

THE RELAPSE CYCLES OF FEMALE METHAMPHETAMINE USERS

By

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Abstract

Methamphetamine use, especially in rural populations, has vast implications on the community and the individuals that comprise it. It has been found that men and women display diverse methamphetamine habits as well as varied effectiveness in treatment. Due to the higher intake and drug-seeking behavior of female methamphetamine users, this qualitative study focused on the relapse and quitting cycles of women in rural Wyoming. Through analysis of forty five semi-structured interviews, it was found that the five major themes of relationships, health, treatment, Department of Corrections, and lifestyle were the most prevalent indicators of becoming clean or relapsing for female methamphetamine users. Furthermore, it was found that women who were pregnant or who had moved away from their home displayed extensive periods of staying clean. By targeting triggers and understanding the reasons behind chronic quitting behaviors, a more comprehensive and individualized treatment plan can be implemented for women struggling with methamphetamine addiction.

Group Statement

Due to the large amount of data and the qualitative nature of this study, Kelsey Kennedy and Alexis Elmore worked together to analyze the data for the thesis project. Each member was assigned a group of transcribed interviews from the forty five total interviews of female methamphetamine users. I, Kelsey Kennedy, noted and coded for the quitting and relapse cycle of the injecting female methamphetamine addicts while Alexis Elmore did the same for the non-injectors. We both exchanged five interviews to ensure consistency in the coding of the study. Both members noted and discussed the trends of the data, finding the main causes of quitting and relapse in the sample of female users. Figures regarding the trends of the interviews were created together as part of the data analysis. Although the data was compiled mutually, the theses were written separately.

Introduction

Methamphetamine, also known as meth, is a highly addictive drug with potent central nervous system (CNS) stimulant properties. It can come in a pill or powder that resembles white-blue rocks. Methamphetamine can be swallowed, snorted, injected, or smoked. Some alternative names for meth include ice, glass, crystal, and crank. Meth is an extremely dangerous drug that induces long term and short term effects on the user. When using meth, one can experience increased wakefulness and activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure and hyperthermia. Chronic use of methamphetamine can result in violent behavior, anxiety, confusion, insomnia, extreme anorexia, memory loss, severe dental problems and psychotic features such as paranoia, aggression, hallucinations, mood swings, and delusions (U.S. Department of Justice, 2011).

Meth use is a large problem in many rural areas in the United States. It has been found that people in rural communities use meth more often and in greater quantities than people in urban areas (Grant et al., 2007). Due to the prevalence of meth use in rural communities, many people are introduced to meth at a young age which results in chronic drug use throughout their lifetimes. It has been reported that youth in rural areas of the United States are twice as likely to use meth and engage in high-risk behaviors such as using illicit drugs and driving under the influence (Lambert et al., 2008). The lack of drug treatment programs and ongoing support after treatment in these communities is a pressing public health concern.

Patterns, risks, and other factors of methamphetamine abuse differ based on gender (He et al., 2013). Women are more likely to have multiple, intertwined psychosocial risks that may result in maladaptive parenting and caregiving (Derauf et al., 2007). It has been found that

women who abuse meth have significantly lower BMIs than the general population (He et al., 2013), making pregnancy even more of a risk. Beyond the health of the mother, women that abuse meth while pregnant are susceptible to reducing placental blood flow and causing fetal hypoxia along with other severely problematic fetal conditions (Wouldes, 2004). This responsibility of another life is something that is commonly studied in relation to drug abuse. It has been found that discontinuing meth use during pregnancy is extremely common when usually it would be extremely difficult to quit (Daniel, 2011). The gender difference is also apparent in relation to relapse patterns. Females are just as susceptible to meth-induced memory deficits in comparison to males but exhibit higher meth intake and greater relapse to meth-seeking behaviors (Reichel et al., 2012). It has also been found that women start using meth at a lower age than males by about five years on average (He et al., 2013). The substantial differences between methamphetamine abuse in men and women show a need for gender-based intervention strategies.

Although there has been much research relating to pregnancy and female meth abuse, there has been a focus on the baby's health and the meth abuse during pregnancy. The inspiration for this study was the overwhelming decrease in drug abuse during pregnancy in many women. Therefore, this study will focus on the emotional states and life events that occur in relation to attempts to get clean and relapse instances. This focus on life events and emotional states has not been covered in the literature specifically, however it was reported that the chronic nature of addiction correlates significant life events or "turning points" with quitting and relapse cycles in methamphetamine users (Teruya, 2010, p. 189). This study will seek out the specific life events that cause the drug abuse cycle to continue in order to better understand the contexts and instances of quitting and becoming clean for female methamphetamine abusers.

