



SUCSESSES AND SETBACKS OF METHAMPHETAMINE USERS IN REHABILITATION CENTERS: A QUALITATIVE ANALYSIS

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Abstract

This is a qualitative study to examine lived experiences of those recovering after methamphetamine addiction in rehabilitation centers in the Pakistani state. As the abuse of methamphetamine is increasing in the area, it becomes more important to study the personal, psychological, and social aspects under which recoveries and relapses take place. The authors employed the in-depth semi-structured interviews applying the Interpretative Phenomenological Analysis (IPA) on eight individuals who were in the treatment process at the time. The results identified five major themes overall including the use of methamphetamines as an emotional escape, stigmatization and the rejection of others in the society, the input of spirituality in the recovery processes, the difficulties encountered after rehabilitation, and the network of peers as a source of motivation in achieving long-term recovery. Interviewees pointed to family issues, inability to find a job after treatment and reintegration issues as the common relapse triggers. On the other hand, organized support units, spiritual transformations, and peer groups also assisted in their process of recovery. The study outlines the usefulness of holistic, culturally responsive rehabilitation plans, which go past detoxification, and embrace longer-term psychosocial interventions. Such findings are of utmost urgency to practitioners, policymakers, and the designers of rehabilitation programs in Pakistan to help build more person-centered and effective interventions in substance use disorder.

Keywords: *Phenomenological Analysis (IPA), Methamphetamine, Rehabilitation.*

Introduction

This qualitative analysis discusses the actual experience of people who are in rehabilitation because of being addicted to methamphetamine in rehabilitation centers in Pakistan. Methamphetamine usage is increasing in the region; hence, therapeutic curiosity is arising to capture the nature of the personal, psychological, and social dynamics that affect the severity of recovery, along with relapse. Interpretative Phenomenological Analysis (IPA) was used to conduct an in depth semi-structured interview of eight presently treated patients. The results presented five major themes: consumption of methamphetamines as emotional release, the stigma and social rejection, the role of spirituality in recovery, the problem after treatment, and the support of peers as an instrument of lasting recovery. The members also emphasized that relapse used to be caused by family patterns, inability to find a job after treatment, and socialization issues. On the other



hand, well-designed support systems, spiritual change, and peer networks were greatly influential in the recovery process. It is pointed out that systematic rehabilitation approaches that are more culturally sensitive and beyond detoxification should be extended to more than psychosocial assistance to embrace long-term psychosocial assistance. The implications of these findings are crucial to practitioners, policymakers, and people designing rehabilitation programs in Pakistan to ensure person-centered interventions that could treat substance use disorder more effectively.

Methamphetamine Use

Methamphetamine is a synthetic agent that acts as central nervous system stimulants to boost the dopamine release and it causes euphoria, elevated energy and alertness. Nevertheless, long-term utilization is attributed to neurocognitive corrosion, maniacal state, barbarousness, and cardiovascular behavior (Darke et al., 2008). The use of methamphetamine in the Pakistani context has been on the rise as adolescents and young adults in the Pakistani population use it mostly starting in either academic or social situations and often forming into problematic dependence thereafter (Ali et al., 2022).

Recovery

The process of recovery is broad and dynamic and it goes beyond the stage of abstinence and embraces gains in psychological and social functions together with an improvement in quality of life (Leamy et al., 2011). The Recovery Model also focuses on the empowerment, resilience, and making sense, putting an emphasis on personal development, regardless of whether or not setbacks occurred. Recovery happens with low success rate and frequent cravings in methamphetamine use and at the same time has some social identity reconstruction and development of coping skills (Best & Lubman, 2012).

Recovery successes

Recovery successes are defined as the successes, markers and good changes that are encountered by the individual in his or her process. Examples of these are period of abstinence, rebuilding of relationships, useful employment, or establishing well coping mechanisms (Best et al., 2016). The successes can be a good motivator, a part of self-efficacy, and an improvement of the identity of being in recovery (Gonzales et al., 2019).

