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A Phenomenological Study of Prescription Drug Abuse Among Children and Youth

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Health and Rehabilitation Sciences

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A PHENOMENOLOGICAL STUDY OF PRESCRIPTION DRUG ABUSE AMONG
CHILDREN AND YOUTH

(Thesis Format: Monograph)

by

Eric Collins

Graduate Program in Health and Rehabilitation Sciences

A thesis submitted in partial fulfillment
of the requirements for the degree of
Masters of Science

The School of Graduate and Postdoctoral Studies
Western University
London, Ontario, Canada

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Abstract

Prescription drugs ranked as the third highest substance used/abused among Canadian youth (Health Canada, 2014). This research is a retrospective phenomenological study on child and youth prescription drug abuse. Currently, there is a lack of qualitative research in this area. The primary goal of this study is to understand the lived experiences of child and youth prescription drug abuse in order to provide greater depth and breadth into the complexities of this behaviour. Based on the aim of this study, I developed the following research question: what are the lived experiences of prescription drug abuse during childhood and adolescence?

Six participants were recruited from Narcotics Anonymous. Most of the participants were interviewed twice, in a face-to-face, semi-structured format. Participants were asked questions about their prescription drug abuse experiences. Two themes emerged as a result of thematic analysis: 'risk factors' and 'lived experiences of prescription drug abuse.' The socialization and normalization of prescription drugs emerged as key risk factors for the facilitation of prescription drug abuse. Prescription drug abuse provided temporary health benefits, but also produced a number of serious health detriments for some of the participants in this study. As such, the participants perceived their abuse of these drugs as either unproblematic, or as an addiction. More importantly, some of the participants struggled with determining whether or not they were actually addicted to these drugs. Ultimately, this study expands our current knowledge and understanding of child and youth prescription drug abuse.

Keywords: phenomenology, child, youth, prescription drugs, addiction, abuse, risk factor, socialization

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Chapter 1. Introduction

Prescription Drug Abuse

According to Boyd, McCabe, Cranford, and Young (2006), one problem with the existing research in regards to prescription drug abuse, is that the terms ‘use,’ ‘misuse,’ and ‘abuse’ are used in particular ways depending on the researcher’s discipline. Compton and Volkow (2006) also pointed out that the terms ‘misuse,’ ‘abuse,’ ‘dependence,’ and ‘addiction’ are applied in idiosyncratic ways. As such, Compton and Volkow (2006) propose that definitions should be specifically defined in each report. Sheridan and Butler (2008) also spoke about the inconsistencies in terminology and descriptions of prescription drug abuse. Sheridan and Butler (2008) explain that prescription abuse is labelled in a variety of ways, including ‘non-medical use,’ ‘pharmaceutical abuse,’ and ‘illegal use of prescription drugs.’ Sheridan and Butler (2008) also pointed out that several descriptions have been given to define these terms including “use without a prescription of the individual’s own or simply for the experience or feelings the drugs produced” (p. 21). Nevertheless, most classifications of this behaviour are based on the premise that medicines are not used for their intended purposes (Sheridan & Butler, 2008).

For the purpose of the study, the term prescription drug abuse will be defined as any of the following: the use of any prescription medication which is not used in the prescribed dose, or prescribed time interval, as well as for reasons, or people other than those intended by the prescribing clinician (Boyd et al., 2006).

Definition of Child and Youth

According to the Association for Childhood Education International (ACEI) (2011), the United Nations Convention on the Rights of the Child (UNCRC) defines a child as anyone below the age of 18 years of age. Furthermore, according to ACEI (2011), middle childhood is defined as the period between ages 6-12. According to the United Nations (2008), youth is best understood as a period of transition from the dependence of childhood to the independence of adulthood. For the purpose of this study, a child represents anyone between the ages of 6-12 and a youth represents anyone between the ages of 12-18.

Prescription Drug Abuse Among Canadian Youth

According to Public Safety Canada (2013), prescription drug abuse has become an issue of growing concern for Canadians. Data sources suggest that the abuse of prescription drugs in Canada includes youth (Canadian Drug Policy Coalition, 2013). According to the Government of Canada (2014), trends indicate rising rates of prescription drug abuse among Canadian youth. In response to this growing trend, the Canadian Centre on Substance Abuse (CCSA), in partnership with the Coalition on Prescription Drug Misuse (Alberta) and the Nova Scotia Department of Health and Wellness, developed a Pan-Canadian Strategy entitled *First Do No Harm; Responding to Canada's Prescription Drug Crisis* (Canadian Centre on Substance Abuse, 2013). The Pan-Canadian Strategy seeks to develop and evaluate accessible evidence-informed resources for educators and practitioners working with youth to facilitate prescription drug-related harm prevention into policies and programs (Canadian Centre on Substance Abuse, 2013).

Prescription Drug Availability in Canada. According to the Coalition of

Prescription Drug Misuse (2010), prescription rates of painkillers were on the rise after the year 2000, which was primarily due to increased use of oxycodone, which particularly coincided with the introduction of long-acting oxycodone. The overall increase in prescription rates is presumed to have increased the risk of diversion along the supply chain (Coalition of Prescription Drug Misuse, 2010). To clarify, diversion means that prescription drugs are obtained by an individual for who the prescription drugs were not intended for (Prescription Drug Overdoses in Nova Scotia Working Group, 2011). Moreover, according to the Canadian Institute of Health Information (2012), over the past two decades, prescription drugs have become one of the fastest-growing components of healthcare system spending in Canada. This spending coincides with an overall increase in the availability of prescription drugs nationwide. Furthermore, according to Fischer, Rehm and Gittins (2009), Canadians are the third largest consumer of prescription painkillers on a per capita basis. Greydanus (2006) pointed out that greater availability of prescription drugs in the general population equates to a greater potential for their abuse.

Prescription Drug Access Among Canadian Youth. It is important to note that the statistics provided in the following two sections were gathered from a variety of academic studies and government reports. It was difficult to find specific statistics on child and youth prescription drug abuse since these statistics were often aggregated with data from other populations. The statistics presented herein, differ based on the sampling and research questions posed. According to the Canadian Drug Policy Coalition (2013), the family home has become a prominent source for prescription drug access among Canadian youth. According to the *2009 Ontario Student Drug Use and Health Survey*, among the 22% of students who reported abusing a prescription drug in the previous

year, approximately 70% reported having accessed these drugs from home (Canadian Drug Policy Coalition, 2013).

Schools have also become a common source for prescription drug access among youth. According to Young, Glover, and Havens (2012), one particular study found that 23% of middle and high school students had been approached to give away, sell or trade their prescription drugs while at school. Furthermore, in a study about prescription drug sharing among adolescents, Goldsworthy and Mayhorn (2009) found that approximately one in five or approximately 20% of their sample reported sharing their medication, and three-fourths of the sample reported borrowing to avoid a visit with a healthcare provider.

Prevalence of Prescription Drug Abuse Among Canadian Youth. According to Health Canada (2014), the prevalence of prescription drug abuse ranked as the third highest substance used/abused among Canadian youth, after the use of alcohol and marijuana. According to the Canadian Drug Policy Coalition (2013), four percent of students between grades 7 through 12 reported abusing at least one prescription drug, representing approximately 82,000 youth. Among the different classes of prescription drugs surveyed, the prevalence of painkiller abuse was the highest (Canadian Drug Policy Coalition, 2013).

Recent studies and data suggest that the trend of prescription drug abuse among Canadian youth is continuing to grow. According to Health Canada (2014), and the *2010-2011 Youth Smoking Survey (YSS)*, 8.2% of Canadian youth between grades 6-12 reported abusing prescription and over-the-counter drugs in the past year. In 2012, about 1 million youth, aged 15-24 years reported having used a psychoactive prescription drug in the past year; approximately 210,000 of these reported having abused them (Health

Canada, 2014). According to a study by Paglia-Boak, Mann, Adalf and Rehm (2009), which surveyed prescription drug abuse among Ontario students between grades 7-12, 18% reported abusing prescription painkillers and 5% reported abusing prescription stimulants in the previous year. Likewise, a total of 23% of students between grades 7-12 reported abusing prescription drugs in a single year.

Impact of Prescription Drug Abuse on Canadian Youth. According to Goldsworthy and Mayhorn (2009), prescription drug abuse presents a number of potential physiological, psychological and sociological risks. According to Health Canada (2010), drug abuse and addiction to any substance may cause problems at work, school, or home and can result in the breakdown of family and other relationships. In addition, drug abuse can result in financial costs to society for things like healthcare, crime, and lost productivity. According to the Canadian Centre on Substance Abuse (2013), certain prescription drugs such as painkillers; sedatives, stimulants and tranquilizers are associated with serious harm such as addiction, overdose and death. Furthermore, the Canadian Centre on Substance Abuse (2013) pointed out that the likelihood of abuse is increased through accessibility and diversion along the supply chain.

Individual impact. The following section describes the impact that prescription drug abuse may have on a young person's health, academics and relationships.

Health. According to the Canadian Centre on Substance Abuse (2013) the abuse of prescription tranquilizers and sedatives presents several significant, short and long-term health and social side effects including confusion, depression, disorientation, mood swings, liver damage and death due to respiratory depression. Boyd, Young, Grey and McCabe (2009), found that youth who abuse prescription drugs recreationally are more

likely to report risky behaviours such as illicit substance use, binge drinking, gambling and sexual activity compared to youth who abuse prescription drugs to self-medicate. To be clear, according to Boyd et al., (2009) recreational prescription drug abuse refers to individuals who are motivated to abuse prescription drugs for experimental or sensation seeking purposes. Self-medicating prescription drug abuse refers to individuals who are motivated to abuse as self-treatment for any health issues he/she may suffer from (Boyd et al., 2009).

Academics. According to Young, Glover and Havens (2012), prescription drug abuse among youth can obstruct school attendance and hinder academic performance. Furthermore, according to the National Association of School Nurses (2011), youth prescription drug abuse can impact a young person's developing brain, which can hinder their future academic performance, leading to poor educational attainment and subsequent employment.

Relationships. According to the National Association of School Nurses (2011), prescription drug abuse can negatively impact a youth's relationships with friends and family. Similarly, Sheridan and Butler (2008) found evidence that indicates that prescription drug abuse leads to the breakdown of familial relationships at home.

Societal impact. The following section describes the impact that prescription drug abuse has been shown to have on Canada's healthcare and criminal justice system.

According to Fischer, Rehm and Gittins (2009) there are two key areas through which the presence of, or increases in, prescription drug abuse impact most strongly on the societal level: health or burden of disease, as well as abuse-related crime. These two key areas along with workplace or productivity costs are most important since they

constitute the primary factors determining the social costs as it relates to prescription drug abuse according to Fischer, Rehm and Gittins (2009).

Healthcare system. According to the Canadian Centre on Substance Abuse (2013), in the province of Alberta, the most common cause for emergency department visits related to prescription drugs between the years of 2003 and 2006 were disorders caused by prescription stimulants. In Ontario, between 2005-2006 and 2010-2011, there was approximately a 250% increase in the number of emergency department visits related to prescription drug overdose, withdrawal, psychosis, and intoxication (Canadian Centre on Substance Abuse, 2013). Furthermore, demand for treatment related to prescription painkiller abuse is also increasing. From 2004-2005 in Ontario, admissions to treatment programs for prescription painkiller abuse doubled (Canadian Centre on Substance Abuse, 2013). In 2005-2006, 10.6% of individuals seeking addiction treatment in Ontario did so for prescription painkiller abuse; by 2010-2011, this percentage increased to 18.6% (Canadian Centre on Substance Abuse, 2013). Though these numbers and percentages are not specific to the youth, these statistics emphasize the burden that prescription drug abuse places on the Canadian healthcare system overall.

Criminal justice system. According to Fischer, Rehm and Gittins (2009) prescription drug-related crimes can either be behaviourally related to the abuse or be associated with its abuse. It is noted that increases in prescription drug abuse may lead to considerable increases in crimes related to illegally acquiring the drugs. Since these drugs are abused, they need to be obtained illegally in most cases (Fischer, Rehm and Gittins, 2009). Moreover, according to Carter (2013) over the last five years prescription painkillers have surpassed crack cocaine as the main drug related to petty crime in a

major urban area in Canada. According to Carter (2013), between 2011 and 2012 there was a 32% increase in the rise of prescription painkiller related arrests in the aforementioned Canadian area. Criminal activities like robberies, break-ins, and thefts, which were once most commonly linked to support a crack habit, are now most commonly linked to prescription painkillers like fentanyl, oxycodone and morphine (Carter, 2013).

In summary, prescription drug abuse has become a growing trend among Canadian youth. As mentioned, prescription drugs are highly available across Canada and the youth are continuing to access these medications from home and school. As discussed, prescription drug abuse poses a number of potential physiological, psychological and sociological risks. Moreover, this behaviour has been shown to negatively impact a young person's health, academics and relationships. As well, the overall impact of prescription drug abuse has created a significant burden and demand on Canada's healthcare and criminal justice systems. Based on the current situation of prescription drug abuse among Canadian youth, timely research into understanding this behaviour more clearly is beneficial for all Canadians.

Purpose and Goals

The primary goal of this study was to understand the lived experiences of prescription drug abuse among children and youth in order to provide greater depth and breadth in regards to the complexities of this behaviour. A secondary goal of this study was to identify and understand the risk factors, which contributed to the facilitation of prescription drug abuse at such a young age. A tertiary goal of this study was to understand the impact this behaviour had on the participants' lives at that time. Based on

the goals of this study, I developed the following research question: what are the lived experiences of prescription drug abuse during childhood and adolescence?

Research Implications

This study has the potential to expand our current knowledge and understanding of the intricate contextual and social factors of youth prescription drug abuse. This research will hopefully assist healthcare providers, policy makers, educators, families, and communities who are searching for more information related to the nature and complexities of this growing problem. In particular, the findings of this research can be used to inform the prevention and early intervention strategies related to child and youth prescription drug abuse.

Thesis Outline

The remainder of this thesis includes the following: literature review, methods and methodology, findings and discussion. The literature review examines the existing research related to the nature and extent of this problem. The methods and methodology presents the steps taken to develop and conduct this study, as well as the theoretical underpinnings, which guided these efforts. The findings present the results of this study in a thematic format. This thesis concludes with a discussion, which presents the key contributions and limitations of this study, as well as provides recommendations for future research into this phenomenon.

Chapter 2. Literature Review

Prescription drug abuse is recognized as an important public health issue in the United States, Canada and around the globe (Coalition on Prescription Drug Misuse, 2010). According to Currie and Cameron (2012), Canada is now the top per capita consumer of several high-potency prescription painkillers, and in 2009 became the third highest per capita user of prescription drugs in the world. According to Public Safety Canada (2013), prescription drug abuse has become an increasing concern with impacts on public safety and community well being. There are serious consequences associated with prescription drug abuse including injury, drug dependence, fatal and nonfatal overdoses, cardiac arrhythmia, and respiratory depression (Currie & Cameron, 2012). According to the Government of Canada (2014), prescription drugs trail only alcohol and cannabis as the most common substance of abuse among Canadian youth. According to Boyd et al., (2006), recent studies have shown that prescription painkiller, stimulant, sedative and sleep medication represent an increasing problem among youth, the majority of whom access these drugs from household medicine cabinets and friends (Public Safety Canada, 2013). According to the National Advisory Council on Prescription Drug Misuse (2013), factors that influence the potential for prescription drug abuse and harm include accessibility, opportunities for diversion along the supply chain, perceptions of relative safety, economic incentives, promotion by the pharmaceutical industry, massive demand, proximity to markets, as well as low risk of arrest and prosecution. Given the high prevalence rates of prescription drug abuse among youth and the consequences associated with this behaviour, it is critical that this form of substance abuse be more fully understood (Boyd et al., 2009).

This chapter will begin by outlining some terminology and definitions associated with substance related and addictive disorders. Thereafter, the chapter focuses in on the issue of youth prescription drug abuse. The focus will then shift towards the recent strategies and initiatives, which have been developed and implemented to address the issue of youth prescription drug abuse in Canada. This section will be followed up with a look at the existing research related to prescription drug abuse among youth in Canada. Some of the issues found in the existing research examined access, motivations, risk factors, as well as the impact this behaviour has had at the individual and societal level. The focus of this chapter will then shift towards the theoretical underpinnings, which have been used to examine and explain this phenomenon. This chapter will close out with a presentation of the existing gaps in the literature, which have contributed to the development and implementation of this study.

