Choosing to Live or Die: Online Narratives of Recovering from Methamphetamine Abuse

Christopher O. Obong’o, M.A.\textsuperscript{a}, Adam C. Alexander, M.S.\textsuperscript{a}, Prachi P. Chavan, M.P.H.\textsuperscript{b}, Patrick J. Dillon, Ph.D.\textsuperscript{c}, and Satish K. Kedia, Ph.D.\textsuperscript{d}

\textsuperscript{a}Graduate Assistant, Division of Social and Behavioral Sciences, School of Public Health, University of Memphis, Memphis, TN, USA; \textsuperscript{b}Graduate Assistant, Division of Epidemiology, Biostatistics and Environmental Health, School of Public Health, University of Memphis, Memphis, TN, USA; \textsuperscript{c}Assistant Professor, School of Communication Studies, Kent State University, North Canton, OH, USA; \textsuperscript{d}Professor, Division of Social and Behavioral Sciences, School of Public Health, University of Memphis, Memphis, TN, USA

ABSTRACT

The goal of this study is to explore motivating factors for recovering from methamphetamine abuse. The source of data was 202 anonymous letters and stories submitted to an online support platform for methamphetamine users. Qualitative data were analyzed in Dedoose software using grounded theory methodology. Ten primary motivating factors for recovering from methamphetamine abuse were identified and mapped onto four constructs from the Health Belief Model: (1) perceived susceptibility (learning from others and learning from self); (2) perceived severity (fear of death and declining health); (3) perceived benefits (reconnecting with family, reconnecting with society, and recovering self-esteem); and (4) cues to action (hitting rock bottom, finding God, and becoming pregnant). By using data from an online support group and categorizing emerging themes within a theoretical framework, findings from this study provide a comprehensive understanding of factors involved in recovery from methamphetamine abuse and offer further insights in developing theoretically informed interventions for methamphetamine users. This study suggests the utility of online platforms for obtaining anonymous but unique experiences about drug abuse and recovery. Findings may benefit healthcare professionals, counselors, and researchers by helping to develop theoretically informed interventions for methamphetamine abuse.

KEYWORDS

Health Belief Model; methamphetamine abuse; online narratives; qualitative method; recovery

In 2013, approximately half a million Americans 12 years of age or older reported using methamphetamine (Substance Abuse and Mental Health Services Administration 2013). Methamphetamine is a highly addictive psychoactive substance and is associated with numerous mental health and psychosocial problems, including depression, anxiety, and violent behavior (Abdul-Khabir et al. 2014; Marshall and Werb 2010; Petit et al. 2012). Methamphetamine use is also associated with other negative health outcomes, such as infant mortality, birth complications among pregnant women, low medication adherence, and poor treatment outcomes among persons living with HIV (Gorman et al. 2014; Moore et al. 2012; Reback, Larkins, and Shoptaw 2003). In 2005 alone, methamphetamine abuse cost the United States about $23.4 billion in treatment programs, judicial services, and childcare, among other expenses (Nicosia et al. 2009). Thus, the health and economic burdens associated with methamphetamine make this drug a significant public health concern.

Most people who experiment with methamphetamine will eventually become heavy users; for those who become addicted, methamphetamine is one of the most difficult drugs to quit (Castro et al. 2000; Gonzales, Mooney, and Rawson 2010). A few qualitative studies conducted among methamphetamine users have identified key motivating and facilitating factors for recovering from methamphetamine addiction. In a longitudinal study that included qualitative interviews with 36 methamphetamine users in rural Kentucky and Arkansas, participants reported experiencing traumatic methamphetamine-related events, such as a car accident, an arrest, or hospitalization, which motivated them to stop using methamphetamine and begin the recovery process (Sexton et al. 2008). Those who sustained recovery at 24 months ($n = 13$) attributed their maintenance to engaging in a faith or substance abuse treatment program and deliberately avoiding the company of other methamphetamine users. A larger study used focus group discussions to understand the recovery experiences of 118 methamphetamine users who...
completed a substance abuse treatment program (Gonzales et al. 2013). This study identified factors associated with methamphetamine addiction recovery, including providing opportunities to engage in community activities, creating a supportive environment to reinforce recovery attempts despite failures, and supporting gradual recovery as opposed to total abstinence.

