

The lived experiences of adult crystal methamphetamine users: A qualitative study

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Introduction

Amphetamines are the most commonly used illicit drugs in Australia after cannabis (Degenhardt, Barker & Topp, 2004, as cited in Stough et al., 2012). Crystal methamphetamine (also known as “ice” or “crystal meth”) is a potent psychostimulant drug that can cause irreversible physical and psychological damage to users (Halkitis, 2009). Due to its stimulant properties, crystal methamphetamine is used for reasons such as coping with extensive work hours, increasing productivity, and enhancing social and sexual experiences (McKenna, 2013). Increased sex drive and higher self-confidence are reported as some of the immediate subjective effects of its use (Rawson, Sodano, & Hillhouse, 2013). However, long-term adverse effects include increased anxiety, depression, violent behaviour, and psychosis (Buxton & Dove, 2008), as well as high risk sexual behaviour, and increased risk of HIV, hepatitis, and tuberculosis (Brecht, O'Brien, Mayrhauser, & Anglin, 2004).

The aim of the current study was to investigate the lived experiences of adult crystal methamphetamine users in Australia. The focus of this qualitative study was to examine how participants became addicted to crystal methamphetamine, what factors maintained their addiction, and what were the most significant adverse effects of this drug on different domains of their lives. Nine studies on crystal methamphetamine use were reviewed from the existing literature on this topic. Extensive research has been undertaken to understand the effects of crystal methamphetamine. A study of the neurophysiological and behavioural effects of crystal methamphetamine abuse, conducted in the United States, demonstrated that such abuse causes damage to the regions of the brain that are linked to social cognition, and thus can lead to impairment of social-cognitive functioning (Homer et al., 2008). The findings showed that although the onset of crystal methamphetamine use is related to a desire for socialisation, chronic use has been associated with depression, aggression, and social isolation.

Another study, conducted in the United States by Sommers, Baskins, and Baskin-Sommers (2006) investigated the health and social outcomes of crystal methamphetamine use on 106 participants aged between 18 and 25 years. Some of the

participants were receiving treatment and others were from the general community, receiving little or no treatment at all. All participants had used crystal methamphetamine for at least three months. A substantial number of participants reported severe psychological symptoms of paranoia, hallucinations, and depression, and one in two participants reported an adverse impact on interpersonal relationships. Nevertheless, 19% of participants reported no social effects and minimal impact on work, education, and finances. These findings suggest that although crystal methamphetamine use is associated with adverse psychological impact, it may not have adverse social consequences for all users. However, the findings do not explain why the 19% of the participants did not have any adverse social effects. Furthermore, the study did not investigate the predisposing factors in the lives of participants. It is also unknown whether the difference in social effects experienced by participants was related to factors such as method and duration of drug use. It will be helpful to conduct a study on a similar demographic group in Australia to find out their experiences.

An Australian epidemiological study explored methamphetamine use in Australia and trends in methamphetamine-related risks (Degenhardt et al., 2008). The study found that there has been an increase in the availability of stronger forms of methamphetamine in Australia in the last decade. It was observed that although there has not been a large increase in the overall number of methamphetamine users in Australia, there has been an increased use of crystal methamphetamine among the sentinel group of regular drug users. The findings suggest that injecting crystal methamphetamine users had heavier use than non-injecting users, as well as a higher risk of being involved in aggressive behaviour, antisocial behaviour, and criminal activity. This study also found that injecting users who had used crystal methamphetamine for more than three months in the past six months were more likely to have been homeless in the last year than non-users. However, the study did not examine life experiences of participants before their addiction, criminal behaviour, or homelessness.

