Drug Identity Change Processes, Race, and Gender. I. Explanations of Drug Misuse and a New Identity-Based Model

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ABSTRACT

The present paper explores race and gender differences in a recent theoretical model (Anderson, 1994), consisting of several micro- and macro factors, that helps explain the identity-related processes of drug misuse. The approach is qualitative, featuring in-depth interviewing with 45 self-identified drug addicts. The study uncovered support for the general concepts of the identity-based model across four subgroups: Black females, White females, Black males, and White males. However, important race and gender differences emerged. Gender and race-related socialization and stratification explain most of the differences and suggest reconceptualization of the model. The investigation further demonstrates the promise of identity-based approaches in extending our knowledge of the etiology of drug misuse and related intervention policies.

Key words. Drug misuse; Identity change; Race; Gender

INTRODUCTION

After massive antidrug campaigns by state and federal governments in the past two decades, rates of "hard-core" drug use in the United States remain largely unchanged and higher than desired (The White House, 1995). Current data on elementary, high school, and college drug use show upward trends for the mid1990s (Johnston et al., 1995), suggesting that the addicted pool may grow into the 21st century. Today, drug misuse cuts across all social groups, i.e., race, ethnicity, class, and gender, in many countries around the world. The reasons for this, however, remain unsettled.

Throughout the decade, explanations of the drug misuse problem have centered on a wide range of phenomena, ranging from characteristics of the individual (e.g., personality traits to genetic composition) to the social organization of societies and cultures. Terry and Pellens (1928) classic work on the opiate problem set the tone for a multilevel view of drug misuse. By 1980 the National Institute on Drug Abuse (NIDA) had published the first comprehensive collection of drug misuse theories (Lettieri et al., 1980) that brought together the leading scholars in the field and the disciplinary approaches that characterized discourse on the problem. Organized into four sections (i.e., the relationships to the self, to others, to society, and to nature), the book provided evidence that the etiological process contained a micro/macro link, but it biased more toward micro level considerations (i.e., individual characteristics and small groups). It also included no theorizing about race and gender differences in the process.
Today, the United States scholarly literature is filled with numerous models and theories that attempt to explain how and why people misuse drugs. Etiological models abound in the fields of psychology, pharmacology, physiology, anthropology, and sociology. The most widely cited include

1. Problem behavior theory (Jessor and Jessor, 1977; Jessor et al., 1991; Donovan, 1996)
2. The theory of reasoned action (Ajzen, 1985; Ajzen and Fishbein, 1980; Fishbein and Ajzen, 1975)
3. Social learning theory (Akers and Lee, 1996; Bandura, 1977)
6. The integrated delinquency model (Elliott et al., 1985)
7. Social development theory (Catalano and Hawkins, in press; Hawkins and Weis. 1985; Catalano et al., 1996)
8. The theory of triadic influence (Flay and Petraitis, 1994)

Like previous work (Lettieri et al., 1980), each focuses more on individual-level or small group factors and pays less attention to more macrolevel influences (race and gender-based norms, inequalities, and socialization processes). Few have considered how influences on substance misuse might differ my culture, age, gender, and ethnicity, and vary historically (see Note 1).

Etiological research in the United States has, however, paid increased attention to race and gender diversity over the years. There is now considerable knowledge about the differences and similarities between males and females, and Blacks, Whites, Hispanics, and Native Americans patterns of drug and alcohol consumption, treatment initiation and success, and special drug-use-related problems (e.g., pregnancy, AIDS, and criminal involvement). Recent work has, in addition, explored race and gender diversity in the etiological process. Today, there is evidence that the processes leading to drug misuse may differ for males and females (Bepko, 1991; Rosenbaum, 1981; Rosenbaum and Murphy, 1990; Henderson and Boyd, 1992; Pohl and Boyd, 1992; Ettorre, 1992; Van Den Bergh, 1991) and Blacks, Whites, Hispanics, and Native Americans (e.g., Beauvis and LeBoueff, 1985; Caetano, 1987; Harvey, 1985; Kitano et al., 1988; Mendes de Leon and Markides, 1986; Sue, 1987; Wurzman et al., 1982; Yee and Thu, 1987).