Substance Related and Addictive Disorders

According to the APA (2013) and the *Fifth Edition of the Diagnostic and Statistics Manual of Mental Disorders (DSM-5)*, substance-related disorders encompass 10 separate classes of drugs including alcohol, cannabis, caffeine, hallucinogens, inhalants, painkillers, sedatives, hypnotics, stimulants, cocaine, tobacco and other unknown substances. The essential feature of a substance use disorder is a cluster of behavioural, cognitive and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as intense drug craving, multiple failed attempts to decrease or discontinue use, as well as failures to fulfil major role obligations at home, school or work (APA, 2013). According to the APA (2013), an important characteristic of substance use disorders is an underlying

change in brain biochemistry that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioural effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli (APA, 2013).

Prescription Drug Abuse Among Youth

This particular section of the literature review will present the topics and issues that have been examined in regards to prescription drug abuse among youth. One of the topics to be covered will focus on prescription drug access. Specific routes and methods of access will be discussed. As well, the motivations reported for prescription drug abuse will be presented. Another topic to be discussed in this section will be in regards to the variances found in youth at-risk for prescription drug abuse. Lastly, research that has examined the implications of prescription drug abuse at the individual and societal level will be presented.

Prescription drug access. According to the National Advisory Council on Prescription Drug Misuse (2013), there are numerous routes of access to prescription drugs, which can lead to abuse or result in harm. The routes of access include legitimate prescribing for therapeutic purposes, double doctoring and diversion techniques. To be clear, double doctoring occurs when a patient accesses prescriptions from more than one healthcare practitioner, which may involve accessing the same drug from different sources or range of services simultaneously (Sheridan & Butler, 2008). According to the National Advisory Council on Prescription Drug Misuse (2013), diversion occurs by way of prescription forgery and fraud, robberies and thefts, as well as the black market. According to the National Advisory Council on Prescription Drug Misuse (2013), the

abuse of prescription drugs can involve accessing medications from a relative or friend, as well as the hoarding of medications. Lastly, identity fraud can also be used to illegally access prescription drugs (National Advisory Council on Prescription Drug Misuse, 2013). In jurisdictions where health cards do not include photo identification, cards are sold on the black market (National Advisory Council on Prescription Drug Misuse, 2013). Out-of-province cards hold a value on the black market, as prescriptions filled using them are not captured in territorial and provincial prescription monitoring programs (National Advisory Council on Prescription Drug Misuse, 2013).

According to the Canadian Drug Policy Coalition (2013), family households have become a prominent and primary source for prescription drug access among Canadian youth. According to the *2009 Ontario Student Drug Use and Health Survey*, of the 22% of students who reported abusing a prescription drug in the previous year, 70% reported accessing the drugs from home (Canadian Drug Policy Coalition, 2013).

Motivations for prescription drug abuse. According to King, Vidourek and Merianos (2013), the following are common reasons why youth abuse prescription drugs: to decrease anxiety, combat depression, relieve pain, alleviate sleep problems, as well as to enhance cognitive functioning and alertness. Additionally, Health Canada (2014) identified the following, as motivations for prescription drug abuse among youth: to fit in with friends, experience physical or psychological pleasure and because prescription drugs are easier to access than illegal drugs.

Research by Caplan, Epstein, Quinn, Stevens and Stern (2007), showed that a common motivation given by youth who abuse prescription drugs was the belief that prescription medications are safer than illegal drugs. Boyd et al., (2006) found that

youths' motivations to abuse prescription drugs varied by drug classifications. For example, youth who abused sleeping medications did so exclusively to help sleeping, and youth who abused painkillers did so for either pain relief or to become intoxicated (Boyd et al., 2006). Moreover, Boyd et al., (2006), found that youth who abused prescription stimulants did so to help with concentration or alertness. Lastly, youth who abused anti-anxiety medication did so to assist with sleep, decrease anxiety, or to become intoxicated (Boyd et al., 2006).

Research conducted by Gunter, Farley and O'Connell (2013) found that youth who abused prescription drugs fell into two distinct categories: self-treatment and recreational use. Self-treatment included reasons such as pain relief, to treat an infection or illness, to increase concentration, to relieve depression or anxiety, as well as to achieve weight loss. Recreational use included any reason to have fun or become intoxicated (Gunter et al., 2013). The results of this study indicate that pain relief, and intoxication were two of the most prevalent motivations for prescription drug abuse among youth (Gunter et al., 2013).

Diversity in demographics and characteristics of youth at-risk. The demographics and characteristics of youth at-risk for prescription drug abuse are somewhat inconsistent across the literature. Youth are identified as at-risk based on several important factors, notably the type of prescription drug being investigated and the particular subgroup of youth being examined. For example, Rigg and Ford (2014) examined prescription sedative abuse among youth between the ages of 12-17. The primary goal of this study was to identify demographic and psychosocial risk factors, which place youth at risk for prescription sedative abuse. The data collected from the

National Survey on Drug Use and Health (NSDUH), included 19, 264 youth across the US. Sedatives are a class of medication commonly prescribed to treat a variety of behavioural and mental health problems such as anxiety and bipolar disorder (Rigg & Ford, 2014). The results of the study showed that older youth, white race, delinquency, and lower family income were significantly correlated with prescription sedative abuse (Rigg & Ford, 2014).

King et al., (2013) examined the differences of demographics, education, and employment status among youth who abused prescription drugs. This study included 54,361 participants between grades 7-12 from the Greater Cincinnati Area in the US. King et al., (2013) found that Hispanic (16.4%), followed by Caucasian (14.1%) and then African American (8.7%) youth had the highest involvement in prescription drug abuse. The results of this study also indicated that males were more involved than females in the abuse of prescription drugs. Furthermore, the results of this study indicated that (16.4%) of high school students abused prescription drugs compared to (7.8%) of junior high school students.

Pulver, Davison, and Pickett, (2014) also examined prescription drug abuse among youth. The results of this study showed that prescription drug abuse disproportionately affects particular subgroups of youth including females, those of lower socioeconomic status and those living in rural settings. The researchers suggest that youth living in lower socioeconomic conditions may have greater difficulties when faced with decisions about engaging in prescription drug abuse. Moreover, Pulver et al., (2014) suggest that these youth may have more risk-taking peers, fewer opportunities for structured recreation, less parental supervision and more stressful life events. Pulver et al., (2014), suggest that

females are more likely to be prescribed medication, particularly painkillers, which therefore may lead to a greater chance of those medications being abused.

Research by Young, Glover and Havens (2012) found that the prevalence of prescription drug abuse among youth differed by sexual orientation. For example, the prevalence of prescription drug abuse was considerably lower among youth who identified as “completely heterosexual” compared to adolescents who identified as “mostly heterosexual,” or “completely homosexual” (Young et al., 2012).

In summary, youth prescription drug abuse was not depicted by a particular set of demographics or characteristics. Although there were some similarities found across demographics, identifying specific youth at-risk may be a difficult task given the diversity of youth who have abused these drugs.

Poly-drug use. According to the European Monitoring Centre for Drugs and Drug Addiction (2002), the term poly-drug use refers to an individual’s simultaneous, or sequential use of multiple drugs, or types of drugs. Ford (2008) showed that poly-drug use continues to be a strong correlate of prescription drug abuse among youth. Youth who report illicit drug use of any kind are at a greater risk for prescription drug abuse (Ford, 2008). As well, youth who binge drink are more likely to report prescription drug abuse compared to youth who do not binge drink (Ford, 2008). McCabe, West, Morales, Cranford and Boyd (2007), examined the pattern of poly-drug use among youth who abused prescription drugs. The findings indicated that a considerable number of youth who began abusing prescription drugs at an early age also reported using alcohol and other illicit drugs. For example, 75% to 97% of the individuals who began abusing prescription drugs by approximately age 15, also reported using alcohol and/or other

drugs (McCabe et al., 2007). Rigg and Ford (2014), also found that youth who reported binge drinking, tobacco use, marijuana use, illicit drug use, as well as other prescription drug abuse were at an increased risk for prescription sedative abuse.

In summary, poly-drug use, particularly binge drinking has emerged as a significant risk factor for prescription drug abuse among youth. Nevertheless, the above information suggests that any kind of early substance abuse may serve as a clear warning sign for potential youth prescription drug abuse.

Individual impact of prescription drug abuse. According to the National Advisory Council on Prescription Drug Misuse (2013), the abuse of prescription drugs can result in a variety of harm to an individual's health including drug withdrawal, addiction, injury and death caused by accidental overdoses, automobile accidents and suicide. In general, youth are more likely than adults to experience harm from substance use according to the National Advisory Council on Prescription Drug Misuse (2013). Consequently, youth are considered a high-risk group for prescription drug abuse and the associated harm (National Advisory Council on Prescription Drug Misuse, 2013). The following section will present the sociological, psychological and physiological problems associated with prescription drug abuse.

Emotional problems. According to Sheridan and Butler (2008), the abuse of prescription drugs has been shown to cause mental health problems. It has also been suggested that the emotional problems experienced by those who abuse prescription drugs are similar to those experienced by users of other highly addictive drugs such as cocaine and heroin (Sheridan & Butler, 2008). In particular, the Government of Canada

(2014) explains that prescription stimulant abuse may cause sudden changes in mood resulting in feelings of aggression, hostility, anger, suspiciousness and paranoia.

Functional problems. According to Sheridan and Butler (2008), the abuse of prescription drugs has been shown to cause significant problems at home, school or work. Research by McCabe, Boyd and Teter (2005) showed that youth, who abused prescription painkillers were considerably more likely than non-users to skip school at least once per month and get suspended or expelled from school.

The following section describes the cognitive and neurological problems that prescription drug abuse may have youth. According to the National Advisory Council on Prescription Drug Misuse (2013), a young brain experiences extensive and rapid development, which can be negatively affected by prescription drug abuse, especially early-onset abuse. According to research conducted by Caplan et al., (2007) the neuropsychological effects of a sedative addiction include deficits in memory, verbal learning and processing speed, even after discontinuation. Caplan et al., (2007) went on to explain that after discontinuation, cognition improves, but may not return to baseline levels. The Government of Canada (2014) suggests that the long-term effects of prescription sedatives and tranquilizers may lead to problems with concentration and learning.

According to the National Institute on Drug Abuse (2007) dopamine is a neurotransmitter present in regions of the brain that regulate motivation, movement, emotion and feelings of pleasure. Nearly all drugs of abuse, indirectly, or directly activate this system. Furthermore, according to the National Institute on Drug Abuse (2007) particular drugs, such as prescription stimulants cause nerve cells to release irregular

amounts of natural neurotransmitters, or prevent their normal recycling, which is necessary to shut down the signal between neurons. As an individual continues to abuse drugs, the brain adjusts to the immense surges of dopamine by producing less dopamine or by reducing the number of dopamine receptors in the reward circuit (National Institute on Drug Abuse, 2007). Consequently, dopamine has a weaker impact on the reward circuit, which interferes with the individual's ability to not only enjoy the drugs, but other activities that generated pleasure in the past (National Institute on Drug Abuse, 2007). As a result, the individual with an addiction must abuse a larger quantity of drugs to produce that initial dopamine surge; this phenomenon is known as tolerance (National Institute on Drug Abuse, 2007). This inability to experience pleasure post-addiction has been hypothesized by the Institute as one of the factors leading to the persistence and recurrence of addictive use (National Institute on Drug Abuse, 2007).

Drug addiction and dependence. The Government of Canada (2014) highlights that once addiction to prescription painkillers, stimulants, sedatives, or tranquilizers has developed, it can be difficult to break. Discontinuing prescription drugs can lead to a variety of unpleasant and potentially lethal effects, which are known as withdrawal symptoms (Government of Canada, 2014). McCabe et al., (2007), found that a greater percentage of individuals who initiated the abuse of prescription drugs at, or before the age of 13 were found to have developed prescription drug abuse and dependence compared to those individuals who began abusing prescription drugs at, or after the age of 21. In other words, early onset of prescription drug abuse is a significant predictor of lifetime prescription drug abuse and dependence (McCabe et al., 2007). According to Fischer et al., (2009) in Canada, it has been estimated that 10% - 33% of prescription

painkiller abusers may develop prescription painkiller dependence, or other drug use disorders during their lifetime.

Prescription drug overdose and death. According to the Centre of Disease Control and Prevention (CDC), (2012), prescription drug overdoses have been steadily increasing among 15-19 year olds. Furthermore, according to the Partnership for Drug-Free Kids (2014), in the US poisoning deaths related to prescription drug abuse among youth increased by 91% from the year 2000 to 2009. Similar trends are arising at alarming rates north of the boarder in Canada (Partnership for Drug-Free Kids, 2014).

The Office of the Chief Coroner for Ontario (2013) investigated the prevalence of fatal toxicity from prescription drugs between 2008-2010 compared to that of illicit drugs and over-the-counter medication. The result of this investigation found that the majority of fatalities occurred as a result of a lethal dose of prescription drugs, particularly among youth between 17-19 years of age. Data continue to confirm a persistent increase in deaths related to prescription painkillers in Ontario (Dhalla et al., 2009). According to the Michael Smith Foundation for Health Research (2012) in one area of British Columbia, the annual rate of prescription painkiller overdose deaths (2.7 per 100,000) is nearly equivalent to the number of people killed in automobile accidents involving alcohol (2-3 per 100,000). Yet, according to Fischer, Rehm and Gittins (2009), in Canada there is a lack of national data on overdose deaths specifically related to prescription painkillers, which makes an exact quantification difficult outside of these sporadic provincial-level studies.

Societal impact of prescription drug abuse. It should be noted that in the following section, unless indicated, the data presented represents all those who abuse

prescription drugs, not just the youth. Research by Hansen, Oster, Edelsberg, Woody and Sullivan (2011) indicated that prescription drug abuse brings about a great deal of societal harm. These harms include victimization, crime, and the loss of human potential (Hansen et al., 2011). As well, prescription drug abuse puts pressure on institutional and community resources available for prevention and treatment (Hansen et al., 2011). Hansen et al., (2011) suggests that there are significant financial and human costs associated with prescription drug abuse. Yet, according to Fischer et al., (2009) there is currently an absence of Canadian data to determine the financial and human cost of prescription drug abuse. However, in the US it was estimated that in 2001 the social costs of prescription drug abuse accounted for an approximate total of 8.6 billion, which has likely risen given the increased rates of prescription drug abuse over the years (Fischer et al., 2009).

Increased emergency department visits in Ontario. The Expert Working Group on Narcotic Addiction (2012) conducted an analysis of emergency department visits in Ontario. This analysis showed that between 2005 - 2006 and 2010 - 2011 there was an approximate 250% increase in the total amount of emergency department visits related to prescription drug overdose, withdrawal, intoxication, psychosis, harmful use and other associated diagnoses (Expert Working Group on Narcotic Addiction, 2012). In Alberta, disorders caused by prescription stimulants were the most prevalent cause for visits to the emergency department between the years 2003 – 2006 (National Advisory Council on Prescription Drug Misuse, 2013).

Increased demand for treatment related to prescription drug abuse. According to Fischer, Nakamura, Rush, Rehm and Urbanoski (2010) the demand for treatment related to prescription painkiller abuse is on the rise. Between 2004-2009 in the province

of Ontario, admissions to substance use treatment programs for prescription painkiller abuse have increased twofold (Fischer et al., 2010). Furthermore, according to Fischer and Argento (2012), the number of people enrolled in a methadone maintenance treatment in Ontario has grown significantly over the last decade, from approximately 7,800 in 2001 to 35, 228 in 2011. These increases are considered to be in large part due to the increasing number of people who abuse prescription painkillers (Fischer & Argento, 2012).