The hypothesis of this experiment is as follows: women abusing methamphetamine will get clean more often when motivated by positive life events, such as pregnancy, and will relapse when faced with negative events such as high levels of stress, responsibility, or discord in their personal relationships. The research question for this study is what are the common characteristics of drug use and relapse between female methamphetamine abusers? With the information found in this study, a more specific strategy can be made to preserve the efforts of women who have already become clean and to rehabilitate the women who have relapsed.

Methods

The data for this study was provided by the health psychology lab at the University of Arizona, supervised by Dr. Anne Bowen. The interviews had been previously used in a study on first usage of methamphetamine in rural Wyoming (Bowen, 2012). These interviews were one-on-one semi-structured interviews carried out by 3 trained interviewers.

Participants

The participants in this study were 45 female methamphetamine users over the age of 18 and residents of Wyoming. In the sample of women interviewed, 89% were Caucasian, 6% Native American, 4% Hispanic, and 1% Unknown. The education levels of the participants varied from 49% with less than high school education to 39% with a high school education and 16% with some level of postsecondary education.

Procedures

The interviews were divided between two honors students, one taking injecting methamphetamine users and the other non-injecting users. The interviews were read thoroughly with a focus on the reasons behind quitting and relapsing. Each cycle (quitting then relapsing)

was noted with a number of the cycle as well as the reason for the quitting or relapse. Each trigger or life event had a code to denote the reason for quitting or relapsing. Each code was accompanied by a quote that explained in the women's own words why she felt the need to stop or start using meth. To ensure accuracy in the coding, the students exchanged 5 interviews that the other had previously coded in order to maintain consistency. Codes for quitting and relapsing were compiled by each student in order to find trends in the interviews. When the results were compared, 5 main themes were decipherable throughout the 45 interviews of the female methamphetamine users.

Results

Throughout the forty five interviews, five main themes surfaced that attributed to the relapse cycles of the women. Many of these factors were dualistic in nature, as the women could be positively or negatively affected based on the situation.

Themes
Relationships
Family (+) (-)
Friends (+) (-)
Partner (+) (-)
No relationships
Health
Pregnant (+)
Other drugs (+) (-)
Withdrawal symptoms (-)
Health problems (+) (-)
Stress (-)
Treatment
In-patient (+)
Out-patient (+)
Not Specified (+)
Department of Corrections
Jail (+)
Probation (+)
Lifestyle
Lack of life skills (-)
Moving (+) (-)
Never without Meth (-)
(+): Quitting
(-): Relapse

Figure 1. Emerging themes of the quitting and relapse cycles of female methamphetamine users

Relationships

Three main groups of people in the user's life were found to be reasons for quitting as well as relapsing. Family, friends, and partners were able to significantly shift the women's using habits for better or for worse.

Family

The family of the female meth users was sometimes a support system as well as an instigation factor for relapse. Under positive circumstances, a woman could find motivation to quit through their familial relationships. A 21 year old female decided to quit based off suspicion from her parents, stating:

“My parents kind of got [a] clue to that I was using so I quit hanging out with those people and I just quit for a couple years.”

This 19 year old female used the support and love of her family as well as her partner to fully accept and implement a clean lifestyle:

“Honestly my family is my biggest thing.... I think with me and my boyfriend going to meetings, having the support from him is good so I think that's the biggest thing, is the support from my family and the ones I love right now, and then my meetings.”

However, family could also be the reason as to why the woman would use meth and act as instigators to relapse. A 51 year old female commented:

“It’s true though um, I think that it definitely influences, family members that use definitely influence other family members, if they are any kind of a user at all, for anything, ya know.”

Family members that used were sometimes seen as reasons to quit by the women. A 24 year old woman recounted a moment with her mother that made her decide she wanted to quit her own methamphetamine use:

“I talked about it for like a week after I saw my mom crying over dope, I talked about it, I said ‘I want to go to rehab, I want to go to rehab.’”

Friends

In this study, friends were mostly seen as a negative contributor to the meth use of the women. When put into social situations, the women found it difficult to refuse drugs if their friends were still using. A 38 year old female stated:

“I guess the relationships are what really drug me into the dope, in and out of the dope, I mean I’d get so far in I’d get scared and pull myself out, and then I would find somebody else. It just like, eventually went right back where I was the other times just with a different person.”

