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The experience of methamphetamine use disorder and the negative consequences of relapse – a qualitative study

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ABSTRACT

Background: The rate of relapse for people in recovery for substance use disorder is as high as 85% within the first 12 months of recovery, however, research on the lived experience of relapse is limited.

Objective: The present qualitative study investigated the experience of relapse with people who have Methamphetamine use disorder and the reasons why they returned to recovery.

Methods: The exploratory study recruited five (n=5) adults who identified as having Methamphetamine use disorder. All participants had sought treatment for more than 12 months, they were attending an addiction support service, and had experienced a relapse within the past 15 months. Interviews were conducted in which participants were asked an open-ended question about their most recent relapse and the negative consequences associated with their drug use. Data were analyzed using thematic analysis.

Results: A return to daily drug use led to negative consequences such as relationship breakdowns, poor mental health and acting in ways that went against the participant's morals and values. This study provides an insight into the types of experiences people who relapse after seeking treatment for Methamphetamine use disorder may have and how these experiences can influence their decision to return to recovery.

Conclusions: People who regularly attend a recovery program are still susceptible to relapse. Those who have maintained abstinence for a period of time prior to relapse may be able to assess the negative consequences of their drug use more easily. This prior experience of recovery might influence their decision to stop using again.

HIGHLIGHTS

- A return to daily drug use led to negative consequences of substance misuse.
- The negative consequences encountered by people who relapse may include relationship breakdowns, poor mental health and acting in ways that go against the person's morals and values.
- The negative consequences of substance misuse can influence people's decisions to return to recovery.
- People who regularly attend an addiction support service remain vulnerable to relapse.

KEYWORDS

Methamphetamine use disorder; relapse; substance misuse; recovery; lived experience

Introduction

Methamphetamine use in Australia has continued to cause significant physical and psychological health concerns. In 2019, 1.3% or approximately 300,000 Australians reported they had tried Methamphetamine in the previous 12 months, with nearly one in five reporting they use weekly or more often, particularly within the age range of 20–29 years.¹

While many drug and alcohol rehabilitation services claim they effectively assist clients to

develop relapse prevention strategies, relapse rates, especially within the first 12 months of recovery remain extremely high. According to the Australian National Drug Strategy Household Survey 2019, it was estimated between 40% to 60% of addiction treatment program attendees will relapse within the first 30 days of being discharged, and approximately 85% will relapse within the first 12 months of recovery.¹

Relapse has been identified as a 'transitional process' involving a succession of events leading to a return to drug use.² Despite intensive and

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targeted relapse prevention programs offered within Australia, relapse remains a common occurrence. Reported factors causing relapse vulnerability include having parents who use drugs, being previously involved in dealing drugs, the need to self-medicate or cope with stress, the desire to use for fun, to boost energy levels and living with other drug users.^{3,4}

Despite the high rate of relapse seen in early recovery, many people with Methamphetamine use disorder who choose to return to recovery following a relapse have better success with abstinence maintenance.⁵ The reasons why this occurs, however, is not fully explored. Abstinence maintenance is often influenced by internal factors such as a greater awareness of the consequences of using Methamphetamine, a change in thinking in relation to how the person sees themselves, feelings of shame and guilt associated with relapse, and gaining new skills to cope better with negative emotions.⁴

This exploratory study aims to understand the experience of relapse and how it contributes to recovery from the perspective of people with Methamphetamine use disorder who have sought help. Insights into the perspective on relapse from those who regularly attend an addiction support service may improve our understanding of ways in which to best help people experiencing relapse and to better guide their decision to return to recovery.