Criminal implications of prescription drug abuse. According to the National Advisory Council on Prescription Drug Misuse (2013) over 5,000 new legal files involving charges laid under the *Controlled Drugs and Substance Act* in 2011-2012 pertained directly to prescription drugs involving organized crime and drug trafficking (National Advisory Council on Prescription Drug Misuse, 2013). Prescription drugs have become lucrative to sell on the black market, which is explained in more detail below.

According to Weekes, Rehm and Mugford, (2007), there are great financial incentives for trafficking prescription drugs. According to Weekes et al., (2007), the results from a 1998 study in Vancouver confirmed that there are significant profit margins in the black market value of various trafficked prescription drugs. For example, in 1998, a 60 mg tablet of MS Contin (painkiller) cost just under \$2 in a pharmacy, but averaged a value of \$35 on the black market (Weekes et al., 2007). A 4 mg tablet of Dilaudid (painkiller) cost under \$0.50 in the pharmacy but had a black market value of \$32 (Weekes et al., 2007). Overall, the black market value of prescription drugs has risen drastically from 1998 to 2013 (Dickinson et al., 2013). According to Dickinson (2013), in Ontario the average pharmacy price for a single 80mg tablet of OxyContin is \$4, but

averages an \$80 value on the black market. Moreover, according to Dickinson (2013), in some more remote communities in Northern Ontario a single 80mg tablet of OxyContin may sell as high as \$400 to \$600.

In summary, recent research on prescription drug abuse has shown that this behaviour may result in many serious lifelong health problems including mental illness and cognitive dysfunction. As well, the rise in prescription drug abuse has expended a great deal of Canada's valuable healthcare and criminal justice resources, which is troubling to all Canadians who rely on these services on a daily basis.

Social Theory Applied to Prescription Drug Abuse

According to Schroeder and Ford (2012), most of the research on prescription drug abuse among youth is largely non-theoretical. Instead, the primary focus of these studies is aimed at documenting patterns of abuse, as well as the demographic characteristics of youth who abuse prescription drugs (Schroeder & Ford, 2012).

However, according to Schroeder and Ford (2012), recent research has found a consistent link between prescription drug abuse among youth and social learning.

Social learning theory. According to Ford (2008), social learning theory focuses on the impact of socialization and the normative influences of others. According to this theory, the causal mechanisms, which explain risk-taking behaviour, involve interactions with friends and family who expose individuals to risk-taking role models and provide reinforcements and normative definitions for behaviour (Ford, 2008). This theory proposes that risk-taking behaviour occurs when it is differentially reinforced over alternative behaviour and is defined as desirable behaviour (Ford, 2008). According to Goode (2008), social learning theory has a straightforward application to drug abuse, as it

proposes that drug abuse can be explained by differential exposure to groups in which abuse is rewarded.

Consequently, Compton and Volkow (2006) hypothesize that among youth; there may be a social learning aspect with regards to prescription drug abuse. Young people may be observing and modelling their parents and peers who engage in this type of behaviour (Compton & Volkow, 2006). Prescription drugs may be taken by family members on a routine basis and may be used for a variety of conditions (Compton & Volkow, 2006). Boyd et al., (2006) also hypothesized that prescription drugs, especially painkillers are abused as a result of modelling the behaviours of family members and social networks. This hypothesis is consistent with social learning theory.

Ford (2008) examined social learning theory and its impact on prescription drug abuse among youth. Ford (2008) specifically measured the attitudes and behaviours of peers and family on this type of behaviour. The result of this study indicated that youth who differentially associated with peers who were substance users were more likely to report prescription drug abuse. Ford (2008) suggests that prescription drug abuse occurs because peer substance use exposes these youth to a set of models and normative definitions (which are attitudes and meanings people attach to behaviours) that were supportive of this behaviour. As well, youth with definitions that were more accepting of substance use were more likely to report prescription drug abuse (Ford, 2008). Ford (2008) suggests that youth with more positive definitions regarding substance use were more likely to abuse prescription drugs because they viewed substance use as socially desirable and normative. Furthermore, youth who had parents and peers who condoned substance use were more likely to engage in prescription drug abuse (Ford, 2008). Ford

(2008) suggests that prescription drug abuse occurs because youth who engaged in this behaviour anticipated positive results and rewards from others. The results of this study were congruent with social learning theory (Ford, 2008).

Child and Youth Prescription Drug Abuse Initiatives and Strategies

There are several notable Canadian organizations that have been established in recent years to address youth prescription drug abuse. The strategies and initiatives will be discussed in more detail below. It is important to note that these strategies and initiatives contributed to my decision to research the issue of prescription drug abuse among children and youth. Furthermore, understanding these strategies and initiatives has helped me provide recommendations for future research child and youth prescription drug abuse.

Health Canada and the Canadian Centre on Substance Abuse. The National Advisory Council on Prescription Drug Misuse (2013) in association with Health Canada and the Canadian Centre on Substance Abuse has developed a *Pan-Canadian Strategy* to address prescription drug abuse and related harms in Canada. A component of this strategy is to develop and evaluate accessible evidence-informed resources for educators and practitioners working with the youth to assist with incorporating prescription drug related harm prevention into programs and policies, while making certain that unintended consequences are avoided (The National Advisory Council on Prescription Drug Misuse, 2013).

Prescription Drug Overdoses in Nova Scotia Working Group. The Prescription Drug Overdoses in Nova Scotia Working Group (2011) established a mandate to promote a safer and healthier Nova Scotia. This organization was created

following the untimely prescription drug-related death of a young person in Annapolis Valley, Nova Scotia. The purpose of this organization was to establish recommendations, which would begin to focus on the need to expedite more timely interventions and respond more effectively to the negative consequences of prescription drug abuse, including overdose and death. One of the specific recommendations of this group is to curb prescription drug overdoses and deaths among children and youth (Prescription Drug Overdoses in Nova Scotia Working Group, 2011).

In summary, these strategies and initiatives represent an effort to address prescription drug abuse among youth. A common goal shared among these strategies and initiatives is to holistically address the issues of prescription drug abuse in a timely fashion. These strategies and initiatives were established to halt the upward trends of child and youth prescription drug abuse, and to manage the negative consequences associated with this behaviour.

Research Gaps

According to Malone (2011), the increase in prescription drug abuse raises the need for more research on identifying the risk factors for this type of behaviour. Furthermore, Higgins et al., (2009) point out that while some research has been conducted on the perceptions of prescription drug abuse, there is a lack of research focused on the origins of this behaviour. Moreover, while many studies provide insight into this problem, they do not provide a complete picture of why individuals engage in this type of behaviour (Higgins et al., 2009). Similarly, McCabe et al., (2007) recommend that future research examine the factors, which contribute to the early onset of prescription drug abuse. McCabe et al., (2007) suggests that future research should use

qualitative approaches to examine prescription drug abuse among youth, as this methodology allows for a deeper understanding of contributing factors to early abuse. Compton and Volkow (2006), suggest that research into the abuse of prescription drugs investigate exactly how these drugs are accessed and abused (Compton & Volkow, 2006).

Chapter Summary

In summary, this chapter presented the current scientific explanations and definitions for drug abuse and addiction. This chapter presented a number of important findings related to prescription drug abuse. These findings addressed issues of access, motivations, risk factors, as well as the overall impact of prescription drug abuse. As well, this chapter discussed the relationship between social learning theory and prescription drug abuse among youth. This chapter also presented some strategies and initiatives that have been created to address this issue. This chapter provided the context and grounds, which have shaped the development and implementation of this research endeavour.

Chapter 3. Methodology and Methods

This chapter explains the methodology and methods used in conducting this study on the lived experiences prescription drug abuse among children and youth. My research question is ‘what are the lived experiences of a prescription drug abuse during childhood and adolescence?’ This question was generated following an extensive literature review of scholarly works and governmental reports regarding the issue of prescription drug abuse among children and youth. This chapter will begin with a brief overview of the paradigm and qualitative methodology used in this study. The ethical considerations, as well as the data collection and analysis methods will follow. Lastly, I will describe the standards of evaluation used in this qualitative study.

Locating The Research Within A Paradigm

As with any qualitative research, it is helpful for the inquirer to be located paradigmatically in order to ensure congruence within their inquiry. According to Guba and Lincoln (1994), a paradigm is defined as the worldview, or basic belief system, in which the researcher studies and serves as a guide in regards to the choice of methodology and methods. At the time and in the context of this study, I locate myself within the interpretivist paradigm, which is discussed in more detail below.

Interpretivism. Within this paradigmatic perspective, there is a valuing of understanding the intricacies of lived experiences from the perspectives of those who live them (Hart & Gregor, 2005). It has been postulated that the primary goal of this paradigm is to understand the lived experiences from the insider’s point of view (Hart & Gregor, 2005). According to Carpenter and Suto (2008) human action is important and the goal of interpretive inquiry is to grasp and comprehend how people interpret or make meaning of social phenomena.

Ontology. Within this interpretive paradigmatic perspective, there is a valuing of relativism, which presumes that multiple and sometimes conflicting realities exist as opposed to one true reality (Carpenter & Suto, 2008). This is because all human understanding is bound in language, used to define concepts, all of which are of our own creation (Carpenter & Suto, 2008). In this perspective, then, realities may transform as those who construct these realities find alternative, more refined, more useful, or more current ways to represent them (Carpenter & Suto, 2008). As a researcher, this ontological stance sits well with me as I have always sought to keep an open mind, seeking to acknowledge and understand multiple constructed realities in play. Through the project presented herein, I sought to balance the varied and valuable truths of participants in order to present enhanced understanding without claiming sole ownership of ideal representations.

Epistemology. An interpretivist postulates that the researcher and the participant are interactively connected in the development of knowledge and understanding, so that findings are essentially co-created as the process of investigation proceeds (Guba & Lincoln, 1994). This understanding is represented in the choice of a hermeneutic methodology that allowed for findings to be co-created between myself and the participants both through dialogue during the data collection process and through engaging with textual representations of participants' experiences.

Methodology

Interpretive hermeneutic phenomenology. Interpretivism is closely allied with the philosophical idea of hermeneutics, which is a methodology focused on understanding meaning, interpretations, and purpose (Carpenter & Suto, 2008). The

Gadamerian philosophy of hermeneutics is founded on the idea that people make meaning of their lived experiences through dialogue (Sammel, 2003). Thus, meaning is constructed as an interaction between humans and the world in which they live (Matney, Brewster, Sward, Cloyes & Stagges, 2011). Gadamerian hermeneutics focuses on developing meaning and shared understanding through dialogue, whether in active conversation between people or within the linguistic interplay that occurs between a reader and a text (Matney et al., 2011). As such, Gadamer proposes the hermeneutic circle, which is a reciprocal activity of back and forth interaction between people or between someone reading a text (Matney et al., 2011). Ultimately, Gadamer's hermeneutic approach is a way of focusing one's attention to the interpretation or experience, which is essential to human understanding (Matney et al., 2011).

Location of the researcher and reflexivity. According to Braun and Clarke (2006), it is imperative that the theoretical position of a thematic analysis be clearly articulated. Any theoretical framework brings about a number of assumptions regarding the nature of the data, what it represents in terms of reality, the world, and so forth (Braun & Clarke, 2006). To enhance understanding through an analysis of experience through text, this should be made clear (Braun, and Clarke, 2006). As such, social learning theory is what guided my understanding, interpretation and presentation of the data.

Methods

Qualitative research. Qualitative research seeks to understand and reflect the insider's perspective, which is the point of view of the group or individual who has lived through the interpreted experience, or ongoing circumstances (Carpenter & Suto, 2008). Furthermore, a key characteristic of qualitative research is that there exists multiple

realities, or truths that can be understood by investigating the meaning that people ascribe to their interactions, and experiences within the social world (Carpenter & Suto, 2008). I chose to conduct a qualitative study because I believe it was the most appropriate and effective way to gain a deep understanding of the lived experiences of individuals who abused prescription drugs during childhood and adolescence. I do not believe that a quantitative or mixed methods study would have been able to capture the lived experiences with as much detail and insight as a qualitative study. Furthermore, a qualitative study allowed me as the researcher to ask open-ended questions, which gave the participants an opportunity to provide thoughtful and comprehensive responses. These kinds of responses could not have been captured numerically, or in a multiple-choice format.

Study design. This project was a retrospective phenomenological study, involving multiple face-to-face interviews with a purposive sample of participants who had experienced prescription drug abuse as a child or youth. The primary goal of this study was to understand these lived experiences in order to provide greater depth and breadth into the complexities of this behaviour. A secondary goal of this study was to identify and understand the risk factors, which contributed to the facilitation of prescription drug abuse at such a young age. A tertiary goal of this study was to understand the impact this behaviour had on the participants' lives at that time. As mentioned, this study was a retrospective, which means the participants were adults over the age of 18, who reflected on their experiences of prescription drug abuse as youth. The next section of this chapter will describe the study sample, recruitment process and ethical considerations.

Study sample. Purposeful sampling is done to engage individuals who can represent information-rich cases, which allows the researcher to deeply study the issues of central importance (Coyne, 1997). For this reason, I chose to use purposeful sampling. Inclusion criteria consisted of English speaking males, and females, between the ages of 18-45 who abused prescription drugs as children and/or youth.

The age of 18 was selected as the minimum age for participation because the study was designed as a retrospective, which focused on past experiences. The upper age limit of 45 was established as to include participants who were not too far removed from their early life experience, with an intention to capture reflections that participants considered accurate detailed representations of their pasts. English was established as the required language as this is the only language that I fluently speak and understand.

Researchers engaging in hermeneutics value the deep understanding permitted by hearing information-rich stories (Sandelowski, 1995). Sandelowski (1995) recommends that phenomenological studies include at least six participants. For this reason, I recruited six participants to interview, and found that this provided opportunities to reflect upon both diversity and similarity of experiences.

Participant recruitment. Narcotics Anonymous (NA) is a not-for-profit fellowship of men and women for whom drugs have become a significant problem (NA, 2007). Members of NA define themselves as recovering addicts who meet on a regular basis to help one another stay clean, meaning abstaining from any and all substance use (NA, 2007). NA holds daily meetings for addicts, but also holds weekly 'open' meetings, where non-addicts are welcome to attend (NA, 2007). Membership is free and there are no requirements or prerequisites to attend these meetings (NA, 2007).

I attended several weekly 'open' NA meetings, which were held in a hall in Southern Ontario to promote and recruit participants for this study. Flyers (Appendix A) were posted in the meeting room for others to see. I took the time to speak with several individuals after nightly meetings to further promote the study. Both of these recruitment methods allowed me the opportunity to provide details of the research, and to explain the potential role of the participant. Interested participants were given a Letter of Information (Appendix B), which formally outlined the study. As well, interested participants were given a Participant Consent Form (Appendix C) to review, and sign prior to our first interview. A total of six participants were recruited: three males and three females.

Ethical considerations. This study received ethical approval from the Health Sciences Research Ethics Board at Western University (Appendix E). This ethical approval was sufficient for NA, who required no additional ethics process. Informed consent was obtained from all of the participants prior to the data collection process (Appendix C). As well, participants were given a verbal review of the Letter of Information and had the opportunity to ask questions prior to the first interview. The participants were compensated with \$20 per interview as an honorarium for contributing to this study. Due to the sensitive nature of the issues discussed during the interview process, links to support services were provided through NA. However, none of the participants paused or backed out of an interview. As well, none of the participants requested any support from the services provided.

Data Collection

The interview. The interview is used as a means of exploring and gathering first hand narratives of lived experiences (Ajjawi, & Higgs, 2005). Secondly, the interview

provides an opportunity for the participant and the researcher to develop a conversational relationship about the meaning of the participant's lived experiences (Ajjawi, & Higgs, 2005). Most importantly, the interview allows the participant to tell their story in their own words (Ajjawi, & Higgs, 2005). Interview structure is an important aspect of data collection. Semi-structured interviews allows for the researcher to acquire a wealth of data (Ajjawi, & Higgs, 2005). As well, semi-structured interviews allow participants the freedom to answer questions and probes, and to narrate their experiences without being restricted to researcher-articulated answers (Ajjawi, & Higgs, 2005).

Participants were provided an opportunity to share their experiences with prescription drug abuse as children or youth by way of two separate, one hour, semi-structured, one-on-one interviews. The interview guide went through several iterations. The first draft composed of nearly two dozen questions related to many aspects of the individual's childhood and youth, as well as their experiences with prescription drugs. However, after some reflection the interview guide was trimmed significantly, and primarily focused on the lived experiences of prescription drug abuse as children or youth.