The purpose of this investigation is to add to the literature using a new, identity-based model (Anderson, 1994) that links micro- and macro phenomena in the etiology of drug misuse and which compares race (i.e., Black and White) and gender groups. This study draws on the experiences of a diverse group of self-identified drug addicts to inform the drug-related identity-change process. I.e. from no drug use to drug misuse. I asked 45 of them to tell me how they initially got involved with drugs and became drug misusers. All 45 respondents lived and were surveyed in urban settings. This paper, therefore, does not address possible regional (urban, suburban, and rural) variations in the identity change process. It also does not report on how the respondents got into treatment or reached a crisis point with drugs.

Instead, I use their stories to inform the identity change processes of becoming a drug misuser. From their current positions as treatment-exposed adults (i.e., public- and private-funded residential and outpatient programs and 12-Step meetings), the respondents studied here recall this process and the events, experiences, and evaluations that comprised it. Their accounts are retrospective and differentially influenced by the ideologies of the disease and moralistic models (see Note 2) of drug misuse or "addiction" that dominate antidrug rhetoric in the United States today (Room, 1992). The purpose here is to investigate race and gender differences in their accounts of this process, given these influences.

The larger objective is to offer the field a preliminary model of drug misuse that brings gender- and race-related experiences to its center. A theoretical model that could inform the role of race and gender variation in the etiology of drug misuse or addiction promises to improve efforts to reduce upward trends in drug-related social problems. Better drug prevention and treatment programs would likely follow down richer theories that make statements about such macro level phenomena and can explain across-population subgroups.
An Identity-Based Model

Studying changes in identity should permit us to understand changes in drug-related behaviors. For instance, the identity and deviance literature has continued to show that identity construction and change is fundamental to the movement into and out of deviance (Becker, 1963; Glaser and Strauss, 1971), including substance misuse (Anderson, 1993; Biernacki, 1986; Ray, 1968; Pearson, 1987; Jorquez, 1983; Waldorf et al., 1991). Statements about drug-use-related identity change should, therefore, inform the causes (i.e., etiology) of drug misuse. Furthermore, Anderson (1995) has argued that drug use and misuse is likely to escalate with increased motivation toward identity change and participation in social contexts that provide drug-use-related opportunities.

The drug-use-related identity-based model consists of five constructs (see Anderson, 1994) and locates the beginning of the process in childhood and early adolescence, for most, with marginalization experiences, i.e., those which set the respondents off from the normative or what is socially acceptable in their worlds. Marginalization is related to various events that alter the individuals social status in a negative fashion.

To date, research on this concept (Anderson, 1994, 1998; Anderson and Mott, 1998) has tied 14 such events to the drug-use-related identity change of nondrug user to drug user. Existing research substantiates most as having a relationship to drug use. Earlier work tied various traumatic events, which often alienate one and change ones status, to substance misuse. These events include the separation or divorce of parents, the death of someone significant (Hoffman, 1993), frequent geographic moves of the family, inappropriate sexual activity with an adult (Barrett et al., 1990; Russell, 1986; Herman et al., 1986; Singer et al., 1989; Briere and Zaidi, 1989), caretaker responsibilities for siblings and other relatives, rigid and regular domestic responsibilities (cleaning the house, cooking for members, earning money to support family—see Baumrind, 1971, 1983, 1985), individuals early parenthood (i.e., biological reproduction), being physically punished or beaten by caretakers, strict caretaker guidelines and expectations (Baumrind, 1971, 1983, 1985), frequent physical and/or verbal punishment at school, school suspension, placement into a different school or program, frequent participation in fights, and police contact or arrest. This part of the process was first described as "status passages" (Anderson, 1994; see Glaser and Strauss, 1971, for the original reference to "status passages"), but is reconceptualized marginalization here instead (see Note 3).

Respondents tied these experiences to their descriptions of themselves before drugs and alcohol. These descriptions painted a picture of personal identity dissatisfaction [i.e., ego identity (see Note 4) discomfort] and feelings of not being able to create a positive identity for themselves (i.e., lost control in defining a identity). Marginalization and the negative affect it engenders (e.g., feeling out of place and different from others) becomes central to the description of the self and can lead to identity dissatisfaction in childhood or early adolescence and before drug use. Earlier, Kaplan and colleagues (1984, 1986) made related claims in their theory of self-derogation. The drug-use-identity model both complements and enhances these premises (see Anderson and Mott, 1998, for more on this point). The loss of control in defining an identity concept is similar to the "locus of control concept" that researchers have consistently tied to drug use (Baumrind, 1971, 1983, 1985). These micro level factors gave respondents the motivation to create drug-use-related identities.

