

'Ice in the Family': Exploring the experiences of close family members when another family member is using methamphetamine. A longitudinal qualitative study

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ABSTRACT

Objective: To explore the experiences of close family members when another family member is using methamphetamine and how the family member responds over time.

Background: Methamphetamine use has widespread implications and harms for both people who use the drug and those that live with them. While there is a significant representation in the literature relating to family members of people who use drugs or alcohol, there are limited studies specifically considering family members experiences of methamphetamine use. Families have been shown to have both positive and negative impacts on people using drugs, but less is known on the impact on the family members themselves.

Study design and methods: Multiple semi-structured qualitative interviews were conducted with 11 families (17 individual participants) from regional and metropolitan Western Australia over a 12-month period. Interpretative Phenomenological Analysis was used in data collection and analysis.

Results: Four main themes were identified: 1. *the New Lifeguard* describes family members' unplanned insertion into a new role and their rapidly changing experience of the person using methamphetamine. 2. *Hit by the Wave* demonstrates participants' experience of repeated and unpredictable impacts on their lives. 3. *Life in the Ocean* describes the groundlessness associated with changes to goals and family structure. 4. *Learning to Surf* illuminates the changing strategies employed over time, moving away from trying to fix the person, to participants managing their own wellbeing.

Discussion: This study identified common aspects within the lived experience of close family members of people using methamphetamine and ascertained a commonality in the process of this experience. Significant impacts to all areas of life were reported, and distress was fluctuating and unpredictable in line with the cyclical nature of the drug use. Participant responses to these changes varied over time between resentment and trying to fix things,

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and acceptance and resilience, while gaining or maintaining like-minded supports.

Conclusion: Understanding the issues faced by families around this unique drug is vital in providing informed interventions for this group. Family members experience a broad range of financial, social and health impacts and harms over a protracted length of time. They are often not the focus of available support and in adapting to these issues, will themselves seek support away from treatment services for the person using methamphetamine.

Implications for practice

Understanding the complex journey of families has a broad range of implications (and opportunities) for a variety of areas such as criminal justice, family support and child protection. There is an opportunity for these areas to consider broader and more specific supports and approaches, and to develop more appropriate, bespoke, and inclusive treatment for families of people using methamphetamine.

What is already known about the topic?

- Methamphetamine is recognised worldwide as a harmful drug with few effective treatments for methamphetamine dependence.
- Few studies exist exploring the specific impact of methamphetamine on family members.
- Fewer studies explore the experiences over time.

What this paper adds:

- Family members with a relative who is using methamphetamine experience a range of harms in many areas of their lives.
- The impact of methamphetamine use is unpredictable and takes place over long periods of time, affecting both individual family members and impacting on the overall structure of the family unit.
- Families and family members adapt their approach over time, from attempting to fix the situation, to stepping back and seeking support from others who they perceive to be in similar circumstances.

Keywords: Family, longitudinal, methamphetamine, phenomenology, qualitative, stimulant.

OBJECTIVE

The objective of this study is to investigate the experiences of close family members in Western Australia (WA) whose loved one is using methamphetamine. It was anticipated that developing an understanding of their lived experience over the period of a year, including how they manage these experiences, how they engage with other family members and what strategies they use and discard over time, could be used to provide a basis for improvement in the quality of care for people using methamphetamine and their loved ones. Specific and informed interventions, programs and policies can be developed to meet the needs of family members who attend services for support in their own right or attend with family members using the drug. It is anticipated that the study findings could also augment existing approaches to provide support for the methamphetamine user and enable services to consider the family member as an ally in treatment.

