



# Barriers to Methamphetamine Recovery in Rural Communities in North-East Thailand

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## Abstract

Methamphetamine addiction is a major health issue for people in Thailand, and despite efforts to help them quit permanently, large numbers of people often relapse. This descriptive phenomenological study aimed to investigate barriers to recovery from methamphetamine addiction in rural communities in north-east Thailand. Seven males who had previously participated in the outpatient recovery program at the district hospital were purposefully selected and interviewed using semi-structured guides. Their narratives were analyzed in depth in accordance with the principles of descriptive phenomenological analysis. Four themes have emerged as barriers to recovery from methamphetamine addiction: (1) a sense of no place in society, (2) feeling a lack of self-control, (3) feeling inevitably dependent on a dealer, and (4) a feeling of insufficient family support. The findings of this study provide evidence-based insight into the need to integrate community, family, and peers into any intervention in the recovery process. Mental health professionals should also listen to those facing many barriers. Developing outpatient psychosocial interventions may help to remove some barriers and improve the recovery of methamphetamine addicts.

**Keywords:** addiction, barriers, phenomenology, methamphetamine

## Introduction

Addiction is one of the most challenging issues facing many communities around the world today. Thailand is currently severely affected by the influx of illicit drugs as it is both a widespread market and a transit point for other countries (United Nations Office on Drugs and Crime, 2019). The Kingdom is located in Southeast Asia and has a population of 69 million, of which 3 million were estimated to be living with drug addiction in 2019 (O' Connor & Nguyen, 2019).

Methamphetamine is the most widely used illicit drug in Thailand (Windle, 2016). Its pills are known as 'yaba' (crazy medicine) in Thailand. Among Thais addicted to methamphetamine, 19% are under the age of 25 years, 46% are between the age of 25 and 34, and 83.59% are male (Department of Medical Services, 2020). This impacts the workforce of Thailand because 78% of adults with addiction are employed (Office of the Narcotics Control Board (ONCB), 2019).

Methamphetamine is a potent, highly addictive stimulant that affects the central nervous system (Alexander, Obong'o, Chavan, Dillon, & Kedia, 2019). It disrupts people's physical, mental, emotional, and social lives, and is the most important problem in the economic and healthcare systems (Rahmati, Herfeh, & Ohsseini, 2018). For instance, this addiction costs American society more than \$193 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs (National Institute on Drug Abuse (NIDA), 2017). There is a lack of effective and cost-effective measures to control addiction, and in Thailand, methamphetamine addicts are still the largest group of drug patients in the healthcare system (Saingam, 2018). Also, the literature abounds with accounts of negative feelings, including shame, guilt (Rahmati, Herfeh, & Hosseini, 2019), stigma (Grønnestad & Sagvaag, 2016; Pinedo, Zemore, & Rogers, 2018; Pitakchinnapong & Rhein, 2019), and damage to relationships (Watson & Parke, 2011) for people with methamphetamine addiction.



In 2002, the Thai government updated the Narcotics Addict Rehabilitation Act (Department of Probation, 2002) to provide additional legal protection (Kaewkham, Leelahanaj, Yingwiwattanapong, & Rattanasumawong, 2019). The policy strategy focused on reducing the number of people with drug addiction and encouraging and motivating people who were patients in need of treatment (Saingam, 2018). Treatment programs in Thailand can have different therapeutic structures and time durations and can take place in multiple settings (Saingam, 2018). Hospital services for people with addictions are designed to treat those with psychiatric comorbidities. Recovery programs found in military camps, temples, and mosques are intended for people to develop personal skills to overcome their addictions and manage problems related to daily life in the community (Kaewkham et al., 2019). The effect of the Act was positive in that, by 2011, about 30% of people with addiction had tried to stop using drugs (Office of the Narcotics Control Board (ONCB), 2015). Notwithstanding the initial positive effect of legislation, the success rate of overcoming drug addiction has been disappointing, with an estimated 18% of people with drug dependence experiencing a relapse (Saingam, 2018).

