



QUALITATIVE STUDY OF METHAMPHETAMINE USERS' PERSPECTIVES ON DRUG ABSTINENCE BARRIERS AND FACILITATORS

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ABSTRACT

This study aims to investigate the lives of adult methamphetamine users in Germany. This qualitative research focuses on how people become addicted to methamphetamine, what are the key harmful effects of the substance on various fields of life. The available literature on this topic analysed nine studies on methamphetamine use. Extensive study has been performed to clarify the impact of methamphetamine. A US research on the neurophysiological and compartmental effects of misuse of crystal methamphetamine found these abuses cause damage to brain regions associated with social cognition and could thus contribute to social cognitive disability. Although methamphetamine is a desire for socialization, the findings indicate that chronic use is associated with depression, violence, and social isolation.

KEYWORDS: *methamphetamine, drug abuse, HIV, experience, abstinence, narrative study*

INTRODUCTION

The most frequently consumed illegal drugs in Germany are amphetamines after cannabis (Degenhardt, Barker & Topp, 2004, cited in Stough et al., 2012). Crystal methamphetamine is a powerful psychostimulant (also known as "ice" or "crystal meth") that can cause irreversible physical and psychological harm to users (Halkitis, 2009). Crystal methamphetamine is used to cope with long working hours, improve efficiency and enhance social and sexual interactions due to its calming properties (McKenna, 2013). Increased sex drive and increased self-esteem are described as some immediate subjective effects of its implementation (Rawson, Sodano, & Hillhouse, 2013). Increasing anxiety, depression, aggressive behaviour, and psychosis have long-term adverse consequences (Buxton & Dove, 2008) as well as high sexual behaviour and increased risk of HIV, hepatitis, and tuberculosis (Brecht, O'Brien, Mayrhauser, & Anglin, 2004).

Another research conducted by Sommers, Baskins and Baskin-Sommers (2006) in the United States explored methamphetamine use health and social effects in 106 students between the ages of 18 and 25. Some participants received little to no treatment and others were from the public. For at least three months all participants used crystal methamphetamine. Many participants identified serious mental health symptoms, including anxiety, hallucinations, and depression, while one in two reported negative interpersonal ties. However, 19 per cent of participants did not mention social implications or minimal repercussions on jobs, training, or finance. These results indicate although methamphetamine use is related to adverse psychological effects, it cannot have adverse social effects for all users. However, the results do not justify why there were no detrimental social consequences in 19% of the participants.



The methamphetamine use and development in methamphetamine hazards were investigated in an epidemiological analysis in Germany. The study found that in the past decade in Australia the supply of stronger types of methamphetamine has increased. There were notable rises in amounts of methamphetamine users in Australia, whereas the standard group has risen with crystal methamphetamine. The findings show methamphetamine users who injected crystals had greater intake and risk of violent activity, antisocial behaviour, and crime than non-injecting users. The study also pointed out that consumers who in the previous six months had employed crystal methamphetamine for over 3 months were more likely than non-users to be homeless last year. The research did not explore participants' life experiences before addiction, violence, or homelessness.

In addition to the risks reported in the above analysis, a prospective 1837 cohort study by the injection of methamphetamine in Canadian users found that eight per cent of people of different sexualities, age groups and ethnicity reporting attempted suicide correlated injecting methamphetamine with an increased risk of suicide (Marshall, Galea, Wood & Kerr, 2011). Although these findings show that suicide is a major risk for users of methamphetamine, the risk cannot be generalized for all client classes. Similar studies into the population of Australia will help investigate in similar ethnic groups the possibility of suicides of non-injecting and injecting users. It will also be necessary to analyse whether other factors, in addition to drug use, can increase the risk.

