice implications arising from the findings of the study.

I will conclude by providing an answer to the question posed in the initial pages of this thesis. Do the experiences and processes described by the men and women who participated in this study form a variform universal- i.e. 'basic human characteristics common to all members of the species, albeit influenced in relation to their development and display by culture' (Orford and colleagues, 2005a: 220)? My study findings do seem to suggest so. Although, several similarities were noted between the accounts provided for this study and the overall picture painted by the literature, cultural elements were also highlighted as heavily influencing the experiences and processes reported. It is the study assumption then that in the globalised world we now occupy, difference should be recognised and utilised to achieve successful unification.

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## **Appendix I**

### **Interview Schedules**

## **Drug users' interview schedules research prompt**

### **Starting to use**

Tell me how you started using?

(Personal circumstances, work, school, living arrangements, social relations, friends: using or not, social life, relationship with the family)

Describe to me what you were like at the time

What did you get out of using? Was that important for you?

### **Occasional/regular use**

(Personal circumstances, work, school, living arrangements, social relations, friends: using or not, social life, relationship with the family)

Why did you continue using?

What is it that you got out of using at that point? Was that important for you?

### **Disclosure/discovery of the drug problem**

When did your parents find out that you were using? (Probe on not being able to conceal)

How did they react?

How did other family members react?

How did you manage to keep it from them? Easy/difficult, why?

A lot of people have talked to me about 'allowing the right'. Did you 'allow the right'? When? Why is 'allowing/not allowing the right' important? Can you describe a situation where you did allow the right?

After parents finding out: decisions concerning user: how much were they common, family decisions? How come?

If they went to their mother first: why? Did you expect/ get a different reaction? Did your mother hide things from your father?

If mother tried to cover it up: why do think she did that? Did she use to do this before the drugs?

Did hiding it create trouble between family members? How did that make you feel?

What happened when other family members found out?

### **Problematic use to Present day**

When did your use become a problem for you?

Tell me about your life since the moment your use became a problem for you (friends, social life, work, education, accommodation, family relations)

How much did you use?

Where did you get the money for drugs?

If money provided by parents/family members: How often did they give you money? Why do you think they gave you money? How does such an arrangement work? What did they expect from you? Did you live up to that? What happened when you didn't?

How did that make you feel? How do you think they felt?

If money provided by only one parent: did you ever go to the other one for money? Why? Why not?

Did getting money off only one parent create problems for family members?

So, what about other family members? Money off them?

Do you still get money off your parents? Is it the same nowadays? What do they expect from you now? Do you live up to that? What happens when you don't?

### **Stealing**

Have you ever stolen money or goods?

From your family?

Why only from the family home?

Is stealing from the family home different than stealing from outside? Why?

From other users?

Before you started using, did you ever think that you could do something like this?

So how come you did?

Have you ever been arrested?

How did that make you feel?

How do you think your parents felt?

Did they help out?

### **Getting kicked out**

Getting kicked out: if not kicked out: how come?

If kicked out: why? For how long? Where did you stay? Were you in contact with your parents? Did you go by the house for money, clothes etc? Did they come looking for you, call you?

How did that make you feel?

**Treatment/ abstinence/relapse**

Have you ever been in treatment?

If this is the first time in treatment: have you tried to come off on your own? (How, family involvement in that)

Why didn't you choose to attend state services?

How was it being off drugs? (How did you see you yourself, how did your family see you?)

How did you get along with your family then?

Those days, who did you go out with?

If it is with people that don't use: Do you tell them about your use?

Why? How did you feel around them?

How come you started using again?

What was the good thing about using again? What did it give you that being clean didn't?

So, did you feel disappointed about using again?

Is it more difficult to believe that you'll ever get off after each time you've started using again?

For you/others?

What was it that brought you in treatment this time? What is different now?

Is your family involved, supportive of this?

**Family life**

Tell me about the last time you saw your parents. How did it go? Is this usually how it is?

How are they towards you now? How do you think they see you?

How do you feel towards them?

Are there times when you feel closer to them? In relation to use?

Tell me about last Christmas? What did you do? How did that go? Is this usually how it is? Has it always been like that?

If PDU excluded: How does that make you feel?

Do you think they ever talk about you to others?

How are things between you and your siblings? Has your relationship changed?

How are things between you and your kin? Has your relationship changed?

Do you think that your use changed your family? How?

What's the worst thing that your family had to accept about your drug use?

Discuss public face of family.