BACKGROUND

Methamphetamine is a psychostimulant drug, which mimics naturally produced dopamine, causing the body to move its own supplies of dopamine, noradrenaline, and serotonin to flood the synapses between neurons in the brain.¹ This leads to feelings of euphoria, alertness, wakefulness, and feelings of wellbeing in the user. In Australia, methamphetamine is now of more concern to Australians than alcohol.² It is a versatile

drug that can be smoked or injected, but also snorted or ingested. The highest purity of methamphetamine is a clear crystal form, and in Australia, this is colloquially referred to as 'ice'.³ It is this form, that in the past decade in Australia, has become prominent in terms of health promotion campaigns, news headlines, and has garnered increased political attention in what has been referred to as the 'ice epidemic'.⁴ Despite an apparent drop in its use owing to restrictions imposed during the coronavirus disease (COVID-19) pandemic, methamphetamine (ice) is gaining increased media attention once again with headlines such as 'Crystal meth is resurgent and 'ravaging' regional Australia'.⁵ This has occurred in the context of a decrease in recent reported use in Australia from 3.4% in 2001 to 1.3% in 2019.⁶ However, in 2020, almost half (48%) of Australians who reported recent methamphetamine use also reported that it was 'easy' or 'very easy' to obtain.⁷

There has been a particular focus in the literature on the impact of methamphetamine use on health professionals in Emergency Departments.⁸⁻¹¹ In contrast, there is also a notable absence in the literature of studies exploring the impact on those who do not use methamphetamine but have the most regular contact with methamphetamine users (i.e. their families). Several studies have explored the impact on the parental relationship where a parent is using methamphetamine.¹²⁻¹⁴ However, there is less evidence in the literature from the perspective of other family members. Ward et al in their systematic narrative

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review of interventions to support parents who use methamphetamine, found only a limited number of studies, but some emerging evidence suggests that interventions may have a positive effect on parenting and reducing drug use.¹⁵ Therefore, without specific knowledge of what it is like for family members, targeted intervention can be problematic.

Sanatkar et al in their systematic literature review of interventions for families and caregivers of people using methamphetamine, reviewed 2,257 records finding a significant lack of evidence-based interventions for this group.¹⁶ Moreover, the authors found only four qualitative studies describing the experiences of caring for people who use methamphetamine, and these demonstrated participants faced substantial challenges including emotional suffering, disturbed family structure, and significant negative financial effects. The burden and stress on families with a member experiencing a substance use disorder of any kind was further demonstrated by Jones et al. in their descriptive phenomenological study of first responders working with patients who have used methamphetamine. Participants observed unsafe environments for families, negative social issues, and families often unable to cope.¹⁷

In the Australian context McCann and Lubman, explored the experiences of family members of people using drugs (not specifically methamphetamine), who had contacted support services.¹⁸ The authors argued the need for family members to adopt a flexible set of coping strategies in dealing with their relative's substance use. Arreola et al explored perceptions of social support as a predictor of treatment completion in methamphetamine-dependent individuals and found that '43.3% of the patients interrupted the treatment with family support and against expert opinion.'¹⁹(p.27) Furthermore, Gendera and others interviewed Australian First Nations families and service providers working with people using methamphetamine, highlighting the central role of family members in supporting and reducing harm associated with their family member's drug use.²⁰

Therefore, this study was undertaken in the context of a significant and ongoing issue of methamphetamine use in Australia, but with a lack of evidence regarding the impact on families or specific supports that might assist them. It was anticipated that understanding the impact of methamphetamine use on individual members and the family unit could illuminate the specific processes they adopt and discard over time and facilitate the development of supports in a broad range of sectors.

METHODS

This study was a longitudinal qualitative study using Interpretative Phenomenological Analysis (IPA). IPA emerged from the writings of Martin Heidegger (1889–1976) who argued the merit of looking beyond the 'what' of phenomenon to looking at 'how' people experience it. Within

the IPA methodology, a common research design includes the gathering of qualitative data from what is, to some degree, a homogeneous group of individuals sharing a particular contextual perspective on a specific experience.²¹

Convenience sampling was utilised initially, to recruit a volunteer sample.²² Participants were recruited via an initial open information session and distribution of flyers at a non-government organisation that supports families of people who use methamphetamine. It can be argued that families of people using methamphetamine are often overlooked in both research and treatment,³ and this method allowed the sample to identify themselves.