Most drug addiction is a persistent relapse condition (Rahmati et al., 2018), particularly for those who are unable to break the cycle of opioid addiction in whom the struggle is magnified (Grønnestad & Sagvaag, 2016). Although people with smoking and opioid addiction make considerable efforts to get rid of their addiction problems, they often experience difficulties with the voluntary control of drug use and often face several setbacks (Grønnestad & Sagvaag, 2016; Shaheen, Oyeboode, & Masud, 2018). For example, 40.5% of patients with methamphetamine addiction in an outpatient clinic have left the program before completion (Chen, Chen, & Wang, 2015). Barratt, Allen, & Lenton (2014) reported that 61% of people using para-methoxyamphetamine had relapsed one year after completion of outpatient treatment in rehabilitation facilities, while others who had opioids, alcohol and cannabis addictions, 25% had relapsed between two and five years later (Kelly, Greene, Bergman, White, & Hoepfner, 2019).

The body of research on the cessation of drug addiction among Asians is small. Most studies have focused on those who are addicted to tobacco and alcohol. Barriers to the recovery of Iranian women's addiction include easy access to drugs, affiliation with drug users, lack of social support, coercive treatment, and failure to attend narcotic anonymous meetings (Rahmati et al., 2019). The literature suggests that barriers that hinder success in quitting addiction include extreme physical and mental cravings (Charoenca, Kungskulniti, Nitipong, Hamann, & Kapa, 2017; Grønnestad & Sagvaag, 2016), lack of social support (Pinedo et al., 2018; Rahmati et al., 2019), family conflict (Haverfield, Ilgen, Schmidt, Shelley, & Timko, 2019), low self-efficacy (Alexander et al., 2019), feeling inferior and worthless (Hanpatchaiyakul, Eriksson, Kijssomporn, & Ostlund, 2017), low motivation (Hanpatchaiyakul, Eriksson, Kijssomporn, & Ostlund, 2016) and side effects of withdrawal (Alexander et al., 2019; Rahmati et al., 2019). These studies used samples recruited from patients who had previously participated in outpatient rehabilitation programs; no studies have used samples recruited after the recovery program was completed. As a result of the aforementioned statistics, the current study examined the barriers to long-term methamphetamine recovery among Thai men, while acknowledging that the meaning of addiction is established within their social context. It was anticipated that insight into their lived experiences could facilitate future treatment.



## Methods and Materials

This study employed a qualitative descriptive phenomenological approach conducted in three villages under the supervision of the tambon health promotion hospital (THPH) in northeast Thailand. Further details on the phenomenological approaches used are available elsewhere (Creswell & Poth, 2017).

### **Ethical considerations**

The study began after receiving approval from a university ethics committee to protect human research subjects (MSU#164/2019). The participants were informed that they could withdraw from the study at any time and that their information would remain confidential. Pseudonyms were employed to protect the names of participants, and every attempt was taken to maintain confidentiality.

### **Participants and Setting**

The researchers sought to recruit a homogeneous (Creswell & Poth, 2017) group that had previously engaged in outpatient recovery programs at a Northeast Thailand district hospital.

Sampling locations were purposively selected in close collaboration with nurses in the villages of the THPH because nurses are better acquainted with the area and the residents. Inclusion criteria used for the purposive sampling were as follows: males over 18 years of age, previous methamphetamine addiction, abstinence at the time of the study, absence of psychiatric comorbidities, at least 3 months after completion of the rehabilitation program, and willingness to participate in the study. Nurses from the THPH identified potential participants and requested permission for the research team to contact them. A research information sheet was sent to eligible men willing to volunteer, after which an interview was arranged. The THPH nurses and researchers communicated the study's purpose and sought permission to conduct audio-recorded interviews.

Ten potential participants were provided with study information leaflets and seven volunteers provided written consent to participate. Thus, seven men were interviewed at times and places that were convenient and comfortable for them, including one at a Buddhist temple, two in their homes, and four at the village community center. Their ages ranged from 22 to 42 years old and the demographic details were as follows.

*P1* was 40 years old and was living with his parents. He worked in the village shopping center and had two children. He was a self-reported user of methamphetamine for five years, had tried to stop using the drug three times, and considered that he had been in recovery for one year.

*P2* was 35 years old, living with his father and his son. He broke up with his wife for about ten years because his wife knew that he was taking methamphetamine. He described himself as being a methamphetamine user and a seller for more than ten years. *P2* attempted to stop using drugs three times. He claimed that he had been in recovery for four months.

*P3* was 31 years old, lived with his wife and two sons, and had been a methamphetamine user for ten years. He reported that he had attempted to stop using methamphetamine three times and had been arrested one time for drug use. He claimed that he had been abstaining from methamphetamine for three months.

*P4* was 22 years old and lived with his father and younger brother. He described himself as a methamphetamine user since he was 13 years old and had tried to stop taking methamphetamine four times. He completed high school through informal education and claimed to have been in the stage of recovery for three months.