In addition to the risks found in the above study, a prospective cohort study of 1837 injecting methamphetamine users in Canada found that injecting methamphetamine was also associated with an increased risk of suicide, with 8% of participants of different sexualities, varying age groups, and diverse ethnic backgrounds reported a suicide attempt (Marshall, Galea, Wood, & Kerr, 2011). While these findings highlight suicide as an important risk among injecting methamphetamine users, the risk cannot be generalised to all client groups. Similar research on the Australian population will be useful to examine the suicide risk level among injecting as well as non-injecting users of similar demographic groups. It will also be important to examine whether there are other factors apart from the drug use that may be increasing levels of risk.

Violence is another significant social consequence often associated with crystal methamphetamine use. A longitudinal, cross-sectional study conducted in Australia compared the levels of violent offending and victimisation among 400 regular methamphetamine and heroin users (Darke, Torok, Kaye, Ross, & McKetin, 2010). The study found that methamphetamine users were more likely to have committed violence in

the last 12 months compared to heroin users. However, 95% of the methamphetamine and heroin users reported to have been a victim of violent crime in the past. Therefore, the study showed that methamphetamine users have an increased risk of violent offending but not victimisation, as compared to heroin users. The findings of a longitudinal prospective cohort study conducted in Australia also indicated that violence is significantly associated with methamphetamine use, with 10% of participants displaying violent behaviour during abstinence, compared to 60% during heavy use (McKetin et al., 2014). However, neither of the studies discussed the context of the violent behaviour and whether factors like a history of trauma or physical and sexual abuse contributed to its occurrence.

One of the common adverse effects of crystal methamphetamine use is uninhibited sexual behaviour (Rawson et al., 2013). The findings of a review conducted by Shoptaw and Reback (2007) found that there is strong association between crystal methamphetamine use and HIV related sexual disease transmission among gay male users. Results of this study indicate that since crystal methamphetamine induces euphoria, heightens libido, focuses attention, and reduces fatigue, it encourages behaviours that can result in the transmission of HIV and other infectious diseases. However, this review only focused on gay male crystal methamphetamine users. It seems important to investigate the risks of sexually transmitted diseases among other client groups.

All the studies discussed above focussed on the adverse effects associated with crystal methamphetamine use. Only one study, conducted by Maxwell (2014) in the United States, investigated mental and physical health, perceived risks, and benefits of crystal methamphetamine use, as well as family history and neglect and abuse experienced by participants as children and adults. The aim of this study was to identify specific needs for additional services such as trauma therapy, gender focussed counselling, social-cognitive skills training. This study was conducted with 222 (119 female and 103 male) crystal methamphetamine users in treatment. The findings showed that, in their childhoods, 40% of participants were sexually abused in their childhood, 41% were physically abused, and 59% felt unloved. Furthermore, 95% of participants reported that someone in their family had a drinking problem, and 91% stated that a family member had an emotional or a psychiatric problem. Therefore, it was evident that a high number of participants experienced highly distressful life situations and emotions since an early age. The study highlighted the need for gender focussed interventions for prevention and treatment programs to address the specific needs of male and female methamphetamine users.

A review of the existing literature on crystal methamphetamine use found nine research studies that were most relevant to the research topic of the current study. Of the nine studies that were examined, only one (Maxwell, 2014) investigated the predisposing factors in the lives of crystal methamphetamine users. The remaining eight studies focused on uncovering the physical, psychological, and social effects of using this drug. Furthermore, all studies reviewed were quantitative; no relevant qualitative studies found. Therefore, the aim of this qualitative study was to bridge the gap in the existing literature

and develop a deeper understanding of the personal as well as environmental characteristics of adult crystal methamphetamine users. The study focussed on giving a voice to the lived experiences of the participants.

Method

Design

A qualitative design was adopted for this research since the study is exploratory in nature. This approach was deemed necessary so that participant experiences could be communicated and the meaning and value that participants assigned to their experiences could be studied (Lapan, Quartaroli, & Reimer, 2011). A qualitative approach allowed for richness and depth in investigating participant experiences. Data analysis was influenced by grounded theory in the use of open, axial, and selective coding to organise different categories of data (Boeije, 2009). However, rather than offering an emergent theory, outcomes were presented thematically. Thematic analysis was conducted by following the phases described by Braun and Clarke (2006), which included generating initial codes from the data, sorting and collating them to develop themes, and finally reviewing the main themes to find subthemes.