Relapses

The setbacks, conversely, signify lapses, discontinuation of treatment, psychological and social cases that disrupt the recovery process. Although they are most commonly perceived in a negative way, setbacks also should be regarded as learning-related experiences that lead to an individual perfecting coping skills and building resilience (Merrill et al., 2017). Relapse can be further accompanied by shame and rejection in some of the most stigmatizing settings like Pakistan, which adds severity to the recovery (Farooq & Irfan, 2020).

Relationship Between Variables

The longitudinal relationship between the use of methamphetamine, recovery, achievement and relapse does not occur in a linear form. The process of recovery is neither a single occasion nor does it depend solely on success or failure, and it is happening. Recovery capital consists of the internal and external resources that aid in long-term recovery, such as resilience, social support, and positive identity change (Cloud & Granfield, 2008). Recovery capitals are built through successes, which improve well-being and reduce negative risks, avoiding the most common forms of risks namely poor help seeking and deficient use of strengths (Cloud & Granfield, 2008). Self-



efficacy is strengthened with every success and has a higher chance of chronic abstinence. On the other hand, the failure to achieve the treatment objectives or the relapse does not represent failures but a part of the recovery cycle. It has been shown that relapse is an expected phenomenon during stimulant recovery, and almost 60 percent of methamphetamine users experience relapse within their first year of treatment (Rawson et al., 2021). Such breakdown most of the time challenges the recovery capital of the individual and becomes a milestone in determining the sustainability of the recovery process. Notably, the change in fortunes and misfortunes contributes to either positive or unsuccessful outcomes of the recovery, but most people go through the stem of relapse and abstinence until they reach permanent recovery (Merrill et al., 2017).

Such a relationship is negotiated in Pakistani cultural environment through stigma, social support and poor treatment infrastructure. Positive changes in the course of the recovery can be ignored or under recognized because of continued definition of a person as an addict, and failures can be exaggerated through social isolation (Saeed & Tariq, 2021). The realization that different people approach this relationship differently can offer a culturally sensitive model to develop proper rehabilitation programs.

Theoretical Framework

Two models inform this study: Recovery Model and the Social Identity Theory. Recovery Model stresses that recovery is not the absence of symptoms but the availability of resilience, empowerment and meaning (Slade, 2009). The framework correlates with the thinking about successes and setbacks and understanding that progress does not always occur in a linear step but depends on agency and the influence of structures as well.

The Social Identity Theory (Tajfel & Turner, 1986) can be added to this since it emphasizes the importance of group membership and social belonging and how they influence recovery. Methamphetamine users in Pakistan can use the rehabilitation centers as places where they can rebuild their identities, switching to reduce the stigmatized identity of an addict to a new identity of power, the recovery identity (Best et al., 2016). In both frameworks, it is embedded that recovery is both personal and social, which is interwoven between internal motivation and external validation.

Rational

Even though works that describe recovering experiences in regards to the use of stimulants have been published internationally (Gonzales et al., 2019; Merrill et al., 2017), there is hardly any information on how users of methamphetamines in Pakistan understand their success and failures. The prevailing research almost all over Pakistan revolves around prevalence or general trends of drug use (Khalid et al., 2018; Hussain & Zafar, 2020). Their accounts of persons who are undergoing rehabilitation that constitute how they interpret their hardships, successes, and selves are mostly unstudied. This gap will address the provision of relevant and contextual knowledge that can be used by treatment programs, minimize stigma, and promote recovery-oriented services in Pakistan.

Research Objectives

- Understand the stories of meth users in the rehab centers in Pakistan.
- Determine the victories and the failures in their healing processes.
- Know how interdependent the successes, failures and recovery are.
- Explain experience of recovery through the Recovery Model and Social Identity Theory.