After flyer distribution, several family members of methamphetamine users contacted the researcher. Further participants were recruited via 'snowball sampling', where they were referred and recommended by initial participants.²² It had been anticipated that further flyers and advertisements in local newspapers in other geographical areas would be used to recruit additional participants. This was not necessary as the researcher was approached by three other families from different areas, who had read about the proposed study in a previous journal article or heard that it was taking place from other participants.³ Coyle noted that sample sizes for phenomenological research vary from one to 12.²³ The current study included 11 families composed of one or more members. The recruitment in this study allowed for the attrition of potential participants,²⁴ but there was no attrition during the study.

PARTICIPANTS

For inclusion participants needed to be over 18 years of age. They could be individuals or family groups. Each individual participant self-identified as close family member of someone using methamphetamine and saw themselves in a support role for that person. They either resided at the same address as the person using methamphetamine or were in regular contact with them. Participants seeking recent support for their own drug use were excluded.

Multiple qualitative interviews took place at three month intervals over 12 months. Although not specifically identified in terms of calendar points, it was anticipated that this process of interviewing over a 12 month period, would capture significant events in the lives of these families, such as birthdays and weddings, and encompass specific calendar events, such as Christmas and Easter. Participants attended three of four interviews within this period, depending on their availability. A longitudinal approach has been used extensively in research for establishing a temporal order of events, to measure change, to make stronger causal interpretations from the data, and to investigate change over time.^{25,26}

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Interviewing more than one family member from each family enabled the interviewer to explore a shared experience.²¹ Moreover, collecting data at multiple intervals provided data triangulation and increased credibility, and the researcher completed extensive memos with a reflexive journal throughout the data collection process and used these in the data analysis to ensure dependability.²² at each interview stage and throughout the research process. In addition, interviews were conducted by the primary researcher and transcripts and researcher notes reviewed by the researcher and the two other members of the supervisory team at all time points. Subsequent interviews also served as 'member checks', through which data and conclusions were rechecked with the same participants, ensuring reliability of both data and emerging themes.²²

All participants were offered individual interviews. Of the 11 family groups interviewed, two couples requested to be interviewed together at all four time points. One participant requested a single interview only. Using IPA as a methodology to interview more than one individual at a time has been considered contentious in the past but has garnered support in various areas of research in recent years,²⁷ for example Danielson and others used IPA for couples in exploring female partner family formation and Cox and others interviewed parents together as couples to explore parenting of adolescents with complex regional pain syndrome.^{28,29}

ETHICAL CONSIDERATIONS

This study was approved by the University Human Ethics Research Committee (HREC Ref. 2020-087F). Participants were offered emergency support numbers and provided follow-up calls and text from the researcher within 48 hours of the interview. No participants reported distress from the interviews, and several reported they had found the interview process itself helpful. Open interviews have been found to be a positive experience for participants, in particular for groups that are expected to have levels of distress, such as bereaved families.³⁰

Participants were provided with a clear statement of benefits, risks or discomforts and written consent was obtained. Participants were given the opportunity to review the transcripts alone or with other family members throughout the process and all participants were assigned a pseudonym.

DATA COLLECTION

A total of 53 interviews lasting around one hour each were conducted at four time points over a 12 month period (Sept 2020 – Sept 2021). A flexible semi-structured interview design was utilised, with open questions and probes to clarify meanings and encourage elaboration from the individual in their narrative. Interviews were simultaneously transcribed allowing the researcher to record recent thoughts and feelings and overall impressions of the interviews at the time to 'try to step into the participants' shoes'.³²

DATA ANALYSIS

Data was thematically analysed using IPA methodology. This process is iterative, and each stage involved ongoing revision of earlier stages in line with new interpretative decisions.³¹ The analysis commenced with the individual cases before considering any comparison with other cases or other family group members. The following steps (see figure 1 – IPA Process) were undertaken, consistent with Smith and Nizza's IPA process.³¹

