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## Young Women's Experiences of Resisting Invitations to Use Illicit Drugs

### Les expériences de résistance aux invitations à consommer des drogues illicites chez de jeunes femmes

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#### ABSTRACT

Ten young women were interviewed regarding their experiences of resisting invitations to use illicit drugs. Hermeneutic phenomenology was used to gather and analyze information. One key theme was the motivations that inspired women to refuse drug offers. Young women resisted drug invitations because of their desires to be authentic, protect their futures, reflect a sense of maturity, maintain physical and mental health, and sustain healthy relationships, and because overall they enjoyed life and did not feel the need to alter their emotions and psychological experiences. Implications for prevention programs, counselling and interventions programs, and future research are discussed.

#### RÉSUMÉ

Dix jeunes femmes ont été interviewées au sujet de leurs expériences de résistance aux invitations à consommer des drogues illicites. La cueillette et l'analyse de l'information ont été effectuées au moyen d'une méthodologie de phénoménologie herméneutique. Un des thèmes clés révélé par les données recueillies porte sur les motifs qui ont suscité leur résistance. Les jeunes femmes ont résisté aux invitations à consommer de la drogue en raison de leur désir d'authenticité, pour préserver leur avenir, projeter un sentiment de maturité, maintenir une santé physique et mentale, entretenir de saines relations et parce que, de façon générale, elles aiment la vie et ne ressentent pas le besoin d'altérer leurs émotions ni leurs expériences psychologiques. S'ensuit une discussion sur les implications pour les programmes de prévention, de counseling, et d'intervention, ainsi que pour la recherche à venir.

Despite the development of drug prevention programs focusing on social influence and resistance skills training and provocative media campaigns aimed at adolescents and young adults, the prevalence of illicit drug use among women in Canada is steadily increasing. The Canadian Addiction Survey conducted in 2004 revealed that about 30.7% of Canadian women between the ages of 20 and 24 reported using cannabis in the past year, compared to 13% in 1994 (Health Canada, 2008). When considering the use of six illicit drugs (cocaine, speed, ecstasy, hallucinogens, heroin, cannabis), the prevalence of lifetime use among women is also greatest in the 20–24 age group (69%). Women in British Colum-

bia are more likely than women in other Canadian provinces to have ever tried cannabis or one of the other five illicit drugs.

The question that emerges from these statistics is why some young women consistently resist drug invitations and others do not. A body of literature exists for why individuals use illicit drugs (e.g., Boys, Marsden, & Strang, 2001; De Micheli & Formigoni, 2002; Hecht, Alberts, & Miller-Rassulo, 1992). Research exploring why individuals choose *not* to use drugs remains sparse, particularly as it applies to adults. Studies have shown that self-reported reasons for not using drugs include (a) fears of physical or psychological harm, dependence, addiction, criminal consequences, or loss of control; (b) not wanting to violate one's religious beliefs or moral code; (c) lack of interest/no enjoyment; (d) unfamiliarity with the drug; (e) concern for one's professional or academic achievement; (f) parental disapproval; and (g) the cost or availability of the drug (e.g., Alberts, Miller-Rassulo, & Hecht, 1991; Fountain et al., 1999; Globetti, Globetti, Brown, & Stem, 1992; McBride, Mutch, & Chitwood, 1996; Merrill, Salazar, & Gardner, 2001; Rosenberg et al., 2008).

The Alberts et al. (1991) qualitative research study provided a thematic analysis of social influences on adolescents' reactions to drug offers based on in-depth interviews with 33 high school and community college participants. The majority of studies, however, are quantitative in nature and consist of survey data. In addition, most of the research as it pertains to adults explores reasons why individuals do not use drugs rather than explore the actual experience of refusing drug offers. Exploration of individual-level processes and increased understanding of mediating mechanisms in the act of resistance may be useful (Donaldson, Graham, & Hansen, 1994). A gap in the literature is the absence of a body of qualitative research that provides in-depth, detailed information about how individuals experience resistance to drug offers.

The present study sought to expand on the existing literature by using a qualitative methodology to study the phenomenological experience of resistance to drug invitations. As there are gender differences in the initiation to and consequences of drugs (e.g., Amaro & Hardy-Fanta, 1995; Hutchins & DiPietro, 1997; McRae-Clark & Price, 2009), the authors were interested in focusing on the experiences of young women in particular. It is widely acknowledged that drugs may affect women differently than men, with women possibly progressing to dependence more quickly or experiencing the effects of some drugs more intensely (McRae-Clark & Price, 2009; Poole & Dell, 2005). Some research indicates that females may be more vulnerable than males to peer pressure; Farrell and White (1998) found that the association between peer pressure and drug use was greater for adolescent girls than boys in their African American sample.

Young adults in university were targeted because of the concern of the higher prevalence of use in this age group and population (Ford, 2008). Health Canada (2008) reports that among women, the highest rate of lifetime use of hallucinogens is among those aged 20–24 (18.2%). During college and university years,

access to illicit drugs is usually easier than during high school, and the frequency of substance use may increase for some students (White & Jackson, 2005). Furthermore, there can be pressure among peers to use drugs—Hecht et al. (1992) found that for their sample of 452 college students, about one half of drug offers involved pressure.