Literature Review

The effects of the drug, methamphetamine, have been well documented in different scenarios that occur globally, evidencing the immense effects of such substances on mental, social lives, and rehabilitation rates. Rawson et al. (2016) have shown that methamphetamine dependence is linked to mental deterioration, weak impulse control, and keeping clean of the drug, which frequently are the obstacles to treatment and recovery. On the same note, Glasner-Edwards and Mooney (2014) examined psychosocial treatments of methamphetamine users, focusing on the importance of contingency management and cognitive-behavioral therapy, which helped to empower the process of recovery. Nonetheless, even with treatment success, recurrence rates are high, which is an indicator of the necessity to relive social and psychological occurrences.

In addition, more recent studies by Barr et al. (2019) found that those who use methamphetamine tend to have hindered reintegration after treatment due to their social networks being disrupted and feelings of stigmatization. Moreover, McKetin et al. (2019) stated that the recovery does not dominate in a straight pattern; patients experience recurrent bouts of abstinence and relapse because of craving and external cues. According to the research by Baker et al. (2020), using qualitative research, it was possible to identify the subtle experiences of methamphetamine users and demonstrate how identity reconstruction and the production of meaning determine the processes of recovery. Largely, the international writings reiterate the fact that although pharmacological and psychosocial approaches play a pivotal role in treating the condition, it is equally important to gain insights into lived experiences by conducting qualitative research to develop comprehensive rehabilitations plans.

In Pakistan, studies on the use of methamphetamine (so-called ice) have grown in the past ten years with the rise in the popularity of this drug among youth. Khan et al. (2019) disclosed some causes along with worrying statistics on the use of meth in the collective of high school and university students due to academic pressure, peer pressure, and lack of knowledge concerning the health consequences of using the substance. Ali et al. (2020) in their research on the psychosocial effect of methamphetamine use in Lahore found that generally the use of methamphetamine is followed by the feelings of isolation, definite paralysis of their families and even psychological discomfort. In another study, Shah et al. (2021) underlined the lack of specialized rehabilitation centers and culturally specific treatment that is necessary to counter the dependence of methamphetamine. The study by Ahmad and Saeed (2018) has investigated the relapse patterns and also determined that the researchers encountered stigmatization and the low degree of the social support system as crucial barriers to the further recovery.

The qualitative research conducted by Javed and Iqbal (2020) and located in one of the rehabilitation centers showed that nearly all its users presented their feelings of desperation and even guiltiness, but their motivational path of fixing family ties was also mentioned. Moreover, Bukhari et al. (2021) discovered that the rehabilitation sphere in Pakistan has institutional contradictions with the lack of funds, infrastructure, and specifically qualified employees who can deal with the cases, as well as the social stigma, which deprives the families of the desire to seek professional help. Finally, Farooq et al. (2022) also introduced cultural norms, religious beliefs and socio-cultural attitudes influencing narratives of recovery in Pakistan, so recovery turns out to be not only medical but also a socio-cultural issue. All these research findings make it clear that it



was extremely important to investigate the topic of subjective experiences of methamphetamine users undergoing rehabilitation in Pakistan.

Research Questions

1. What is the experience of recovery as described by methamphetamine harvesters in the centers in Pakistan?
2. Which are the achievements and the positive transformations that the participants of rehabilitation indicate in the process of their treatment?
3. What are the limitations and rises that participants face to recovery?
4. What are the implications of the social, cultural and familial contexts to the recovering users of methamphetamine in Pakistan?
5. How do participants find their rehabilitation programs inhibitory or enable to the recovery process?

Significance of the Study

The study has a number of reasons of significance. To start with, it is part of a limited qualitative literature on methamphetamine use in Pakistan, where personal narratives of recovery are taken into consideration. Second, it will be able to expand context-specific knowledge that may be used in culturally sensitive rehabilitation programs. Third, through IPA, the analysis focuses on the role of narrative meaning making and identity reconstruction in the process of recovery, not restricted to medical or behavioral models. Fourth, the results can be used to help policymakers, mental health, and rehabilitation personnel develop solutions that can deal with both clinical symptoms and social stigma, family integration, and community resources. Finally, the study enhances the voices of the actual users of methamphetamine, which humanizes the experience of recovery and helps break down prejudices and create a wider discussion around substance use disorders in Pakistan.