The study was inductive and the results were grounded in the data that was collected. However, the research method departed from grounded theory since there was a set number of participants in the study and a purposive method of sampling was used for recruitment.

Participants

Six participants were recruited for this study. Data collected was rich, in-depth and comprehensive despite the relatively small number of participants. Purposive sampling was adopted to allow for the strategic inclusion of those participants with relevant experience (Polkinghorne, 2005); that is, participants had to be over 18 years of age and had to have used crystal methamphetamine in order to participate in the research. Although it was not planned to recruit participants from any specific client group, it happened that all participants were Caucasian men, who were in treatment at a residential substance abuse treatment facility within a regional area of Australia. The age of participants was between 31 and 39 years. Three out of the six participants identified as gay, and two of these participants had a positive HIV diagnosis. The duration of crystal methamphetamine use among participants varied between four and 22 years. Methods of drug intake for all six participants included smoking, snorting and oral, as well as injected means. All participants had a history of using alcohol and other illicit drugs before starting to use crystal methamphetamine. Five respondents said they continued to consume alcohol and other drugs during the period of crystal methamphetamine consumption, whereas one respondent indicated that once he started injecting crystal methamphetamine daily, he stopped using all other substances.

Procedure

The study was advertised by making information flyers about the study available in the reception area of a local counselling organisation and a residential rehabilitation centre. Interested individuals were requested to email expressions of interest to the researcher, after which a comprehensive information package was sent to them. On receiving their informed consent, and after checking that they met the eligibility criteria, a mutually convenient time was arranged for conducting semi-structured interviews, which were audio recorded and lasted from 50 to 60 minutes. The recordings were transcribed verbatim, following which the transcripts were sent to participants for verification and consent to use the transcribed interviews for this research. Participant names and other identifying information was not used at any stage of the study in order to protect the identity of participants and help them to feel safe about telling their life stories. This was done by using initials while transcribing interviews.

The semi-structured interviews were guided by the following questions: (1) When and how did you first start using crystal methamphetamine?; (2) What was happening in your life at that time?; (3) How did you get access to crystal methamphetamine?; (4) Can you tell me about your experience of using this drug?; (5) What impact did crystal methamphetamine have on your life?; (6) Have you ever used any other substances? (7); How did your substance use start?; (8) Were the effects of crystal methamphetamine any different from the effects of the other substances?; (9) Can you tell me something about the family and social environment in which you grew up?; (10) What support have you had so far for your recovery?; (11) Has the support been helpful?; (12) What is your motivation now to stop using and make positive changes in your life?; (13) After completing the rehabilitation program, what do you think will help you to maintain recovery?; and, (14) What kind of support services are available in the community for meth users and is there enough support available?

Results

Three key themes emerged from the data analysis: *context*, *aftermath*, and *recovery*. The first theme, context, illuminates the background of addiction in relation to family of origin, social influences, and other individual factors. The second theme, aftermath, describes how the use of crystal methamphetamine had a significant adverse impact on the physical and mental health of participants, their ability to fulfil work/study commitments, and on their important relationships. The third and final theme, recovery, details participant experiences during their journey of recovery and their perspective on available and relevant support in the community. A number of subthemes were also identified for each theme, outlined below.

Theme 1: Context

It was found that family of origin, social environment, and certain individual elements together played a major role in the development and maintenance of substance addiction for all six participants. The first ever substance used by five participants was alcohol, whereas one participant started using LSD (Lysergic acid diethylamide). Substance use for all six participants started between the ages of 12 and 16 years, and was followed by

experimenting with different types of substances. Two participants started using crystal methamphetamine at the age of about 14, one at the age of 18, and three in their early twenties. As one participant recounted,

I started having alcohol and marijuana when I was about 16. I first tried crystal meth when I was 18. It was just for occasional use. I was using other substances, mainly speed, when I started using crystal meth.