The final interview guide (Appendix D) was designed with approximately a dozen open-ended questions. The interview began with general questions to acquire background information: Where are you from? How old are you? What is your occupation? Subsequent questions honed in on the individual's experiences with prescription drug abuse: How old were you when you started taking prescription drugs? What were your reasons for taking them?

Interviews were conducted in quiet and confidential locations, at a time convenient for the participant. Interview locations ranged from private library conference rooms, the participant's home and in some cases either my vehicle or the participant's vehicle. Interview sessions lasted approximately one hour in length. A follow-up interview was conducted within a month of the first one. This time-lapse provided an opportunity for myself and the advisory committee to review the first set of interviews, address issues that needed further probing, or clarity, and to develop questions for the follow up interview. In addition, the follow-up interview allowed for the participant to clarify, confirm, and validate the experiences that they had spoken about in the first interview. As such, I generated a follow-up interview guide specific to each participant with some common questions across each (Appendix D).

Data Analysis

Thematic analysis. Data analysis was conducted in several phases, which was guided by the step-by-step process of thematic analysis established by Braun and Clarke (2006). Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data, which clearly organises and describes the data set in great detail (Braun & Clarke, 2006). A theme encapsulates something of significance about the data, but also epitomizes some level of patterned response or meaning within the data set (Braun & Clarke, 2006).

Preliminary analysis. I began my analysis with some general note taking before the data collection process commenced (Appendix G). I jotted down my thoughts and assumptions about drug abuse based on my lived experiences and knowledge about the subject. I did this to identify, and record my pre-understandings of the phenomenon. To

clarify, pre-understandings are universal conditions of understanding phenomena (Dobrosavljev, 2002). Prior to, and during the course of this study I engaged in reading ethnographic works on drug abuse, most notably Philippe Bourgois' *Righteous Dopefiend* (2009), and *In Search of Respect* (2002). Both books followed the lives of several individuals struggling with drug abuse in major American cities. Both books provided great depth and insight into the daily lives of these individuals, as well as an analysis of the broader structural forces and historical events that surrounded the phenomena under investigation. These particular readings helped shape my pre-understandings of substance abuse.

Listening to the audio recordings. When you engage in analysis it is imperative that you immerse yourself into the data to the extent to where you become familiar with the breadth and depth of the content (Braun & Clarke, 2006). I began familiarizing myself with the data by listening to the audio recordings of each interview in its entirety several times. I then made notes reflecting my thoughts about the interviews, as well as my preliminary interpretations of the participants' experiences.

Transcribing the data. When working with verbal data such as interviews, it is helpful to transcribe the data into written form in order to conduct hermeneutic analysis (Braun & Clarke, 2006). All of the interviews were transcribed verbatim, which prepared the data for the next phase of analysis.

Reading the data. To engage continually with the text and meaning, the hermeneutic circle requires repeated reading of the text (Sammel, 2003). The researcher should make an effort to read actively, which means to search for patterns and meanings (Braun & Clarke, 2006). It is also suggested to read through the entire data set at least

once before the coding process begins (Braun & Clarke, 2006). Once all of the interviews were transcribed, I read each transcript in its entirety. The initial read provided me with understanding of the overall texts as a whole. During my initial read I made an effort to circle or underline words and phrases that stood out to me as meaningful. I then recorded reflective notes into my journal describing my thoughts, and interpretations of the participants' experiences. I repeated this process multiple times to further familiarize myself with the data.

Coding the data. According to Braun and Clarke (2006), codes identify portions of the data that appear interesting to the researcher. The codes highlight the most basic element, or segment of raw data that can be assessed in a meaningful way with respect to the phenomenon (Braun & Clarke, 2006). Coding can be done manually by making notes on the texts, or by using coloured highlighters and pens to indicate potential patterns (Braun & Clarke, 2006). The process of coding is part of the analysis, as the researcher organizes the data into groups they perceive as meaningful (Braun & Clarke, 2006). Thus, the coded data differs from units of data known as themes, which are typically broader (Braun & Clarke, 2006). Once I became familiar and comfortable with the data set I began generating some initial codes by circling and highlighting chunks of the data and marking up specific segments of the text. For example, any segment of the data which spoke about accessing prescription drugs was highlighted and labelled with the code 'access.' By doing so, I was able to easily locate chunks of data across each transcript that spoke about access. My thesis advisory committee was also involved in this process. Collectively, we reviewed the codes that I had generated to ensure that I remained consistent throughout this process.

Searching for themes. According to Braun and Clarke (2006) searching for themes begins once the data set has been collected and coded, and a long list of different codes have been created from the data set. Thereafter, the focus of the analysis turns towards sorting the various codes into possible themes and combining all relevant coded passages within these themes (Braun & Clarke, 2006). A visual representation such as a thematic map may be helpful in sorting the different codes into themes (Braun & Clarke, 2006). It is possible for some codes to form main themes, or sub-themes, whereas other codes may end up being discarded (Braun & Clarke, 2006).

Once the data set had been collected and coded I began to organize the content. I created a list of all the codes used across the data set. Each code was given a brief description of its meaning. Similarly coded passages of data were compiled into a single file. So for example, all of the passages coded as ‘access’ were sorted into one pile and all of the passages coded as ‘exposure’ were sorted into another. As well, a thematic map was created to provide a visual of the organization process. At this point I had my first version of themes and sub-themes, which enabled me to proceed to the next phase of analysis.

Reviewing themes. According to Braun and Clarke (2006) the reviewing of themes involves the refinement and adjustment of possible themes. During this phase, it may become apparent that some of the themes are not actually themes, while others may merge into each other (Braun & Clarke, 2006). As well, other themes may need to be divided into separate themes (Braun & Clarke, 2006). Data within the themes should cohere together meaningfully and there should be a clear and identifiable distinction between them (Braun & Clarke, 2006). Once I had developed a thematic map, I met with

my advisory committee to present my findings. These meetings generated plenty of discussion and ideas surrounding the current themes and sub-themes. My advisory committee suggested some revisions and reorganization. As such, I entered into the hermeneutic circle moving back and forth between the passages to solidify the revised thematic map. Once I had established the revised thematic map, I met with my committee again to present my themes and sub-themes. During this meeting we reached an agreement on the revised themes and sub-themes, which allowed me to move onto the next phase of analysis.

Defining and naming themes. According to Braun and Clarke (2006) the defining and naming of themes occurs once a satisfactory thematic map of the data has been established (Appendix F). At this point, the researcher will define and subsequently refine the themes that will be present for the analysis and to analyze the data within them (Braun & Clarke, 2006). As such, I began to write-up a detailed analysis of each theme. The write-ups were not simply paraphrased accounts of the participants' experiences, rather they captured the essence of each theme with depth and attention to detail. Each theme and sub-theme was clearly defined to inform the reader as to what they were and what they were not. Additionally, I provided a separate write-up to show my interpretation of the themes and sub-themes, which helped me keep track of my thoughts, ideas and perceptions. Finally, each theme and sub-theme was given a meaningful and captivating name, which best captured the story of each.

Standards for Evaluation

Trustworthiness. According to Lietz, and Zayas (2010) it is necessary for qualitative studies to achieve trustworthiness. A trustworthy study is one that best

exemplifies as strongly as possible the perspective of the research participants (Lietz & Zayas, 2010). Trustworthiness of data is accomplished by means of rigor: rigorous qualitative research must clearly present the process by which the researcher developed his/her interpretations, so that the reader can understand how the interpretations were created (Deljavan, 2013). To establish trustworthiness, several research strategies were applied throughout the duration of this study: auditability, credibility, and transferability.

Auditability. Refers to the extent to which research procedures were documented, which would allow an outsider to follow, and critique the research process (Lietz & Zayas, 2010). There were two qualitative research strategies used to establish auditability: keeping an audit trail, and peer debriefing. Firstly, an audit trail is a detailed account of the research process, which includes a description of the decision making process during the course of the study.

To ensure auditability I kept a notebook to keep track of the decision making process throughout the duration of this study. As can be seen in previous sections of this chapter, the decision making process for each step was clearly documented. The other strategy adopted to achieve auditability was through peer debriefing. This strategy consists of checking with other researchers who are well versed in qualitative methodology to discuss procedures and research decisions (Lietz & Zayas, 2010). Peer debriefing is an effective strategy to enhance the quality of a study (Lietz & Zayas, 2010). Telephone conversations and several in-person meetings were had with my supervisors who are both well versed in qualitative research. As well, email communication was a convenient and effective way to keep all of us on the same page. These meetings, discussions and emails provided me with direction and assisted me

throughout the entire process of inquiry. To further enhance to quality of this study, several meetings were held with my thesis advisory committee. These meetings were an effective way to obtain valuable feedback from two more experienced qualitative researchers.

Credibility. According to Lincoln and Guba (1994), credibility represents the confidence in the ‘truth’ of the findings. There are a series of techniques that can be used to achieve this, including prolonged engagement and triangulation (Lincoln & Guba, 1994). Prolonged engagement represents the sufficient time spent in the field learning about the culture and the phenomena of interest (Lincoln & Guba, 1994). This involves speaking with a range of people and developing trust and rapport with members of the culture (Lincoln & Guba, 1994). During the data collection process, I interviewed six people who had experienced prescription drug abuse as youth. I spent several hours with each participant as they discussed their life experiences, as well as sharing some of my own. I was able to develop trust and rapport with each of the participants during this time.

Triangulation represents the techniques used to ensure that the findings are comprehensive, rich, robust and well developed (Lincoln & Guba, 1994). One technique: analyst triangulation refers to using multiple analysts to review the findings, which can provide a check on selective perception (tunnel vision) and illuminate blind spots in an interpretive analysis (Lincoln & Guba, 1994). As such, my supervisors and advisory committee reviewed my findings. Their review of the findings opened my eyes to certain issues that I had overlooked. Furthermore, their feedback and expertise helped me to emphasize the issues that will ultimately expand the existing knowledge and understanding of youth prescription drug abuse.

Transferability. Refers to the degree to which the findings are applicable or helpful to theory, practice, and future research (Lietz, & Zayas, 2010). Therefore, as a researcher aims to achieve transferability, thick descriptions are appropriate (Lietz, & Zayas, 2010). Thick descriptions allows the reader to understand the way findings may be applicable to other settings (Lietz, & Zayas, 2010). Thick descriptions involve deep, dense, and detailed accounts of the phenomenon under investigation with respect to the context in which it took place (Lietz, & Zayas, 2010).

Thick descriptions were provided for this study in several ways. Firstly, the context in which the participants were recruited from NA, as well as a detailed description of each participant was clearly provided. Secondly, a thorough account of this study's findings was provided. Lastly, selected segments of the transcripts were included to provided more depth and support to the analysis.

Chapter Summary

This chapter presented the methodology and methods used in this study. I began this chapter with a discussion about paradigms. As mentioned, I located myself within the interpretivist paradigm. In keeping with paradigms, I described my ontological and epistemological perspectives. Ontologically, I presume that multiple and sometimes even conflicting realities exist, rather than one true reality. Epistemologically, I presume that the researcher and the participant are interactively connected in the development of knowledge and understanding, so that findings are essentially co-created. I then introduced the concept of hermeneutic interpretive phenomenology, which is a methodology focused on understanding meaning, interpretations, and purpose. Thereafter, I discussed my location as the researcher. As mentioned, I identified social

learning theory as my guide to understanding, interpreting and presenting the data. The chapter turned its focus to the methods used in this study. I discussed the qualitative research method, study design, data collection and analysis used in this study. I closed out this chapter with a discussion of the standards for evaluation used to ensure that this study is of quality.

Chapter 4. Findings

This chapter presents the findings for this study. I begin with a narrative description of each participant. Thereafter, I present the themes and sub-themes. Each theme and sub-theme is clearly defined. I also explain how the themes and sub-themes differ and relate. Each theme and sub-theme includes segments from the transcripts for support. I close out this chapter with a summary of the findings.

Participant Information

There were a total of six participants in this study: three females and three males. All of the participants in this study were Caucasian. The level of education among the participants ranged from some elementary to secondary. The participants held various occupations at the time of the study. All of the participants began abusing prescription drugs as youth. All three of the male participants abused prescription painkillers. Two of the female participants abused prescription stimulants, and one female participant abused prescription sedatives. All of the participants smoked tobacco during their youth, and all but one of the participants had experiences with alcohol and marijuana as well. Most of these experiences occurred around the same time, or just prior to the onset of prescription drug abuse. Moreover, all but one of the participants went on to abuse other substances during their youth including cocaine, mescaline, ‘magic mushrooms,’ ‘ecstasy,’ ‘acid’ and even over-the-counter drugs.

It is important to note that at the time I interviewed Katrina and Calvin, they were both being treated with prescription drugs for bi-polar disorder. As well, Jeremy and Katrina expressed that they had recently abused prescription drugs. Meanwhile, Phillip explained that he had been living a drug-free lifestyle. Calvin and Samantha disclosed

that they both still smoke marijuana. Lastly, Gloria acknowledged that she sometimes struggles with abusing over-the-counter drugs for weight loss.

Participant 1. Gloria Green is in her mid forties. She is a mother and grandmother. Gloria graduated from high school, but is unable to work due to an injury. Gloria grew up in a large family with many siblings. Gloria's parents emigrated from Europe to Canada prior to her birth. Unfortunately, Gloria's father passed away when she was young and her family lived in poverty thereafter. After her father's death, Gloria and her siblings were dispersed to live with different families while her mother coped with the loss of her husband. At a young age, Gloria fell ill with a severe case of pneumonia and nearly died. As well, Gloria did not begin talking until late in her childhood. Gloria had great difficulties speaking once she began and was teased by other children at school. Gloria struggled living in poverty and growing up without a father. As a youth, Gloria also struggled with being overweight. Gloria wanted to fit in with the popular group and felt that this could be accomplished with weight loss. Gloria smoked tobacco during her youth, but did not abuse any other substances. It was around this time that Gloria began to abuse prescription stimulants for weight loss.

Participant 2. Jeremy White is in his late twenties. He is an entrepreneur who owns multiple businesses. Jeremy did not complete high school, but has been able to achieve success through hard work and business savvy. Jeremy grew up poor in a 'lower class' neighbourhood with both parents and an older sibling. As a child, Jeremy did not have a close relationship with his father. Later into childhood, Jeremy's parents divorced. A couple of years later, his father married a woman, with whom Jeremy had a tumultuous relationship. Jeremy's stepmother was an extremely strict disciplinarian, which was in

stark contrast to his biological mother's parenting style. Jeremy's stepmother believed he had problems as child, so she took him to see a psychiatrist who diagnosed him with Attention Deficit Disorder (ADD). Jeremy was prescribed stimulants for treatment. However, Jeremy was uncomfortable with this diagnosis and treatment. Jeremy explained that other children would make fun of anyone diagnosed with this condition. Around the time of the divorce, Jeremy's mother, who had issues with substance abuse was sent to prison. Jeremy struggled with the absence of his mother and was teased at school about the divorce of his parents. Jeremy and his sibling split time between their mother and father's home, which had contrasting rules and parenting styles. At his father's house, rules were strict and physical discipline was common. At times, some of Jeremy's friends were physically disciplined by Jeremy's father at the house. At his mother's place, Jeremy and his sibling played board games with their mother while she smoked tobacco and marijuana. As a youth, Jeremy found himself in trouble with the law. Not long after, Jeremy was kicked out of his father's home following an altercation with his stepmother. Jeremy describes this moment as a major turning point in his life. As a youth, Jeremy supported himself and lived on his own. Around this time, Jeremy was selling drugs, drinking alcohol, smoking marijuana and abusing prescription painkillers.