Do you think you can make up for all you've done to them?

How? Will it be easy?

### **Social life**

Tell me about your friends now. Why do you hang out with them?

What happened to your friends who weren't drug users?

What happens from the moment you 'allow the right'?

What do you like and dislike about your current friends?

People who don't use?

Has the way you view other users changed over time?

### **Work/education**

Are you working/studying?

Were you working/studying?

What do you get out of it?

Tell me about your life now.

What do you get out of using now?

If I asked you to compare yourself when using to the person you were before you started using?

What do you think changed you?

What are is worst thing using drugs has done to you?

Do you want to go back to how you used to be? Is this possible?

A lot of people have talked to me about *filotimo*, I would like to discuss it with you.

What does losing your *filotimo* mean to you?

### **Future**

What do you want for the future?

How do you see yourself without drugs? With drugs?



Do you think your family can help with these plans? How?

After all this is finished do you think that you will have to change your friends?

Will that be easy for you?

When all this is over, what would the positives and negatives of this experience be?

## **Parent interview schedules research prompt**

### **Prior to drug use**

I d like you to describe your children before drugs.

I d like you to describe your family life then (family relations between members of both the nuclear and extended family, parents' social life, family finances, family honour, family plans)

### **Drug use**

Were there things about him/her that tipped you off about his/her drug use?

How did you find out that they were using?

How did he/she manage to hide it from you? (Discuss allowing the right)

If parent was told of the problem: did you tell other family members?

If not: how was it hiding it?

How did you respond to finding out?

How did other family members respond?

Was there agreement between family members on how to handle things?

When did you realise that they were addicted?

What does it mean for a parent to realise such a thing?

### **Maintaining**

Are they living with you now?

I would like to talk about how the situation is in the family home (discuss the participating parent and other family members-siblings, kin).

How do you get on with him/her?

What do you talk about when you are with him/her?

If the child is not living at family home:

Does he/she often come to stay with you?

(Length of time between visits, like visits or not)

Do you see him/her often?

**Money**

Do they get money off you? Did he/she use to?

Why do you give them money?

How do the other family members feel about you giving them money?

How is it for a parent to be providing the money for his/her child's drug use?

Do they get money off other family members?

**Stealing and fraud**

Have she/he stolen money or goods from you or other family members?

How does this affect the family?

How does this affect your relationship with him/her?

**Work/education**

Is he/she working? Did he/she used to work?

Does the fact that he/she is working makes a difference in him/her?

Is he/she studying? Did he/she used to study?

Does the fact that he/she is studying makes a difference in him/her?

**Reported Crime**

Has he ever been in trouble with the police?

Were you able to help out?

**Expulsion from family home**

Have you ever reached the point of wanting to kick them out? Why? Why not?

Why didn't you?

Did all family members feel the same way? Why? Why not?

**Family occasions**

I d like to talk about family events and your children's place in them

Does the rest of your family (extended) know about their use?

Did you tell them?

How about last Christmas? What did you do? How did that go? Is this usually how it is?

Has it always been like that?

Generally, how are family gatherings?

If PDU excluded: Is it better for you?

### **Outside the family home**

I would now like to talk about what goes on outside the family home

Have you ever seen them “out of it” outside the house?

What did you do? What would you do if that happened?

Have you ever had to pick them up from a police station or hospital?

How was that for you?

Do you ever talk about him/her to others?

Does the neighborhood know?

How is that for you?

How about your friends?

Do you tell them?

### **Trying to come off**

I would like to discuss attempts to come off drugs.

Have they ever tried to come off before?

Were you involved in that? How?

Was there a difference in their behaviour towards you and the rest of the family?

How were you during that period?

### **Relapse**

So they started using again. How does their starting to use again affect you?

So how do you see things now? (This being another attempt to come off)

### **Present/Future**

How would you describe his/her drug use now?

Do you know any of his/her friends now?

Did you used to know them?

When was the last time you saw him/her?

How did that go? Is this usually how it is? Has it always been like this?

Is there anything in particular that you hate about their use?

Have you changed through all this? How?

Has your family life been affected by his/her use? (Family relations, finances, honour, family plans)

Has your social life been affected by his/her use?

Do you, or other family problems, face problems that you attribute to his/her use?

Do you ever sense that drugs have robbed you of your child?

Do you think changes are permanent?

Do you think you can return to how things were?

Are you different?

How do you wish him/her to be like with you?

Where do you see all this going?

Do you think that it is possible for things to go back to what they used to be?