1.1 Family of origin.

Three participants were raised in families where both parents lived together, and three participants grew up in single parent households. All six participants lived with their siblings when they were growing up. Five of the six respondents described the environment in their families of origin as “dysfunctional” during their childhood and adolescence. These five participants stated that their family environment was characterised by conflict between parents, violence, physical and/or emotional abuse, and addiction. The sixth participant said that his immediate family was “functional” because his parents did not have an addiction and were not abusive. However, he identified that there was addiction, violence, and abuse in his extended family. Furthermore, the four respondents who suffered from physical abuse said that it was their father who was physically abusive towards them. One participant remembered that, “if dad was angry he would grab anything and bash us up... golf clubs, dog collars”. Five participants described living in an environment of constant fear and stated that they felt hopeless and powerless as children. As one participant put it,

Dad terrorised the whole family. But it was more the fear. It was quite routine for us a couple of times a week to quickly turn off all the lights in the house and hide under the beds when dad came home.

Four participants identified that they started using crystal methamphetamine because it made them feel powerful and in control for a little while, a feeling they had never experienced in their families while growing up.

Five participants had at least one parent with a substance addiction. One participant said that although his parents did not have addiction problems, his brothers and his grandfather on his father’s side had a substance addiction. Five participants reported mental health issues in either a parent or sibling and intergenerational problems like violence, suicide, and mental illness. The following quote was typical of such experiences:

I have had an abusive alcoholic father and all my uncles were the same and they did awful things. They were horrible men. Alcohol destroyed our family. I had cousins who killed themselves, stole money, gambling.

Five respondents felt that one of the major reasons they started using drugs was because they could not cope with the emotional pain of being rejected, abandoned, or neglected by parents. Two out of the three gay participants of this study were rejected by their

families because of being homosexual. As one of these men explained,

No one really understood what gay was. It used to be all hidden back then. My father just told me how shit I was, and how my older brother was just perfect. I was the gay one; he was the straight one. He just made me feel that I was nothing as a person.

1.2 Social Influences.

In addition to their family of origin issues, a desire to fit in with friends or colleagues was also reported by all six participants as one of their major reasons for starting to use drugs. They experimented with drugs to belong in a social circle, and to be liked by peers. All of the three gay participants said that being accepted in a social group would make them feel safe because they were persistently bullied and mocked about their sexuality throughout their childhood and adolescence. One participant said,

When I had alcohol and drugs, I became the party boy and I fitted in the group. I felt like people liked me. I got more attention; got the validation. I wasn't picked on or bullied. I was protected.

Financial independence also played an important role in maintaining addiction. Four respondents started working at the age of about 14, and hence could buy their own alcohol and drugs. After getting a job, they started socialising with older work colleagues who were into heavy drinking and drug use. They went to parties and nightclubs where using drug and alcohol was common and substances were easily available. One of these respondents recounted how his employment led to a disconnection from education:

I started working part-time on weekends with people who were all over 18. And they were having a great time in this new life. I ended up becoming friends with quite a few ecstasy dealers. So I decided at about 14 or 15 to not worry about school. Going out to night clubs and selling drugs and partying was much more acceptable and exciting.

All respondents said that crystal methamphetamine was easily available in their social circles or with dealers. It did not seem scary to them to try this drug because it was a trend among peers. The gay participants of the study reported that crystal methamphetamine was a highly popular drug in gay social circles for the purpose of enhanced, intense, and extreme sexual experiences.

1.3 Individual Elements.

According to respondents, certain unique personal factors also led to their substance addiction. Their drug use started when they were struggling to find their identity and were feeling vulnerable and unsure of themselves because of certain circumstances in their lives. One participant said that the transition to high school was very difficult for him, and that at this time he lost his motivation to study and started cutting himself:

Going out to nightclubs and selling drugs and partying was much more acceptable and exciting. I was diagnosed with depression and anxiety and put on anti-depressants at the age of 14 or 15, I think. It was around the time that I started self-harming.

