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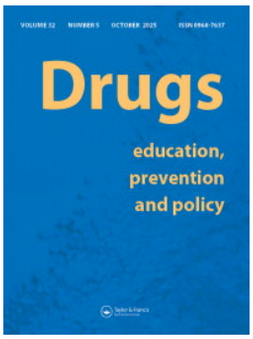

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Family relationships with someone who uses methamphetamine: interviews with various family members

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ABSTRACT

Background: Research on the perspectives of various family members of people who use methamphetamine is limited. We draw from Family Systems Theory to examine how families navigate these relationships.

Methods: Semi-structured interviews were conducted in Australia with 19 participants identifying as parents (n = 9), siblings (n = 5), partners (n = 4), and/or friends (n = 3) of a person who uses methamphetamine (i.e. 'their person').

Results: We identified five themes describing how family members interacted with their person. Family members initially perceived methamphetamine use and related 'unpredictable' behaviors as contravening family norms, with subsequent responses varying by family role. Mothers attempted to 'fix' the situation, partners lamented the lack of open communication, and siblings expressed conflicting emotions, including resentment, compassion, and frustration. Experiencing stigma associated with their person's methamphetamine use contributed to social isolation for family members. Professional support alleviated some of this stigma and encouraged the development of new norms and interaction patterns within the family, enhancing family well-being and relationship quality.

Conclusion: Family members navigate their relationships with someone using methamphetamine in different ways, depending on their family role. Developing a better understanding of these complex family dynamics can guide drug treatment provision and emphasize the importance of offering professional support to family members.

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Concerns about the use of methamphetamine have increased globally over the past decade. Recent estimates suggest that up to 30 million individuals worldwide use methamphetamine each year (UNODC, 2024). Of these, it is estimated that 7.4 million people will experience a methamphetamine use disorder (Farrell et al., 2019). Over recent decades in Australia, regular methamphetamine use (Degenhardt et al., 2016) and associated harms (Man et al., 2022) have risen, fueling increasing community concern (Commonwealth of Australia, Department of the Prime Minister and Cabinet, 2015). Methamphetamine use disorder is associated with an elevated risk of adverse health outcomes, including psychosis, cardiovascular problems, and stroke, along with increased mortality and suicide risk (Farrell et al., 2019). The majority of research on the harms associated with regular methamphetamine use has focused on these adverse health risks. Notably, there has been comparatively little research exploring the influence of methamphetamine use on family well-being and functioning. This gap in the literature persists, despite evidence that people who use methamphetamine experience significant changes in their interpersonal behavior (Darke et al., 2008). These behavioral changes are likely to influence the way the family system functions, altering both relational style and family dynamics (Asante & Lentoor, 2017; Gordon et al., 2023; Sampson et al., 2023). A more nuanced understanding of how this occurs across different family members will provide the opportunity for targeted systemic interventions aimed at supporting both the person who uses methamphetamine and their close family and friends.

Previous research has explored how an individual's methamphetamine use can affect those around them (Asante & Lentoor, 2017; Gendera et al., 2022; Gordon et al., 2023; MacLean et al., 2017; Maltman et al., 2020; Reilly et al., 2020; Sampson et al., 2023), including the

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experiences of young children of someone who uses methamphetamine (Akin et al., 2015; Haight et al., 2007; 2010; Ostler et al., 2007; Sprang et al., 2010). However, there is limited research focusing on how adult family members from specific roles interact with the person who uses methamphetamine (Asante & Lentoor, 2017; Gordon et al., 2023; Maltman et al., 2020; Sampson et al., 2023). An Australian study explored two coping styles utilized by parents when interacting with their adult child who used methamphetamine, which were associated with different levels of distress and relationship strain (Maltman et al., 2020). A South African study described the perceived disruption to family dynamics and feelings of shame and self-blame among mothers with sons who used methamphetamine (Asante & Lentoor, 2017). The remaining two studies recruited family members from different roles in Australia. Sampson et al. (2023) examined the experiences of loss faced by family members, particularly the perceived loss of the person their loved one was before they began using methamphetamine and a subsequent loss of family cohesion. Similarly, Gordon et al. (2023) highlighted these two experiences of loss among family members and additionally noted how families' gradual acceptance of their situation alleviated some of their initial distress. While there was some consideration of the specific impacts on parents (Asante & Lentoor, 2017; Gordon et al., 2023; Maltman et al., 2020) and siblings (Gordon et al., 2023), little focus was given to other relationships across these four studies. This is particularly important as family members from different roles (i.e. parents, partners, siblings, etc.) interact with the person using drugs in distinct ways (Barnard, 2005; Frye et al., 2008; Ólafsdóttir et al., 2020).