However, the social support that friendships provide contributed to healthy quitting habits as stated by this 24 year old female:

“I went and stayed on [a friend’s] couch and she helped me dry out, and [her] husband helped [my partner] too, like he talked to [him] and since then neither one of us has used, we’ve been clean almost 30 days and we have to go to meetings every single day.”

Partners

Partners of the women, much like family and friends, were able to influence their use significantly. Based on the living situation and nature of the relationship, the women's partners could be seen as stable support systems or a trigger that led to relapse. A 24 year old female found motivation to quit through her will to keep them both alive, stating:

“My husband he was pretty bad, really pretty bad, and I quit cold turkey even with him doing it right there in front of it because I loved him with all my heart and I didn't want to lose him the way I lost my dad and I knew that I had to quit and I was able to get him to quit too”

Although partners can instigate use, the stability that a relationship can provide also contributes to chronic quitting habits as stated by this 24 year old woman:

“I know that we're better off together than when we're alone cause we can help each other, but sometimes we pull each other too I guess, but I've been clean like for longer periods of time since I've been with him than with my family.”

Health

The health of the woman was a large indicator for relapsing on methamphetamines or becoming clean as part of a healthy lifestyle choice. One of the most common trends in the interviews was the notion of ceasing meth use while pregnant. Many of the women, even if heavily using before, quit methamphetamine while being solely responsible for the life of another. Some women, like this 24 year old, found the responsibility of pregnancy to be a positive experience:

“I was like happy that I was pregnant, I wanted to have a healthy baby, so I quit, did the prenatal vitamins, ate right, did everything right”

This 26 year old women used pregnancy as a reason to quit methamphetamine use, only to being using again after each pregnancy:

“I didn’t use it through my pregnancies, every time I got pregnant I stopped smoking cigarettes, everything, but as ya know- shortly after I’d had my kids I was right back into getting high again.”

Many women shared the experience of quitting meth while pregnancy, only to go back to their previous meth-abusing lifestyles after the delivery of their child. This 26 year old women commented:

“I found out I was, in 2005 I found out I was pregnant with my 3rd child, and I paused my use and as soon as he was born, I started using again. And it got really bad because my father-in-law was a drug dealer so he gave it to us for free, so I was pretty much messed up all the time.”

The use of other drugs was a negative attributor to the cycle of methamphetamine abuse in the sample of women. When another drug is introduced or reintroduced, often times it would trigger a relapse for the women. This 37 year old woman found it difficult to stay off meth while abusing opiates, stating:

“I stayed sober the whole year, 2004 and into 2005 and then I relapsed on opiates.”

The stress of life was a factor that motivated the women to continue using methamphetamines or relapse back into usage. Sometimes, like in the instance of this 26 year old woman, the responsibilities of the home became too much to handle by herself:

“I had the baby, and I to clean house and I didn’t have any energy ya know and I’m lazy, I’m a very- I was very lazy about thing, I didn’t like to do anything, I had to have motivation, and so that was my motivation ya know going to get a bag of shit and getting high and then I was motivated.”

This 29 year old female was overwhelmed by the stress that life encompasses and began to use again when the feelings became too much to bear:

“I didn’t want to deal with it anymore, I couldn’t handle the pain I couldn’t handle just, my family, everything that was going on in my life, so I started using again.”

Treatment

Treatment, although yielding temporary quitting tendencies, did not always lead to a substantial change in the women’s drug use. Many times, treatment was used as a way of being released from jail, being acquitted of other judicial offenses, or gaining a service of some sort. This woman, age 37, found treatment to be useful for other reasons than becoming clean:

“I didn’t go into treatment until 10 months clean and sober that’s cuz I wanted teeth, they paid for my teeth.”

It was found that women who personally made the decision to go into treatment harbored a better outlook on the experience as this 24 year old female describes:

“Everybody’s like ‘you just want to go to rehab to get out of that’ and I was like ‘no, I don’t care, I want to go ya know to rehab and I want to take care of it’ ... ever since I quit I’ve never craved it, I’ve never want- I don’t regret quitting at all like, that’s the best.”

Other women were able to find a supportive community that made treatment a positive and rewarding experience. When the women felt able to express themselves and talk candidly of their experiences with people of similar histories, a strong sense of motivation towards a clean lifestyle was brought about as portrayed by this woman:

“It is crucial to develop a good support system. Without it you’re out there floundering by yourself. No matter if it’s church, AA, or NA. There are girls here. The clinicians they’re a wonderful support.”