Methodology

Using the Interpretative Phenomenological Analysis (IPA) approach to the qualitative paradigm, this study examined the lived experience of the users of methamphetamine undergoing rehabilitation in Pakistan. The participants used the phenomenological underpinnings to guide the study focusing on the process of constructing meaning and individual recovery narratives. Eight male participants were recruited based on purposive sampling strategy, and these included eight patients in rehabilitation centers in Lahore. The sample used consisted of these individuals by the rationale that they are adults, possess a chemical history of methamphetamine use disorder, and were under rehabilitation treatment or had just undergone it. In-depth semi-structured interviews were administered to obtain personal narratives about their experiences and complications, success stories, and failures in the process of recovery. The interviews were also conducted in Urdu, which was relevant in ensuring cultural and linguistic soundness after which it was translated into English during analysis in not distorting original meanings. The length of interview time ranged between 45 and 70 minutes with consent audiotaping and transcription verbatim. The institutional review board sought the necessary ethical approval and all participants who were assured that they will remain anonymous and there will be no breach of confidentiality gained informed consent. IPA was used to analyze the gathered data, but this approach had several steps, such as preliminary coding, emergent theme creation, the clustering of themes to subordinate and superordinate themes as well as the structuring of themes. The scholar performed reflexivity during the analysis to reduce



biasness and authenticity of the interpretation. This methodological framework enabled to explore recovery stories in a very rich way and pointed to the multilateral interactions between individual, social and cultural processes that underpin the process of rehabilitation of methamphetamine users in Pakistan.

Results

This chapter focused on the recovery experiences of eight male methamphetamine users receiving treatment in rehabilitation centers in Pakistan. Participants were between 19 and 29 years old and had been using methamphetamine for different durations. Most of them had faced relapses before entering treatment. Using Interpretative Phenomenological Analysis (IPA), their interviews were examined to identify key patterns. The analysis produced initial codes, which were grouped into subordinate themes and then into broader superordinate themes. The following section presents these findings with participants’ own words to show both the successes and challenges of recovery.

Table 1

Demographics of participants

Sr.no	Age	Education Level	Marital status	Meth Use	Relapse
1	19	Matric	Single	1year	1
2	24	Primary	Married	4year	2
3	21	Secondary	Single	3year	5
4	25	Graduate	Married	1year	2
5	22	Primary	Single	2year	1
6	25	Secondary	Married	3year	4
7	20	Primary	Single	1year	2
8	25	Undergraduate	Single	2year	3

Table 2

Phenomenological Analysis

Verbatim	Initial codes
1. When I first came here, I thought I could never leave meth. But slowly, I started to believe I can change.”	1. Emerging belief in personal change
2. “The counselor’s words made me realize that I still have value in my family’s eyes.”	2. Recognition of self-worth through counseling
3. “After months of struggle, I finally managed to stay clean for 30 days straight.”	3. Achievement of short-term abstinence
4. “Recovery is like climbing a mountain, one step at a time.”	4. Recovery as a gradual process
5. “Before, my family didn’t trust me, but now they visit me regularly.”	5. Rebuilding family trust
6. “I feel human again when I sit with other patients and share my story.”	6. Emotional healing through peer sharing
7. “Religion has given me strength to think I can live without drugs.”	7. Reliance on religious faith for strength