Participant 3. Samantha is in her late twenties. She is a wife and mother. Samantha is currently employed. She grew up in a medium-sized family with a few siblings. As a child, Samantha enjoyed school and achieved academic success. Unfortunately, Samantha's father passed away when she was a young child. As a result, her family struggled financially. Around this time, Samantha's mother went back to school. Subsequently, Samantha's grandmother looked after the children while their mother was

away at school. Samantha's mother was relatively absent from the family during her time at school. When Samantha's mother was home, she was quite busy with schoolwork. At home, Samantha frequently isolated herself from her family. She felt like an outsider whose personality clashed with the rest of the family. Eventually, Samantha developed feelings of hatred for her mother and chose to move in with her grandmother for one full school year. Samantha preferred her grandmother's parenting style. She developed a close relationship with her grandmother and enjoyed spending time with her. Around this time, Samantha and her friends began to smoke tobacco during lunch breaks at school. Samantha enjoyed the 'head-rush' from smoking cigarettes and eventually began smoking frequently. Not long after, Samantha began to drink alcohol, smoke marijuana and abuse prescription stimulants. She quickly lost interest in school and her grades began to slip.

Participant 4. Phillip Brown is in his early twenties. He is employed and working steadily. Phillip is a high school graduate. His parents emigrated from Europe to make a life in Canada just after he was born. Phillip, along with his older sibling lived impoverished for quite some time until their parents were able to earn a decent living. As a child, Phillip was a good student, had plenty of friends and excelled at sports. As a youth, Phillip began to drink alcohol, as well as smoke tobacco and marijuana. Around this time, Phillip began to abuse prescription painkillers.

Participant 5. Katrina Teal is in her mid twenties. She recently went back to college and is pursuing a professional career. Katrina was raised in a nuclear family with both parents and a younger sibling. She spent her early years in a small town, until her family moved to a larger city. As a child, Katrina enjoyed participating in sports and was

able to achieve academic success. However, Katrina had difficulties adjusting to her new school when her family moved to a different city. Katrina struggled to develop friendships and was frequently bullied at school. Katrina's father was physically, verbally and emotionally abusive. Katrina struggled with these issues and frequently got into trouble at school. As a youth, she began drink alcohol, and smoke marijuana frequently. Katrina's first experience smoking marijuana was with her father, who smoked marijuana around the house. She described this experience as a rare bonding moment. Not long after, Katrina was 'heavily' abusing alcohol and cocaine and began to abuse prescription sedatives.

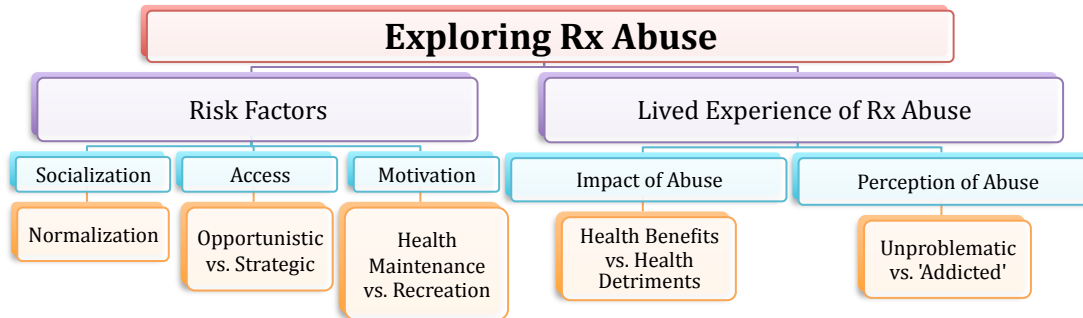
Participant 6. Calvin Gold is a single father in his late twenties. Calvin is currently unemployed, but is an aspiring musician and planning on going back to school. Calvin grew up in a small town in a nuclear family. Calvin's brother had extreme behavioural issues as a child and was institutionalized as a result. As a young child, an animal viciously attacked Calvin. He described this event as a significant turning point in his life. Calvin believes that much of his recently diagnosed mental illness and childhood struggles stemmed from that traumatic event. Calvin was assessed by a psychiatrist after the attack and was labelled as gifted, but was also diagnosed with ADD. However, Calvin's parents refused have him medicated for this disorder. Calvin was absent from school for a while to recover from the attack. Calvin spent much of his absence reading full-length novels, which he described as advanced for someone his age. Calvin also enjoyed building model cars and planes. Unfortunately, when Calvin returned to school he was bullied about the attack. Calvin struggled with classmates and was often times excluded. As a child, sometimes Calvin felt neglected from his parents. He believes that

they had to spend much of their time and energy on his brother who had more important issues to deal with. As a youth, Calvin's parent's divorced. As a result, Calvin moved to the city with his father. Around this time, Calvin began to abuse over-the-counter drugs, drink alcohol, as well as smoke tobacco and marijuana. Not long after, Calvin began to abuse prescription painkillers.

Themes and Sub-Themes

This phenomenological study focused on the lived experiences of prescription drug abuse among children and youth. The primary goal of this study was to understand and make meaning of these lived experiences. A secondary goal of this study was to identify and understand the risk factors, which contributed to the facilitation of prescription drug abuse at such a young age. A tertiary goal of this study was to understand the impact this behaviour had on the participants at that time. As a result of the aims of this study, two primary themes are presented: 'risk factors' and 'lived experience of prescription drug abuse.' Of these two primary themes, five sub-themes emerged. The three sub-themes that emerged under the theme of 'risk factors' included socialization, access and motivation. The two sub-themes that emerged under the theme of 'lived experience,' included the impact of abuse and the perception of abuse. Each theme and the corresponding sub-themes will be clearly defined and explained in more detail below.

Figure 1. *Exploring prescription drug abuse among youth*



Theme 1 - Risk factors. In the context of this study, a risk factor denotes any circumstance or characteristic, which influenced, increased and/or facilitated the likelihood of prescription drug abuse. As such, three key risk factors were identified among the participants in this study: socialization, access and motivation. Each factor was pertinent to the facilitation of prescription drug abuse. As well, each risk factor contributed to the participants' decisions to abuse these drugs.

Socialization. In the context of this study, the socialization of prescription drugs refers to the process by which an individual's social skills, norms, roles, values and beliefs are shaped by those who model them (Côté, 2008). As such, socialization emerged as one of the key risk factors for the facilitation of prescription drug abuse. At a young age, all of the participants were exposed and socialized to prescription drugs. This socialization occurred in a variety and/or combination of ways. For example, most of the participants were socialized to prescription drugs through observing and interacting with family members and friends. One particular participant was socialized to prescription drugs during her stay at the hospital where she was treated with prescription drugs. One of the participants was socialized to prescription drugs by watching television.

Socialization enabled the participants to learn about the different types and strengths of

prescription drugs, as well as the potential effects of these medications. These various forms of socialization shaped the participants' perceptions and beliefs about prescription drugs, which contributed to the facilitation of prescription drug abuse. In addition, this socialization normalized prescription drugs for the participants. The concept of normalization is explained in more detail below.

Normalization. In the context of this research, normalization is defined as the social processes through which the individual's ideas and actions towards prescription drugs came to be seen as 'normal.' As mentioned, the presence, use and abuse of prescription drugs became normalized for each of the participants. This means that the participants perceived prescription drugs, their use, and abuse as a normal, sometimes safe and even ordinary part of their culture. Likewise, prescription drug use and, or abuse was not an uncommon occurrence in the young lives of the participants. All of the participants remembered hearing or witnessing the use and, or abuse of prescription drugs prior to their own onset of abuse. This normalization served as a catalyst for prescription drug abuse.

The following section provides evidence to highlight the various forms of socialization and subsequent normalization of prescription drugs. As a youth, Gloria was socialized to prescription drugs through the media. Gloria described seeing a young girl on television speaking casually about taking a 'diet pill.' Witnessing this event normalized the concept of taking prescription drugs for weight loss. As a result, Gloria began to believe that prescription drugs could be used to quickly and safely lose weight.

Television, in the movies, 'oh I went to the doctors, and had a diet pill,' so I thought well if they can do it. I can do it... I thought it was a quick fix. I thought

‘ok.’ I thought I was doing the right thing because I was going to the doctor, and he would prescribe me a pill, and you know so I thought ‘if I’m going to a doctor it’s not going to be illegal.’

As a youth, Katrina was socialized to prescription drugs through her experiences with healthcare. Katrina learned about the different types and strengths of prescription drugs by observing and interacting with healthcare professionals while being treated for digestive and mental health issues at the hospital. Katrina began to understand how certain types of prescription drugs worked and how they can be used as treatment. Katrina was also socialized to prescription drugs through her friends who were abusing these drugs. Katrina observed how her friends reacted when under the influence of certain types of prescription drugs. She also began to understand the addictive qualities of these drugs. Katrina explained that her friends seemed to always want more once they had taken the drug. Ultimately, Katrina’s perceptions, ideas and beliefs about prescription drugs were shaped through socialization and normalization, which facilitated her subsequent abuse of prescription drugs.

As a child, Phillip was socialized to prescription drugs through his family and friends. Phillip described seeing his parents take prescription painkillers for pain relief, which normalized the use of these drugs. Phillip’s parents warned him to stay away from painkillers. However, Phillip quickly became curious to try prescription painkillers. As well, Phillip was socialized to prescription drugs through his friends. Phillip learned about the potential effects of prescription painkillers through conversation with his friends. Ultimately, socialization and normalization served as catalysts for the onset of prescription drug abuse for Phillip.

Calvin was also socialized to prescription drugs through family. Calvin recalled prescription painkillers being around the house and remembered seeing his father take them for pain. The presence and use of prescription drugs normalized this substance for Calvin. Jeremy was also socialized to prescription drugs through family. Jeremy described seeing his grandfather take a variety of medications on a daily basis. Similar to Calvin, the presence and use of prescription drugs normalized this substance for Jeremy.

Like, people take Advil everyday. You know? Like, I remember my grandfather was on 13 different pills everyday. You know? For migraines, and for a... um diabetes, and all that shit, so yeah I guess you just think like, it's a prescribed drug. Take it as long as you wanna take it. If it's working, it's working.

Additionally, Jeremy was socialized to prescription drugs through his friends. Jeremy's friends frequently abused prescription drugs and seemed to always have them around the house. Jeremy's friends taught him about the mild effects of prescription painkillers and encouraged him to try them out. Ultimately, socialization and normalization shaped Jeremy's ideas and beliefs about prescription drugs, which contributed to his decisions to abuse these drugs.

Prescription drug access. In the context of this research, access refers to any means of acquiring prescription drugs. Access emerged as another key risk factor for the facilitation of prescription drug abuse. Prescription drugs were being accessed in multiple ways through a variety of people and places. The ability to access prescription drugs cannot be overlooked. Easier access seemingly increases the likelihood of abuse, which is evident based on some of the participants' experiences. Nonetheless, I have identified

two primary types of access: opportunistic and strategic. Each type of access will be explained in more detail below.

Opportunistic access. The opportunistic access of prescription drugs can be described as having the chance to access prescription drugs with very little effort. In other words, prescription drugs were easily obtained. Calvin had the opportunity to access his father's prescription painkillers at home. Calvin simply went into the top drawer and accessed his father's medication. This ease of access made the abuse of prescription drugs possible for Calvin. Phillip also had the opportunity to access his father's prescription painkillers from home. Phillip simply went into his father's prescription bottle and took some pills. As with Calvin, this ease of access enabled Phillip to abuse prescription drugs. Katrina was able to access prescription drugs through a friend who worked at a pharmacy. Katrina did not have to go out of her way to access the drugs, as they were simply made available to her. Katrina had a constant and seemingly unlimited supply of prescription drugs. As with Calvin and Phillip, this ease of access facilitated the onset of Katrina's prescription drug abuse.

My best friend at the time, her mother, and father, mostly her mother, co-owned a pharmacy, and her daughter, my best friend had open access to anything, and everything... It was directly out of the pharmacy. She would work shifts for her mom, and um they, she would have to you know... I'm not sure of the exact details of what she had to do, but she was there, and she would take directly from the pharmacy... I would literally have like just a bag of, a variety to choose from.

Strategic access. Strategic access can be described as using carefully planned tactics to obtain prescription drugs. These strategies enabled the participants to ensure a

constant and/or unlimited supply of prescription drugs. These strategies also prevented the participants from being caught accessing the drugs illegitimately. Thus, some strategies were successful for only a short while, whereas others made access possible for an extended period. In addition, some of these strategies were even used to distribute prescription drugs. Both Jeremy and Katrina had a constant supply of prescription drugs and eventually got involved in selling the medication to other youths.

There is a strategy known as ‘double doctoring.’ This strategy occurs when an individual receives the same prescription from several healthcare professionals simultaneously. The key to this strategy is that each healthcare professional has no knowledge that their patient has already received a prescription from another healthcare professional. In my interview with Phillip, he clearly explained each step of this process. He explained that ‘most addicts’ are not satisfied with one prescription. They always need more. Gloria was involved in ‘double doctoring.’ She was able to access prescription drugs for a lengthy period of time by using this strategy. Gloria was able to manoeuvre around the healthcare system by getting multiple prescriptions filled simultaneously. Gloria was never caught using this strategy. Moreover, Gloria was able to have a prescription filled over the phone without even seeing her doctor. This strategy not only allowed Gloria to maintain a constant supply of prescription drugs, but it also allowed her to access the medication for free. Ultimately, Gloria’s strategic access enabled her to prolong the abuse of prescription drugs.

It just started to get out of hand because, um back then you could just phone into your doctor’s office and say ‘oh I need a prescription filled,’ and then they would send it into the pharmacy, and I would go, and pick up another one, and I would

avoid to go into the doctor. So, you know, 'I got one more month, and I got another month, and I got another month.' I would say 'oh I lost my purse,' or 'someone stole my purse.' You come up with excuses, ya know 'I dropped my purse in the water,' because you're only supposed to take one-a-day, but I was taking 4-a-day... And don't forget, they were free too, I didn't have to pay for them... it just made it easier. If I didn't have to pay for them, and I didn't have the money, and my mother didn't know that I was doing that, then I wouldn't have went into that cycle... I probably would have stolen money out of my siblings, out of their purses, and my mom's.

Samantha was also able to strategically access prescription drugs. As a youth, Samantha babysat a child, who was prescribed stimulants for ADD. Samantha explained how she strategically accessed the child's prescription drugs without getting caught. Samantha was cautious about the quantity she took from the bottle. As with Gloria, Samantha's strategic access ensured a constant supply of prescription stimulants, which enabled her to abuse prescription drugs for a lengthy period of time.

That bottle was there, out on the counter, or in the snack cupboard for us to be reminded that he needed to take it in my care... No. I mean I wasn't stupid enough to take a half-a-bottle or anything, but say a little prescription bottle had 50. I knew I could maybe get away with 5... So, this was ah I'd say probably about a year-ish; when, again the same family because the year when I had moved on into high school ah, my friend who was a year younger than me; I recommended her to be their babysitter; that I still would go over, and visit with her and score some when she was babysitting. So, although I wasn't the babysitter anymore, it lasted, it

probably lasted a year, year and a half, and then I stopped being able to get it, which meant that my supply had run out.

Motivations for prescription drug abuse. In the context of this research, motivation refers to the reasons and/or causes for prescription drug abuse. As such, I have identified two categories to represent the motivations for prescription drug abuse: health maintenance or recreation. These two categories represent the primary differences in motivation for abuse. However, in some cases, abuse was a combination of both health maintenance and recreation. Health maintenance represents the motivation to abuse prescription drugs to treat some sort of health issue. Recreation represents the motivation to abuse of prescription drugs for enjoyment. Regardless of the categories identified, simply having a motivation contributed to each participant's decision to abuse prescription drugs. Each motivation will be explained in more detail below.

Health maintenance. As mentioned, some of the participants in this study abused prescription drugs to maintain good health or to improve their quality of life. These participants abused prescription drugs to treat a variety of physical, psychological and sociological health issues. These issues varied among the participants. Physical health issues included obesity, pain and suffering. Some of the participants abused prescription drugs to treat psychological issues such as anxiety and sadness. Sociologically, some of the participants were struggling to fit in, socialize with others or had difficulties attending school. Regardless of the health issue, the participants discovered that they were able to find a temporary remedy with the abuse of prescription drugs. For example, Katrina was able to neutralize the effects of cocaine with the abuse of prescription sedatives. Prescription sedatives helped Katrina prevent anxiety, relax and get some sleep.