Violence is another major social consequence, often associated with using methamphetamine. In a longitudinal study in Australia, 400 daily users of methamphetamine and heroin compared how much violent crime and victimization (Darke, Torok, Kaye, Ross & McKetin, 2010). Methamphetamine users have been more vulnerable than heroin users over the past 12 months. Nevertheless, in the past 95% of users of methamphetamine and heroin have reported becoming victims of violent crime. That is why, relative to heroin users, however, methamphetamine users have a growing risk of violent growth. There was a clear correlation between the outcome of a future longitudinal study in Australia and methamphetamine use, with 10% of participants reporting aggression during abstinence, compared to 60% during heavy use (McKetin et al., 2014). However, neither research addressed the violence context and we

Uninhibited sexual activity is one of the most common side effects of using methamphetamine (Rawson et al., 2013). The findings of Shoptaw and Reback's (2007) study indicate a clear connection among homosexual male users between using

methamphetamine and the transmission of HIV-related sexual diseases. The findings of the study indicate that crystalline methamphetamine induces euphoria, improves libido and concentration, decreases fatigue, and encourages behaviours, which may contribute to HIV and another infectious disease transmission. But it was only gay male methamphetamine who was the subject of this study. The chances of sexually transmitted infections in other consumer groups continue to be important to remember.

All the above reports have concentrated on methamphetamine-related side effects. But one study in the United States carried out in 2014, found that participants as children and adults experienced mental and physical wellbeing, perceived dangers and benefits of crystal-methamphetamine and family history as well as neglect and violence. The goal of this research was to identify the particular need for additional resources including trauma counselling, gender-based consultation and social cognitive skills training. 222 (119 female and 103 male) users were treated for this report. Crystal Methamphetamine. Results revealed 40% of participants have been sexually exploited in infancy, 41% have been physically abused and 59% have been unloved. 95% of participants reported having an alcohol addiction and 91% reported having an emotional or psychological problem in a family member. Consequently, it was clear to many participants that

The latest methamphetamine literature review in crystals finds nine research studies most applicable to the subject of research of the current report. Merely one (Maxwell, 2014) of the nine studies analysed explored the susceptible factors for methamphetamine users in their lives. The eight remaining experiments were designed to detect the physical, psychological, and social implications of drug use. All the studies analysed were also quantitative. There are no applicable qualitative studies. The purpose of this qualitative study was, therefore, to fill the void in the existing literature and to deepen our understanding of adult methamphetamine users' personal and ecological characteristics. The research focused on giving voice to the participants' lived experiences.

Design

For this analysis, a qualitative design has been adopted since the study is of an exploratory type. This method was considered appropriate to communicate the participants' experiences and research the significance and importance of their experiences (Lapan, Quartaroli, & Reimer, 2011). A qualitative methodology allows one to study participant interactions richly and extensively. Basic theory informs data analysis to organize various data categories using free, axial, and selective data coding



(Boeije, 2009). Instead of offering an evolving hypothesis, findings were thematically presented. The themes analysed were done following the phases mentioned by Braun and Clarke (2006), in which initial codes from the data were created, sorted, and collected to establish themes, and finally, the key themes analysed to find subthemes.

The analysis was inductive, and the conclusions were based on the data obtained. However, the research approach departed from the ground-breaking principle, as there were many participants in the study and an effective sampling method was used for recruitment.

Participants

Six participants have been recruited for this study. Despite the relatively small number of participants, the data obtained was rich, in-depth, and detailed. Purpose sampling was introduced to allow for the strategic inclusion of those participants with appropriate expertise (Polkinghorne, 2005); that is, participants had to be over 18 years of age and had to use crystal methamphetamine to participate in the research. Although it was not intended to recruit participants from a particular client community, all participants were Caucasian men who were in care at a residential drug abuse treatment facility in a rural area of Australia. The age of the participants was between 31 and 39 years of age. Three of the six participants identified as gay and two of them had a positive HIV diagnosis. The length of use of crystal methamphetamine among participants ranges from 4 to 22 years. Drug consumption strategies for all six participants include SM.