Method

To address the aims of the study, a phenomenological design was used to understand the experience of relapse and the negative consequences associated with substance misuse. Phenomenology is a philosophical method of research enquiry in which researchers gather qualitative data from people who have all experienced the same phenomena.⁶ The goal of phenomenology is to describe the lived experience in detail and to determine meaning from information provided by those who have experienced it.⁷ The Standards for Reporting Qualitative Research (SRQR) was applied to this article to improve the clarity of the information being disseminated.⁸

Sample

The purposive sample were recruited through an advertisement that was placed on a private social media page in which all members attended a formal addiction support service and resided in a major capital city within Australia. Ten people showed interest in being involved in the study, however, two people chose not to participate in the study and three people did not meet the inclusion criteria. Five ($n=5$) participants agreed to participate in the study. The eligibility criteria encompassed being aged between 25 and 45 years old, in recovery for Methamphetamine use disorder, had sought help for their health condition for more than 12 months, and had experienced a relapse in the past 15 months.

In keeping with the research aims and questions, the eligibility criteria were designed to focus on adults in recovery for Methamphetamine use disorder who had tried to remain abstinent for more than 12 months. This is because many previous studies such as Abdoli et al.⁹, Maxwell¹⁰ and, Wang et al.¹¹ only focused on adults in their first year of recovery. Due to the mean age of people who regularly use Methamphetamine being 20 to 29 years, as seen in the National Household Drug Strategy Survey 2019, this study also aimed to gather information from adults rather than children, teenagers, or people in their later years of life. It was determined that an important factor in the study was to gather information from those who could clearly recall their last relapse. Therefore, people who were more than 15 months abstinent were excluded from the study.

Data Collection

Participants attended a one-on-one interview with the researcher who has a Bachelor of Health Science (Rehabilitation Counselling) and has worked as a Case Manager. The participants were familiar with the researcher as they had received informal support within the addiction support service they were currently attending. This allowed the researcher to build a rapport with participants prior to the interviews which helped with the sensitive nature of the information being gathered.

Four interviews were conducted via video conferencing software, and one was conducted in person at the request of the participant. During the interview, participants were asked an open-ended question about their most recent relapse with the initial question being “What did you learn about yourself during your last relapse?”. Prompting questions were then used thereafter to gain a better understanding of the information being provided. A second open-ended question was used during the interview which included, “Why did you choose to return to recovery?”. Prompting questions continued to be used until the participant had exhausted everything they wanted to say. All interviews were audio recorded and later transcribed verbatim.

Data Analysis

Thematic Analysis was used to deduce the themes within the data corpus.¹² The researcher followed the five phases of Thematic Analysis which commenced with immersing themselves in the data by listening to the audio recordings of the interviews multiple times and reading and re-reading the interview transcripts. Meanings were then assigned to each data set and each of the significant quotes from the interviews were grouped into themes. The themes were then used to form the basis of the discussion and were defined by outlining the common ideas the participants said collectively. The themes were then named in a way that defined their essence. The researchers then chose quotes from participants that related to each theme and described the context in which the quotes were said. This process ensured a systematic approach was taken to the data analysis and was chosen as it does not consider previous research outcomes and minimizes researcher bias, therefore improving research rigor.¹²

Ethical considerations

The study was granted ethical approval through the Human Research Ethics Committee at Federation University Australia (Ethics Reference Number: A20-139). Although each participant knew the researcher prior to the study, participants were not coerced to participate in the study and

were cognizant that their participation was of their own free choice. Participants were made aware that if they chose not to participate, there would be no implications outside the research project.

Results

Within the context of the five participants, three key themes emerged that encompassed their negative experiences during relapse and the reasons why they decided to return to recovery. These included *I don't like the person I become*, *social interactions during drug use*, and *the impacts on my mental health*. Each theme is explored in depth.

I Don't like the person I become

Participants described how they went against their morals and values when they were affected by Methamphetamine. Some of the behavioral changes that participants noticed in themselves included stealing from their parents and other family members, becoming verbally and physically aggressive, being unreliable and dishonest, and putting their drug use ahead of their friends, family, and responsibilities.