Another woman, age 40, also shared the experience of finding support in treatment:

“If I hadn’t walked through the door of the AA meeting and saw a women that I had gotten high with 3 years ago previously, there volunteering her services to AA and living a clean and sober life, I don’t think I would have listened as well as I did.”

Department of Corrections

Although jail and probation were positive indicators for quitting, their effects were short term. Most women found that although jail forced them to become clean, they could not maintain the drug free lifestyle for long. However, a 25 year old woman commented that jail gave her the wakeup call she needed:

“I came down in jail... saw where my life was going, where it had been, and I really hadn’t been anywhere”

Another woman, age 20, saw jail as a means to quit her methamphetamine use:

“All my friends were going to jail, and I was freaking out about it because in my, I don’t know, somewhere in the back of my mind I was like I want to go to jail ‘cause that’s like the only way I can get clean, I just want to get locked up.”

Lifestyle

There were many factors that contributed to lifestyle being a significant indicator of relapsing and quitting methamphetamine use. Similar to the group mentality of using meth with friends, some women felt a sense of security in their drug use. This comfort in the use of meth could be contributed to chronic usage and a lack of life experiences outside of their drug use. A 37 year old woman commented:

“I found alcohol and drugs, methamphetamines, I belonged somewhere, I fit in, I felt comfortable”

Another woman, age 34, also found refuge and consistency in her meth use when there was nothing else she could turn to:

“Drugs were my way of coping. I was never alone because I always had my pipe. Dope didn’t talk back to me, it was there when I was hungry, it was there when I was sad, it always made me happy. If I was alone, it was there, no matter what it was always there.”

Many women found it difficult to perceive a life outside of their meth use. Even as a 19 year old, this woman could not imagine a life that did not revolve around methamphetamine:

“I was by myself again and that’s the only way I knew how to live was getting high, and I didn’t know how to act, I didn’t know how to do anything when I was sober.”

One of the positive lifestyle themes that contributed to chronic quitting habits was moving out of the city or state that harbored the user's usual patterns of meth use as exemplified by a 35 year old woman:

"I moved to North Carolina and stayed clean for 6 years."

Discussion

Of the five major categories of relapse and quitting trends, a few of them were distinctly represented in the interviews as being contributing factors to chronic quitting habits. The first of these factors was pregnancy. Not only could the women cease methamphetamine abuse almost instantly, but they could also stay clean for an extended period of time. Even when abusing such a highly addictive drug, the women were able to stop usage for the health and safety of their child and themselves. Another contributing factor to chronic quitting habits was moving away from the situation. It was found that when a woman was able to completely remove herself from the town in which she consistently used meth, she was able to adjust to a healthier lifestyle without the negative environmental factors that bring about relapse, such as family and friends. By taking themselves out of the situation, the women were able to remain clean for extended periods of time, sometimes even without the assistance that treatments provides.

In future studies, the trends of quitting that lead to extended periods of clean behavior should be studied in more detail. Pregnancy could be studied through a social psychological perspective, focusing on the mother's actions of quitting in relation to the responsibility and love she feels towards her child. The physiological factors of pregnancy in meth users could also be studied to portray whether or not there is a hormonal or environmental cause of chronic quitting habits during pregnancy. The notion of removing oneself from a situation in order to achieve

sobriety also demands more attention in the literature. The motivations behind these actions and how the woman is able to adjust to a new life addiction-free could enhance the understanding of why physical boundaries are so positive for female methamphetamine addicts. In order to assist more women in quitting methamphetamine for longer periods of time, focusing on the feelings that are associated with positive life events such as the responsibility of motherhood or the new start that comes with moving away could be beneficial. With more information regarding positive chronic quitting behaviors, a more complete and individualized rehabilitation plan can be implemented for women struggling with methamphetamine addiction.

There were some limitations to this study. Firstly, the interviews had been performed and transcribed previously, so the questions asked were not always pertinent to the subject of relapse cycles. Therefore, some interviews were not applicable to the study and had to be disregarded. Because of the semi-structured interview format, the timelines of the women's methamphetamine usage was not always clear. It became difficult at times to know when the woman had stopped or started meth use again and for how long. A more structured and focused interview process relating specifically to relapse cycles could be beneficial in order to have a more complete picture of the life of a female methamphetamine addict.

Methamphetamine is a highly addictive drug, making it difficult to change the usage behaviors of its addicts. By understanding and acknowledging triggers in the lives of the addicts, a personalized plan of dealing with those situations may lead to fewer relapses in the women's lifetimes. With knowledge of the patterns, a comprehensive rehabilitation strategy can be made to better suit the population of female methamphetamine abusers in the United States.

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