For two participants, difficulty in coping with major physical injuries and feeling emotionally unsupported were significant contributing factors in starting crystal methamphetamine use. Physical injury spelt the end of a promising career in sports for one of them:

It was the first time I was physically hurt. And I realized that I can't do this anymore. I tried to get on with it for six months or so, but I couldn't get there mentally. It was horrible. My coach would be yelling at me and I was constantly in tears. I felt as though I was a huge disappointment. There was a lot of shame and guilt.

Four participants associated drug use with being an adult. Speaking about the start of his crystal methamphetamine use after moving out of the family home at the age of 15, one of the participants said,

I just wanted to be an adult and I had no concept of what being gay was. The first people around me were all just criminals, and intravenous drug users, and prostitutes, and I just associated that with being adult.

Theme 2: Aftermath

All participants reported that when they first started using crystal methamphetamine, they experimented with the drug and only used it on weekends and at parties. Then, they started liking its intense effects, developed an increased tolerance, and became "heavily dependent" on it. Immediately after consumption, the drug made them feel heightened, powerful, in control, and highly confident in their sexual behaviour. As one participant described,

Extreme behaviours, extreme mental states. Everything is heightened. Feelings, touch, it's all artificial but it's so intense that it kind of makes you forget about everything else. You can create anything... any feeling. You can have the most hideous person in front of you and after having a shot they will be the most beautiful thing in the world and you want to do anything to them.

Three participants liked the "mental chaos" and the virtual world that they experienced when they consumed crystal methamphetamine. One participant described this experience as follows:

I enjoyed elements of being in psychosis. It was like being in nature and kind of seeing things, and just being in this artificial land which is essentially nothing, but, you know, is so full at the same time.

However, each of the participants said that as a result of using crystal methamphetamine they had suffered from several adverse long-term effects in different areas of their lives, including physical and mental health, their occupation, and relationships. All six respondents explained that compared to other drugs that they had consumed, crystal methamphetamine had by far the worst effects on their lives. One participant said,

In my mind, when I think of meth, I see darkness. It brings out my shadow side, the darkest part of who I could be. I almost felt possessed. I sometimes felt as though I was putting poison into my body to change who I was. Sometimes when I had meth, the sexual freak came out and at other times, I just went crazy.

2.1 Health.

All six participants indicated that crystal methamphetamine had adversely affected their physical and mental health. Weight loss, loss of appetite, visual disturbances, and extreme fatigue were some of the most commonly reported effects on physical health and even physical appearance. One participant remembered that, "My skin got bad, I lost weight. You can tell yourself that you look ok but you don't". Participants spoke about not having the physical strength to function because of intense withdrawal effects. Two of the three gay participants contracted HIV during the period of their crystal methamphetamine use.

Among the effects on their mental health, psychosis, paranoia, and hallucinations were reported by all participants. Respondents experienced heightened mental states, high irritability, delusional thinking, and extreme mood swings. Most participants isolated themselves because of their paranoia and stated that they lost their connection with reality, as demonstrated in the following quote:

It was very paranoid, and I had this grandiose feeling that I was the king of the world. Things so happened that I was staying in a hotel room and having shot after shot after shot of meth. I couldn't stop. I don't remember much, but I remember running around in the city. I thought a gang was after me. I went to kill myself because I was seeing people following me.

All six participants identified that they experienced the worst effects on their mental health when they started injecting crystal methamphetamine. Four participants said they had persistent thoughts of self-destruction. They attempted suicide several times and self-harmed regularly throughout the time period of their crystal methamphetamine use. As one participant described,

Because it was getting so hard to stay stopped, I thought that the only way to permanently stop using was to kill myself, and I tried a lot of times. So that was my option. So, it was either kill myself or do something to stay stopped.

However, only one of the participants described an increase in his aggression and violent behaviour when he started injecting crystal methamphetamine.