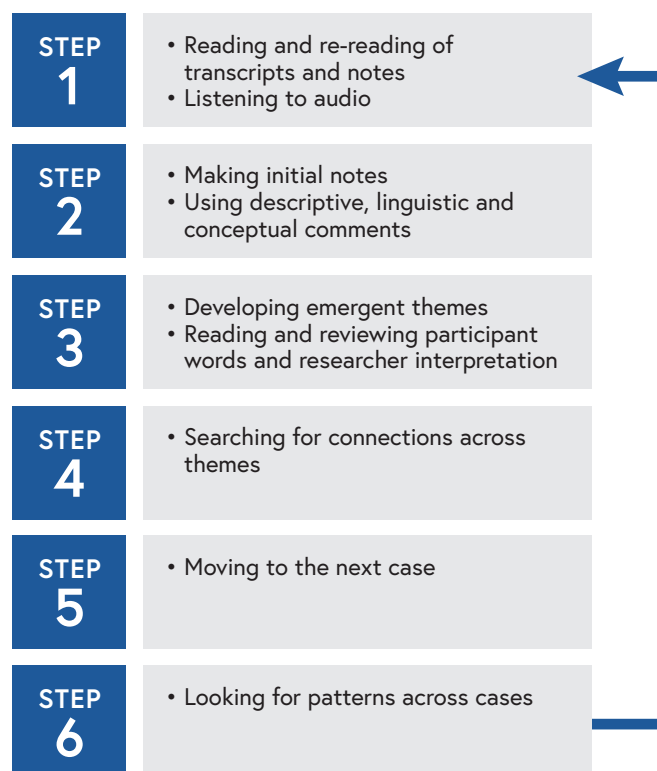


FIGURE 1 – IPA PROCESS

Individual analyses were then compared and synthesised at the within-group (individual family) level. Following this, they were then compared and synthesised at the between-group (other families) level.³³ More specifically, this process involved line-by-line analysis and coding of the words and conceptions of each individual participant.³³ The generated initial themes were recorded in clusters of similar potential themes. These clusters emphasised both convergence and divergence and were refined and reviewed together with ongoing reference to the researcher's notes and reflexivity journal,³⁴ to reach both a higher conceptual level and a chronology.³¹ From this process four superordinate themes were named.

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RESULTS

Eleven family groups were interviewed (individual participants $n = 17$), ranging from one person to three in each group ($M = 4$, $F = 13$). The average age of participants was 55 years. Each participant reported that their family group included multiple generations and therefore participants reported multiple roles within the family unit. For example, parents of the person who was using methamphetamine were also frequently grandparents to either the children of that person or to other children in the family (see table 1). The average age of the person using methamphetamine in each family was 36 years. For reference, in 2019, the median age for people reporting methamphetamine use in Australia was 32.²⁵

TABLE 1. PARTICIPANTS

Participant in each family group (pseudonyms)	Age and gender	Relationship to person using methamphetamine
Carla	60 / female	Mother
Karen	59 / female	Cousin of mother
Siobhan	60 / female	Mother
Lorraine	58 / female	Mother
Tabitha	66 / female	Mother
Selena	41 / female	Sister
Sharon	69 / female	Aunt
David	64 / male	Father
Robyn	62 / female	Mother
Steven	52 / male	Brother
Rachel	50 / female	Mother
Marco	62 / male	Father
Portia	26 / female	Stepdaughter
Jenny	58 / female	Mother
Clare	40 / female	Sister
Pauline	55 / female	Mother
Mike	56 / male	Father

The study yielded four superordinate themes which are detailed in Figure 2: The Iceberg – Themes. Within IPA methodology, development of themes is a comprehensive but creative process. In identifying these overall experiential themes, the researchers considered the key aspects that effectively describe the experience for these family members.³¹ The superordinate themes are represented using an ocean motif and are presented visually surrounding an iceberg. This representation was chosen because it reflects the visible and less visible aspects of the phenomenon as described by participants. The use of the image of an iceberg was also reflective of the colloquial term, ‘ice’, which is commonly used to describe methamphetamine in Western Australia. Moreover, the concept of ocean waves and surfing to describe both the impact of methamphetamine and participant adaptation to it, reflects the WA landscape. Within the concept of ocean, too, there is a representation of an overwhelming force to be experienced and adapted to.