Ultimately, Katrina was motivated to maintain some sort of balance in her life, which could be temporarily accomplished with the abuse of prescription sedatives.

Essentially it was to um, it was used with um the cocaine so I could fall asleep at night time, or just relax, and not have anxiety, and kind of come off of it slowly... I think it's called Lorazepam, or Ativan, it might have been Ativan, but just remember very, very tiny, and you place it under your tongue, it would dissolve, and then within a couple of minutes, or whatever it is, I would slowly be able to relax.

Calvin suffered an injury while playing basketball and was in search of pain relief when he first abused prescription painkillers. Calvin abused his father's prescription painkillers and experienced relief. In this case, it was a simple sports injury that motivated Calvin to abuse prescription drugs. Phillip began to suffer from symptoms of drug withdrawal after abusing prescription painkillers intravenously. The only way his painful symptoms could be subsided was by abusing more. As with Katrina, Phillip was motivated to achieve a sense of balance, which could be temporarily accomplished by abusing greater quantities of prescription drugs. However, it is important to note that Phillip began abusing prescription drugs recreationally, which is explained in the following section. On a different note, as a youth Gloria was unhappy with being overweight and felt the pressure to make a change. She wanted to look like her friends and feel better about herself. As a quick solution for weight loss, Gloria began to abuse prescription stimulants. Gloria had a strong desire to lose weight, which intensified her motivation to abuse prescription drugs.

There was so much pressure in high school, and like I was heavy but, so I didn't like that, so I went to my doctor, and he prescribed me amphetamines, and that's how I started to lose weight. I heard that it worked, so I went to him, and asked him if I could get it, and he said 'alright, I'll put you on,' and then I started taking it. I just didn't like it. I knew I had weight on, and my friends were small, and I wanted to be like them... I wanted a new me because I didn't like who I was, and I just thought if it was... if I was different, and then maybe good things can happen. Um, you know I would feel better about myself. I might get better things, might achieve better. I was just searching.

Recreation. In the contexts of this research, recreation refers to abusing prescription drugs for the enjoyment or to simply experience the effects the drugs produce. As mentioned, Phillip began abusing prescription drugs recreationally. Phillip was curious to try prescription painkillers after being socialized to these drugs through his family and friends. Essentially, Phillip was motivated to try prescription painkillers, so he could experience the potential powerful effects the drugs could produce. Samantha enjoyed trying different substances and experiencing the various effects of each. Likewise, Samantha enjoyed the experience of abusing prescription stimulants. Samantha also enjoyed the various ways she could consume the drug. Simply put, Samantha was motivated to abuse prescription drugs for enjoyment.

Ritalin was always a positive feeling, and not just, not just taking them. I remember thinking how, how much fun it was to like crush them up, and like sniff them. Cause it kind of gave a different effect... I liked the feeling of like feeling not normal, like the different type of drugs, and the different type of experiences that

you get from being on it... I just liked that altered state... I don't know. I think it was just the different feeling that I couldn't get from, by myself, that I could do by myself, like that kind of... like say I wanted to be mellow, and I couldn't you know be mellow, on my own, or I wanted to be hyper, and I wanted to be hyper, that I could take something, and it would make me that way.

Theme 2 - Lived experience of prescription drug abuse. In the context of this research, the lived experience of prescription drug abuse represents the impact of abuse, as well as the participants' perceptions of abuse. The abuse of prescription drugs was shown to have a moderate to significant impact on the young lives of the participants. Yet, there seemed to be two particular perceptions of abuse: unproblematic or 'addicted.' The impact of prescription drug abuse, as well as the perceptions of prescription drug abuse is explained in more detail below.

Impact of prescription drug abuse. In the context of this research, the impact of prescription drug abuse refers to the impact that this behaviour had on the health and wellbeing of the participants. The impact of prescription drug abuse varied among the participants. I have categorized prescription drug abuse as either beneficial or detrimental based on the explanations given by the participants. In some cases, the drugs produced a benefit and a detriment simultaneously. However, in most cases the benefits outweighed the detriments, albeit temporarily. Thus, the impact was dependent upon several important factors: where and when the participant abused the drug, how often they abused the drug, the type of drug, whether they engaged in poly-substance use, and lastly the context in which they abused prescription drugs (at school, or at home etc...).

Health benefits vs. health detriments. The abuse of prescription drugs was shown to be a benefit or detriment to the physical, psychological and sociological health and wellbeing of the individual. In some cases, prescription drug abuse produced a combination of benefits and detriments simultaneously. The section below compares and contrasts the physical, psychological and sociological benefits and detriments of prescription drug abuse.

Physical. Some of the physical benefits of prescription drug abuse included pain relief, weight loss, and increased energy. Gloria quickly lost a significant amount of weight by abusing prescription stimulants on a daily basis. It is important to note that Gloria was taking quadruple the dosage prescribed by her doctor without his knowledge. However, prescription drug abuse was also shown to have a detrimental impact on the physical health of the participants. Physical detriments included sickness, sweating, pain and suffering. It is important to note that most of these physical detriments developed after prolonged periods of prescription drug abuse. For example, Phillip's intravenous abuse of prescription painkillers had a significant detrimental impact on his physical health. Phillip began to suffer from prescription drug withdrawal. He also contracted a viral disease as a result of abusing prescription drugs intravenously.

Well ah, just ah. You get withdrawal symptoms like ah (long pause)... when I actually started taking OxyContin, and more of it. That's when I noticed I was getting these withdrawal symptoms of shaking at night, couldn't sleep, you know loss of sleep, sweating, ah, a lot of pain, a lot of pain from not having it. Um, I guess you call it, kind of call it shaking it rough, right cause... ah you're detoxing the... You're detoxing the crap out of your system right, so ah... Yeah ah, actually

ah I would just try and find more, and just take more... I was actually addicted to shooting Oxies at the time, um using the needle, and that's actually how I contracted Hepatitis C, which is ah, a disease that attacks your liver, and ah, kills you through your liver.

Psychological. Some of the psychological benefits of prescription drug abuse included relaxation, improved mood and the prevention of anxiety. Samantha described her experiences with prescription stimulants as positive. She felt energetic, safe and euphoric when she took the drug.

Like, it kind of like just made you feel like really good like, I don't know like maybe loosely like euphoric kind of feeling, that it just like... that nothing bad could happen, and that everything was great, and just having the energy with it was just you know, another experience, but it was more the a...yeah just feeling super happy.

Calvin experienced a similar feeling when he abused prescription painkillers. "At that time yeah, felt really good at that time... just pure relaxing, like euphoria." In addition, Calvin was able to find emotional pain relief with prescription painkillers.

Every pain in my body went away! And I'm talking even emotional stuff, just (puff) gone. It was like almost, almost being free. Yeah, I wanna use that word: free. Being free of all the burden of feeling the pain, any type of pain.

On the other hand, the psychological detriments of prescription drug abuse included feelings of anxiety, irritability, nervousness and restlessness. Gloria began to experience psychological detriments after a prolonged period of prescription stimulant abuse. Gloria recognized that she did not feel like her normal self when she abused prescription

stimulants, but remained focused on losing weight. The more prescription drugs Gloria abused, the more weight she was able to lose. As such, Gloria endured the side effects while reaching her weight loss goal. However, Gloria's family and friends also recognized that her personality and behaviour had changed. Gloria had difficulties sitting still and was generally irritable most of the time. "My siblings were saying that I was changing. I was moody, irritable, un-eased... I was always on the go. It was like speed. I couldn't sit straight. I couldn't settle, always on the go."

Sociological. Some of the sociological benefits of prescription drug abuse included an improved social life and productive lifestyle. Specifically, the abuse of prescription drugs helped some of the participants to fit in with the crowd, socialize, and enjoy activities with others. The abuse of the prescription painkillers was beneficial to Jeremy's social life. Jeremy explained how prescription painkillers not only relieved his physical pain and improved his mood, but the medication also enhanced his social life. Jeremy was able to be productive, socialize and enjoy his favourite activities, which he was unable to do without the drugs.

You take someone that suffers with tooth pain let's say on a daily basis, or something like that, and you eliminate that... it's going to make them happier all around. Not just for the pain, but like ya know their... cause even things like tooth pain, or like whatever... it's something that drags you down in a physical sense. It's not just like 'oh I'm in pain,' it's like 'I'm in such an excessive pain, that I don't even wanna lift my hands to go to work today, and I don't wanna like... or you know like I don't wanna skate.' Like, I was a skater at the time, and I didn't wanna do anything, and then you take these Percocets, and then the pains gone, and then

all of a sudden you're having more fun because you're out doing things, and it's like ya know... I could take a Percocet, and go to school, or I could take a Percocet, and go to work, and nobody knew the difference, but I felt better.

Conversely, the abuse of prescription drugs was also shown to be sociologically detrimental. However, the social detriments of prescription drug abuse seemed to be outweighed by the temporary health benefits. The temporary health benefits may explain the continued abuse. Nevertheless, the social detriments of prescription drug abuse included social isolation and antisocial behaviour. For example, Calvin's prescription drug abuse resulted in social isolation. He did not want his family to see him under the influence of prescription drugs, so he chose to be alone.

Definitely impacted social. I didn't wanna do anything. I wanted to be by myself.

Yeah, just wanted to be alone. Just kick up and relax... withdrawal sometimes from my family, and stay away from them... yeah, because of the drug use. I didn't want them seeing me.

Perception of prescription drug abuse. In the context of this study, the perception of abuse refers to the participants' ideas and beliefs about their abuse of prescription drugs. Each participant had their own way of conceptualizing and describing their degree of abuse. Some of the participants perceived their abuse of prescription drugs as unproblematic, while others perceived their abuse as an 'addiction.' The participants' perceptions of abuse were likely shaped by the outcomes of abuse. For example, Calvin enjoyed abusing prescription painkillers. He was able to improve his mental and physical health as a result of the abuse. As such, he perceived his abuse as unproblematic. On the other hand, even though Gloria was able to achieve her weight loss goal, she did not

enjoy abusing prescription stimulants. She experienced a number of health detriments from abusing prescription stimulants and spoke about the potentially fatal consequences of this behaviour. As such, Gloria perceived her abuse of prescription stimulants as an ‘addiction.’ For most of the participants, it is possible that an addiction to prescription drugs had developed at some point during their prolonged abuse of these drugs. An addiction to these drugs would help explain why this behaviour continued despite the detrimental health consequences associated. It is important to note that some of the participants’ perceptions of abuse changed over time, which will be explained in more detail below. Lastly, some of the participants momentarily struggled to conceptualize their perception of prescription drug abuse when asked. Some of the participants compared their prescription drug abuse to other forms of substance abuse. They also compared their behaviour to the drug seeking behaviours of others before rendering a decision.

Unproblematic. Samantha, Calvin and Katrina did not perceive their abuse of prescription drugs as problematic or as an ‘addiction.’ These individuals did not identify with being ‘addicted’ to prescription drugs. As mentioned, Samantha enjoyed abusing prescription stimulants and reflected on her experiences positively. Samantha did not identify with being ‘addicted’ to these drugs. Essentially, if the prescription drugs were available, she would abuse.

I think if it was available yeah we would have it, or we would do it. If we didn’t have access to it, or if I didn’t have access to it, there would always be something else to, to find to do; that, that it definitely wasn’t my drive was to ‘no, I need to get Ritalin. I have to have Ritalin.’ It was never like that...I guess if I had the choice at

the time yeah I try, I would have tried to get that first, but if that wasn't available there was other things to try, and find to do instead, like drugs, or alcohol-wise... Like we started using different things that, I think that if we didn't have access to coke, or, or ah E, or anything like that, that maybe we would have stuck with prescription drugs.

As mentioned, Calvin enjoyed his experiences with prescription painkillers and explained how the drugs helped him cope with his health problems. As such, Calvin did not identify with being 'addicted' to these drugs. Similarly, Katrina was not concerned with her abuse of prescription sedatives. She believed that the other substances she was abusing at the time were her 'core addictions.' Katrina struggled with her perception of prescription sedative abuse when asked about it. She compared her abuse of prescription sedatives with other substances she was abusing at the time and concluded that she was not 'addicted' to prescription drugs. Interestingly, Katrina seemed to rank or grade her degree of substance abuse. Her drug seeking behaviour seemed to shape her perception of abuse.

Um, I think that the alcohol, and like tobacco, and other drugs, they were my main, those were my main addictions. Um, so I was never necessarily concerned about the prescription drugs. I wasn't ya know, going out of my way to find it, this isn't what I was addicted to, um it was more, or less supplementing my core addictions, which was alcohol, and drugs, and again tobacco.

Addicted. Jeremy, Gloria and Phillip perceived their abuse of prescription drugs as problematic and identified with being addicted to these drugs as youth. This perception is in contrast to the perceptions held by the aforementioned participants. However, Jeremy,

Gloria and Phillip explained that they were not aware of their ‘addiction’ until well after they began abusing prescription drugs. For example, Jeremy perceived his abuse of prescription drugs as an ‘addiction,’ but did not identify himself as an ‘addict’ as a youth. Interestingly, Jeremy compared the drug seeking behaviours of the people he was selling drugs to, to his behaviours of prescription painkiller abuse. Jeremy’s comment suggests that his addiction to prescription drugs was not as problematic or severe as those who were abusing other substances.

Yeah, no it was an addiction. Um, you just don’t realize it at the time. I mean I was addicted to them, so... I guess it felt ok because it wasn’t nearly as bad as the driving force of the people I was selling hard drugs to. The driving force of the people trying to get blow (cocaine) off me, and trying to get like, you look at them, and you’re like ‘wow, you’re (*messed*) up.’ But you look at me, and what I was doing, and it was like... I was pretty casual about it, so I felt fine.

Gloria was not aware of her addiction until her new family doctor pointed it out several years later. Gloria’s new family doctor wanted to send her to a drug rehabilitation centre. At that point, Gloria realized that her abuse was problematic and that she was indeed ‘addicted.’ Phillip did not recognize his addiction until he began suffering from extreme drug withdrawal due to his intravenous abuse of prescription painkillers. Nonetheless, Phillip perceived his abuse as an ‘addiction.’ Phillip emphasized the consequences of prescription painkiller abuse and warned the children and youth of today about the dangers associated with this behaviour. Phillip seemed to have the highest degree of prescription drug abuse, as he was the only participant in this study to abuse these drugs intravenously and was the only participant in this study to suffer from such

severe symptoms of drug withdrawal. Moreover, Phillip was the only participant who discussed overdosing from prescription drug abuse and also mentioned that he ended up in prison and various institutions as a result of his drug abuse. As mentioned, Phillip was the only participant in this study who was living a drug-free lifestyle at the time of the interviews.

For the most part, the participants' perceptions of prescription drug abuse seemed to be shaped by the outcomes of this behaviour. The perception of prescription drug abuse was seemingly unproblematic if the behaviour was enjoyable and, or resulted in temporary health benefits. Conversely, the perception of prescription drug abuse was ostensibly problematic, or labelled as an 'addiction' if the behaviour was not enjoyable, or resulted in health detriments. The perception of abuse was not entirely concrete for some of the participants at first. Some of the participants took time to reflect on their experiences before concluding whether or not they were 'addicted' to prescription drugs. Some of the participants compared their prescription drug abuse to their abuse of other substances, or other peoples drug seeking behaviours. For some of the participants, there seemed to be some sort of ranking or grading system for substance abuse and, or 'addiction.' Ultimately, prescription drug abuse seemed to be either an unproblematic or 'addictive' behaviour for the participants in this study.