Both authors are faculty members of university counsellor training programs who have had previous experiences in drug and alcohol counselling. This experience has interested both authors to study specific characteristics and experiences of young women who choose to resist drug invitations. The overarching research question was “What is the experience for young women of resisting invitations to use illicit drugs?” This research is important because, as Rosenberg et al. (2008) note, knowing reasons for abstinence can guide prevention programs. In addition, counsellors working with clients who wish to attain abstinence may find value in discussing some or all of the themes reflected in these findings, particularly those describing the actual moment of resistance.

#### METHOD

##### *Research Design*

With the aim of providing in-depth descriptive information on the process of drug resistance, a qualitative research approach was taken. The applicability of a qualitative research paradigm to understand and interpret a particular phenomenon in terms of personal meaning found within different social realities (Denzin & Lincoln, 1998) fit with the exploration of resistance in young women. Qualitative research can also be used to assess issues of power and responsibility in relationships (Rogers, 2003), issues that the literature suggests are at the core of resistance.

The specific qualitative method chosen was a hermeneutic phenomenological research design. Van Manen (1997) describes phenomenology as the study of the “lifeworld” (p. 9)—which is the world as we immediately experience it. The goal of phenomenological research is to gain a richer understanding of the nature or meaning of lived experiences. In hermeneutic phenomenology, the focus is on the interpretive meaning of experience and the resulting cumulative developmental effects on the individual rather than the structural focus of transcendental phenomenology that strives to make explicit the essences of such structures (Laverty, 2003).

The concept of double hermeneutics, with the researcher attempting to interpret people who themselves interpret the worlds they experience, is key to the reflexivity process (Prus, 1994). Participants are interpreting their world, suggesting the construction of multiple realities—a constructivist, interpretive framework that fit the ontology of both authors. Reflexivity is essential in hermeneutic phenomenology through the identification of personal assumptions, but the traditional process of bracketing the researchers' position is not used.

### *Participants*

The inclusion criteria for participants were (a) female, (b) between 19 and 25 years of age, and (c) having had one or more experiences as an adult of refusing invitations to use illicit drugs. Ten female university students participated in the study. They ranged from 19 to 25 years of age, with a mean age of 21 years. Regarding level of education, 8 participants were working on their first undergraduate university degree and 2 participants were working on their second undergraduate degree. The participants came from a variety of university programs in the science, education, business, and arts fields. Six participants self-identified as Canadian with European ethnicity, 2 as Aboriginal, 1 as having French-Canadian descent, and 1 as European-Pakistani. The women's personal histories of resistance to drugs varied, with 7 participants reporting they had never accepted drug invitations and 3 reporting they had at some time accepted drug invitations. Two of the 3 of these participants, however, had accepted drug invitations only in adolescence and not in adulthood. One participant, whom we refer to as a "part-time resister," described herself as currently sometimes refusing and sometimes accepting drug offers. The remaining 9 participants were currently full-time resisters. Types of drugs refused included marijuana, psilocybin (magic mushrooms), cocaine/crack, ecstasy, hashish, lysergic acid diethylamide (LSD), heroin, methylenedioxymphetamine (MDA), mescaline, and dimethyltryptamine (DMT).

### PROCEDURE

#### *Data Collection and Analysis*

Permission to conduct the study was obtained from the Research Ethics Board of the University of Northern British Columbia. To recruit participants, posters were placed throughout campus. In addition, researchers attended undergraduate classes to describe the study and leave contact information. Potential participants e-mailed or phoned researchers, at which time they were screened to ensure that the inclusion criteria had been met. Potential participants were told they would receive an honorarium in appreciation of their participation in two interviews.

Ten participants engaged in two interviews each for a total of 20 interviews. The interviews were conducted in private settings at the university. All interviews were tape-recorded and transcribed verbatim. Interviews were 1 to 2 hours in length and followed a semi-structured interview guide. The trigger question for the first interview was "Tell me about your experience of refusing invitations to use illegal drugs." Next, participants were asked to focus on particular incidents in which they refused invitations and were invited to describe various aspects of their experience, such as their feelings, thoughts, behaviours, bodily reactions, and other people's reactions to their refusals.

The interviews were divided between the two authors for analysis. First, an entire transcript was read in order to get a holistic sense of the participant's ac-

count of the phenomenon. Next, van Manen's (1997) selective or highlighting approach was used to isolate statements that appeared thematic of the experience of resisting drug invitations. The researcher then crafted thematic statements that reflected the essence of the participant's experience for each of these isolated statements. These thematic statements were then grouped according to larger themes that seemed to unite them and capture the essence of the phenomenon. Through this process themes and subthemes were formed. Through writing and rewriting, an individual summary was developed for the participant.

The transcript, analysis, and individual summary was given to the other author in order to verify that all statements that should have been included in the thematic analysis were included, and that both authors agreed with the thematic statements, the identified themes, and the individual summary. Throughout this process, the researchers met frequently to discuss emerging themes. A decision was made not to interview more than the 10 participants when saturation of the data occurred, with no new themes emerging.

After all interviews had been analyzed, a composite summary was developed that reflected the essence of the phenomenon across interviews. The composite summary was also discussed and verified by all team members, including the two researchers and a research assistant. Journals and log books that documented impressions and decisions throughout the interviewing and analysis phases were maintained for the researchers to review.