THEME 1: THE NEW LIFEGUARD

The New Lifeguard theme presents an image of an inexperienced lifeguard. Family members are thrust into a role they did not expect or want and in this role they are observing someone in the water, sometimes struggling and sometimes swimming well. This theme illuminates participant reported experiences of the highly variable presentations of the person using methamphetamine and their own frustration at what they were seeing. ‘It kills me because all I want to do is help him, but I can’t.’ (Lorraine)

The term ‘new’ was used to indicate participant’s sense of passivity and the lack of ability or time to adequately prepare, ‘It’s hard to offer advice, because we’ve just found that you’re just never prepared for anything, and it just changes in a flash. Yeah, it’s pretty hard.’ (Robyn)

The New Lifeguard specifically relates to the family member’s perception of the person using methamphetamine, rather than on their own life as more of an observer than a participant, ‘Because seeing a person in so much turmoil and pain as she, you know, it’s not fair for even an animal to be like that.’ (Selena). Conversely within this theme, there were glimpses of the person participants felt they knew before drug use commenced, illustrating the observed cyclical nature of methamphetamine use. ‘I’ve watched him the last four days just sleep... Because he’s come down off it. Last night, he went over to someone’s house, and I reckon he stuck the old needle in the arm, and today he’s quite chirpy, a different person.’ (Carla)

For the New Lifeguard these glimpses are akin to seeing a more competent swimmer. Rachel describes these times as recurring and said they were often a sustaining factor. She said, ‘I always see glimpses of the child that I brought up with morals, kindness, hard-working, respectful, all those things, there were glimpses there, and I held onto the hope that she would pull herself out of this’.



FIGURE 2. THE ICEBERG – THEMES

Adapted From *Iceberg – Hidden Danger and Global Warming Concept – 3D Illustration* [Photograph], by R Tavani, 2017, with permission <https://www.istockphoto.com/photo/iceberg-floating-in-arctic-sea-gm693474546-128066809>.

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Sometimes the new Lifeguard observes this more competent swimmer for longer, albeit still temporary, periods. Pauline said, 'It took most probably two weeks to get a smile out of him. And ... it was, like... this is the old [name] back, you know'. There was a degree of comfort for the participants, as Siobhan stated, 'I feel that it is going to be good... she's climbed out the hole a little bit'.

However, there was a consistent recognition that this change might be temporary, and the risk of dropping down into the water again. Siobhan commented, 'You know that those four or five days are going to end... everything's really nice, and then all of a sudden, she just disappears off the face of the earth for four or five days or two weeks.'

In Figure 2, the New Lifeguard theme is above the level of the ocean and represents the concept of seeing someone struggling at the surface of the water, being observed by the onlooker. The individual experiences of the participants themselves (conceptualised in the remaining three superordinate themes) are less obvious to onlookers and are listed below the 'surface' of the figure.

THEME 2. HIT BY THE WAVE

The Hit by the Wave theme embodies the sometimes overwhelming and repeated impact on the lives of the participants over time of what is seen in the first theme. This image of waiting to be hit from nowhere is evidenced by Karen's use of the wave metaphor when stating, 'Yeah, she's like a tidal wave ... it just gets worse'. There is a sense of being continually on edge, even when the person using methamphetamine was not physically present, with Robyn stating, 'As much as we can sit down and make the rules of how we're going to treat the next episode, the next episode just throws all our planning out the window ... it's just like the roller-coaster when it's come down again ... you're on edge, you couldn't sleep.'

For all participants, this impacted them with emotional and often physical pain, either for themselves or observed in others. Portia was seeing a psychologist because, 'I don't sleep well anymore. I'll wake up every couple of hours. There's obviously an internal stress'. Similarly, Pauline had recently commenced antidepressant medication because, 'I got to the point where I couldn't continue like I was'.