*P5* was 42 years old and was living with his wife. He had a daughter who sent him some money to pay for his expenses. He has been charged three times with methamphetamine use, and each time he was placed on probation,



he had to quit the drug for a year. He was out of probation at the time of the interview and had stopped taking methamphetamine for only five months.

*P6* was a 27-year old man, living with his mother. He was single and worked as a farmer. He attempted to stop taking methamphetamine two times. At the time of the interviews, he considered himself to have been in recovery for one year after using methamphetamine for 10 years.

*P7* was a 26-year old Buddhist monk and the only child in the family. He had become a multi-drug user, including methamphetamine, since his early teens. He tried to stop taking methamphetamine three times and considered himself to have been in recovery for six months.

### **Procedures**

Interviews were conducted in the local Thai dialect in a flexible manner. All of the interviews were conducted by the research team, which consisted of university faculty members with extensive experience in qualitative research. The primary interviewer was a psychiatric-mental health nurse. The other nurse researchers worked with community members and family members and took notes during the interviews. Interviews were performed until the information was saturated. As a result, all researchers met with each participant from three to four times over a five-month period between September 2019 and January 2020, providing a rich source of information and sufficient opportunities to probe and elaborate on the data. The interview began with the following prompt: "Please tell me about your experience of quitting methamphetamine." "Could you provide me with an example?" "Could you tell me about the barriers to quitting methamphetamine?" "How do you feel now that you've quit using methamphetamine?" Each audiotaped interview lasted between 60 and 90 minutes.

In depth, face-to-face interviews helped to gain insight into the men's perceived barriers to quitting methamphetamine addiction. To check their accuracy, the transcripts were sent to the participants for verification at the next interview. All recorded interviews were transcribed, and all identifiable information was removed from the transcripts. Participants were identified only by Arabic numerals preceded by the letter P.

### **Data Analysis**

Four major steps were taken to analyze the data using the Giorgi approach based on Husserl's descriptive phenomenological philosophy (Creswell & Poth, 2017). Step 1 involves a reading process to attain a sense of the whole picture without engaging in critical reflection on the experience. During the reading of the transcripts, the overall meaning was determined by the differences and similarities recognized between the expressions. Step 2 involved a process designed to identify meaning units that capture different aspects of the whole situation in which the experiences occurred. The meaning units were then classified into various subcategories. Step 3 involved the transformation of meaning units into psychological statements of their lived-meanings. Step 4 involves the construction of a general psychological structure or theme of the experiences based on the elements of the experiences. The themes are focused on narratives that present barriers to long-term methamphetamine recovery. Each theme was created and reviewed by three authors, and decisions were made by consensus following a discussion. All the transcripts were written and analyzed in Thai. Selected quotes were translated into English after the analysis had been completed.

Analytical rigor was ensured by constantly moving carefully back and forth from the whole to the parts and movement back to the whole by the researchers. The credibility of the analysis was ensured by the researchers who defined psychological statements independently before comparing the meaning units and the psychological structure of the experiences (Creswell & Poth, 2017). Member checking was performed by sharing the findings with the



participants in the final interview. All researchers discussed, reviewed, and agreed with the results of the final analysis.

## Results

The participants were seven males with an average age of 31.86 years, which included six employed, two single, and two divorced. Of the total participants, five participants had completed high school education, one had an incomplete high school, and one was enrolled in vocational education. After completing the analysis, four thematic barriers emerged from the narratives, including a sense of no place in society, feeling a lack of self-control, feeling inevitably dependent on a dealer, and a feeling of insufficient family support.

### Theme 1: A sense of no place in society

The constant feeling that the community did not welcome them back because of their methamphetamine addiction and behavior was a recurrent theme throughout the accounts. All the men described their experiences of having no place in society as, being inferior, dishonored, distrustful, useless, and unwanted. They tried to turn over a new leaf, but they were often viewed as a problem and with disgust by society, making them frustrated with people in the community and making it difficult for them to quit drugs. This description was echoed by most of the participants:

*"I felt like people around me had a tone of distrust, which caused me disheartening to quit yaba...They never believed that I could quit yaba and called me a worthless junkie...My wife told me I couldn't quit using drugs...I felt useless now that I was living with my parents...I tried my best to stop using yaba, but they still doubted my use of drugs (P1)."*

*"Society hated and refused my existence. They viewed me as a lame junkie...My relatives didn't talk to me when they saw me...They thought I was not going to recover...I didn't believe anyone cared about me, so I came back to use yaba again...I never thought I had another chance to prove myself (P7)."*

Another man compared his life to a worm that had to be hidden underground and nobody trusted him.