One participant spoke about how he started stealing from his family after he relapsed which went against his morals and values. He described how desperate he was to maintain his drug habit due to the obsession and compulsion of his substance use disorder and was explaining how his behavior changed due to his drug use when he said:

As soon as I turned to Ice, it [my reasoning] all just went out the window. I'd rob Mum and Dad. I'd rob my grandma if I had to. I'm not that person at all deep down. I was just trying to chase the next high or the next fix. (Participant Two)

Another behavior change noted by a participant was when they put their drug use ahead of their friends and family. There was an element of palpable shame and guilt associated with how they treated their friends and family, who they described as extremely supportive. One participant was explaining this change in her behavior when she stated:

When I put a drug in me, that becomes my priority over anything and everyone. Even though I can tell myself that I still care about my friends and family, the reality was, I would do whatever I had to do to still be around that drug... I don't like that about myself. I become someone that I don't want to be. (Participant Three)

Participants collectively spoke about the changes in their behavior as a negative consequence of relapse and why they did not want to live this life anymore. One of the biggest behavioral changes that was noted by all participants was the shift from living a drug free life in recovery to the obsession and compulsion that encapsulates Methamphetamine use disorder.

Social interactions during drug use

In addition to not liking the person they had become, the feelings of social isolation after relapse and the negative implications of being in a codependent relationship with other drug users was also palpable. Participants described how they disconnected with friends and family, they stopped attending social events and support groups and had limited interaction with anyone other than those whom they purchased drugs from or used with. Participants spoke about their interactions with other drug users and the lack of trust and a dislike for drug dealers, while providing accounts of spending time with friends who were still using Methamphetamine.

One participant spoke about his codependent relationship with his best friend and how they were reliant on each other. He was discussing his understanding of codependent relationships and the education he received on this topic after returning to recovery when he stated:

I was co-dependent... me and my best mate. If he had a problem with something, that would [then] become my problem, or visa versa... we would spend 24 hours, 7 days per week with each other. (Participant Two)

Overall, relapse can lead to social isolation, negative interactions with other drug users and codependent relationships. These negative experiences contributed to the reasons why participants chose to return to recovery following their relapse. This also contrasts with their positive

experiences of reconnecting with friends and family and forming healthy relationships in recovery.

The impacts on my mental health

Beyond the social interactions associated with relapse, participants reported that their drug use exacerbated preexisting mental health conditions and caused them to experience psychosis, paranoia, and suicidal ideation. Two participants discussed the experience of psychosis after they relapsed. They advised that they had experienced psychosis previously and were surprised how quickly the symptoms returned after using Methamphetamine again. One participant was describing how she felt during her psychosis when she said:

I have never been afraid of anything like that [hallucinations related to psychosis] in my entire life. (Participant Four)

Another participant explained he had been diagnosed with Anxiety and Depression prior to substance misuse and his relapse caused an exacerbation of his mental health conditions. He stated that during his last relapse there was a time in which he believed that life was not worth living, but the realization of the impact that his death would have on his dog saved his life. He was describing this experience when he said:

I got suicidal. Like I actually took [my dog] and a rope down to the store where I pick up my mail and I tied her up there, had a coffee and said goodbye to her... I walked around the corner where there is a park and I was going to hang myself, but I just couldn't walk away from her [the dog]. (Participant One)

Participants also spoke in general about how their poor mental health was an important factor when deciding to return to recovery. They had the insight to know that their mental health could deteriorate further if they continued to use Methamphetamine. These negative experiences of poor mental health allowed participants to reflect on whether it was worth continuing to use Methamphetamine or return to recovery. Participants also explained that once they returned

to recovery, they were able to seek treatment for their mental health conditions, such as using medications or consulting a psychologist.

Discussion

After the occurrence of relapse, participants noticed that they started behaving in ways that went against their morals and values. In essence, they said they did not like the person they had become. In a study by Dadhe and Bettman,¹³ one participant disclosed that when they used Methamphetamine, they almost felt like they were possessed. Other participants spoke about changes in their behavior such as irritability, delusional thoughts, and paranoia. This study also revealed that participants did not adhere to their sexual values and were promiscuous or sexually adventurous at times when using Methamphetamine.¹³

Other negative consequences of substance misuse addressed in this study includes uncomfortable interactions with drug dealers and drug users. Boshears et al.¹⁴ provided accounts of Methamphetamine users' experiences of spending time with their former drug using friends and how 'temptations' within this high-risk situation can lead to relapse. Social isolation was also a significant occurrence raised by participants in this study. This phenomenon may be explained by Homer et al.¹⁵ who determined that Methamphetamine use can cause changes in the frontal lobe impacting social-cognitive functioning, however, this was not explored further here with participants in this study and offers a useful avenue to pursue in future research.