The impact on overall health was described by all participants as enduring, but with periods of improvement and decline, and was often attributed to the sense of constant, unrelenting anxiety. For instance, Tabitha explained, 'Last year I went on antidepressants; I told him I didn't want to go on them long. And then around Christmas, I've put myself back on them again'. Lorraine too reported this ongoing situation was taking a toll on her own health, and said, 'Oh, my back's giving me grief ... still got bad depression'.

THEME 3: LIFE IN THE OCEAN

The Life in the Ocean theme describes the changes to family life and structure experienced by participants, and describes a sense of groundlessness and loss. Bruce, in talking about his parents, said, 'I think it's actually undone their retirement sort of thoughts about how life would be'. There is an inherent dissatisfaction with their new life expressed by all the participants to different degrees. For example, Siobhan described taking part in this study saying, 'I thought, why am I here when I'm not the one with the drug problem, and yet you don't see the drug-taking kids here, it's the parents that are here'.

All participants described changes to their own and other family members' position in life based on their age and previously planned trajectories. These changes included unexpectedly becoming a carer, becoming a parent again (in the sense that they felt their children should now be independent) and being forced to put their retirement on hold. David had explained to his son, 'Financially, we've got nothing left. You've taken us down that path, we can't go any further'. Robyn also spoke of the impact on her retirement plans, 'there's so much what we wanted to do but we didn't get to do it because of him'. Lorraine, said, 'We didn't expect him to be living with us and dependent on us'.

The changes to family structure, particularly those resulting from parents' attempts to manage the person using methamphetamine, affected the siblings in different ways, but always with a degree of groundlessness. For example, Bruce said 'The idea of sleepovers [with grandparents] all went by the by. They don't have that anymore'. One participant stated that they did not want to be involved in the situation with her parents and sibling because, 'I don't want him [father] to have to choose between us ... but I think deep down, to, I'm frightened of the choice he'll make. So, I don't put him in a position where he has to make one'.

THEME 4: LEARNING TO SURF

The Learning to Surf theme embodies the participants' nonlinear journey towards acceptance of this situation. Conceptually it is compared to learning a skill, in this case a surfboard, with cumbersome efforts at the beginning, but emerging confidence in employing different approaches over time. Frequently participants reported their initial urgent sense of hope that the situation would end quickly. Lorraine said, 'I thought once he'd sold his business, he'd clear his debts, but he kept on spiralling downhill'. Robyn said of her earliest reactions, 'If I could have grabbed him and stuck him in rehab, and made him stay there, I would have'. For Siobhan, there was initially a sense of hope, that she now sees as naïve, 'At the beginning, ... you did have a little bit of hope.... let's try rehab, let's do these counselling sessions with these people. None of it worked'.

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Over time, there was an emerging, often tentative sense of acceptance of their situation by participants. Despite the continued episodes of crisis and then apparent calm in the lives of the person using methamphetamine, over the 12 month period, there were internal changes for the family members. Carla said, 'Recognising it [long term methamphetamine use] was the hard one. ... Don't bury your head, it's not going to go away'. Jenny reported that her husband had now come to this point, 'He actually admitted ... only last night that Sam has got a drug problem, and he actually admitted this is going to probably be for evermore'.

Some participants perceived they had changed their approach and developed (an often fluctuating) degree of competence in managing their situation over time. This was evidenced by changes in their choice of social supports and reported behaviour towards the person using methamphetamine. Participants reported a deliberate movement away from people they saw as not understanding their situation, towards others who do. Marco said he had found comfort in communicating with other families or individuals who had someone using methamphetamine, because there was 'comfort knowing that there's no real normal families anymore'. David explained this deliberate choice, 'Lots of people say they'll be there to support you and help you ... all with good intentions, but they don't really get it'.