**Appendix II**

**Information letter and consent form for problematic drug users**



**UNIVERSITY  
of  
GLASGOW**

## **Families and drug use in Greece**

In this study I would like to ask you about your drug use and how your family has affected this over the years. I would like to learn from you how you got involved in drugs, what it has been like, whether and how you have attempted to stop and what was your family's role in all this. These are the kind of things I would like to talk to you about if you agreed to an interview.

The purpose of this study is

- to understand the role of families in different stages and throughout the development of problematic drug using careers of adult problematic drug users
- to aid families provide more effective help to problematic drug users and provide necessary information for the design of evidence based family interventions.

The interview will last approximately one hour. When the study is finished I can provide you with a copy if you wish.

With your agreement I would like first to interview you and if you permit me, to contact your parents and ask them for an interview.

- This interview has nothing to do with police or social services
- Everything you tell me will be strictly confidential
- Everything you tell me will be used for research purposes only
- Your co-operation is completely voluntary
- You don't have to answer questions you are not happy with
- You can stop the interview any time you like

My name is Maria Fotopoulou and I am studying at the University of Glasgow. This study is expected to last for 3 years. If you want to get in touch with me about the study please phone or write at the address below:

Centre for Drug Misuse Research

University of Glasgow

89 Dumbarton Road, Glasgow, G11 6PW, Scotland, UK

Telephone: (+44) 141 330 3616, Fax: (+44) 141 330 2820

Please tick appropriately

1. I understand that my participation is voluntary and that I am free to withdraw  
at any time, without giving any reason

2. I agree to take part in the study.

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Name of participant	Date	Signature

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Name of researcher	Date	Signature



## **Appendix III**

**Information letter for families (1)**

**Information letter for families (2)**

**Consent form for families**



**UNIVERSITY  
of  
GLASGOW**

Date \_\_\_\_\_

Dear \_\_\_\_\_

I am writing to you after interviewing your\_(son, daughter)\_ who gave me permission to contact you. I hope you don't mind me writing to you. I am currently studying at the University of Glasgow, researching how families influence problematic drug use.

I know that this can be a tough subject to talk about but I believe the experiences of families who go through such a problem as drug use is are really important and should be recorded. Apart from helping the person with the drug problem I really hope this research will help families in providing more effective help to the problematic user.

If you decide to participate you will be interviewed on your opinions on the effect of your family has had over the years on your \_\_\_\_\_'s drug use. Interviews will last approximately 1 hour. When the study is finished I can provide you with a copy if you wish.

I am happy to come and meet with you at \_\_\_\_\_ and fit in with whatever arrangements suits you.

Everything you tell me will be kept strictly confidential and anonymous. You will not have to answer any questions you are not happy with and you can stop the interview at any time.

I hope you feel able to take part. I will call you in a few days time and you can raise any questions you may have then.

Thank you for your help

Maria Fotopoulou

Centre for Drug Misuse Research

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89 Dumbarton Road, Glasgow, G11 6PW, Scotland, UK

Telephone: (+44) 141 330 3616, Fax: (+44) 141 330 2820

Date \_\_\_\_\_



**UNIVERSITY  
of  
GLASGOW**

Dear parent,

I am currently studying at the University of Glasgow, researching how families influence problematic drug use.

I know that this can be a tough subject to talk about but I believe the experiences of families who go through such a problem as drug use is are really important and should be recorded. Apart from helping the person with the drug problem I really hope this research will help families in providing more effective help to the problematic user.

If you decide to participate you will be interviewed on your opinions on the effect your family has had over the years on your child's drug use. Interviews will last approximately 1 hour. When the study is finished I can provide you with a copy if you wish.

I am happy to come and meet with you at the counseling centre of the Psychiatric Hospital of Thessaloniki and fit in with whatever arrangements suits you.

Everything you tell me will be kept strictly confidential and anonymous. You will not have to answer any questions you are not happy with and you can stop the interview at any time.

I hope you feel able to take part. I will contact you in a few days time and you can raise any questions you may have then.

Thank you for your help

Maria Fotopoulou

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## CONSENT FORM

**Title of project:** Families and drug use in Greece

**Name of Researcher:** Maria Fotopoulou

Please tick appropriately

1. I confirm that I have read and understood the information letter  
dated.....for the above study and I have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw  
at any time, without giving any reason
3. I agree to take part in the study.

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Name of participant	Date	Signature
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Name of researcher	Date	Signature