Applying an appropriate health behavior theory to methamphetamine recovery experiences can illustrate how users’ beliefs and behaviors influence the process (Glanz, Rimer, and Viswanath 2008; Painter et al. 2008; Webb, Sniehotta, and Michie 2010). Although only a few participants were methamphetamine users, Hansen et al. successfully applied the Transtheoretical Model to the participants’ long-term recovery experiences (Hansen, Ganley, and Carlucci 2008). The authors explored the experiences of nine participants with a history of sustained recovery from poly-substance use and applied themes such as poly-substance users’ perceptions of desperation and need for help, and support from friends and faith, to the Transtheoretical Model’s contemplation stage. Whereas the Transtheoretical Model provides a useful framework for understanding long-term substance abuse recovery, the theory may be less applicable for understanding the motivations for initiating recovery from methamphetamine. The Health Belief Model is a more appropriate framework for examining this process because the theory emphasizes individual beliefs and motivations as the primary drivers of behavior change (Champion and Skinner 2008).

The Health Belief Model suggests that people’s beliefs about health problems, perceived benefits of action, barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-promoting behavior. Support for the application of the Health Belief Model in the context of substance abuse comes from another study conducted among youth (ages 12–24) undergoing substance abuse treatment in Los Angeles County (Gonzales et al. 2012). Although the authors did not apply the Health Belief Model a priori, they discovered that their findings represented constructs from the Health Belief Model. For instance, users reported not having control over their substance use (perceived susceptibility) and not being at risk for the negative consequences from their substance use (perceived severity).

Our study expands on the findings from Gonzales et al. (2012) by mapping the motivating and facilitating factors for recovering from methamphetamine addiction onto constructs from the Health Belief Model using narratives of methamphetamine users participating in an online support group. To our knowledge, no study on methamphetamine recovery has analyzed data from an online platform, and research suggests that online self-help groups encourage users to create their own stories and resist dominant narratives for substance use recovery, which may yield new information previously not reported in other studies (Barratt, Allen, and Lenton 2014).

Methods

Sample

Data for this study were extracted from the publicly available “Letters and Stories” section of KCI: The Anti-Meth Site (http://www.kci.org/meth_info/meth_letters.htm). This site invites methamphetamine users (and their loved ones) to submit anonymous letters and stories with the purpose of discouraging methamphetamine use, advocating for treating methamphetamine addiction as a disease, and reinforcing the view that recovery from methamphetamine is possible. The site administrator uploads letters and stories to the website on a monthly basis.

This study included a sample of 202 letters and stories extracted between January 2009 and December 2013. Since KCI, the Anti-Meth Site, does not require registration to access this information, and given that these messages were intended for educational and support purposes, no informed consent was obtained (Eysenbach and Till 2001; Flicker, Haans, and Skinner 2004). The Institutional Review Board at the University of Memphis approved the study protocol.

Data analysis

All of the letters and stories in the study sample were reformatted into transcripts and uploaded into a web-based application, Dedoose, for managing and analyzing qualitative data (Dedoose 5.0.11, Los Angeles, CA, USA). Using principles of grounded theory (Padgett 2011), three of the co-authors independently read the entire transcript to inductively identify emerging themes related to participants’ stated motivations for discontinuing or seeking treatment for methamphetamine use. Afterwards, the co-authors met to discuss and to reach consensus on the emerging themes. Using emerging themes as a coding scheme, one co-author coded the entire transcript in Dedoose, focusing on narratives depicting motivations to initiate recovery from methamphetamine. Three co-authors then discussed summary reports generated from each code and agreed upon overall fit of themes.
Upon examining the final themes, the researchers determined that the themes broadly aligned to four constructs of the Health Belief Model: (1) perceived susceptibility; (2) perceived severity; (3) perceived benefits; and (4) cues to action. Perceived susceptibility is defined as beliefs about the likelihood of having a disease or condition. Perceived severity refers to beliefs about the seriousness of experiencing the diseases or condition. Beliefs about the advantages created after engaging in a health-promoting behavior are known as perceived benefits, and cues to action refer to conditions that trigger engagement in health-promoting behavior (Champion and Skinner 2008). The emerging themes were then mapped onto these four constructs from the Health Belief Model.

Results

Ten themes emerged describing users’ motivations to quit methamphetamine (see Table 1), and these are discussed in the following within each of the four Health Belief Model constructs.

Perceived susceptibility

Awareness about the consequences of methamphetamine use was the most prominent emergent factor related to perceived susceptibility. This awareness arose from (1) learning from others, and (2) learning from self.

Learning from others

Many users described learning about the consequences of methamphetamine use through observing the experiences of other users. They recounted seeing family members, friends, and loved ones suffer from methamphetamine-related health conditions, such as mental illness and death, as one female user described:

[My sister] ended up killing herself by overdosing. I was 18 when that happened. I found her. At that moment my eyes opened and I was done.