All first interviews were conducted and the data analyzed before second interviews were arranged. Participants were e-mailed their individual summaries and the composite summary before the second interview in order that they would have time to reflect on the findings. Second interviews were used to verify preliminary findings and generate a thicker narrative description of some of the themes that needed more explication. All participants attended second interviews and confirmed that their individual summaries and composite summary accurately reflected their experience of the phenomenon, with the exception of one participant who stated that the theme "symbol of maturity" did not fit for her because she had always refused drug invitations.

### *Evaluative Criteria*

Guba and Lincoln (1981) suggest that *confirmability* in qualitative research is achieved when the criteria of credibility, fittingness, and auditability have been met. *Credibility* is composed of the research findings' ability to accurately and faithfully describe and interpret the phenomenon being studied. *Fittingness* refers to whether the findings can apply or "fit" into contexts other than the specific research situation and whether people who read the findings perceive them to be representative of their own experience. *Auditability* reflects the extent to which other researchers could follow the decision trail used in the study and understand the logic of the decisions made.

Credibility was established by receiving verification from participants that the thematic description of their individual interview as well as the composite

summary accurately reflected their experience and knowledge of the phenomenon. In addition, with the exception of 1 participant who did not contribute to one theme, the 9 other participants contributed to all themes, and therefore a triangulation among data sources was obtained. As an aspect of reflexivity, researchers wrote their presuppositions prior to commencing the study, and returned to these presuppositions after analysis. If research findings reflected any presuppositions, these themes were reviewed to ensure that they did arise from the data. Researchers also checked each other's data analyses, further enhancing credibility of the findings. For the criteria of fittingness and auditability, we have provided thick description of the findings and have kept reflexive journals reflecting the decision trails in order to enable researchers to follow the process and readers to ascertain whether the findings can be transferred to their situations.

#### FINDINGS

The study produced the following themes through the analysis process described previously: (a) *Resistance Has Many Voices and Faces*, (b) *Motivators of Resistance*, (c) *Relational Outcomes*, (d) *Seeds of Resistance*, and (e) *Passing on Resistance*. This section summarizes the composite description of the experience of resisting drug invitations using participants' quotes as illustrations of the content. Pseudonyms are used for participants' names.

##### *Resistance Has Many Voices and Faces*

*Resistance has many voices and faces* describes the ways in which participants refused drug invitations, reflecting the intent of this study in understanding specific acts of resistance. This theme included descriptions of the moment of resistance, clarifying participants' physical and emotional responses. Participants described a variety of verbal and nonverbal ways to refuse invitations to drug use. The type of refusal depended in part on the context in which the invitation occurred. The power of the word "no" was described in all its subtleties, from calm, assertive declarations to repeated voicing leading to physical reactions.

For those participants who felt a reason was required to help strengthen the likelihood their refusal would be accepted by the person making the invitation, the creative list of reasons included not feeling well, allergies, a family history of addiction, fears of being denied access to particular careers that assessed drug use history, not needing drugs, and alcohol being sufficient as a mood enhancer.

#### THE PHYSICAL AND EMOTIONAL EXPERIENCE OF RESISTANCE

There was a range of feelings and physical reactions experienced by the resister—from feeling comfortable in the act of resistance, to feeling anxious, angry, sad, and/or disappointed. Some resisters were shocked and disgusted at being invited to use. Marie remarked, "Someone offered me and my friends mushrooms. We didn't even know them ... like no, like disgusted."

Other resisters took an empathetic approach—they wanted to understand the user's perspective. Participants observed that invitations to use can occur in the context of the other person(s) trying to initiate a friendly connection.

Resistance was naturally easier when they were among friends who felt the same way or when someone else had already declined. Resistance was more anxiety-provoking when the resister considered the relationship with the inviter to be important—there was anxiety in not knowing how the other person would respond when refused. Physical reactions included feeling a knot in the stomach and experiencing a sick feeling. Louise explained, “Well, if I have to start using the sharp ‘no,’ it is sort of like the sweat-kind-of-nervous-type thing, like the cold-sweat-type feeling that I tend to get. And the stomach-knot-anxiety feeling.”

The feeling of contentment in the act of resistance was an eventual post-invitation experience. Chelsey explained, “In those situations there's peer pressure, there's all sorts of things, so my feelings and thoughts sort of change from being angry and shocked and whatever else to being just happy and content with my decision.”

Some resisters experienced ambivalence about resistance. One aspect of ambivalence was fearing relational consequences if the participant refused—there was worry about not being liked by one's peers. In this case, resistance was easier if someone else resisted first. Curiosity about the drug also fuelled ambivalence—the resister sometimes wondered what the experience would be like to take the drug.

#### UNSUCCESSFUL RESISTANCE ATTEMPTS

Resistance could be tenuous. At times, Alice had the intention of refusing drugs but ended up accepting the offer. As a “part-time” resister, Alice was more likely to accept drug invitations when she experienced pressure to use or was asked several times to use. In these situations, wanting to be included took priority over resistance. The intention to resist at times appeared to be thwarted by alcohol, which interfered with decision-making and judgement. In speaking about an unsuccessful resistance attempt, Alice noted, “Because of the alcohol and the whole situation, I think I was kind of influenced more.... I think if I was sober I wouldn't have made the same decision.”