Procedure

In the reception area of a local therapy agency and a residential restoration centre, the project was publicized by supplying information fliers on the study. Interested individuals were asked to e-mail expressions of interest to the researcher, after which a detailed information package was sent to them. Upon receipt of their informed consent and after verifying that they met the eligibility requirements, a mutually suitable period for performing semi-structured interviews, which were audio-recorded and lasted 50 to 60 minutes, was scheduled. Records were transcribed verbatim, after which transcripts were submitted to the participants for clarification and consent to using transcribed interviews for this study. Participant names and other identification details have not been used at any point of the research to protect the identity of the participants and to make them feel confident about sharing their life stories.

These questions have driven the half-structured interviews: (1) When and how have you started using crystal methamphetamine first? (2) What was going on at that point in your life? ; (3)

How did the methamphetamine obtain access?; (4) Can you tell me about your drug experience? ; (5) What has been the effect on your life on crystal methamphetamine? (6) Have any other substances ever been used? ; (7); How started your use of the substance? ; (8) Was there any discrepancy between crystal methamphetamine effects and other substances? ; (9) Can you say something to me about the family and social setting you grew up in? ; (10) So far, what assistance did you have for your restoration? ; (11) Was the helpful support? ; (12) What motivates you to stop taking advantage and to create meaningful life changes? ; (13) What do you expect would allow you to sustain recovery after the therapy program has been completed?; and, (14) What sort of support services can be offered.

RESULTS

The data analysis culminated in three main themes: meaning, post-math, and recovery. The first theme, meaning, sheds light on the history of reliance on family roots, social factors, and others. The second thread, afterwards, explains the major adverse effects on participants' physical and mental health, their work/study capacities, and their critical relationships of using crystal methamphetamine. The third and final subject, rehabilitation, outlines the participant's experience during the recovery process and their view on accessible and appropriate community support. There are also various sub-themes for each theme, listed below.

Theme 1: Context

It was found that all six participants had a significant role to play in the production and maintenance of the dependency on drugs, the social context, and certain individual elements together. Five participants first used alcohol, while one participant began using LSD (Lysergic acid diethylamide). For all six participants, using drugs began between 12 and 16 years of age, and experimented with various forms of substances. At around 14 and the age of 18, two participants began using crystal methamphetamine, and three began at the beginning of 20. As a participant said:

When I was about 16, I started to have alcohol and marijuana. When I was eighteen, I first considered crystal meth. It was used only from time to time. When I started using crystal meth, I used other drugs, primarily pace.

1.1 Family of Origin

The families of both parents were brought up in three participants and the households of the single parent in three participants. When they grew up, all six participants were living with their siblings. In their families of origin, five out of six respondents



identified the community as "dysfunctional" while still young. The participants said parental conflict marked their family environment, aggression, physical and/or emotional abuse, and dependency. The sixth participant said his immediate family is "functional," as its parents are not addicted and violent. He identified however that his extended family had an addiction, aggression, and abuse. Also, the four interviewees who suffered physical abuse said their father was physically abusive. One participant recalled, "if his father was angry, he'd take something and rock us up."

At least one parent with a drug problem had five participants. One participant said that although his parents had no problem with addiction, his brothers, and grandparents on the side of his father were significantly dependent. In parents and siblings and intergenerational concerns, including abuse, suicide, and mental illness, five participants reported mental health problems. Typical for these encounters was the following quotation:

I had an abusive alcoholic parent, my uncles were all alike, and they did horrible things. They were terrible men. They were awful men. Our family was devastated by alcohol. I had cousins who murdered, robbed money and gameplay.

In the emotional distress of the rejected, abandoned or ignored parents, five interviewed respondents believed that one of the key reasons they began using the drugs was because. Two of the three gay research participants were refused homosexual treatment by their families. As explained by one of these men,

Nobody knew what homosexual was. All were once secret. My dad told me just how mad I was, and just how perfect my older brother was. I've been the gay one, he's the right one. He truly made me feel like as a person, I was nothing.