Family members described an initial, often naïve, attempt in their journeys to fix the person, but then a gradual change to accepting the situation and stepping back, Selena said there is, 'nothing you can do ... you can't pin them down ... all you've got to do is rally around each other and protect yourselves'. Sharon too contrasted her previous attempts with her current approach to her daughter, which she described as 'just be there for her. Because I can't do anything for her. She needs to do it herself'. Lastly, Portia commented on this view with her perception that 'every part of me feels like this is not over and that it's not getting closer to an end.... And we can't help him if he's not going to help himself'.

DISCUSSION

The findings of this study illustrate that family members experienced a variable and often prolonged journey, with significant highs and lows, as members observed the changes in the person using methamphetamine (the New Lifeguard theme). Methamphetamine use is unpredictable, leads to anxiety and harm to family members (reflected in the Hit by the Wave theme) and is tempered with occasional glimpses of the person they knew before they started using the drug. Family members experience changes to their lives both individually and collectively (Life in the Ocean theme) and move at different paces (Learning to Surf theme) to a realisation and acceptance of the emotional impact of the experience, impact on family dynamics and on individual

goals and plans. Their responses change over time but in a nonlinear fashion that may regress and advance. Support is increasingly found in those with personal or professional experience and understanding of the experience.

In the somewhat helpless observations of family members, they noted the fluctuations in behaviour of the person using methamphetamine in the New Lifeguard theme. Participants highlighted the cyclical nature of methamphetamine use compared to other drug use that they said they had observed. This changeable presentation is particularly apparent when used in a binge pattern consisting of several days of high dose use followed by several days of abstinence.³⁵ This characteristic methamphetamine use can be described as a 'binge and crash' cycle of use and relapse, often triggered by withdrawal symptoms and cravings following its use.³⁶ Isoardi et al found in their study of ED presentations for methamphetamine that the primary reason for attending was acute behavioural disturbance. However, the vast majority (84%) of patients were managed only in the ED without a transfer to a ward, and the average length of stay was relatively short, at around 14 hours.³⁷ The rapid change from acute presentation to discharge home reflects the changeability described by participants in this current study by the New Lifeguard.

Family members had experienced times when they felt they had reconnected with, what they felt was, the person they knew before methamphetamine use commenced. This created a tentative sense of optimism tempered with hesitancy and fear of not getting their hopes too high, because of the likelihood of further or ongoing drug use. Moreover, this also led to a state of vigilance, regarding the person using methamphetamine. This is reflected in the Australian study by McCann and others which found affected family members 'constantly vigilant in case of another crisis.'^{38(p.902)} Similarly, Titlestad and others explored the grief of family members who had experienced a drug-related death of their child, finding a theme of 'constant preparedness', referring to the participants' perception of being fearful for years that they would lose their loved one to narcotics.³⁹

Furthermore, within the Hit by the Wave theme, having a family member who was using methamphetamine negatively affected the health of participants over time. This finding is reflective of Di Sarno and others' systematic review of studies relating to affected family members of substance users, which showed family members experienced a high level of stress and poor mental health.⁴⁰ Similarly, Sampson and others in their study of the impact of methamphetamine use on relatives and close friends of users, found participants reporting their mental health and physical health deteriorating over time.⁴¹

More specifically, the impact on family members differed, depending on where they were placed in the family. For example, siblings conveyed anger at their parents' new,

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and unwanted, life situation and towards changes to family dynamics. This reflects Ólafsdóttir and others' findings of siblings worried about modifications to family gatherings and siblings concern over the impact on their parents with anger towards the family member using methamphetamine.⁴² Moreover Gabriel's study, also found siblings of drug-using family members (not specifically methamphetamine) struggling to place themselves within the experience and feeling like both an insider and outsider to the family.⁴³

The feelings of groundlessness in our study, within the Life in the Ocean theme involved having to put plans on hold, becoming a parent again (in the sense of increasing responsibility) or becoming a carer. This is reflective of Lavoie's findings in a study of family carers' experiences of emergency psychiatric crises, where engagement with social networks were progressively more restricted and carers found themselves using ever-increasing amounts of their time and resources in supporting their relative.⁴⁴ Lindeman and others, in their meta-ethnography of studies relating to the impact of adult family members' substance use on family life, found 'an unknown invisible intrusion', which they described as impacting 'their family dynamics and relations, their everyday life and holidays, and their dreams for the future and stories from the past.'^{45(p.7)} These breakdowns of social networks reflect the third-party observations of the first responders in Jones and others who observed family members at 'breaking point'.¹⁶