#### TYPE OF RELATIONSHIP

How well the resister and the person offering the drug knew each other influenced how easy or difficult it was to refuse the drug invitation. For some resisters, refusing drugs from close friends was usually comfortable, but refusing was more difficult with people whom they did not know well; resisters expressed some anxiety that casual acquaintances were less likely to understand. Although they did refuse, they attempted to do so in a way that did not offend the other person. For other resisters, it is easy to refuse invitations from people who they do not know. One aspect of this is safety—there is more concern when among mere acquaint-

ances than friends about whether the drug is safe or whether the acquaintance would be dependable if help was needed.

Resisting invitations from a romantic partner was similarly experienced as easy or, alternatively, quite difficult. It was described as easy if the relationship was secure, the drugs offered were not considered “hard” drugs, and the resister did not experience pressure from the partner to use. Once pressure was applied or hard drugs were considered, serious rifts occurred that led to the termination of the relationship.

Some resisters noticed there were differences in their comfort level depending on the gender of the other person. Six out of 10 participants reported it was more difficult to resist invitations from men, two reported it was more difficult to refuse women, and two participants stated gender made no difference. Louise remarked, “With men, they don’t seem to understand as quickly that you’re saying no.” Resisting men was said to be more difficult for several reasons: (a) men applied more pressure and were more likely to make repeated invitations, (b) resisters were more concerned about being judged and feeling embarrassed with male inviters, (c) resisters did not want to “disappoint” men, and (d) men symbolized “authority” and therefore were more difficult to refuse.

I guess I almost don’t want to disappoint them ... I guess a part of me like I know that they’re okay with me not doing it but a part of me doesn’t want them to like hate me ... I don’t want them to have that against me. (Chelsey)

Although resisters were successful in refusing drugs from men, they found that deciding *how* to refuse “required more thought.” For these resisters, female inviters were easier to resist because participants felt more “connected” with women, were less likely to feel judged, and found expressing themselves to women easier than expressing themselves to men. However, 2 participants reported that it was more difficult to refuse women. One participant reported that it was easier to be straightforward and direct with her refusal to invitations from men; with women she tried to find a way to refuse that was “more kind.” Another participant found it more difficult to resist invitations from women because she wanted to impress and be friends with them, and was nervous about interpersonal repercussions from refusing. The age of the inviter also appeared to influence how easy or difficult it was to resist. For example, 1 participant was invited to use by someone who represented an Elder—refusing the invitation was described as “a big accomplishment.”

### *Motivators of Resistance*

Participants reflected on several factors that motivated them during acts of resistance to refuse drug offers. These *motivators of resistance* were composed of six subthemes: (a) striving to be authentic, (b) protecting her future, (c) symbol of maturity, (d) desire to stay healthy and sane, (e) sustaining healthy relationships, and (f) enjoying life as it is.



## STRIVING TO BE AUTHENTIC

Resistance was inspired by a passionate desire to be whom one wanted to be—to strive toward living an authentic existence. Resisters were clear about their values and wanted to be true to themselves. Fiona declared, “I know that I’ll always say no ... I know that I never will be influenced ’cause I’m never one to go with the crowd. Like I don’t see the point in conforming.”

In the context of knowing their values, resistance was easier and more comfortable. Some participants pondered over what would occur if they allowed their resistance to be swayed—to do so would be a serious violation to their value system. One participant voiced that she had worked hard to be the person she was, and to use drugs would be “sacrificing her personality” and “throwing it all away.”

I would definitely have to sit down and think about it ’cause then that sets my whole value system just crashing down and I’m not true to myself anymore and what I believe in isn’t effective, you know? ... It would be a big deal to me because it’s truly something that I don’t value, not a lifestyle I’m attracted to, so I think that if I was to make it part of my lifestyle, I’d have to look back and see what happened to me. (Julie)

For full-time resisters—that is, participants who always refused drug invitations—being true to one’s self was more important than a sense of belonging among peers who used drugs. Concern over what other people might think was most often put aside and played a “back seat” to what the resister thought of herself.

Particular personal qualities were evident as resisters strove for authenticity. Several participants spoke of being “strong,” “confident,” and even “stubborn.” They were solid with their commitment to themselves and had a sturdy resolve.

My “no” is still as strong as ever and it’s like behind each situation. It’s like a wall is being built and like that’s a lot of walls to knock down and you won’t be able to ever knock down like my 400 reasons behind my “no,” right, like you are going to have to hack away for a long time and even then you won’t be able to do it. (Fiona)

At the foundation of their authenticity was a notable respect for themselves.

I felt kind of proud of myself for respecting myself and respecting my beliefs in who I am and not letting myself be influenced by something as silly as a joint coming around my way and I can’t say “no” ’cause I don’t want to look stupid or everybody’s doing it, I should do it ... it just makes me feel happy to be the person that I want to be. (Julie)

Self-respect led to resistance and resistance led to more pride and self-respect. In this way, resistance and self-respect were mutually reinforcing.

Striving toward authenticity required considerable introspection and self-awareness. It meant “knowing what you want” and “living the life you want to

live.” Fiona remarked how she had come to know herself better by writing her reflections in a diary.

#### PROTECTING HER FUTURE

Resistance was fuelled by participants’ desire to protect their futures. They had formulated goals and were taking the steps required to reach them. Participants felt that drug use might lead to “falling down that never-ending pit,” shattering and ruining their lives.