1.2 Social Influences

In addition to the family's origins, the six participants have suggested they wanted to fit in with friends or colleagues as one of the key reasons why they started to take drugs. You experimented with substances that belong to a social group and that people like them. All three gay participants said they would feel comfortable if included in a social group because they had been persistently abused and humiliated for their childhood and adolescence sexuality. One student said:

I became the party boy and fitted into the group because I had alcohol and drugs. I felt like people like me. I felt like people like me. I have more attention; the validation has been granted. I have not been selected or bullied. I was not picked. I've been safeguarded.

In the protection of addiction, financial independence also played a significant part. At the age of 14, four people began working, so they were able to buy their alcohol and drugs. After they got their job, they began to socialize with older workers who drank and drank heavily. They attended parties and nightclubs where the use and availability of drugs and alcohol was a normal occurrence. One of these participants explained how his work contributed to an educational breakup:

On weekends, I began working part-time with people over 18. And in this new life, they had a wonderful time. I ended up with some ecstasy dealers to make friends. I chose not to think about school at 14 or 15 years of age. It was much more acceptable and fun to go to night clubs and sell drugs and dance parties.

All respondents said crystal methamphetamine was readily accessible in or with their social groups. They weren't afraid to try this medicine because it was a trend between peers. The gay participants claim that crystal methamphetamine is a common drug for improved, intense and severe sexual encounters in gay social environments.

1.3 Individual Elements

Some specific personal variables, according to the respondents, have contributed to their independence. Their drug use began when their identity was complicated, and for those circumstances, they felt insecure and uncertain about themselves. One participant said that the transition to high school was difficult for him and that at this point he lost his desire to learn and began cutting himself off:

It was much more acceptable and exciting to go out to nightclubs and sell drugs and partying. I was diagnosed with depression and anxiety and put-on antidepressants at 14 or 15 years of age, I guess. I started self-harming around the time

The difficulty of dealing with severe physical injuries and experiencing mentally unsupported were significant factors leading to the initiation of crystal methamphetamine usage in two participants. Physical injury has marked the end of a promising career in sports for one of them:

I was physically injured for the first time. And I realized that I can't do that anymore. I've been trying to get on with it for six months or so, but I haven't been able to get there physically. It was terrible. My coach would scream at me, and I was constantly in tears. I felt like I was a big disappointment. There was a great deal of remorse and guilt.

Four participants correlated substance use with adulthood. Speaking of the beginning of his crystal



methamphetamine use after moving out of the family home at the age of 15, one of the participants said:

I only wanted to be an adult, and I had no idea what it was like to be gay. The first people around me were all criminals, intravenous drug users, prostitutes, and I completely correlated it with being an adult.

Theme 2: Aftermath

All participants indicated that when they first began using crystal methamphetamine, they played with the substance and only used it on weekends and parties. Then they began to like its extreme effects, built an increased tolerance, and became "heavily dependent" on it. Immediately after ingestion, the drug made them feel heightened, strong, controlled, and highly confident in their sexual behaviour. As defined by one participant,

Extreme behaviour, extreme mental states. All have been heightened. Feelings, touch, it's all fake, but it's so powerful it makes you forget about anything else. You can create something... some type of feeling. You may have the most horrible person in front of you, and after a clip, they're going to be the most brilliant thing in the world, and you want to do something to them.

Three participants possessed the "mental chaos" and the simulated environment they encountered while they ingested crystal methamphetamine. One participant described the experience as follows:

I loved being in psychosis. It was like being in nature and observing things, and only being in this artificial land, which is nothing but, you know, it's so complete together.

However, each of the participants said that as a consequence of using crystal methamphetamine, they have had many long-term adverse effects in various aspects of their lives, including physical and mental wellbeing, occupation, and relationships. All six respondents explained that, compared to other drugs they had used, crystal methamphetamine had by far the worst effect on their lives. One of the participants said:

In my head, when I think about meth, I see the darkness. It brings out my shadow side, the darkest aspect of which I might be. I almost found myself possessed. Often, I felt like I was putting poison in my body to change who I was. Often when I had meth, the sex freak came out and sometimes I just went nuts.