*"I was like a disgusting worm that only came out for food. If I went out, the police and neighbors were always eyeing to catch me to use drugs...Some people viewed me as a junkie and a dreg to society...They thought I was going to make my parents and the community miserable... I have been clean for three months, and I still have to hide from the policemen and the neighbors because they didn't believe that I had quit. I felt depressed and worthless...My life has never been back to normal, as it was before (P4)."*

### Theme 2: Feeling a lack of self-control

The men claimed that using methamphetamine was fun at first, but they became addicted due to its smell, taste and, effect on their lives. The men pointed out that methamphetamine was paired with food, water, or dessert and could help them gain strength, function, and boost their endurance at work, making it difficult for them to control themselves and stop using methamphetamine. Below is the participant's view of this:

*"In the past, the world seemed to be a better place when using yaba because I had a career... It increased my stamina at work, I didn't feel fatigued, and I was happy...There was also an addictive flavor to it...Drugs reduced the immense stress that was pouring in, calming the mind...Without it, I would be miserable...I tried to stop using yaba several times. This time I was not sure I could stop for how long (P1)."*

*"Taking yaba was like a meal to me. Skipping drugs would decrease my stamina and make me irritated. It's like being enervated from a long day at work...If I were to take drugs, my mind would be calm, clear, and happy and I*





*could function for a long day... The last time I was unable to control myself to think about it, I came back to use it (P2)."*

*"Yaba is like food and water to me. It invigorated my strength. Without it, I would sleep all day and sometimes not talk to anyone for two days (P3)."*

Another man claimed that yaba was used as an important menu to socialize at a party with friends who understood each other and that he could not avoid taking drugs.

*"Yaba likes the food we prepared to socialize... Drugs help us to feel good, to forget about pain and suffering, and to come together... I can't help thinking about it. It was fun at the party (P6)."*

One man discovered that methamphetamine gave him the power to do anything in his life, so it was very difficult to quit using drugs.

*"During the yaba use, I saw myself as a tiger because I had money, connections, lackeys and I was always in the spotlight. But when I stopped using it, I was like a caged bird. No one was afraid of me...I cannot control myself to taking drugs because I hated being weak (P5)."*

### **Theme 3: Feeling inevitably dependent on a dealer**

One of the main barriers, mentioned by most participants, was a drug dealer. When the men quit their addiction, it became too difficult to stay away from drugs because the drug dealers were their friends and lived in the same village. Some drug dealers were their customers, creditors, gave them a job or found a job for them. As a result, most participants rely on drug dealers to make money to survive, making it hard to quit methamphetamine. The participants, who had quit drugs many times said:

*"I worked in a shopping center and the dealers were my customers. We all knew each other. I've tried to not be in contact with them, but that was a very hard thing to do...If I avoided meeting them, I might lose my job... The traffickers made me feel insecure and my employer would doubt my drug use (P1)."*

*"We have known each other for a long time. I owed a favor to the drug dealers...They gave me money to borrow when I was broke... No one helped me except them. So I cannot get away from them... If I refused to meet, they would threaten to tell the police of false allegations against me, which just made things harder for me to quit (P4)."*

### **Theme 4: Feeling of insufficient family support**

Quitting methamphetamine is a difficult path and users need understanding and caring from the people around them, particularly their families. Most participants and their family members desired to find a way out. Some participants claimed that they did not receive sufficient support, nor did they receive understanding from their families after they had quit, and thus they headed back into a relapse. The men believed they were unneeded, that they were overlooked, and that they were unimportant in their families.

*"The family kept saying that they wanted me to stop using yaba. But when I really wanted to stop taking drugs... Nobody helped me... My relatives ignored me. I had to go to the hospital on my own because no one wanted to go with me to the hospital. (P1)."*

*"My father once kicked me out of the house and told me that if I loved my friends so much, then I should stay there and not return...If he understood me, I think I could stop using yaba...He constantly compared me to my brother, who did not use drugs...which hurt me a lot...I was an unimportant person in the family (P4)."*

*"My relatives didn't talk to me when they saw me...They avoided me...I didn't believe anyone cared about me... I tried to quit several times, but nobody really helped me during the recovery, so I told myself that I wasn't important to them (P7)."*



One man considered that no one wanted to associate with him, like a floating boat with no direction.