I need these classes and just, like I have built something so high and each day I’m putting a new step down so I can walk a little bit closer towards it. And this future is so far away from me and it’s like just out of my reach and I just, I know that taking something like this [drugs] will just, you know, my staircase will fall ... it’s only you making that decision, so you need to know what are you fighting for so. Fight for it. Find something to kick ass with and fight for it. (Fiona)

Participants were guardians of their futures—this position required determination and the willingness in spirit to fight for their futures. It also required an unrelenting focus on one’s hopes and goals. During acts of resistance, participants reminded themselves of the possible consequences of drug use. Even occasional drug use could potentially affect futures. Alice disclosed that she was facing the consequences of having used drugs in the past year; she could not apply now to an organization that conducts pre-employment drug testing.

#### SYMBOL OF MATURITY

For most participants in this study, resistance was a symbol of maturity, following a developmental path. It was a “journey taken”—there was a sense of time passing in order to reach the point of resistance, or comfortable resistance. Some participants had experimented with illicit drugs in adolescence and now reported “moving on” to refusing invitations. For participants who had always resisted drugs in both adolescence and adulthood, resistance was reported to be easier at this stage of life and characterized by less worry about being invited to use.

Drug experimentation was something that participants said they “grew out of” as they matured. Some participants observed that drug taking was not “cool” anymore and simply didn’t fit the norms of their peer group.

I mean I kind of think that, like, if you want to experiment and have that in high school, fine, but like, once you get into like, college and stuff you’re supposed to be more serious and that’s kind of, I don’t know, it’s just not class. (Natalina)

For participants who had used drugs in adolescence, the novelty, fun, and excitement of drug use had “worn off” by the current stage of life. There was a sense among participants that adulthood was a time that was meant to be

“more serious.” Some participants noted that activities in which they had engaged in adolescence, such as playing on sports teams, taught them about responsibility and were credited for influencing drug refusal in adulthood. Chelsey spoke of the role sports played in her resistance to drugs: “When I was playing sports, I developed that idea that I had responsibilities on the team and I started to realize that I had a responsibility to sort of take control of my own life, too.”

Early adulthood was also characterized with more mature attitudes among drug-taking peers—participants felt relief that there was now less pressure from peers to use drugs. Maturity was characterized by an attitude that the decision to refuse drugs was an individual's own decision to make—there was more respect for individuals' choosing to refuse. Individuals who applied pressure to use were seen to be more “immature.”

#### DESIRE TO STAY HEALTHY AND SANE

A predominant feeling attached to this theme was that of fear. Participants spoke of refusing drugs in order to stay healthy and sane. There was fear of the possible short-term health consequences of drug use, especially with hallucinogens or the harder drugs. Participants remarked that they were fearful of possibly having a “bad trip,” or “going crazy” and losing control.

I have a friend will go crazy a few times, a friend has reacted badly and that's scary. I don't want to put other people in the situation where they're having to look after me, because yeah, that's not right. (Malu)

Participants were also concerned about the long-term health consequences of drug use. Some resisters had a family history of serious health problems, which was an incentive to take care of one's health. When asked what values she held that made it possible for her to resist, Nicole responded, “Having a healthy body. Not altering my mind, putting negative toxins into my body.”

#### SUSTAINING HEALTHY RELATIONSHIPS

Resisting drug invitations was strengthened by the desire to sustain relationships that the resister valued. Some participants spoke of being in close or romantic relationships with individuals who were very opposed to drugs. Drug taking was perceived to be a serious threat to the well-being of the relationship; in some cases, it was expected that the other person in the relationship would likely terminate the relationship if the participant were to engage in drug taking. Resisters also expressed a concern about “losing respect,” and spoke of not wanting to “let down” friends or disappoint family by using drugs.

If I ever did drugs, if [my parents] were to find out if I did, then that would pretty much break my heart. And I know that they, I know they'd still love me and everything but I know they'd be disappointed and that would really hurt ... and I wouldn't really be able to live with that I don't think. (Chelsey)

## ENJOYING LIFE AS IT IS

Participants who consistently refused drug invitations felt no need for drugs because they did not require a drug to have fun.

I guess that would be the reason I have never started to begin with, is I didn't feel the need or desire at all. I do drink on occasion, not very often but, just never felt like, the need would be a good way to describe it, just never felt the need to start at all doing that. (Louise)

Some participants spoke of alcohol providing “enough” of a high—there was no desire for a mind-altering experience other than what alcohol could produce. For example, Nadine mentioned, “Just when we get together we don't need that extra, extra, I mean incentive to have a good time.” Participants also reported they were influenced by their observations that other people were capable of living happy lives without having to resort to illicit drugs.

### *Relational Outcomes*

*Relational outcomes* describes participants' experiences of how other people reacted to their refusal to accept drug invitations. It speaks to the effects on relationships and to the issue of peer pressure. Participants experienced a variety of responses from their peers to their drug refusals—negative reactions, pressure to use, and acceptance.

## NEGATIVE REACTIONS

Resisting was not without its social risks, with participants describing a range of negative reactions from peers. The predominant experience that participants felt from peers' negative reactions was that of aloneness—the path of resistance could be a lonely one to travel. They described being viewed as “different,” “no fun,” and felt a sense of “distance” in their friendships. Sometimes those using drugs reacted angrily or defensively toward the resister, or tried to demean the resister through teasing.