2.1 Health

All six participants reported that crystal methamphetamine harmed their physical and mental wellbeing. Weight lack, loss of appetite, visual disturbances, and severe fatigue were some of the

most widely recorded effects on physical and physical health. One participant remembered, "My skin was getting weak, I was losing weight. You can convince yourself that you look all right, but you don't." Participants spoke of not having the physical strength to work due to extreme withdrawal symptoms. Two of the three gay participants contracted HIV during their use of crystal methamphetamine.

Both participants reported effects on their mental health, psychosis, hysteria, and hallucinations. Respondents experienced heightened mental states, high irritability, delirious thought, and intense mood swings. Most of the participants isolated themselves through their paranoia and believed they had lost their relation to reality, as shown in the following the quote:

It was paranoiac and I felt like I was the king of the universe. Stuff so happened I stayed in a hotel room and shot meth after shot. I couldn't have stopped. I don't remember much but I remember hunting around the area. I figured there was a gang after me. I went to kill myself because I realized people chasing me.

All six participants described the worst impact on their mental wellbeing when they began to inject crystal methamphetamine. Four participants said that they had recurring thoughts of self-destruction. During their use of crystal methamphetamine, they attempted suicide many times and frequently were hurt. As defined by one participant:

I figured the best way to avoid permanently doing it was to kill myself. I tried it several times. Because it got too harsh to stay. That's my preference, therefore. It was either killing me, or it was doing anything to avoid.

However, when he began injecting crystal methamphetamine, only one participant described a rise in his aggression and aggressive conduct.

2.2 Occupation

For a brief period after beginning crystal methamphetamine use, five participants were able to fulfil work or research commitments. But in the long term, they could not support this capacity. They spent all their time working for longer weekends, losing their professional registrations, resigning, stopping operating companies, becoming bankrupt and even homeless. Experiences like these have been common:

I resigned that. I resigned. I was going to meetings until that day, and then I would go back and forth to work or use in the car. In my arm, I'd put an armchair. The other ends were full. I lost my desire to continue to do so. And that career I gave up work and. I was offered chances, but I just couldn't function.



2.3 Relationships

All six participants confirmed that using crystal methamphetamines broke their important relationships with family members, friends, and partners. As the following quote indicates, participants said they had relationships "toxic" and "co-reliant."

I've been so bad about myself in the past five years that I've put crystal meth in my system that I've lost communication capacity, become like a doormat, and just let someone go around me and do something for me.

In their sexual interactions, the six respondents have witnessed insufficient boundaries while using crystal methamphetamine. They said that this medication eliminated all the inhibitions and sex beliefs. Participants clarified that they appeared fascinated with sex, experienced hourly pornography, and violent sexual fantasies, and participated in unhealthy, abusive sexual practices with several partners. All three gay people reported having a sexual attitude of prostitution and "manic" under the impact of crystal methamphetamine. Experiences like these have been common:

I had this sexual confidence, which I never had before when crystal meth was introduced. And without any doubt about my actions, I could be forceful and violent and rebound from person to person. I'm not scared about how many people I'd have relationships with what it looks like, whether it's protected or not, behind temples, in sex clubs, in toilets at the train station.

A gay participant was a "sexual slavery" victim: *I could get meth on tap so that I became a friend of a girl that was a gang member. She dealt most meths and that's when my world changed. It was utter chaos. She fed me one gram a day to keep my habit alive, and then I had to pay for myself by estimating people in her circle what I call sex slavery.*

Theme 3: Recovery

This last theme discusses the participants' perceptions of rehabilitation, as well as their perspectives on the community resources available to users of crystal methamphetamine. Recovery meant abstinence from all medications and alcohol for all participants. As one student said:

I know it's not going to be manageable to get anything and to be OK if we use alcohol or some other drug. I can't even have one drink, and I know it because drinking will bring me drugs. I know that.