Moreover, grandparents (of the children of the person using methamphetamine) in this study described the stress of needing to adopt a more parental role for their grandchildren. This is well acknowledged in the literature, including within Australian studies.⁴⁶⁻⁴⁷ Fernandes and others suggested that the needs of grandparents caring for grandchildren are overlooked in the development of policy and organisational practice.⁴⁸ The overlapping effects of changes in role, plans and family structure are reflected in Sampson and others who found friends and family members of people using methamphetamine experienced grief and loss, and stigma.⁴¹ This also resonates with findings of McCann and Lubman in their 2018 study of affected family members of people using drugs (in general), who reported findings of shame and embarrassment in the context of perceived stigma.¹⁸ Stigma was less significant in this study, and when referred to by participants was often in the past tense.

Within the Learning to Surf theme, Participants reported initially trying to fix the problem with various interventions. There is little in the literature to suggest that trying to achieve a quick fix for methamphetamine use is a functional approach. Brookfield and others, reported the choice to cease using the drug as a process of 'ageing out of it'.⁴⁹ Moreover, there is little evidence that pharmacotherapy treatments for methamphetamine use are effective,⁵⁰ and there is a high relapse rate for other interventions,⁵¹ with multiple lapses and relapses during treatment episodes.⁵²

Over time, participants reported a degree of acceptance, and development of support networks consisting of primarily those they perceived as understanding their situation, rather than trying to resolve it. McDonagh and others found family members of people using drugs reported hesitancy in approaching other family members for support, and a tendency to access informal support networks away from their own family members.⁵³

While participants in this study reported increased confidence and acceptance over time, this process was not always linear, reflecting the findings of Lindeman and others who found 'a continuous process of adaptation to an ever-changing intruder.'^{45(p.9)} This is similar to Subekti and others findings in their systematic literature review of stress adaptation among families with adolescent substance use, of 'tolerating', 'engaging' and 'withdrawing'.^{54(p.479)} Moreover, this is further reflected in Maltman and others 'holding on' and 'letting go', where 'holding on' refers to the parents' attempts at influencing their adult child's drug using behaviour.⁵⁵ Conversely 'letting go' describes relinquishing control over their relative, giving them freedom to continue their methamphetamine use, but hoping that, in doing this, they will cease using drugs or seek support.

LIMITATIONS

This study was a qualitative study with a relatively large number of participants. The participants were recruited from areas around and within regional and metropolitan WA, and thus, the findings may be considered context bound to the participants and the particular region where the study was undertaken.⁵⁶ However, while in any qualitative study, it can be argued there is a risk that the findings are not generalisable, Levitt argues that it is indeed possible to generalise qualitative findings to the phenomenon rather than to the population.⁵⁷

CONCLUSION

This study's findings contribute to the limited literature on the specific impact of methamphetamine use on other family members. Both individually and collectively, family members experience a protracted and unpredictable journey. Understanding the experience of family members and what they find both helpful and unhelpful can lead to revision and development of focussed treatment, policy and interventions aimed at both support and prevention of harms for this group. Furthermore, as argued by Hogue and others the involvement of families in the care for substance use disorders in general can be powerful resources for improving the success of treatment and the likelihood of sustained recovery.⁵⁸ Treatments focussing primarily on how to manage the substance use only, do not meet the needs of this group, and frequently end in frustration and failure. This study provides a clear picture that can be used

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to develop a focussed approach to what is often a hidden and long-lasting problem for networks of people. Thus, this study has demonstrated that methamphetamine is a family issue, rather than an individual concern and must be addressed as such.

Conflict of Interest: The authors have no conflicts of interest to declare. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is original work and is not under review at any other publication.

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