## PRESSURE TO USE

At times, all the women in this study experienced external peer pressure to use drugs. Sometimes peers or friends continued to offer them drugs even after they had refused. The additional offer was sometimes perceived as a benign invitation, which was done just to be “polite.” Other times it was perceived as a deliberate attempt to coax the resister into finally accepting the drug invitation—on these occasions people using drugs would present arguments for why the resister should try the drug. Malu recalled, “They tried to persuade me, you know ... just are you sure? Oh, you're new to BC and this is BC weed; it's the best in the world!”

## ACCEPTANCE

Resistance from the young women in this study was often met with acceptance from drug-takers. Long-term friends, especially, respected resisters' decisions to make their own choices around refusing drug invitations.

*Seeds of Resistance*

The *seeds of resistance* were experiences that had occurred prior to adulthood and that nurtured participants' refusal to use drugs in either adolescence or adulthood. This theme is divided into two subthemes: prior family influences, and prior adolescent experiences in refusing or accepting drug invitations.

## PRIOR FAMILY INFLUENCES

Seeds of resistance to drug invitations for all the young women in this study had been planted in family influences during adolescence. Some participants always resisted drug invitations in adolescence; other participants began adolescence with light experimentation of drugs but had started resisting before adolescence was completed.

Resisters described their relationships with their parents as being one in which the issue of drugs could be openly discussed. Several participants stated that their parents indicated that whether or not to take drugs was "their choice," but helped them to explore why they would want to use drugs and the possible consequences. These participants remarked that having drug use conceptualized as a "choice" meant that they didn't feel the need to rebel. One participant noted that even though her own parents used drugs occasionally, their support and encouragement of her refusal to use drugs helped to strengthen her resistance.

A strong, emotional bond between daughters and their parents influenced resistance during adolescence. Participants stated that the emotional closeness they enjoyed with their parents was one reason they resisted drugs.

If you mess up a little they get so disappointed in you, and I knew that if I, like, smoked weed or got super high off some other stupid substance it'd just be a kind of bigger disappointment and I hate it when I make my mom upset with me, because, like, she's done so much ... Like I don't want to do that to her, and I know that they would just, like it would just crush them if I didn't take their words to heart and just ignore them completely and rebelled about what they thought was best for me. (Fiona)

Fiona also commented on the importance of honesty in a respectful relationship—she didn't want to lie to her parents about drug use—so it was easier and more comfortable simply not to use drugs.

Some participants were powerfully affected by the chronic drug use of family members. They watched family members deteriorate and may have lost respect for these family members, all of which strengthened their resolve to resist drug invitations. They were saddened, frustrated, and angry at what they witnessed with addicted family members and did not want to travel the same devastating path.

A key phenomenological experience in this theme is that of a heartfelt attachment with parents. As adolescents, participants realized that they were part of a mutual love bond. They felt cared for and supported by parents, and in turn they recognized that their behaviour could profoundly affect their parents. Another important feature was parents teaching their daughters to respect, accept, love, and take care of themselves.

#### PRIOR ADOLESCENT EXPERIENCES WITH OR RESISTING OR ACCEPTING DRUG INVITATIONS

Several aspects of participants' experiences during adolescence with resisting or accepting drug invitations influenced their current success in resisting. Most of the participants in this study felt some (and at times a lot of) peer pressure to use drugs during adolescence. Peer reactions to resistance to drug invitations could be harsh—some resisters heard jokes made at their expense. Resisting sometimes was met with increased pressure to use, which at times led to the resister feeling angry. Two participants who were raised in rural settings commented on the particular challenges of refusing drugs in small rural communities. For example, in those rural communities in which drug use is commonplace, refusing drug invitations from peers is difficult because it is hard to find other people who do not use drugs with whom to be friends. In addition, it was stated that youth have less to do in rural communities and so are more likely to turn to drug use.

One very influential factor that supported resistance was having friends who also did not use drugs. Dating someone who used drugs was uncomfortable, and in most cases those relationships were terminated. Resistance in adolescence was also strengthened by having an alternate focus in life, such as wanting to succeed in school or in sports.

There were also practical barriers to drug use during adolescence. One participant mentioned that invitations to use drugs did not occur in adolescence—and therefore the time to experiment “had passed” and she was resolute in her decision to resist invitations as an adult. For other participants, the opportunity to use certain drugs did not present itself, or the financial cost of using certain drugs was too high to consider their use.

Like I've always wondered if I would have [pause], um, tried harder drugs had I been offered them. And I think the answer probably would have been that I would have. Scary enough. And like especially meth because it's so cheap right, like five bucks oh what's that ... I think there was an association when I was young that cheap meant not that bad for you. (Nicole)

Several participants emphasized that resistance gets easier and more comfortable “with practice.” For example, Natalina was thankful for her experiences in adolescence of being offered and refusing drugs—she believes that drug refusals ideally occur before entering university so that the ambivalence surrounding whether to refuse or not does not occur during this time of life when one needs to seriously focus on career goals.

*Passing on Resistance*

For several participants, the road to resistance eventually led to a path of “passing the torch” of resistance to other people. Many participants spoke of a “responsibility” to help others in their efforts to resist drug invitations, resulting in their position as role models. Role models were said to develop from the cascading effects of responsibility; embracing responsibility in other aspects of their lives inspired resisters to adopt the responsibility of helping younger people and peers resist drug invitations.