Chapter Summary

The purpose of this chapter was to present the findings of this study. The chapter began with a description of the participants who were involved in this study. Thereafter, a presentation of the themes and sub-themes was provided. Each theme and sub-theme was clearly identified, explained and supported segments of the transcripts. The two primary

themes were 'risk factors' and 'lived experience of prescription drug abuse.' The theme of 'risk factors' included three sub-themes, which were socialization, access and motivation. Socialization, normalization, access, and a motivation to abuse prescription drugs seemed to increase the likelihood of this behaviour. The 'lived experience of prescription drug abuse' theme included two sub-themes, which were the impact of abuse and the perception of abuse. This theme compared and contrasted the health benefits and detriments associated with prescription drug abuse from a physiological, psychological and sociological perspective. In some cases, prescription drug abuse produced a combination of health benefits and detriments simultaneously. The outcomes of prescription drug abuse seemed to shape the participants' perceptions of this behaviour. For the most part, if the drugs produced mostly health benefits, the participant perceived their abuse as unproblematic. If the drugs produced mostly health detriments, the participant perceived their abuse as an addiction. However, it is important to note that some of the participants struggled with their perception of abuse initially. These participants reflected on their experiences and in some cases compared their behaviours with similar drug abuse behaviours before deciding whether or not their abuse was unproblematic or an addiction.

Chapter 5. Discussion

Prescription drug abuse has become a significant public health issue (Ford et al., 2014), particularly for Canadian youth (Canadian Drug Policy Coalition, 2013). As a result, a plethora of research has emerged over the past several years to investigate the nature and extent of this phenomenon (Ford et al, 2014). Prescription drugs have quickly become the third most common substance of abuse among Canadian youth just behind alcohol and marijuana (Health Canada, 2014). Yet, very little qualitative research can be found in the literature. According to Schroeder and Ford (2012), much of the research on prescription drug abuse is non-theoretical, with a heavy focus on patterns of abuse, as well as demographic characteristics of those who abuse these drugs. Phenomenological studies on prescription drug abuse among children and youth remains sparse in the literature. As a result, there is a lack of research, which investigates the lived experiences of this phenomenon. The particular methods of prescription drug access, the specific motivations for abuse, as well as the details regarding the impacts of this behaviour remain unclear. This study has attempted to fill these existing gaps by closely examining the lived experiences of this behaviour. Timely research in this area is of the utmost importance given the recent increases in negative outcomes associated with prescription drug abuse: hospital visitations, overdoses and deaths (Ford et al., 2014). Below, I present the findings, which explored these specific research gaps.

Investigating the lived experiences of child and youth prescription drug abuse provided valuable insight into this behaviour from the perspective of the individuals who lived it. The purpose and goal of this study was to investigate these lived experiences to gain a better understanding of the complexities and nuances of this behaviour. The findings of this study helped us to identify some key risk factors that facilitated the abuse

of prescription drugs for the participants. One key risk factor identified was the socialization and subsequent normalization of prescription drugs, which contributed to the onset of prescription drug abuse for the participants. Another key risk factor identified was uncovering the various methods and routes of access to prescription drugs. These findings help us better understand exactly how and where prescription drugs were being accessed. Another key risk factor identified was identifying the motivations for prescription drug abuse. Identifying the motivations for prescription drug abuse helps expand our current understanding of why some youth may turn to prescription drugs for a solution to their problems. Another important finding of this study was uncovering the participants' perceptions of prescription drug abuse. These particular findings tap into some of the deeper reasons why this behaviour was initiated and sustained. Lastly, investigating the lived experiences of child and youth prescription drug abuse help us to better understand the consequences associated with this behaviour.

In this chapter, I begin by presenting the specific findings of this study that support and expand the findings of related studies. Thereafter, I discuss the key contributions and limitations of this study. I then present recommendations for future research on child and youth prescription drug abuse. Lastly, I close out this dissertation with my concluding thoughts on this matter.

Supported and Expanded Findings

Many of the findings of this study were congruent with the findings of similar studies and governmental reports (Boyd et al., 2009; Canadian Centre on Substance Abuse, 2013; Canadian Drug Policy Coalition, 2013; Carter, 2013; Fischer et al., 2009; Goldsworthy & Mayhorn, 2009; Health Canada, 2010; National Association of School

Nurses, 2011; Sheridan and Butler, 2008; and Young et al., 2013). The similarities found were in regards to prescription drug access, motivations for abuse, socialization and social learning of this behaviour, poly-drug use, as well as the impact of abuse. Even though some of the findings in this research are consistent with what is already known, the results provide an expanded depth of understanding of these similarities from the participants' perspectives. These personal insights provide a much richer understanding of what is already known in this area of research.

Prescription drug access. As mentioned, the ability to access prescription drugs emerged as a key risk factor for the abuse of prescription drugs for the participants in this study. The participants explained in detail how and where they were able to access prescription drugs. Uncovering these details provides us with crucial information about access, which may not have been as well understood in the past. Now that we have a better understanding of prescription drug access, we can develop more effective measures to prevent access, particularly easy access. The results of this study indicate that easier access results in greater opportunities to abuse prescription drugs. As such, easier access to prescription drugs likely makes a youth more at-risk to carryout this behaviour.

This study contributed to what is already known with respect to access by delineating and identifying the different forms of access. As mentioned, we have gained a better understanding of the exact routes and methods of access. There were two primary methods of access for the participants in this study: opportunistic or strategic.

Opportunistic access involved very little effort on behalf of the participant, such as receiving the drugs from a friend. On the other hand, strategic access involved effort on behalf of the participant, such as double doctoring. For the most part, the various routes

and methods of access occurred within the participant's immediate social environment, such as the participant's home, somebody else's home, schools, pharmacies, clinics, and hospitals. In some cases, these routes and methods enabled the participant to gain access to prescription drugs for lengthy periods of time, which facilitated prolonged abuse. In some cases, the participants sold or diverted prescription drugs to other youth.

Prescription drug access is a topic that has received considerable attention in the literature. As such, the findings of this study support the findings of related studies, which identified the primary methods of access as borrowing, stealing, purchasing, and 'double doctoring' as well as the places of access, which include the home, somebody else's home, school, as well as various healthcare settings (Sheridan & Butler, 2008; Young, Glover & Havens, 2012; Canadian Drug Policy Coalition, 2013; and National Advisory Committee on Prescription Drug Misuse, 2013).

There needs to be better safeguards in place to prevent these drugs from getting into the hands of young people for whom the drugs were not prescribed. At home, parents or caregivers should store prescription drugs in a locked cabinet and out of reach of their children. As well, parents or caregivers should closely monitor all of the prescription drugs within the home. This means being aware of the exact amount each prescription should contain. This way, parents or caregivers can identify when and if any prescription drugs go missing. If a child is legitimately prescribed a drug, the drug should always be consumed in the presence of a parent or caregiver. This way the child is less likely to divert the drug to someone else, or abuse its use. If the child is required to take a prescribed drug while at school, the teacher should hold the medication until it is time for the child to take the drug. This way, the child is less likely to divert the drug to another

student or abuse it, as was seen with Jeremy's experiences. Parents or caregivers should also return any unused or expired prescription drugs to the pharmacy for proper disposal. Leaving unused or expired prescribed drugs around the house and within reach of a young person increases the likelihood for diversion and abuse, as seen with Samantha, Philip and Calvin.

Motivations for prescription drug abuse. The motivations identified in this study emerged as key risk factors for the initiation and development of prescription drug abuse for the participants in this study. The motivations for abuse fell into one of two categories: health maintenance, or recreation. In some cases, the participants were motivated to abuse prescription drugs for both health maintenance and recreation.

Motivations for prescription drug abuse have been investigated in the literature. The findings of the current study are congruent with those found in the literature. The findings of this study also expand our current understanding of the motivations behind child and youth prescription drug abuse. One particular motivation behind child and youth prescription drug abuse uncovered in this study, which expands our current understanding is that prescription drugs were being abused to help a young person function at school and work, as was seen with Jeremy. Another particular motivation uncovered, which expands our current understanding of this behaviour is that some of the participants abused prescription drugs to counteract the effects of other drugs or to prevent prescription drug withdrawal following the intravenous abuse of these drugs.

Gunter et al, (2013) found that there were two types of motivations for prescription drug abuse among youth: recreation or self-medication. Recreational motivations include to have fun, to fit in with friends or to experience physical or

psychological pleasure; whereas examples of self-medication include to relieve pain, to combat depression or anxiety, as well as to lose weight (Boyd et al, 2006; Caplan et al., 2007; Gunter et al., 2013; King et al., 2013; and Health Canada, 2014).

Investigating and identifying the specific motivations of child and youth prescription drug abuse is important because it provides us with a better understanding as to why this behaviour is initiated and, or sustained. As such, understanding the specific motivations for prescription drug abuse may make identifying youth at-risk less difficult. If a young person's health issues are not identified or properly dealt with, it is likely that the young person may take matters into their own hands, which could result in self-medicating, as was seen with Calvin's experiences. Furthermore, if a young person does not have enough enjoyable activities to participate in, he or she may look for recreation elsewhere. This could mean abusing prescription drugs for fun, as was seen with Samantha's experience. Again, it is important that a young person's health issues are identified and properly dealt with. Providing enjoyable activities to participate in and monitoring a young person's free time may prevent the possibility of recreational prescription drug abuse.

Poly-drug use. Another similarity between the findings of this study and similar studies is the role of poly-drug use and its relationship to prescription drug abuse. All but one of the participants experimented, or abused other substances prior to the onset of prescription drug abuse. The findings of this study expand our current understanding of poly-drug use and its relationship to child and youth prescription drug abuse by showing the progression, or pattern of substance abuse. All but one of the participants in this study began smoking tobacco, drinking alcohol, and smoking marijuana prior to their abuse of

prescription drugs. There appeared to be a progression, or pattern of substance abuse before the onset of prescription drug abuse. If a young person is experimenting or abusing tobacco, alcohol or marijuana, he or she may be at greater risk for prescription drug abuse.

A number of studies have examined the relationship between prescription drug abuse and poly-drug use among children and youth. The findings of the present study support those found in the literature. Recent research has found a strong correlation between poly-drug use and the abuse of prescription drugs among children and youth (McCabe et al., 2007; Ford, 2008; and Rigg & Ford, 2014). In short, children and youth who engaged in poly-drug use were at an increased risk, or more likely to report the abuse of prescription drugs compared to children and youth who did not engage in poly-drug use (McCabe et al., 2007; Ford, 2008; and Rigg & Ford, 2014).

The early identification of poly-drug use is crucial in regards to preventing the onset of prescription drug abuse among children and youth. Providing timely interventions for young people who have already begun experimenting or abusing other substances, particularly alcohol, tobacco, and marijuana is a crucial step in preventing the onset of prescription drug abuse.

Socialization of prescription drugs. The socialization and normalization of prescription drugs was identified as another key risk factor for the onset of prescription drug abuse. Various examples and degrees of socialization and normalization were uncovered in this study. The participants were introduced and exposed to prescription drugs at an early age through family, friends, school, healthcare, as well as the media. For some of the participants, it was their family members that socialized them to prescription

drugs at a young age. Some of the participants witnessed family members using prescription drugs on a daily basis to treat various health issues. Other participants were socialized to prescription drugs through friends who either exposed them to prescription drug through conversation, or exposed them to prescription drugs through their own abuse. As mentioned, the healthcare system served as another avenue of socialization. Prescription drugs are commonly used in healthcare facilities, particularly in hospitals, which is where one of the participants was socialized to these drugs. As well, prescription drugs were socialized through television.

Regardless of how or where prescription drugs were socialized, the common thread is that the socialization and normalization of prescription drugs shaped the participants' ideas, beliefs and perceptions of prescription drugs. It is likely that some of the participants in this study modelled the behaviour of others who were using, or abusing prescription drugs. Had the participants in this study not witnessed the use, or abuse of prescription drugs, it is possible that he or she may not have begun to abuse prescription drugs.

The use and/or abuse of prescription drugs appeared to be as ordinary as taking an over the counter drug, or smoking a cigarette. There was nothing unusual about the use and/or abuse of prescription drugs for the participants. For some of the participants, prescription drugs were not perceived to be a dangerous or harmful substance like cocaine. The normalization of prescription drugs seemed to make the abuse of these drugs as an acceptable and harmless behaviour. It is important for adults to be cognizant of their use of prescription drugs around a young person. An adult may be socializing a young person unknowingly, therefore it is important for that adult to remain aware and

provide accurate information about the potential health hazards associated with prescription drug abuse.

As discussed, social learning theory focuses on the impact of socialization and normative influences of others, which attempts to explain risk-taking behaviour (Ford, 2008). As well, interactions with family and friends may expose individuals to risk-taking behaviours and provide reinforcements for these actions (Ford, 2008). As discussed earlier, the impact of socialization was shown to influence the participants' decisions to abuse prescription drugs. As was seen with some of the participants in this study, prescription drug abuse was reinforced through friends that were also abusing prescription drugs at the time. The findings of this study support the findings of studies that examined social learning theory and its relationship to this behaviour. Recently, there have been a number of studies, which have examined the relationship between social learning and the abuse of prescription drugs among youth. The results of these studies have shown a consistent link between social learning and prescription drug abuse among youth (Ford, 2008; Higgins et al., 2009; and Ford & McCutcheon, 2012).

This study's findings expand our understanding of the social learning theory's association with child and youth prescription drug abuse by providing insight into some of the less understood avenues of socialization such as the media and the healthcare system. As mentioned, Gloria saw a program on television where a young girl spoke casually about taking prescription drugs for weight loss. Witnessing this event on television normalized the concept of taking prescription drugs for weight loss. As discussed, Katrina was socialized to prescription drugs during her stay at the hospital. Katrina was treated with the same types of prescription drugs she eventually went on to

abuse and self-medicate with. Nonetheless, being treated with prescription drugs in the hospital normalized prescription drugs for Katrina. In addition to friends and family having the ability to socialize children and youth to prescription drugs, there are also outside sources that contribute to the socialization of prescription drugs. These outside sources of socialization create challenges for parents and caregivers, as this form of socialization may take place without the presence of an adult to monitor, or educate the youngster regarding the potential hazards associated with prescription drug abuse.

The normalization of prescription drugs might be reduced in the family home if these drugs are consumed discreetly without the knowledge or presence of a young person. The presence and use of prescription drugs will likely remain as a constant in our society; therefore, it is essential that children and youth are knowledgeable and have a clear understanding about prescription drugs. In turn, children and youth will be better prepared to make an informed decision if they encounter the opportunity to abuse these drugs.

Key Contributions of this Study

A key contribution of this study was uncovering the participants' perceptions of prescription drug abuse. I categorized their perceptions of abuse as either an unproblematic or addictive behaviour. Some of the participants described their abuse as unproblematic, while others described their abuse as an addiction. The participants who perceived their abuse of prescription drugs as unproblematic described their abuse as innocuous, transient and reflected on their experiences with fondness. These participants did not perceive prescription drugs as a dangerous or harmful substance. Rather, they perceived prescription drugs as helpful and, or enjoyable. Furthermore, these participants

did not experience any health detriments as a result of prescription drug abuse, which may explain why they perceived their abuse of these drugs as unproblematic. Katrina and Calvin were among the three participants who did not perceive their abuse of prescription drugs as an addiction.

The participants who perceived their abuse of prescription drugs as an addiction described their abuse as pernicious, habitual, problematic, and reflected on their experiences as more of a cautionary tale. Two of the participants in this category experienced harmful and dangerous health detriments as a result of prescription drug abuse, which may explain why they perceived their abuse of these drugs as an addiction. As well, it is likely that an addiction to prescription drugs is what kept these participants abusing these drugs despite experiencing the health detriments associated with this behaviour.

As mentioned, some of the participants struggled with their perception of abuse at first. These participants compared their abuse of prescription drugs to other forms of substance abuse. The participants seemed to gauge or grade their level of abuse. This grading seemed to be based on the outcomes of substance abuse, as well as the drug seeking behaviours associated. Ultimately, each participant had their own way of defining and categorizing their behaviour based on their existing knowledge of substance abuse, as well as their own experiences.

Knowledge Translation

I encourage youth, parents, scholars, healthcare professionals and governmental agencies to use this study's findings to open up the conversation about child and youth prescription drug abuse. In regards to the youth and their educational environment, there

are a variety of ways to raise awareness about this important issue. Posting advertisements around schools with accurate information about prescription drug abuse and the harms associated is an effective way to reach the youth. Also, it may be beneficial to include a forum for students to discuss and ask questions about prescription drug abuse within the school setting. Furthermore, the youth of today are very active in the world of social networking and on the world-wide-web, therefore developing apps for smart-phones and Facebook pages dedicated to prescription drug abuse may be an excellent resource for youth who are looking for accurate and accessible information on this issue. These types of resources are useful for parents who should also be included in the conversation. Lastly, healthcare professionals and government agencies may use the findings of this study to expand their knowledge of child and youth prescription drug abuse and incorporate these findings into their prescribing practices, as well as their intervention and prevention strategies.