Two macro concepts, social appraisal sources and a social climate conducive to drug use, provided the mechanism for change [drugs, drug-use(r)-related groups, and a drug-use lifestyle] and a goal that appeared desirable and attainable (a newly created, positively regarded, and socially approved identity). Social appraisal sources refer to others in the respondents social worlds (family members, intimate others, and friends) that represented an alternative meaning system that departs from existing norms. These significant others accepted the respondents into their group and validated and helped define their new identities or those situated in alternative (drug-using) social contexts. This concept is similar to the subculture concept that has long characterized research on drugs and deviance (see Bennett, 1981, and Brake, 1985, for reviews of this literature). The difference between them pertains to the absence of cultural forms (i.e., language, style, rules, etc.) in the social appraisal sources concept.

The social climate concept features the popularity (social value) and availability of certain drugs that were historically relevant for each of the respondents. The social climate conducive to drug use not only provided the opportunity for drug-use-related identities, but it also provided the socially constructed...
meaning that they would have and where they would be located, i.e., social appraisal sources. Figure I illustrates the identity-based model.

The following statements summarize the proposed relationships between the drug identity models concepts:

I. Marginalization works to increase both ego identity discomfort and lost control in defining an identity.

<table>
<thead>
<tr>
<th>Non-Drug User</th>
<th>Drug Misuser/Addict</th>
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<tr>
<td>Ego Identity Discomfort</td>
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<tr>
<td>Marginalization</td>
<td>Social Appraisal Sources</td>
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<tr>
<td>Lost Control in Defining an Identity</td>
<td>Drug Misuser/Addict</td>
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<tr>
<td>Social Climate Conducive to Drug Use</td>
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Fig. 1. Drug identity model.

2. Both ego identity discomfort and lost control in defining an identity work to increase the appeal of social appraisal sources to the individual.
3. The more a social climate becomes conducive to drug use, the more drug-related social appraisal sources will be available for individual attraction and membership.
4. Increased identification with drug-use-related social appraisal sources leads to increased drug misuse and addiction.
5. The effects of marginalization, ego identity discomfort, and lost control over defining an identity likely work through social appraisal sources to foster drug misuse, although all factors play an important role in the identity change process of becoming a drug misuser.

It is important to note that these six statements will not be formally investigated here using hypothesis testing or statistical verification (please see Anderson and Mott, 1998, for more on this). The statements are simply meant to help the reader understand the theoretical model and how it might operate with the four different race and gender groups studied here. Therefore, any conclusions about the potency of the concepts and their interrelationships (i.e., moderating, direct, indirect, mediating) would be premature. Also, since the model is largely based on the experiences of White drug addicts, it cannot be generalized to diverse population subgroups, such as males and females and Whites and Blacks, when they are disaggregated from a more generalized total. Also, the model didn’t address possible conceptual variation due to race and gender socialization and stratification. The goal of the present investigation is to explore the models relevance across the four population subgroups and, subsequently, to conceptualize it on the basis of any diversity that emerges from the four groups. The research presented below substantiates the need to extend theoretical models of drug misuse in such a fashion.

Identity, Drugs, and Gender

Henderson and Boyd (1992) recently noted the importance of gender socialization in understanding
addiction. They concluded that addiction was related to the individual’s quest to integrate opposing gender scripts, i.e., masculinity and femininity, in an attempt to achieve wholeness. Rosenbaum (1981), Mitic et al.(1987), and Pohl and Boyd (1992) substantiate this point.

In a more recent investigation, Alicea and Freidman (1994) linked female heroin misuse to the resistance of traditional gender role expectations, or gendered identities. They maintain that the user/addict identity is, therefore, a significant "transgression" for females. Heroin use is less of a transgression for males, since societal expectations, for them and masculine identity scripts (i.e., aggression, risky behavior, being independent, and being "experienced") are far more consistent with the user/addict identity. These kinds of cultural and societal-level socialization experiences may inform differences in the drug misuse process for men and women.