## PASSING THE TORCH OF RESISTANCE TO CHILDREN/ADOLESCENTS

Most participants spoke strongly about the importance of passing on to children and adolescents what they knew about resistance, serving as role models. There was a sense of responsibility in wanting to protect and guide younger siblings, young students, or even young people whom they may have met in social situations.

Of the various ways that participants identified that they would pass on resistance to children or adolescents, several that stood out included helping them tend to their emotional needs regarding resistance—for example, by reassuring them they wouldn't be alone and by teaching them the “how to's” of resistance, such as saying “No” and warning them that saying “Yes” even once will likely lead to more invitations to use. Although highlighting potential long-term consequences was thought to influence some young people, it was also acknowledged that many young people live in the moment and do not fully consider the long-term consequences to their actions; for these individuals, “scare tactics” may therefore not be effective. Disclosing one's own experiences with family members who had become addicted was thought to give the resister's words credibility.

## PASSING THE TORCH OF RESISTANCE TO PEERS

Passing the torch of resistance to peers was experienced as more difficult than passing it on to children and adolescents. Although on occasion resisters believed they had made an impact on peers' decisions not to accept drug invitations, it was also acknowledged that their influence was “limited.” While some resisters thought that their drug refusals encouraged other peers to resist, some resisters spoke of the futility of helping peers in this regard and feeling powerless and frustrated.

Some resisters spoke of being a “bystander” to watching peers struggle with peer pressure and accept invitations even though they wanted to resist. These experiences promoted a sense of responsibility to advocate for peers who were struggling with drug invitations or who were being pressured or bullied into any other undesirable behaviour.

Now I kinda force myself to make others realize that it's okay to say no ... now I am more careful around stuff like that where I see situations where somebody's been picked on or peer pressured, I definitely step in a lot more than I used to. (Julie)

## WHEN RESISTANCE IS PASSED ON, SOMETHING IS RECEIVED

The act of passing on resistance was described as a fulfilling, rewarding, and meaningful experience for resisters. There was a sense that passing the torch of resistance, especially to children and adolescents, was potentially of significant value. Resisters who were fortunate enough to witness other people refuse drug invitations because of their influence felt particularly proud.

I, like, made one friend say no to some things [drugs] and like I love him for that so much. Like thank you so much for like, knowing that my university life wasn't just, like a big pile of me, only me, saying no. Thank you for saying no 'cause now I feel so much better. (Fiona)

## DISCUSSION

When asked the research question on the experience for young women of resisting invitations to use illicit drugs, participants answered in terms of the many voices and faces of resistance (how the act of resistance was experienced physiologically and emotionally, the actions they took, and what they said); the motivations underlying acts of resistance; relational outcomes that followed resistance; and the dedication to pass on resistance to other people. The study adds to the existing literature by locating the experiences in a Canadian context, and providing rich, nuanced detail as to how resistance is carried out and why resistance occurs, incorporating unique themes for motivating factors such as striving for authenticity and embracing resistance as a symbol of maturity. The hope of participants that they will "pass on resistance" is an additional theme not located in other literature. Although some of the reasons why participants in this study resisted drug offers is consistent with themes identified in other studies, the participants also provide insight into the actual female experience of refusing drug offers.

Common qualities found among the participants included their level of groundedness and future orientation. The resisters in this study want to move forward in their lives, while honouring psychological and physical health. For these participants, resistance in the face of peer pressure required determination and the courage to sacrifice relationships if need be. Significant relationships with others who understood and supported these young women in their resistance were identified as essential.

It is worthwhile to note that maintaining good relationships with parents, in addition to friends, was important. Mutually caring and respectful relationships with parents, especially mothers, allowed the concept of resistance to develop. Research participants did not wish to disappoint, hurt, or worry parents or damage those relationships with their drug use. This finding has received some support in other studies (McBride et al., 1996; Rosenberg et al., 2008).

There may be gender differences regarding the importance of relationships in the decision to accept or refuse drug invitations based on the description of the difference between receiving invitations to use from males versus females. McBride



et al. (1996) note that the young women in their sample were more concerned about parental disapproval than were young men, and Farrell and White (1998) found that the relationship between peer pressure and drug use was stronger for adolescent girls than boys.

Consistent with findings from other studies (Alberts et al., 1991; Fountain et al., 1999; Globetti et al., 1992; Rosenberg et al., 2008), participants in this study were motivated to resist drug invitations partly out of fear of the physical and mental health effects and the risk of addiction. Our research participants did not feel the "need" to use drugs, experiencing overall enjoyment in life, similar to participants in other studies (Alberts et al., 1991; Globetti et al., 1992; Rosenberg et al., 2008).

Resistance appeared to strengthen through practice, reflecting the developmental nature of drug refusal. Resistance was described as becoming easier with each act, and over time required less explanation or rationale. Participants in this study viewed resistance as reflecting a level of maturity and a step forward into the adult world. Another unique finding is that once participants became comfortable with resistance, the next aspect of the experience was to pass it on. This "paying it forward" was imbued with a sense of responsibility to advocate for peers who struggled with resistance or with helping young people learn resistance. Participants were not only protecting their own futures, but also the future of others. This theme is consistent with foundational components of Structural Ecosystems Theory, used in substance misuse counselling with adolescents, which maintains that there are cascading effects of social influence within interpersonal relationships (Szapocznik & Williams, 2000).