*“My life was like a floating boat with no rudder...No one really supported me once I tried to quit. I wanted someone who felt lucky to have me and I was important to someone, especially my family (P3).”*

### Discussion

The aim of this study was to examine the lives of methamphetamine users after completion of the rehabilitation program and living in rural communities in north-east Thailand. The men in this study described their subjective experiences as barriers to sustained recovery, including a sense of no place in society, feeling a lack of self-control, feeling inevitably dependent on a dealer, and a feeling of insufficient family support.

Individuals using methamphetamine feel rejected by the community, even though they have been clean for a year. As our findings show, the interviewed men expressed a sense of no place in society for them to live or of being unwanted, while others blamed themselves for being bad people. Thais have negative views of people using drugs and see their existence as a threat to the community's stability and they are excluded from the family and the community (Hanpatchaiyakul et al., 2017). If unwanted experiences of people with methamphetamine addiction remain attached to them after they have quit and they are treated as if they are still addicted, relapse is likely to occur. Unwelcome attitudes towards people with drug addiction have been found in previous studies on recovery barriers (Grønnestad & Sagvaag, 2016; Pinedo et al., 2018; Rahmati et al., 2019).

Another barrier to quitting methamphetamine is a lack of self-control, which may lead to a relapse. The men emphasized the difficulty of self-control over drug use due to the smell, taste, and the effect of drugs on life. Other purposes of drug use on social occasions include celebration and hospitality. The men also indicated that they used drugs to sustain their jobs because they believed that drugs would help them gain strength, work, and stamina. Our finding is consistent with Shaheen et al. (2018), who reported that smoking habits are like their everyday activities such as eating a meal, drinking, and dessert and that smokers get trapped in cycles that disrupt their self-control attempts to quit smoking. Needless to say, it is important that their lack of self-control experience with the use of drugs impedes their recovery.

After men stopped taking methamphetamine and returned home, they were exposed to drug dealers who were their friends, customers, or creditors who lived in the same village. Our findings show that drug dealers had an effect on people who were addicted because they would help the men, for example by giving them a job or borrowing money. As a result, the men were unable to avoid meeting drug sellers. Moreover, the Thais are highly flexible and compromising (Klinchan, 2017), causing them to be unable to cut off their fellow drug dealers, so they are more likely to relapse. Published research has supported this, showing that staying in contact with people with drug addiction is associated with delayed recovery (Alexander et al., 2019; Rahmati et al., 2019). Needless to say, living around addicted neighbors allows easier access to drugs. It is important to note that drug dealers play an important role in the recovery process for people with methamphetamine addiction and can lead to relapse.

Finally, the men interviewed claimed that the lack of sufficient support from their families was a barrier to methamphetamine cessation. The men stressed that their initial attempts to quit were based on family pressure, but the pressure was not constant and they had relapsed. Similar findings of lack of support from family and friends and being alone in quit attempts have been identified as reasons for unsuccessful quit attempts (Rahmati et al., 2019; Shaheen et al., 2018). Consistent with Haverfield et al. (2019) who performed longitudinal growth models on



social support networks and symptom severity among patients with drug use disorders, general social support, especially from their families, facilitated the treatment and follow-up processes. People with addictive disorders may be aware of their problems, but they may not be able to stop them even if they want to. Addiction can cause health problems as well as problems at work and with family members and friends. Social and family support are important in the treatment of addiction and the recovery process (Alexander et al., 2019; Pinedo et al., 2018).

One of the limitations of this study was the sample size, as it only used seven men. A broad generalization of all Thai addicted to methamphetamines should be cautiously inferred. However, as this study used a purposive and homogeneous sample of people with methamphetamine addiction, this sample size is sufficient for the scope of the phenomenological research design.

### Conclusion and Suggestion

The findings of this study give vital insights into the development of mental health interventions for family methamphetamine addiction. The findings show that outpatient recovery programs used may not be sufficient to overcome methamphetamine addiction. The findings also show a need to raise awareness among mental health professionals about taking care of people who are trying to stop using methamphetamine. Developing behavioral and psychosocial interventions such as cognitive behavioral therapy, motivational interviewing, and relapse prevention, both individually and in groups may help with long-term methamphetamine recovery. The use of families, friends, and community members as a social network and healthcare resources is an alternative way to provide supportive care.

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