**Racial Diversity**

Rebachs (1992) review of the alcohol and drugs literature provides evidence that models of drug misuse may also vary by race and ethnicity. For instance, studies show increased levels of drug and alcohol misuse among ethnic and racial minorities (in comparison to that of Whites) with increased acculturation into the euro centric ideals of the dominant culture (Kitano et al., 1988; Sue, 1987; Caetano, 1987; Mendes de Leon and Markides, 1986). More specifically, Mitic et al. (1987) demonstrated that such stressors in young people are related to substance misuse as they pass from childhood to adulthood. Here, the addictive process includes strains associated with giving up ones cultural identity to assume a more socially approved normative identity that coincides with the integration model of euro centric United States culture (Galan, 1988; Castro et al., 1991; Preble and Casey. 1969). This work points to possible differences by race and ethnicity in the model described above.

Gender socialization and acculturation experiences, then, may alter the relationship between identity and drug misuse for males and females and Blacks and Whites. For instance, marginalization and subsequent ego identity discomfort in the proposed model may be related to females perceived departure from "socially approved" feminine identities and behavior and from males perceived inconsistency with masculine ones. Cultural diversity might also reveal additional differences in the more micro level concepts of the model for Whites and Blacks. We might expect, however, that since United States culture is structured on the values of patriarchy and euro centrism (Andersen, 1988; Asante, 1987), the White and Black female and Black male respondents should report more gender and race-related patterns in the models more micro level concepts than would White males. This stems from White males privileged position with respect to the structural ideals that comprise United States mainstream culture.

We might also expect the four respondent subgroups to report differences in the more macro level concepts of the model, i.e., social appraisal sources and social climate conducive to drugs, since they reflect social contexts (e.g., urban, suburban, and rural settings), changing social landscapes over time, and geographical concerns. This supposition stems from recent work (Anderson, 1995) that has documented the coming and going of different drug subcultural groups over time, which may affect patterns of drug misuse.

The presence of such drug subcultural groups helps shape the climate of drug use in a given social context and the identities and lifestyles we can expect from individuals located therein. Because social contexts and drug subcultural groups vary and the social landscape changes over time, we can expect the more macro level concepts of the proposed model, social appraisal sources and social climate conducive to drugs, to be experienced differently among the four subgroups. Given the above research on drug subcultural groups, we expect the greatest variation in these concepts by race rather than gender.

**ANALYSIS STRATEGY**

I used in-depth, face-to-face interviews to shed light on the subject matter. Many have recommended this method for obtaining identity-related information because it gives respondents the opportunity to provide authentic and comprehensive accounts (Glaser and Strauss, 1971; Denzin, 1974; Lofland, 1978; Weigert, 1983) and to invoke their respective vocabularies of motives. During the winter and fall of 1990, and the summer of 1993, I interviewed 45 individuals, on one occasion each, for approximately 2
hours. I contacted them through 2-Step programs [i.e., Alcoholics Anonymous (A.A.), Narcotics Anonymous (N.A.), and Cocaine Anonymous (C.A.)] in the Washington, DC Metropolitan Area, and at a residential treatment facility in mid-Michigan that included attendance at these programs.

Respondents were recruited using a "snowball sampling" technique. The selection of respondents was purposive (Strauss and Corbin, 1990) and based on characteristics, such as sex, age, and length of sobriety, that previous research deemed theoretically important (Lindesmith, 1947, 1968; Gans, 1962; Becker, 1963; Ray, 1968; Turner, 1978; Sutker et al., 1981; Marsh and Shevell, 1983; Snow and Anderson, 1987; Metzger, 1988). This selection strategy helped to ensure the wide range of diversity in social networks that Gans (1962) has argued is important for psychological and social experiences of the individual.

Thirty respondents were interviewed in the Washington, DC Metropolitan Area. They were contacted at A.A., N.A., and C.A. meetings using a snowball sampling strategy. The initial contact, a friend of the authors, was a 28-year-old female with 4 months of sobriety at the time of the interview. She was a college-educated professional living in Northwest Washington, DC. The snowball strategy resulted in very few declines for interviews. Word traveled through these meetings that the interview and project were a positive experience.

The other 15 respondents were interviewed at a residential and outpatient drug-user treatment program in an urban area in mid-Michigan. The programs treatment director helped facilitate the first few interviews. Like the DC pool, however, the first few respondents encouraged others to give an interview because they enjoyed the experience.