### *Implications for Prevention and Counselling*

There will always be a need for more effective drug-use prevention strategies, and these develop from having a better understanding of the context of and the meaning found in substance use (Botvin, Griffin, Diaz, & Ifill-Williams, 2001) or, in the case of this study, understanding resistance to drug use. The nature of a small qualitative study means that our intent is not to generalize any of these descriptive findings into sweeping recommendations for practice; rather, we can suggest possible relevance to practice and prevention and make some connections to what prevention educators are effectively doing.

A key component in resisting drug invitations for the young women in this study was a strong desire to be authentic. Participants spoke passionately about wanting to be "true to themselves." Accepting invitations to use drugs would be, for them, a sign that they had "lost their way," and guilt feelings of self-betrayal would likely ensue. Although some studies found that "morality" was a reason that young men and women did not engage in drugs (Alberts et al., 1991; Globetti et al., 1992; Merrill et al., 2001), the present study speaks to a core essence of human beingness, that of living authentically.

Counselling interventions and prevention programs become more effective by focusing on how we best support young women in the drive for authenticity and

their desired future. It is notable in this study that participants had a particular way of being in the world in the midst of drug invitations—it was a stance of protecting, guarding, and in some cases described as “fighting” for their futures. In order for individuals to embrace the idea of protecting their futures, they must have a future to which they aspire. It is our contention that free and accessible career and life counselling should be available to all young people, in high school and beyond, in order to help ensure that our youth hold hope for a future that is meaningful to them.

For counsellors, an interesting approach in working with clients may be to address the emotional and physical responses that could occur during the drug offer and the act of resistance, the emphasis being on individual processing. In other topics covered during counselling sessions, behaviours are practiced and responses reflected upon in a safe environment. The opportunity to practice resistance within sessions and be prepared for the emotional response may be very effective for young adults in general, and young women in particular, based on the difference in gender response described by participants in this study.

In combination with access to individual counselling services, prevention and counselling psycho-educational programs should continue to emphasize the importance of physical and mental well-being and accurately outline the health risks of drug use, as well as explain addiction processes. An emphasis could also be placed on discussing strategies for the development and maintenance of healthy relationships. Relationships were described by the women in this study as being pivotal to the act of resistance. Women in the study were inspired by their peers and family members who resisted, and did not wish to put these relationships in jeopardy by using drugs.

Tending to the whole person is an approach taken by many preventative programs and counsellors, reflecting the importance of environment and context mentioned in this study. Young women should continue to be encouraged to identify and develop healthy activities that they enjoy and have fun doing, ways of coping with stressful events, healthy self-soothing strategies, and effective interpersonal communication skills.

The empirical evidence continues to support prevention approaches that focus on social influences combined with teaching intrapersonal and interpersonal skills rather than simple psycho-educational dissemination or programs focused on positive alternatives (Botvin, Baker, Dusenbury, Tortu, & Botvin, 1990; Botvin et al., 2001). The findings from this qualitative study also affirm the need for effective substance use prevention programs and counselling interventions to be multifaceted, and reach beyond merely educating young people about the effects of drugs and ways of refusing drug invitations. Increased resistance skills alone have not been found to significantly predict drug use in adolescence (Donaldson et al., 1994). Incorporating components that assist participants in exploring in-depth a variety of factors that may motivate them to refuse drug invitations appears to hold the most meaning to young women such as those represented in this study.

*Limitations of the Study*

The sample used in this qualitative study was confined to university students, and the findings are limited to the perhaps unique experiences of the 10 women in the study. Narratives from young women who were not university students were not collected; it is possible that the factors that inspire female university students to resist drug invitations are different from those of non-students.

In addition, because this was not a comparative study we cannot assume that the qualities of our participants that motivated them to resist drug offers are necessarily different from the qualities of non-resisters. Our sample was composed of 9 young women who in adulthood refused all drug offers, and one woman who sometimes refused and sometimes did not; therefore, this study does not suggest that the factors that encouraged resistance are unique to resisters, but rather that these factors were a vital aspect of the lived experience of resisting for the participants in our study. Another limitation is that although the sample included 2 Aboriginal participants, 1 student with Pakistani ancestry, and 1 French Canadian, the majority of the sample consisted of English-speaking Caucasian Canadians with European ancestry; the sample is therefore limited in terms of cultural diversity.

*Future Research*

Future research might examine more in depth the experiences of resistance to drug invitations that occur within intimate relationships. There is research to suggest that many girls and young women who develop a pattern of problematic illicit drug use were introduced to drugs by their romantic partners (e.g., Amaro & Hardy-Fanta, 1995; Hutchins & DiPietro, 1997). How do girls and women in such relationships experience resistance to drug invitations? Knowledge of drug resistance in these relationships would help to inform prevention strategies. In addition, future research on drug resistance as experienced by non-university young women and young women from diverse cultural backgrounds needs to continue, as does research on drug resistance utilizing larger sample sizes and comparison groups with women who do not resist drug offers.

## CONCLUSION

The message of resistance from this phenomenological study is one of hope, resolve, and advocacy. The young women in this small study were inspired to resist drug invitations due to their desires to be authentic, protect their futures, reflect a sense of maturity, maintain physical and mental health, sustain healthy relationships, and work as resistance advocates and youth mentors. Gaining a better understanding of the "lifeworld" of women who resist will assist counselors, parents, and prevention program developers in supporting girls and young women who may not have the inherent motivation or relational support to resist invitations to use drugs.

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