2.2 Occupation.

Five participants were able to fulfil work or study commitments for a short period after starting crystal methamphetamine use. However, they could not sustain this ability in the long-term. They used all their leave at work to have longer weekends, lost their professional registrations, resigned, stopped running businesses, became bankrupt, and even homeless. Experiences such as the following were common:

I resigned. Until that day I was going to meetings and then I would go home or back to work or in the car and use. I would put a needle in my arm. It was complete opposite ends. I lost the ability to keep doing that. I gave up work and that career. There were opportunities given to me but I just couldn't function.

2.3 Relationships.

All six participants stated that crystal methamphetamine use ruptured their significant relationships with family members, partners, and friends. As demonstrated in the following quote, participants said they had "toxic" and "co-dependent" relationships and lost their self-worth:

In the last five years that I put crystal meth into my system, I felt so shit about myself that I lost the ability to communicate, and became like a doormat, and just let anyone walk all over me and do whatever to me.

All six respondents also experienced a profound loss of boundaries in their sexual relationships when they were using crystal methamphetamine. They said that the drug took away all their inhibitions and values about sex. Participants explained that they felt obsessed about sex, watched pornography for hours, had violent sexual fantasies, unprotected sex with multiple partners, and engaged in dangerous and aggressive sexual behaviour. All three gay participants reported engaging in prostitution and "manic" sexual behaviour while under the influence of crystal methamphetamine. Experiences such as the following were common:

When crystal meth was introduced, I had this sexual confidence that I never really had before. And I could just be forceful and aggressive and bounce from person to person without there being any question about my behaviour at all. Like, I wouldn't care with how many people I would have sex with, what it looked like, whether it was protected or not, whether it was behind churches, in sex clubs, train station toilet...

One gay participant became a victim of "sexual slavery":

I would be able to get meth on tap so I befriended a girl who was an affiliate of a gang. She was dealing in large amounts of meth and that's when my life took a turn. It was absolute chaos. She fed me a gram a day to keep my habit going, and then I had to pay for it by doing what I call sex slavery to people in her circle.

Theme 3: Recovery

This last theme presents the recovery experiences of participants, as well as their perspectives on the support available in the community for crystal methamphetamine users. Recovery for all the participants meant abstinence from all drugs and alcohol. As one participant said,

I know that if I use alcohol or any other substance, it is not going to be manageable to just have a little bit and be ok. I can't even have one beer, and I am very aware of that because alcohol will lead me to drugs.

3.1 Experiences.

Participants described recovery as a "long and difficult" process and said that factors like the lack of a supportive network, unresolved family conflicts, and substance use by significant others can become triggers for relapse. All participants felt that it is important not to get complacent about recovery and become "addicted to work" after completing the recovery program. They explained that doing so can take the focus away from working towards maintaining recovery. One participant described this situation as follows:

Last time after I completed this program I became really full of myself. So focused on the job, so focused on money that I didn't worry about my recovery and stuff. Opportunity came and I picked up ice and went completely paranoid.

The respondents believed that a combination of internal and external factors contribute towards sustainable recovery. Internal factors that were identified include honesty, persistence, strong internal motivation, and better self-awareness, whereas external factors comprise peer support, healthy relationships, long term counselling, and support from family and friends. It was evident that since being in recovery, respondents were developing self-compassion and making new meaning of their life experiences. They were also learning to restructure unhelpful cognitions, accept emotions, and develop healthy communication and problem-solving skills. All participants acknowledged that being in recovery has given them hope and helped them to connect with their values. As one participant said,

I can find a partner, get a puppy, a house, and all of that. That's a part of my value system. I know that I can do better for myself and treat myself better. I know I can be a consistent good friend, a good uncle to my nieces and nephews, and a supportive person.