The respondent pool consists of 13 White females, 13 White males, 10 Black females, and 9 Black males (n = 45). Some were new to 12-Step programs, while others were avid and seasoned members. Another portion was abstinent from drugs and alcohol and had ceased 12-Step meeting attendance a long time ago. Therefore, attachment to the drug-use-related ideologies that characterize these three self-help programs varied greatly within the pool. There also was considerable difference among the respondents by age and in the length of time they had been abstinent from drugs and alcohol. Consequently, some accounts are more "retrospective" than others. Emanating theoretical statements are, therefore, more than simple A.A., N.A., and C.A. recitations, although they are influenced by them.

The A.A., N.A., and C.A. programs of self-help recovery are a common part of many drug-user treatment paradigms in the United States today. They furnish members with ideas about how the individual should reconstruct the identity change process and think about drugs and alcohol (e.g., the disease model of addiction). Each respondent had some exposure to these programs prior to the interview. Emanating theoretical statements are influenced by this framework.

The interview analysis and subsequent theoretical formulations stemmed from Miles and Hubermans (1984) 12 tactics for generating theory and patterns from the responses. Patterns reported in Part 2, then, are grounded in all respondents' experiences. I selected quotes that best represented each pattern and tried to cite as many respondents as possible.

The Respondent Pool. The respondents were, typically, in their mid-30s and single at the time of the interview. Their parenthood status differed. Black respondents reported more parental responsibilities than White respondents. Black females were the most obligated in this area. Most were mothers with about 3 or 4 children. Black males were the second-most obligated, followed by White females and White males. In terms of employment, income, and education, the Black female pool was least privileged (see Note 5) as a group, while White females were the most privileged. Also, White males scored higher on these indicators than their Black male counterparts. Please see Appendix A (in Part 3) for demographic information.

A COMPARISON OF DRUG AND ALCOHOL-USER CAREERS

A discussion of the four groups drug-using careers helps provide an important context for the model and may also help explain diversity within it by race and gender. Appendix B (in Part 3) depicts differences among the four groups drug-using careers. For instance, Black females began, on average, using drugs later (about 17 years or age) in life than the other three groups. This pattern is inconsistent with various studies (Barnes and Welte, 1986; Welte and Barnes; 1987; Thompson and Wilsnack, 1987) have documented the later onset of drug use among African-Americans and other minority groups than among
Whites. The onset of drug use may be related to the types of marginilization experiences and identify dissatisfaction the respondents report. For Black females, this may include various preadolescence experiences such as assuming adult like responsibilities, experiencing sexual and physical abuse, and giving birth and/or becoming a substitute parent for younger siblings (see Part 2).

White females in the respondent pool started drug use, on average (i.e., at 13 years of age), much earlier than Black females. Common negative experiences reported around the time of initial drug use included a parent exiting the respondent’s life (divorce or death), repeated geographic moves by the family, and the assumption of various adult responsibilities (see Part 2).

Black males began using drugs at the earliest age, 11 years old on average. This runs counter to the research cited above concerning the later onset of drug use among ethnic and racial minorities. Black males used drugs, on average, longer than their Black female counterparts or for 13 years. Most frequently, Black males linked their drug use to the assumption of various adult like responsibilities, which reportedly marginalized these respondents from typical and more desirable childhood experiences. White male initiation to drug use evidenced the same pattern, although their drug use began, on average, later (around 13 years of age) than Black males.

White males used drugs longer than any other group studied, i.e., 14 years. In addition to reporting initial drug use during periods of heavy adult responsibilities, White males also reported beginning drug use in an attempt to thwart their parent’s rigid expectations of them. This, they reported, was a damaging experience (see Part 2).