In other cases, the users described methamphetamine use leading others to spend their lives in and out of rehabilitation centers or prisons. Observing others’ experiences increased the users’ concerns regarding the risks associated with methamphetamine use.

Learning from self

Other users learned about the consequences of methamphetamine use from their own experiences—such as negative health conditions, being imprisoned, or turmoil in their relationships. A few users also learned through the experience of engaging in risky behavior while high on methamphetamine. One male user, for example, described the link between methamphetamine use and sexual risk behavior:

Unsafe sex and methamphetamine go hand in hand. I am afraid that I may have contracted HIV, and intend to be tested.

This user went on to describe how this experience served as motivation to initiate recovery.

Perceived severity

Two themes emerged related to perceived severity: (1) fearing death, and (2) declining health.

Fearing death

One underlying motivation for many users to quit using the drug was their fear of death, which made them value their lives and, in some cases, also increased their faith in God.

I stopped using meth about 2 weeks ago the day I started stuttering whilst experiencing heart palpitations to the point I thought I was finished.

Other users often found themselves crying hysterically, and banging their head against the wall to stop the pain, and were afraid that their continued use might lead to death, as one user commented:

If I didn’t get help when I did, I would be dead. Methamphetamine is conquerable in the long run but sometimes it takes some near-death experiences to realize this.

Declining health

Many users cited methamphetamine-related health conditions as their “wake-up call.” For example, when one female user was informed by her doctor that her bones could not be healed, she immediately realized the harm methamphetamine was doing to her body. She explained:

I just want to warn all of you who go on 3 or 4 day binges that the calcium is being sucked out of your bones. My doctor confirmed it. My bones will probably never heal right. I don’t mean to sound preachy, but this was one hell of a wake-up call.

Thus, “wake-up calls” from experiencing methamphetamine-related health conditions motivated these users to quit methamphetamine.
Perceived benefits

Perceived benefits emerged in three distinct themes: (1) reconnecting with family, (2) reconnecting with society, and (3) recovering self-esteem.

Reconnecting with family

Users were keenly aware of their families’ suffering and, in some cases, this suffering motivated the user to quit methamphetamine. One user, for example, explained:

*I really don’t want my son growing up thinking of his mom as addicted and every time I crave it I think of him. I wouldn’t trade him for the world and I am sure as hell would trade knowing him for drugs...*

As in this example, users believed that methamphetamine cessation offered hope for them to reconnect with their families and rectify the damage caused by their methamphetamine addiction. Unfortunately, in some cases, users’ families suffered irrevocable damage; some family members succumbed to the same addiction as the user, while others were removed from the household by Child Protective Services (CPS) or experienced sickness and even death.

Reconnecting with society

Many users noted that methamphetamine isolated them from society. They commented about how methamphetamine prevented them from finding a job or starting a family. In many instances, they stated that they were cashless and had no job or family; these circumstances were described as “living in pure hell.”

Nevertheless, once users quit methamphetamine and began recovery, their lives improved. Many users ended their relationships with methamphetamine dealers and other methamphetamine users and moved to a different state to start a new life. Other users returned to college to complete their degree; some former users got married, had kids, and purchased a home.

Recovering self-esteem

Methamphetamine use deteriorated the self-esteem of many users and made them feel depressed. Users described God as having more power over and understanding of methamphetamine addiction. There were no cases where belief in God resulted in additional harm or anguish for users.

Users described God as having more power over and understanding of methamphetamine addiction. Nearly all users agreed that God had a profound impact on their recovery process.

Table 1. Motivational factors that contribute to methamphetamine recovery.