3.2 Support.

Participants felt that although there are many recovery support services in the community, there is a need for more targeted services for crystal methamphetamine users. Some suggestions included harm minimisation programs, behaviour focused programs, and long-term rehabilitation centres. Respondents felt the need for more "detox" programs, as well as better support for people on waiting lists of recovery services and for those who have completed jail-terms or are on probation and parole. As one participant said,

They don't know anything different when they come out of jail other than using. And needles is just a massive mess. Then they go into crime. I have friends who have rung the police begging for help because they want help to get off drugs. They don't know how to manage their lives.

Participants of the study also expressed a need for an integrated model of services. They felt that it is important for all recovery support services to offer a whole range of services, such as housing, health care, counselling support, financial assistance, education/training, and job opportunities. Participants were of the opinion that it is important to address addiction in the context of the other issues that contribute to maintaining it.

In addition to the need for more services, four respondents also felt that there is a strong need for a decriminalised approach towards crystal methamphetamine use. They said that by adopting an approach where crystal methamphetamine use is considered to be "a society's problem and not just an individual's problem," more users will feel encouraged to seek support. One participant made this point in the following way:

Meth needs to become more of a public health issue and there needs to be more public health campaigns around stigma and success stories instead of just demonised all the time, because it then kind of creates internalised stigma and isolation. People are not reaching out because people fear getting attacked and going to jail for all this. It really is a substance abuse problem, not a person problem.

The recommendation for a change in approach also included a suggestion to educate children at a young age about the dangers of drug use:

They should be talking about these issues when kids are young and their mindsets are different. It's a matter of young people learning to say "no" and "stop".

Discussion

This research studied the lived experiences of six adult crystal methamphetamine users. The main objective of this study was to develop a deeper understanding of participant experiences in relation to the background of their crystal methamphetamine use, factors that maintained or worsened the addiction to this drug, and also experiences during the process of recovery. Three main themes (i.e., context, aftermath, and recovery) emerged from the data.

Respondents not only discussed their addiction to crystal methamphetamine, but also talked about their addiction to other substances like alcohol, marijuana, speed, ecstasy, and heroin. It was found that for all participants, crystal methamphetamine use started after they had already been heavily and regularly using other substances. One of the key findings of this study is that the context of addiction for all respondents included an unhealthy family environment and negative social influences in their formative years. In the study conducted by Maxwell (2014), 40% participants were abused, 41% were beaten and 59 % participants felt unloved and neglected in their childhood, whereas in the

current study, five of six (or 83%) participants had suffered ongoing abuse, neglect, and abandonment from their families. Therefore, findings of both the studies showed that a high percentage of crystal methamphetamine users were abused and neglected as children and grew up in unhealthy family environments.

Negative social influences were also found to be a major reason why respondents started using drugs. They developed low self-esteem and negative images of themselves and the world. Participants did not feel accepted or emotionally supported during adolescence when they were discovering their sexual identity and going through different stages of physical and psychosocial development. Respondents started to experiment with alcohol and drugs in order to self-medicate and to “fit into” their peer groups. An important payoff of using crystal methamphetamine was that it could make them feel powerful and in control because of its intense effects, one of which was to numb their painful thoughts and feelings.

Furthermore, in regard to the aftermath of crystal methamphetamine use, this study found that using crystal methamphetamine significantly impaired the social functioning of all six participants. It had an adverse impact on their physical and mental health, occupation/education, and interpersonal relationships. However, this finding is inconsistent with the finding of the study by Sommers et al. (2006), in which 19% participants identified no social effects of crystal methamphetamine use and only a minimal impact on their study or work. In addition, 50% of participants were reported to have experienced no adverse impact on their relationships. However, the age of participants in the study by Sommers et al. was between 18 and 25 years, while the participants of this present study were in the aged between 31 and 39 years. This therefore raises the question of whether the social effects of crystal methamphetamine use varies according to age. Hence, further research is needed on different and larger demographic groups among the Australian population.