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NOTES

1. Another shortcoming of United States-based etiological research is a tendency to homogenize the processes of use and misuse. Most studies of psychosocial etiological factors do not distinguish between the two and/or assume that the imputed "risk" factors associated with use are similar, albeit more salient, for misuse. However, the Institute of Medicine (1996:117) has noted that it may be incorrect to assume that the factors involved in the initiation of drug use are important in the escalation of it. Epidemiological data show large discrepancies between monthly or annual use and daily use rates (which can serve as a proxy for misuse) and suggest that only a small portion of 8th graders, for instance, who use drugs (about 21% in 1995) would likely become daily "abusers" of them by 12th grade (4.6%), all else being equal (Johnston et al., 1995). In addition, Waldorf et al. (1991) reported that the NIDA surveys, for example, show that the majority of cocaine users in the United States are "ceremonial" users (i.e., they use it occasionally), and do not become "abusers." Furthermore, this latter point also suggests that etiologies might differ by type of drug(a neglected topic in research to date), and benefit from analysis using newer artificial paradigms (chaos, uncertainty, or complexity theories) that do not presume linear systems of cause and effect (Lorenz, 1993; Casti, 1994). Serious discussions of these important matters is, however, beyond the scope of the present investigation and should be addressed in future research.

2. The disease model views addiction in largely genetic, pharmacological, or medical terms and defines it as an individual disease. The second model is more sociological in nature and focuses on individual or small-group morals and values. I collapse the leading sociological theories of addiction into this second moral/value-oriented model since they contain considerable overlap and purport that addiction is an outcome of the individuals 1) exposure to deviant models and peer groups and positively reinforcing drugs (social learning theory), 2) departure from conventional norms and lack of attachment to traditional social Institutions (social control theory), or 3) a depraved value system and failure to achieve social maturity (adaptive model of addiction).


4. According to Goffman (1963), an ego identity is an individuals felt sense of identity about his/her own situation and character.

5. Appendix A in Part 3 provides additional demographic information on the respondent pool. Please note that differences between
our Black females and the other three groups on traditional socioeconomic indicators do not necessarily imply real class-based differences for at least two reasons. First, the income disparities between Black females and the other three groups had more to do with being employed at the time of the interview than about real class differences in the role exit processes. For instance, three of the ten Black females were earning about $25,000 and $40,000 when interviewed. Due to employee restructuring efforts, three others had recently been laid off (which is different than being fired from a job for drug-use-related reasons) from $30,000-$35,000 a year jobs in the auto industry. Had the interviews taken place sooner, the average income for Black females would have been more consistent with the other three groups. Only four of them vacillated between frequent unemployment and employment for minimal paying service-oriented jobs. Second, Black females were no more likely to come from poor families than members of the other three groups.

REFERENCES


El presente documento explora las diferencias raciales y de género en un recientemodo teórico (Anderson 1994), consistiendo de varios factores tanto micro como macro, que ayuda a explicar los
precesos relacionados con la identidad en el mal uso de las drogas. El método es cualitativo, destacando el
uso de entrevistasprofundas y detalladas con 45 auto identificados adictos a las drogas. El estudio revela
apoyo por los conceptos generales del modelo basado en la identidad a través de cuarto sub-grupos: mujeres
afro-americanas, mujeres blancas, hombres afro-americanos, y hombres blancos. Sin embargo, aparecieron
diferenciasimportantes de raza y género. La socialización y la estratificación relacionadas con
genero y raza explican casi todas las diferencias y sugieren una re-conceptualización del modelo. La
investigación demuestra adicionalmente la promesadel método basado en la identidad en extender nuestro
conocimiento de la etiología del mal uso de las drogas y la relacionada política de intervención.
Palabras claves: mal uso de drogas (mal empleo de drogas), cambio de identidad, raza, y género.

RESUMEN

Cet article explore les differences de race et de sexe d'un nouveau modeltheorique (Anderson, 1994)
consistant en plusieurs elements micro et macro qui expliquent les methodes identitaire qui sont liees a
lusage impropre a la drogue. La facon est qualitatif et representer des interviews en profondeur avec
45 personnes qui sidentifient etre accoutumer a la drogue. La recherche a supporte les concepts generaux
du model base sur lidentite a travers de quatre sous-groupes: femmes noires, femmes blanches, hommes
noirs, hommes blancs. De quelque maniere, des differences importantes de race et de sexe sont
emergees. La socialisation et la stratification de sexe et de race expliquent la plupart des differences et
suggèrent la re-conceptualisation du model. L'enquete demontred'avantage la promesse des facons basees
sur identité a pousser plus loin notre connaissance de l'etiology de l'usage impropre a la drogue et les
politiques d'intervention qui sont liees.
Mots-cle: Usage impropre a la drogue, changement identitaire, race, sexe.

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