<table>
<thead>
<tr>
<th>Health Belief Model construct</th>
<th>Motivational factor</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived susceptibility</td>
<td>Learning from others</td>
<td>Users’ perception of risk increased from observing other users’ experience of severe health conditions, mental health problems, and death. For some users, it is the experience of having close family and friends go to prison or commit suicide that helped them reflect on their risk and decide to quit.</td>
</tr>
<tr>
<td></td>
<td>Learning from self</td>
<td>Users felt more susceptible through their own experience of negative health conditions, imprisonment, and friction in relationships. Engaging in sexual risk behavior as a result of methamphetamine use made some users think twice about continued use.</td>
</tr>
<tr>
<td>Perceived severity</td>
<td>Fear of death</td>
<td>Users realized the value of their lives and determined to quit as a result of their fear of death from continued use.</td>
</tr>
<tr>
<td></td>
<td>Declining health</td>
<td>Severe health consequences, such as losing eyesight and having weak bones, were a wake-up call for many users.</td>
</tr>
<tr>
<td>Perceived benefits</td>
<td>Reconnecting with family</td>
<td>Methamphetamine recovery was seen as the opportunity to reconnect with family and reestablish lost relationships, especially among users who perceived their continued use as causing great suffering to family and friends. Recovering lost relationships was strong enough to help some users resist the urge to return to methamphetamine use.</td>
</tr>
<tr>
<td></td>
<td>Reconnecting with society</td>
<td>Once users quit methamphetamine, their lives improved, they were able to reconnect with their family and reestablish themselves in the society. Recovery from methamphetamine enabled the users to earn money, buy a house, and truly live their American dream.</td>
</tr>
<tr>
<td></td>
<td>Recovering self-esteem</td>
<td>Methamphetamine use deteriorated the self-esteem of many users and made them feel depressed. Methamphetamine users did not feel confident or happy.</td>
</tr>
<tr>
<td>Cues to action</td>
<td>Hitting rock bottom</td>
<td>Hitting rock bottom is the point where users have nothing left to lose because of methamphetamine abuse. Users lost family, health, possessions, status, wealth, and freedom. A large majority of users believed that hitting rock bottom started the recovery process.</td>
</tr>
<tr>
<td></td>
<td>Finding God</td>
<td>Establishing a relationship with God weakened the user’s relationship with methamphetamine. Users described God as having more power over and understanding of methamphetamine addiction. There were no cases where belief in God resulted in additional harm or anguish for users.</td>
</tr>
<tr>
<td></td>
<td>Becoming pregnant</td>
<td>For female users only, becoming pregnant prompted users to immediately quit methamphetamine. Cessation during pregnancy may be due to moral values concerning the developmental harm to the fetus through drug use. Some users quit solely for the sake of the unborn child; once the child is born, many users may feel compelled to return to methamphetamine since the child is no longer biologically affected by the mother’s drug use.</td>
</tr>
</tbody>
</table>

Perceived severity

Users were keenly aware of their families’ suffering and, in some cases, this suffering motivated the user to quit methamphetamine. One user, for example, explained:

...
control of you and consumed all of your spunk, self-worth, and dignity.

Cues to action

Cues to action emerged in three distinct themes: (1) hitting rock bottom, (2) finding God, and (3) becoming pregnant.

Hitting “rock bottom”

Hitting rock bottom was the culmination of a descent to a position where the user had nothing left to lose in terms of family, health, possessions, status, wealth, and sometimes even their freedom from the result of methamphetamine use. One user crystallized the experience by describing how they lost everything after succumbing to methamphetamine addiction:

That is when I hit my bottom. When you no longer have a home, money, a car, friends or a life—you realize you have two choices. You can choose to either LIVE or DIE.
I chose to live.

Many users echoed the “live or die” nature of the rock bottom experience; this made the experience a powerful motivator or cue to end methamphetamine use and begin the recovery process.

Finding God

Perceptions of finding God amidst methamphetamine addiction prompted users to end their methamphetamine use and establish a relationship with God. Seeking and strengthening their relationship with God allowed them to begin the recovery process, as one user put it:

[T]he more I accept God—the easier it is to stay away from drugs.

At first, some users questioned whether God would relieve them from their addiction, or denied that they needed God’s assistance. Nevertheless, many users recalled how previous attempts at quitting methamphetamine failed, but when they allowed God into their lives, they were able to resist methamphetamine urges. The salience of finding God during methamphetamine addiction can be crystallized by one user’s statement:

God lifted me up and put me on the path to recovery, self-love, and my true calling.

Becoming pregnant

For some female users, becoming pregnant prompted them to quit methamphetamine and begin the recovery process. For many users, their pregnancy was unplanned, but when users discovered they were pregnant, they quit methamphetamine. Pregnant users may feel morally obligated to quit methamphetamine because of the potential harm to the fetus, as one user noted:

About 3 months ago I found out that I am pregnant. I was so mad at myself because I knew then that I could not use anymore. Even though I didn’t have many morals left, that was against the few I had.

Discussion

This study extended the understanding of methamphetamine recovery by exploring users’ unsolicited narratives anonymously obtained from an online support group, and by mapping the emerging themes onto a theoretical framework. The analysis revealed 10 motivating factors (i.e., themes) for methamphetamine recovery that represented four constructs from the Health Belief Model—perceived susceptibility, perceived severity, perceived benefits, and cues to action.