<ol style="list-style-type: none"> 8. "I started planning for work after rehab, something I never thought of before." 9. "Even in rehab, sometimes at night I dream of meth and wake up sweating." 10. "I am scared that once I go back to my area, old friends will pull me in again." 11. "The urge comes suddenly, and I feel helpless at times." 12. "I don't know if I will survive outside because the temptation is everywhere." 13. "My family supports me, but society still looks at me like a criminal." 14. "Rehab gives us therapy, but no one helps us find a job afterward." 15. "Sometimes the center is overcrowded, and we don't get proper attention." 16. "People outside think once an addict, always an addict, and that hurts." 	<ol style="list-style-type: none"> 8. Development of future-oriented thinking (planning for work) 9. Persistent drug-related dreams and cravings 10. Fear of relapse due to social environment 11. Overpowering urges and helplessness 12. Anxiety about coping outside rehabilitation 13. Experience of social stigma despite family support 14. Lack of post-rehab vocational support 15. Overcrowding and limited therapeutic attention 16. Perception of societal rejection ("once an addict, always an addict")
<p>Subordinate themes</p> <ol style="list-style-type: none"> 1. Personal Transformation and Growth 2. Family and Social Support 3. Challenges and Vulnerabilities 4. Structural and Societal Barriers <p>Superordinate themes</p> <ol style="list-style-type: none"> 1. Journey of Recovery and Personal Growth 2. Barriers to Sustained Recovery 	

Discussion

The present study explored the narratives of recovery among male methamphetamine users admitted to rehabilitation centers in Pakistan, employing an Interpretative Phenomenological Analysis (IPA) to capture lived experiences. Two superordinate themes emerged Journey of Recovery and Personal Growth and Barriers to Sustained Recovery. Within these, four subordinate themes were identified, reflecting participants' successes, motivations, setbacks, and challenges in recovery. These findings are discussed in light of existing literature, highlighting both global and local perspectives.



Journey of Recovery and Personal Growth

Journey of Recovery and Personal Growth was the first superordinate theme and it highlighted that the participants transformed due to a combination of a higher level of self-awareness, the support of their family, and therapeutic outer assistance. Subordinate theme of self-realization and motivation and supportive relations pointed at the identification of the origin of the change among the respondents as well as role played by the personality of the family and peers in this observation. This is consistent with the results of the international studies of which it is stated that self-efficacy are crucial in the process of giving up addictions. According to Best and others (2016), the confidence in the power to change proved to be a significant predictor of long-term abstinence. Likewise, McKeganey (2019) emphasized that recovery is not the mere abstinence but the process of identity reconstruction, which is also reflected in the descriptions made by the participants, who worked on reconstructing their own identities.

The presence of family participation turned out to be a very potent factor in Pakistan. As Khalid and Qadir (2020) state, participants talked about family forgiveness and re-establish trust, as factors that are essential in their recovery process. Considering that Pakistan belongs to collectivistic culture, since the involvement in the society and family acceptance mean a lot, family-based interventions seem to be of particular importance. These data are also related to Mattoo et al. (2015) as they kind of pointed out those families could be a protective and risk factor when it comes to relapse depending on the type of support they provide.

In addition, therapy sessions in the rehabilitation centers were regarded as the attributes to auto esteem and the feeling of gradual improvement. This echoes Hussain et al. (2021), who stated that organized therapeutic practices throughout Pakistani rehabilitation facilities enhanced psychological hardiness and level of recuperation motivation. Thus, recovery in this situation may be identified as a multifaceted process that entails inner changes to occur along with the external relationships.

Barriers to Sustained Recovery

The second superordinate theme Barriers to Sustained Recovery, mentioned such hindrances as cravings, drug-related dreams, stigma, as well as absence of post-rehabilitation possibilities. The subordinate themes included psychological triggers and structural and societal impediments, which indicated the struggles of the participants to be sober. The reports of drug dreams and the desires to use drugs were also very common which can be assumed on the basis of Darke et al. (2019) according to which, it is possible that Drug Craving and intrusive thoughts may continue to months after detoxification and make one vulnerable to relapse. The fact that the participants expressed fear of being forced to survive beyond the structure of the rehab facilities is also indicative of a fear that has been voiced in the context of the case of methamphetamine addiction in other Asian contexts where meth abuse is escalating (Srisurapanont et al., 2018).