Another negative consequence of relapse that was highlighted by participants was the occurrence of codependent or "concordent" relationships.¹⁶ Simmons and Singer¹⁷ provided evidence that drug using couples felt romantic feelings, showed affection and did nice things for each other, similar to any intimate couple would, however, their main focus was on sourcing and using drugs. This type of relationship makes it difficult for either person to seek help for their substance use disorder due to their partner enabling them to avoid withdrawal. Also, when one partner chooses to seek help for their substance use disorder while the other person decides to keep

using, the relationship often fails as the dynamic within the relationship shifts.^{16,17}

Participants in this study reported that using Methamphetamine significantly impacted their mental health. This finding is congruent with a number of studies that provided evidence of an association with Methamphetamine use and psychotic symptoms.^{18–20} These studies also determined that people who frequently use Methamphetamine are between three and 11 times more likely to experience psychotic symptoms compared to recreational Methamphetamine users. Participants also experienced suicidal ideation as a result of their relapse which is consistent with a study by Hypse.²¹ This study determined that suicidal ideation is often reported by long-term Methamphetamine users and people who inject Methamphetamine were more likely to attempt suicide prior to its administration.

At the point in which participants were deciding whether they should return to recovery, it is suggested that there was a tipping point, which is a concept also explored by Fogarty and Ramjan.²² Some participants alluded to feeling a build-up of internal pain due to the negative consequences of their drug use that became more intense than the fear associated with returning to recovery. Once the participants chose to abstain from using Methamphetamine, they sought help for their substance use disorder and made a new-found commitment to their recovery program.

Limitations and strengths

The small number of participants involved in this study was seen as a limitation, however recruitment remained challenging. Specifically, ten people responded to the advertisement, however, only five completed the interview due to varying reasons. While the small number may be considered a limitation, the close engagement allowed for a depth of understanding to be achieved.

Participants were also only recruited from a major metropolitan location in Melbourne, so this study cannot be generalized to other geographical locations. The age range of participants in this study was from 27 to 44 years old. Therefore, this sample does not take into

consideration teenagers, young adults, or those within the older population. Lastly, all participants were attending the same addiction support service and therefore they may share similar ideas and opinions based on the type of support and education they had received.

Future implications

Although relapse is seen as something that must be prevented,² in reality, relapse is a common occurrence and part of the recovery process.²³ Relapse could therefore be used as an opportunity for learning and growth rather than viewed as a failure or something that people should feel ashamed about. In this sense, the focus must be on reframing the narrative concerning Methamphetamine use disorder and relapse. With this in mind, future research could determine how relapse is perceived by health care professionals, family members of people experiencing substance use disorder, the general public, and the person with this health condition. The outcome of this research could potentially highlight a need for further education concerning stigma, why relapse occurs and how to best support someone who is experiencing a relapse.

Conclusion

This study highlighted that people who had sought help for Methamphetamine use disorder and abstained from Methamphetamine in the past may choose to return to recovery following a relapse as they are more aware of the positive aspects that can come with recovery. The longer people spend building a life for themselves in recovery in which they experience connection, support, empathy, treatment for diagnosed mental health conditions, and opportunities to achieve realistic goals, the more likely they will be to choose to return to recovery following a relapse.

This study also provided insights into the experiences of people who attend an addiction support service and that they are still susceptible to relapse. It also suggests that relapse is a common occurrence for those recovering from Methamphetamine use disorder and perhaps should be considered as a deterioration of the disease rather than a failure

to comply with a recovery program. Future research could focus on reframing the narrative concerning substance use disorder and relapse and explore the most effective support options for people during the relapse phase.

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