Some motivating factors—learning from self and others; experiencing death; reconnecting with self, family, and society; and finding God—which emerged in this study were reported by previous studies. A three-year ethnographic study of two recovering methamphetamine users from Appalachia found that the users’ proximity to death, their own near-death experiences, and a spiritual encounter with God were motivators to quit methamphetamine (Brown 2010). Another study found that recovery from methamphetamine increased opportunities for greater social responsibilities, including involvement in community activities and social networking (Gonzales et al. 2013). Further, Meade et al. found that users’ perceptions of the effects of methamphetamine use on their family and other intimate relationships, and their ability to find work and live a meaningful life, acted as motivators for recovery (Meade et al. 2015). Lastly, Boeri et al. identified key motivating factors for methamphetamine recovery including incarceration, spirituality, and a traumatic experience (Boeri, Harbry, and Gibson 2009). Although these studies found similar motivating factors, our study provided a theoretical framework to integrate these disparate factors.

By using an online self-help group as a source of data collection, this study also identified “hitting rock bottom” and “becoming pregnant” as important motivating factors for methamphetamine recovery. Although hitting rock bottom (Gruszczyńska, Kaczmarek, and Chodkiewicz 2016) and becoming pregnant (Brudenell 1996; Kissin et al. 2001) have been reported in the context of other substances abuse disorders, this study is, to our knowledge, the first to identify these two themes in the context of
methamphetamine recovery. Concerning the former, many users believed that hitting rock bottom was the final straw for recovering from methamphetamine. Some users were such proponents of the experience that they even advocated for other individuals who were struggling with methamphetamine to hit rock bottom as a means for encouraging recovery. Concerning the latter, no published qualitative study identified pregnancy as a motivating factor for methamphetamine recovery; only an unpublished dissertation found that pregnancy was one of the reasons to quit methamphetamine among female users (Daniel 2010). Methamphetamine cessation during pregnancy may reflect the users’ knowledge or intuition of the harmful effects of methamphetamine on fetal development or the risk of delivering a methamphetamine-addicted baby. This knowledge is corroborated by at least one study that shows methamphetamine use may be associated with greater odds of negative pregnancy outcomes (Brecht and Herbeck 2014).

These two previously unidentified motivating factors for methamphetamine recovery highlight the importance of using unconventional sources for data collection, which could have allowed the users to share these problematic factors unhindered. These findings will aid future interventions to apply theoretical constructs to methamphetamine recovery. For example, interventions designed for those users who experience methamphetamine-related traumatic events or irreversible health outcomes may prove effective for methamphetamine recovery (perceived severity). Similarly, interventions tailored for users who lost their freedom, wealth, family, and/or friends may also be effective approaches to methamphetamine recovery (perceived benefits). Lastly, a number of studies explore pregnancy outcomes related to methamphetamine use (Arria et al. 2006; Derauf et al. 2007; Smith et al. 2008). As identified by this study, pregnancy (cue to action) may also be an opportune time to address substance abuse issues, and may produce prolonged recovery among pregnant methamphetamine users. In sum, using the Health Belief Model to explain the motivating factors for methamphetamine recovery can create interventions that are tailored for populations where the intervention is most likely to be effective.

Limitations of the data should be noted. First, demographic information about this sample of online users is unavailable, and the actual number of users participating in this online support group is unknown. Second, patterns of methamphetamine use and motivations for recovery may vary geographically; given that this study uses an online support group, we cannot attribute our findings to any particular geographical location or specific form of methamphetamine use. Further, methamphetamine users who seek help online may be very different from users who seek help through traditional services. Future research should explore whether these users differ in their methamphetamine recovery experiences. Lastly, we are unable to verify whether this online support group actually used methamphetamine or provided honest accounts of their experiences with the drug.

Conclusion

This study is the first to categorize motivating factors for methamphetamine recovery based on the constructs of the Health Belief Model. In addition, because this study analyzed an anonymous online self-help group, findings may provide a more comprehensive understanding of motivating factors for methamphetamine recovery and, may facilitate development of targeted interventions for methamphetamine users. Findings from this study emphasize the importance of using online support groups as a platform for rich data collection and analysis; more researchers should consider using online platforms for obtaining anonymous but unique experiences about drug abuse and recovery. As this study demonstrates, methamphetamine users wrote freely about their experiences with methamphetamine. In addition, findings from this study may benefit healthcare professionals, researchers, and other interventionists who seek to develop theoretically informed interventions for people suffering from methamphetamine addiction.

Funding

The authors have no conflicts of interest to declare. Part of the funding for the data analysis came from the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services (CSAT/SAMHSA) through the Division of Alcohol and Drug Abuse Services of the Tennessee Department of Mental Health.

References