The lack of vocational rehabilitation and aftercare programs and overcrowded facilities made the experience of recovery even more difficult in Pakistan because of structural complications. The respondents described the absence of the systematic integration support into the community many times, and the United Nations Office on Drugs and Crime (UNODC, 2021) highlighted the high demand of having a long-term rehabilitation policy in the region.

This was described as the social stigma as the most disabling barrier. The participants claimed that they experienced feeling stigmatized as addicts, and it thus seemed difficult to blend back into the



family and the society. This finding is in line with a finding issued by Ayub et al. (2020) which recorded that stigma to a major degree discouraged drug users in Pakistan to seek treatments. It is one of the greatest obstacles to recovery as the issue of stigma was revealed to lead to the loss of self-esteem and employment alongside it (Livingston et al., 2012). The available evidence on this topic- locally and internationally, brings into focus the aspect of stigma as a time and space-defying barrier. In fact, in the context of Pakistan, it clings to the communal bond and social judgment. Findings of the given study define the recovery process ambivalence as both an effective and a challenging process. On the one hand, self-awareness, counseling and family support made people more developed. On the one hand, they were pressed by constant internal stimuli and external circumstellar constraints on the other hand. It can be linked to Laudet and Humphreys (2013) who postulated an aspect that recovery was a combination of both intrapersonal resilience and systemic assistance. The findings have implications in the Pakistani context in the sense that they portray cultural and structural factors should be incorporated into treatment. As an example, family support as a factor in the recovery is relevant to the studies across the world yet has a greater impact in those cultures that are considered collectivist (Khalid & Qadir, 2020). On the same note, stigma can be considered a universal factor that isolates people even more in the context of Pakistan where the use of drugs is associated with moral degradation (Ayub et al., 2020). In addition, a shortage of vocational opportunities and aftercare programs observed in the case study is in line with Hussain et al. (2021), who discovered that without sustainable reintegration interventions, the relapse trend stays high. There is also global evidence on the significance of employment and community reintegration on long-term recovery (Best & Laudet, 2010). In such a way, the research supports the discussion on the statement of recovery that could not be retained outside of more general social, cultural, and institutional constructs.

Implications

The research results have certain implications to suggest about practice related to rehabilitation and policymaking in Pakistan. To begin with, use of family-inclusive rehabilitation program needs to be considered, with focus on the fact that the familial relationships are central in rehabilitation. Family counseling may need to be structured, rituals of forgiveness may need to occur, and reconciliation processes may be enhanced in recovery outcomes. Second, there is an urgent need to conduct stigma reduction campaigns. The health communication strategy must focus on reframing addiction as an illness and not a sign of moral weakness, which will promote rehabilitation and seeking of treatment. Third, vocational training and aftercare must take center stage in rehabilitation centers. Workshops to develop skills, job placements and support groups, which are run by peers, may offer lasting solutions of drug use that can be used by people who have become addicted. It is also possible that the involvement of spiritual or faith-based counseling can strike a chord with Pakistani participants as this has been highlighted in past research (Khalid & Qadir, 2020).

Limitations and Suggestions

The study has strong insights but due to the qualitative nature, it can only be used to further explorations. Male research participants were all included and the gendered issues of treatment accessibility in Pakistan are reflected in this study, however, female methamphetamine users should be enrolled in the following studies because they might have different recovery paths. It shall also be noted that the entire study has been limited to rehabilitation centers within an urban



environment; the views of the rural population would fluctuate. Mixed method research provides opportunities to be used in future research to triangulate results and lay down culturally-devised models of intervention.

Conclusion

It has become clear in this study that the successes and failures of methamphetamine individuals in rehabilitation centers in Pakistan can be presented as the multi-faceted process depending on self-realization, family support, counseling services, stigma, and structural constraints. The results reaffirm the relevance of culturally relevant programs that incorporate family dynamics, vocational and stigma reduction into rehabilitations programs. When treating methamphetamine substance users in Pakistan, it is important to address both systemic and personal issues to achieve long-lasting recovery and a decreased risk of relapse.

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