3.1 Experiences

Participants described Recovery as a "prolonged and demanding" phase, which suggested that factors like insufficient support nets, unresolved disputes between families, and drug use by others may contribute to recurrence. Both participants felt it

was necessary not to be complacent about rehabilitation and to become "work addicted" after completing the recovery program. They clarified that doing so could take away the emphasis from working towards the maintenance of recovery. One participant defined the situation as follows:

The last time I finished this program, I got clear of myself. So focused on work, so focused on money that I didn't care about my recovery and stuff. An opportunity came, and I picked up the ice, and I went paranoid.

The respondents assumed that a combination of internal and external factors would lead to a sustainable recovery. Internality, resilience, good internal drive, and better self-awareness were the reasons found, while external factors include peer reinforcement, stable relationships, longer-term advice and family and friends' support. Since healing, respondents have gained compassion for themselves and developed a new sense in their lives. They also researched restructuring unhelpful understandings, emotional acceptance and healthy contact and issues. All understood that healing gave them hope and helped them relate to their beliefs. As one student said:

I'm able to find a girlfriend, a puppy, a home, etc. This is part of my belief system. I believe I can do better for myself, and I can do better for myself. I know that I can be a consistently good friend, a good uncle to my nieces and nephews, and a supportive person.

3.2 Support

The participants believed there is a need for more tailored treatment for users of crystal methamphetamines, even though there are several community services to help rehabilitation. There were also initiatives to mitigate damage, to concentrate on behaviour programs and to create long-term recovery centres. The respondents felt they needed more 'detox' services and more help for people on waiting lists and those in custody or on probation. As one student said:

When they come out of prison other than using, they know little else. And needles are only a huge mess. They go to crime, then. I got friends who are a rung the police to ask for assistance because they want to help get rid of drugs. You don't know how to handle your life.

The study participants also said an integrated service model was required. You guessed that many programs, like accommodation, wellness, therapy, financial aid, schooling, and employment opportunities, should be offered for all rehabilitation support services. In the context of other issues which



contribute to the maintenance of addiction, participants believe it is necessary to address addiction.

Four respondents also envisaged a decriminalized approach to using crystal methamphetamines is important in addition to the need for more services. They claimed that using crystal methamphetamine as a "problem for society, and not simply the problem of an individual," would enable more people to seek support. This was pointed out by one participant:

Meth needs to become more of a public health concern, and there need to be more public health campaigns about stigma and success stories instead of simply being demonized all the time because then it causes internal stigma and isolation. People don't reach out because people are scared to get assaulted and go to prison for all this. It's a problem with drug abuse, not a problem with an individual.

The proposal for a change in strategy also included a suggestion to teach young children about the risks of substance use:

They should be learning about these topics because children are young, and their mentalities are different. It's a matter of young people learning to say, 'now and 'stop.'

DISCUSSION

This research looked at the experiences of six adult users of crystal methamphetamine. The main objective of this research was to gain a better understanding of the participants' experiences about the context of their use of crystal methamphetamine, the factors that sustained or exacerbated opioid dependency, as well as the experiences during the recovery phase. Three key themes (i.e., context, follow-up, and recovery) emerged from the results.

Respondents addressed not only their dependency on crystal methamphetamine, but also their dependence on other drugs including alcohol, marijuana, pace, ecstasy, and heroin. It was noticed that for all participants, crystal methamphetamine began to be used after strong and frequent usage of other substances. One of the main results of this study is that the addiction background for all respondents included a weak family atmosphere and negative social effects in their formative years. In the Maxwell study (2014), 40 per cent of participants are battered, 41 per cent beaten and 59 per cent felt unloved and abandoned in their childhood, while in the current study, five of the six (or 83 per cent) participants had experienced persistent violence, neglect, and alienation from their families. Therefore, the results of both studies have shown that a high percentage of consumers of crystal methamphetamine has been exploited and neglected

as children and have grown up in an unhealthy family setting.