In line with the findings of the study by Sommers et al. (2006), this study found that crystal methamphetamine had a severe impact on the mental health of participants. All six respondents experienced hallucinations, paranoia, and psychosis, which further contributed to impairment of their social functioning. They isolated themselves from family, friends, and significant others, and some started self-harming and having suicidal thoughts. Participants felt that their suicidal behaviour became more severe when they began injecting crystal methamphetamine. This finding corresponds to that of the study by Marshall et al. (2011), which found that injecting crystal methamphetamine users had a high risk of suicide.

According to the study by McKetin et al. (2014), violent behaviour is a key risk factor associated with crystal methamphetamine use and increases significantly with heavy use. However, in this study only one of the six participants reported an increase in his aggression and violent behaviour during the period of using this drug. It would be interesting to investigate this point from the perspective of family members, friends, and external relationships.

Risky, uninhibited, and hypersexual behaviour as a result of crystal methamphetamine use was one of the key findings of this study. All six participants reported a profound loss of boundaries in their sexual behaviour when they were using crystal methamphetamine. All gay participants engaged in prostitution, and two of them contracted HIV during this period. This finding corresponds to the results of the review by Shoptaw and Reback (2007), which found that there is a strong relationship between crystal methamphetamine use and HIV among gay users.

The third major theme in this study (i.e., recovery) illustrates that a combination of internal and external factors was seen by respondents as being essential for the recovery process. The meaning of recovery for participants was not just recovery from crystal methamphetamine use, but a complete abstinence from all substances, including alcohol. Adopting a healthy lifestyle was seen as an imperative of recovery by all respondents. The study found that, during recovery, participants experienced an improvement in their physical, emotional, and mental health, as well as in their social functioning. They developed a better understanding of their addiction in the context of psychosocial factors such as trauma, unresolved family of origin issues, core beliefs, and unhealthy boundaries in relationships. These findings about the participant experiences during recovery were unique to this study and therefore could not be compared to the findings of other studies that were reviewed.

In investigating the perspectives of participants on the availability of recovery support in the community, this study found that respondents stressed the need for a family focussed, integrated, and a decriminalised recovery approach. The findings of the current study support the recommendations made by Maxwell (2014) for trauma counselling, family therapy, and gender focussed interventions. The study also points towards offering more support for clients with multiple and complex needs, as well as educating young children about the dangers of drug use.

Limitations

Lack of diversity in the participant sample was a limitation of the study. There were no women participants recruited since no expressions of interest were received from women. It would have been interesting to compare the experiences of women participants to those of men. Furthermore, since all participants happened to be from a residential treatment setting, experiences of crystal methamphetamine users receiving other forms of support, such as outpatient counselling services, were not studied.

Conclusion

This research set out to investigate the lived experiences of adult crystal methamphetamine users. Although this was a small study, it provides a rich account of the complex and multiple factors leading to crystal methamphetamine use, the aftermath of using this drug, and recovery from it. The study points towards further research on different demographic groups among the Australian population, such as young adults, women, and gay men and women, to understand their experiences and specific treatment

needs. More research will help in providing improved and targeted interventions in areas of prevention, harm minimization, and recovery maintenance. This study strongly recommends working collaboratively with individuals affected by addiction and their families in order to help them to address complex issues like relationship conflicts, parenting, abuse, trauma, and mental health problems. It is crucial to help families cope with these problems since these factors can contribute significantly towards maintaining or worsening addiction. Implications of this research also include offering skills-based programs in areas that are likely to be adversely affected by crystal methamphetamine use, such as employment, education, relationships, parenting, sexual behaviour, and communication. Furthermore, this research suggests the need for an integrated model of services to assist crystal methamphetamine users and their families. Individuals may feel encouraged to seek support if an organisation that they contact can help them and their families with a range of services such as health care, housing, counselling, legal aid, education/training, life skills, volunteering/job opportunities, parenting programs, and recovery support groups. In conclusion, this research emphasises the importance of treating addiction to crystal methamphetamine in the context of the relevant biopsychosocial factors.

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