My Lived Experience

Conducting this study was a unique and interesting experience. Recruiting the participants for this study was a new experience for me. I had not been to NA before, so I was cautious and timid at first. However, the people from NA were welcoming and made me feel comfortable almost immediately. The participants were enthusiastic and wanted to contribute to my study, which motivated me. I was nervous at first, but the participants were friendly and warm, which made for a smooth process. I learned a lot about prescription drug abuse from this study. I also learned a lot about the world of qualitative research. These experiences are valuable in my young research career.

Study Limitations

A limitation of this study is that all of the participants were recruited from NA, who represented a group of people seeking help for drug addictions. Therefore, the findings of this study may have been different had I recruited participants elsewhere. Another limitation of this study is that I was an outsider entering the world of individuals searching for help with substance abuse. Therefore, I was likely perceived as different and some of the participants may not have opened up as much as they would have to a fellow NA group member.

Recommendations for Future Research

There is a need for more qualitative research on child and youth prescription drug abuse to expand our current knowledge and understanding of this behaviour. Much of the existing research on this issue is quantitative with a heavy focus on patterns of abuse and demographics. It is important to note that the quantitative data that does exist are scattered across the Canada and North America. Currently, there is no national database with specific statistics on child and youth prescription drug abuse. Therefore, I recommend the various government agencies work together in the development of this type of database. These statistics would enable researchers and governmental agencies to compare and contrast child and youth prescription drug abuse at the micro and macro levels. Nonetheless, moving beyond researching numbers and trends will provide a deeper understanding of the unique characteristics and complexities of this behaviour. I recommend that future research investigate the long-term impact of child and youth prescription drug abuse. As well, I recommend that future research investigate the experiences of prescription drug abuse among the children and youth of today. This way, we can understand how these experiences have changed over time. Lastly, I recommend

that future research assess the overall effectiveness of the various child and youth prescription drug abuse prevention and intervention strategies implemented in Canada.

Conclusion

Given the increased rates of prescription drug abuse among children and youth and the serious health risks associated, there is a need for more research to expand the existing knowledge about the complexities of this behaviour. As such, I chose to conduct a phenomenological study on prescription drug abuse among children and youth, which investigated the lived experiences of this behaviour. One particular goal of this study was to understand the risk factors, which facilitated and sustained this behaviour. Another specific goal of this study was to understand the impact this behaviour had on the young lives of the participants. The result of these research goals uncovered great depth and detail about child and youth prescription drugs abuse from an insider's point of view.

Access to prescription drugs was identified as a key risk factor for the initiation and development of this behaviour. The participants in this study were able to access prescription drugs in a variety of ways. This study uncovered the exact details of access. Thus, the results of this study indicate that easier access increases the likelihood of abuse. Another key risk factor identified was the socialization and subsequent normalization of prescription drugs. The participants in this study were socialized to prescription drugs in a variety of ways as children and youth. As a result, the participants were exposed to, and learned quite a bit about prescription prior to the onset of abuse. More importantly, socialization normalized prescription drugs for the participants in this study. As such, the participants perceived these drugs as a normal, sometimes safe and even ordinary part of their culture, which likely influenced their decision to abuse these drugs. As well, the

different types of motivation to abuse prescription drugs were identified as key risk factors for participants in this study. I identified two types of motivations for abuse: health maintenance versus recreation. In short, the participants in this study were motivated to abuse prescription drugs to either self-medicate or to have fun. Regardless of the type of motivation, having a reason to abuse these drugs increased the likelihood of prescription drug abuse.

As mentioned, another goal of this study was to uncover the impacts of prescription drug abuse on the young lives of the participants in this study. As such, I identified prescription drug abuse to be either a health benefit or health detriment to the young lives of the participants. Prescription drug abuse was shown to temporarily benefit the health of the participants. However, prescription drug abuse was also shown to be a detriment to the health of the participants. Sometimes, the benefits and detriments occurred simultaneously.

The participants' perceptions of prescription drug abuse were also uncovered. I categorized the participants' perception of prescription drug abuse as either an unproblematic, or addictive behaviour. Some of the participants struggled with this concept and were not exactly sure what to identify with, or how to categorize their abuse. Interestingly, some of the participants began to compare their prescription drug abuse to other forms of substance abuse in order to gauge their degree of prescription drug abuse. Essentially, those who mostly benefited or enjoyed their experiences abusing prescription drugs identified their behaviour as unproblematic. However, for those whose abuse was mostly detrimental, they identified their abuse as an addiction.

In conclusion, this study expands the existing knowledge of child and youth prescription drug abuse by uncovering the complexities and intricacies of this behaviour. We now have a better understanding of why and how this behaviour occurs, as well as the potential outcomes associated. It is important for us as a society to raise awareness about this important public health issue given the rise in abuse, and potential health risks associated with this behaviour, particularly among children and youth. Early identification and early intervention are key factors in the prevention and management of this issue. It is our responsibility to address the needs of the children and youth in our communities, and the time to act is now. This phenomenological study can be used as a building block for future qualitative studies, but can also be used as an excellent source of information for children, youth, parents, families, communities, educators, policy makers, healthcare practitioners, as well as prevention and intervention strategies.

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Appendix A

Flyer

- Are you in **recovery**?
- Did you **misuse or abuse prescription medication**, as a **child** or **teenager**?
- If so, you are invited to participate in a research study, which aims at understanding the experiences of prescription drug misuse and abuse during childhood, and adolescence.
- Participants will be involved in at least 2, **one-on-one interviews**, which will be approximately one hour in length. **Participants will receive \$20.00 cash as compensation per interview**. Interviews will be held at **St. Gregory's Auditorium** in **Oshawa**. Participants will be given the opportunity to **share** their **experiences** of prescription drug misuse.

ARE YOU?

- ✓ **18-45** years of age
- ✓ **Canadian** citizen
- ✓ Able to speak **English**
- ✓ **Male** or **Female**
- ✓ Misused/abused **prescription medication** during childhood and adolescence



Appendix B

Letter of Information

A Phenomenological Study of Prescription Drug Abuse Among Children and Youth.

June 19, 2012

Dear Participant,

You are being invited to participate in a research study looking at prescription drug abuse, which occurred during childhood and/or adolescence. You have identified that you abused prescription drugs during childhood and/or adolescence. In addition you have identified that you speak English, are a male or female, and are between the ages of 18-45. Those who do not fit these criteria will not be able to participate in this study. This letter is meant to provide you with information required for you to make an informed decision regarding participation in this research.

Prescription drug abuse is a serious health issue, which has a negative impact on many individuals, families and society in general. The purpose of this research study is to understand the firsthand experiences of prescription drug abuse, during childhood and adolescence. The goal of this study is to understand the risk factors which contribute to prescription drug abuse among children and youth.

If you agree to participate, you will be asked to be involved in at least 2, one-on-one interviews with a graduate student researcher. Interviews will last approximately one hour, and will be held at St. Gregory's Auditorium, 192 Simcoe St. N., in Oshawa, ON. You will be asked a series of questions aimed at understanding your experiences of prescription drug abuse during childhood and/or adolescence. There will be a total of 6-10 participants involved in this study.

There are no known or anticipated risks or discomforts associated with participating in this study. However, if you do experience any problems or discomfort, you may discontinue the interview at any time without penalty. Discussing your experiences with drug abuse may have an emotional impact on you; therefore, counseling services will be offered through Narcotics Anonymous if requested.

You may not directly benefit from participating in this study but information gathered may provide the groundwork for a future study on prescription drug prevention and health promotion.

You will be compensated with \$20 for your participation in this study. You will receive \$20 for each interview you participate in, regardless of whether you complete the full interview. Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future.

All data collected will remain confidential and accessible only by the investigators of this study. All data collected will remain anonymous. If the results of this study are published, your name and any information that might identify you will not be used. Your research records will be stored in the following manner: locked in a cabinet in a secure office; audio recordings will be reviewed only by members of the research team and they will be destroyed after 3 years.

If we find information that we are required by law to disclose, we cannot guarantee confidentiality. Representatives Western University Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research. While we will do our best to protect your information there is

no guarantee that we will be able to do so. The inclusion of your initials and your date of birth may allow someone to link the data and identify you.

Appendix C

Participant Consent Form

A Phenomenological Study of Prescription Drug Addiction
During Childhood and Adolescence.

December 31, 2012

I have read the letter of information. I have had the nature of the study explained to me. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I agree to participate in this study, and understand that I will receive a signed copy of this form.

Name of Participant

Signature of Participant

Date _____

Consent form administered and explained in person by:

Name and title

Signature

Date _____

Appendix D

Interview Guideline

Part #1 – All Participants

1. Where are you from? How old are you? What is your occupation?
2. What were things like for you growing up? Did some of these experiences impact your decisions, likelihood, or desire to use illicit substances?
3. Did you experiment with alcohol, tobacco or other drugs before you began taking prescription drugs? If so, can you tell me about your experiences?
4. How old were you when you started taking prescription drugs? What were your reasons for taking them?
5. How did your experiences with alcohol, drugs, or tobacco differ from your experiences with prescription drugs?
6. How do prescription drugs compare to the other substances you've tried?
7. When, and how did you realize that you had become **dependent** or **addicted** to taking prescription drugs?
8. How did your misuse/abuse of prescription drugs affect your relationship with friends, and family
9. How did your misuse/abuse of prescription drugs affect your experience with schooling, and your ability to work?
10. How did your misuse/abuse of prescription drugs affect your experience with day-to-day social activities?
11. Have you managed to stop misusing/abusing prescription drugs? If so, what was your experience like getting clean?
12. Have you relapsed? If so, what barriers have prevented you from staying clean?

Follow-up Interview Guideline

Gloria Green

1. You described your childhood as being very hard. Can you describe in more detail what that time in your life was like?
2. What kind of relationship did you have with your mother growing up?
3. Can you describe the relationships you had with your siblings growing up?
4. You spoke quite a bit about high school in the first interview. Can you describe in some detail what high school was like for you?
5. You told me that you didn't date while you were in high school because you didn't have a lot of confidence in yourself. You also told me that you were heavier than your girlfriends at that time. What impact did these factors have on your desire to begin taking medication for weight loss?
6. You told me that these days you just deal with the fact that you have a couple of pounds on you rather than misusing/abusing medication for weight loss. You explained that you're afraid of the health risks, and that you want to be around for your grandchildren. How come you were not able to just deal with your weight when you were in high school?
7. What advice would you give yourself, or what could you do to help yourself, if you could go back in time?
8. What do you think could have been done to assist your family?
9. What advice do you have for people (agencies/clinicians, schools, physicians...) working with youth at risk of misusing/abusing prescription drugs?
10. What do you think would have helped you to avoid this from either starting or developing further into an addiction?

Appendix E

Use of Human Participants – Ethics Approval Notice



Research Ethics

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Donna Dennis
File Number: 102794
Review Level: Delegated
Approved Local Adult Participants: 10
Approved Local Minor Participants: 0
Protocol Title: A phenomenological study of prescription drug addiction during childhood, and adolescence.
Department & Institution: Health Sciences/Occupational Therapy, Western University
Sponsor:
Ethics Approval Date: August 22, 2012 **Expiry Date:** August 31, 2013
Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Western University Protocol		
Advertisement	Flyer	
Other	Participant Consent Form	
Letter of Information		

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the University of Western Ontario Updated Approval Request Form.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

The Chair of the HSREB is Dr. Joseph Gilbert. The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

Signature _____

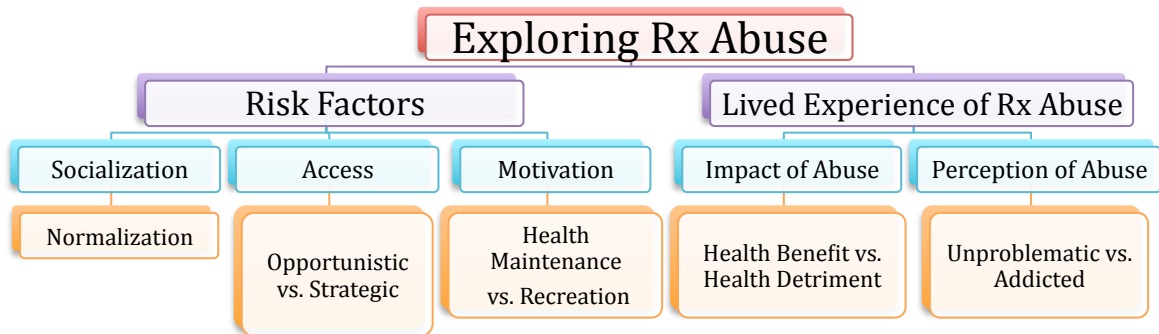
Ethics Office to Contact for Further Information

Janice Sutherland <small>(jsutherj@uwo.ca)</small>	Grace Kelly <small>(grace.kelly@uwo.ca)</small>	Shantel Walcott <small>(swalcol@uwo.ca)</small>
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This is an official document. Please retain the original in your files.

Appendix F

Thematic Map



Appendix G

Preliminary Analysis

Journal Entry

Oct/2011

In this entry I'm going to share my thoughts and understanding about substance abuse, and prescription drug abuse in particular.

From what I've researched and experienced in my life it is alarming how prevalent substance abuse is in our communities. ~~Substance~~ Substance abuse takes place ~~across~~ across many age groups, ethnicities, cultures and settings. Substance abuse has been shown to be damaging to families, communities and societies at-large. Illness and death from substance abuse is a harsh reality that we as a society must try to reduce and manage. Our current efforts to deal with this issue doesn't seem to be working effectively in my opinion. In my world, I hear the unfortunate news of professional athletes, musicians, actors and actresses, as well as people in my community suffering and/or passing away from substance abuse related issues.

I think people abuse drugs for a variety of reasons. From what I understand, genetics and heredity of substance abuse influence the individual, so having a family history is a reasonable predictor of this behaviour. I also believe that ~~psychology~~ psychology has a significant impact on substance abuse behaviours. A chemical imbalance is likely to result from substance abuse and vice-versa. Abusing any chemical drug must have serious neuro-chemical consequences. I also believe that an individual's social environment influences them to abused drugs. Family, friends and the messages sent by media likely influence an individual's decision to abuse drugs. The stronger the social influence, the more likely someone will engage in this behaviour.

Hilroy

Journal Entry

Oct/2011

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From what I've researched and experienced in my life it is alarming how prevalent substance abuse is in our communities. ~~Substance~~ Substance abuse takes place ~~across~~ across many age groups, ethnicities, cultures and settings. Substance abuse has been shown to be damaging to families, communities and societies at-large. Illness and death from substance abuse is a harsh reality that we as a society must try to reduce and manage. Our current efforts to deal with this issue doesn't seem to be working effectively in my opinion. In my world, I hear the unfortunate news of professional athletes, musicians, actors and actresses, as well as people in my community suffering and/or passing away from substance abuse related issues.

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Hilroy

Appendix H

Education

Masters of Science, MSc. (candidate)

September 2011 – Present

Western University

London, Ontario

Bachelor of Health Sciences, BHSc. (honours)

September 2007 - May 2011

University of Ontario Institute of Technology (UOIT)

Oshawa, Ontario

Relevant Experience

Graduate Student Researcher

September 2011 - Present

Western University

London, Ontario

Graduate Student Field Mentor

September 2012

Western University

London, Ontario

Teaching Assistant Training Program (TATP) Certificate

August 2014

Western University

London Ontario

Certificate in University Teaching and Learning

September 2014 – Present

Western University

London, Ontario

Graduate Student Teaching Assistant

September 2011 – December 2012

Western University

London, Ontario

Undergraduate Research Assistant

September 2010 – May 2011

UOIT

Oshawa, Ontario

Academic Awards and Nominations**Graduate Student Teaching Assistant Award Nominee**

July 2012

Western University

London, Ontario

Graduate Student Teaching Assistant Award Recipient \$500

July 2013

Western University

London, Ontario