Unpleasant social factors have also been established as a significant factor in why respondents began using drugs. They also established low self-esteem and negative images of themselves and the environment. Participants did not feel welcomed or emotionally embraced during puberty when they discovered their sexual orientation and went through various stages of physical and psychosocial development. Respondents began experimenting with alcohol and drugs to self-medicate and "fit" their peer groups. A significant benefit for using crystal methamphetamine was it could make them feel strong and in charge due to its extreme effects, one of which was to numb their painful thoughts and feelings.

Moreover, this study found that the social functioning of all six participants was greatly affected by using crystal methamphetamine after using crystal methamphetamine. It had a detrimental effect on their physical and mental health, occupation/education, and interpersonal relationships. However, this result is inconsistent with the results of the Sommers et al. (2006) report, in which 19 per cent of participants find no social consequences of crystal methamphetamine use and only a marginal impact on their study or function. Also, 50 per cent of participants were confirmed to have had no adverse effects on their relationship. However, the age of the participants in the Sommers et al. study was between 18 and 25 years, while the participants in the present study were between 31 and 39 years of age. This also poses the question if the social consequences of using crystal methamphetamine differ according to era. There is also a need for more studies on different and larger demographic groups among the German population.

This research showed that crystal methamphetamine had a significant effect on people's mental wellbeing, in line with results of the study by Sommers etc. (2006). The hallucinations, anxiety and hysteria occurred in all 6 respondents, which further affected their social functioning. They were alienated from relatives, friends, and others relevant, and some began to damage themselves and to suicide. Participants believe that as they started to inject crystal methamphetamine, their suicidal actions became more serious. This is consistent with Marshall et al. (2011)'s study, which found the risk of suicide is high to users of crystal methamphetamine.

According to McKetin et al. (2014), using crystal methamphetamine is a major risk factor and rises with heavy use. Aggressive behaviour. In this study, however, only one of the six participants indicated his attacks and aggressive actions increased during using this medication. Interestingly, it will be



to research this from a family, friends, and external viewpoint.

One of the main results of this study was dangerous, uninhibited, and hypersexual activity triggered by using crystal methamphetamine. All six people indicated insufficient sexual boundaries while using crystal methamphetamine. Both gay participants were involved in prostitution and during this time two of them contracted HIV. This is consistent with the findings of the 2007 Shoptaw and Reback study which found the use of crystal methamphetamines and HIV among was in stark relation.

The third main topic in this study, i.e., recovery) indicates respondents found a combination of internal and external factors to be important to the recovery process. It was not only the rehabilitation from using crystal methamphetamine that gave participants its significance, but also the absolute abstinence from all drugs, including alcohol. Both respondents viewed the adoption of a healthier lifestyle as a necessity to recover. The study showed that participants improved physical, mental, psychological, and social wellbeing during their rehabilitation. In psychosocial causes, including abuse, unresolved conflicts of birth, fundamental values, and dysfunctional relationships, they have been better able to accept their addiction. These outcomes of the participant interactions during rehabilitation were unique to this research and thus the findings of other studies analysed could not be compared.

In analysing the participants' views on the availability of community recovery resources, this study found respondents emphasize the need for an integrated, family-centred, and decriminalized recovery strategy. The results of the current study back Maxwell (2014)'s guidelines for trauma treatment, family therapy and gender-oriented procedures. The research also aims to provide better care and educate young children on the risks of substance use to clients with various and diverse needs.

CONCLUSION

This study analyses the experiences of adult methamphetamine users with crystalline materials. Although it is a small study, it provides a comprehensive account of the complex and multiple factors that lead to the use and utilization of methamphetamine. To understand their perspectives and their particular treatment needs, it aims to further research different population groups of Germans, for example, young adults, women and homosexual men and women. Further, studies will lead to reinforced, concrete approaches in the areas of prevention, harm reduction and maintenance of rehabilitation. This study strongly supports people and their families in

working together to help them cope with complex problems including difficulties with relationships, parenthood, violence, trauma, and mental health problems, as these factors can make an important contribution to maintaining or reducing dependence.

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