This study draws on Family Systems Theory to investigate the dynamics experienced by families when a member regularly uses methamphetamine. This theory posits that the family functions as an interconnected system that promotes stability and consistency, whereby changes affecting one family member influence all within the system (Yoshimura & Galvin, 2017). Families have their own rules, norms, and values that are maintained through interactions between members. These interactions encourage behaviors that align with family rules and resist those that do not. The extent to which there is 'openness' of the family system shapes how information is shared across and outside of the family system. 'Openness' in Family Systems Theory also captures how the family system is shaped by the norms and values of the society within which the system is embedded. Lastly, subgroups within the family function as subsystems (i.e. parental, couple, and sibling subsystems) that have their own norms and patterns of interaction and communication. Previous research applying Family Systems Theory in the context of substance use has focused on family communication when a family member uses opioids (Brown et al., 2024; Crowley & Miller, 2020) and has explored how Family Systems-based interventions can support treatment-seeking mothers in reducing their substance use (Slesnick & Zhang, 2016). Utilizing this model of family functioning in the current study will inform how treatment models and family support can incorporate a whole-of-family approach.

We expand on this limited area of research by drawing on Family Systems Theory to explore how family members interact with a loved one who regularly uses methamphetamine and how these interactions influence wider family dynamics. Importantly, we will also explore how these experiences and patterns of interaction vary by the family members' role.

Methods

Participants

Nineteen family members of people who use methamphetamine were recruited from across Australia through flyers distributed to Family Drug Support members (n = 11) - a national service that provides education and support to family members of people who use drugs - as well as newspaper advertisements (n = 2), promotion on social media (n = 1), and word-of-mouth (n = 5). This study used Family Drug Support's definition of family - 'family, friends and anyone who cares' - and included immediate and extended family, romantic partners, chosen family, and close friends. Purposive sampling was used to ensure participants from various family roles (i.e. parents, partners, siblings, etc.), genders, and geographic areas were included. The inclusion criteria were: 1) aged over 18 years, 2) currently living in Australia, and 3) self-identifying as a family member of someone who uses methamphetamine.

Interview method

PW conducted in-depth, semi-structured interviews between June and August 2023 using Zoom (n = 8) and telephone (n = 11) modalities. The interviews lasted an average of 55 minutes, and participants were reimbursed AU$50 for their time. Verbal informed consent was obtained and recorded before commencing the interviews. The UNSW Human Research Ethics Committee granted ethics approval for this study in January 2023 (HC220794).

Interview schedule

The study authors designed the interview schedule based on a review of existing literature and the core

principles of Family Systems Theory. An advisory group comprising people who have lived/living experience of substance use, identified as a family member of a person who uses methamphetamine, and/or provided services in the alcohol and other drugs field was assembled for this study. Advisory group members were consulted to ensure that questions were sensitively worded and that the findings accurately represented the experiences of the study population. The interview schedule was worded to elicit participant reflections on both the positive and negative experiences regarding their relationship with the person using methamphetamine. The interview schedule began with participants describing their relationship with the person who uses methamphetamine before recounting how and when they first became aware of the methamphetamine use. Participants were then asked to describe any changes to this relationship over time, as well as any influences this relationship had on interactions with family or friends, or interactions within their workplace or community. Participants were also asked whether they had sought professional support concerning these experiences, including from family support services. In Australia, family support services, including but not limited to Family Drug Support, constitute part of the third sector and provide a range of programs, education, facilitated peer-support groups, and other resources to improve the well-being of people with a loved one who uses alcohol or other drugs.

Analysis

PW audio-recorded and transcribed all interviews verbatim, and analysis was conducted in NVivo10. All identifiable information was removed from the data, and all participants and other people named during interviews, including the person using methamphetamine, were assigned pseudonyms before analysis. The data were analyzed using reflexive thematic analysis (Braun and Clarke, 2006; Braun and Clarke, 2021). This involved identifying and deconstructing patterns and themes within and across interviews to create a rich description of the dataset. First, PW read all transcripts and developed an initial coding framework based on the interview guide. The codes were then combined into themes, which were reviewed and refined iteratively during analysis. The final set of five themes demonstrates how key concepts of Family Systems Theory allow for a nuanced examination of the dynamics within these families, and how these dynamics change over time.

Study rigor

PW undertook reflexive journaling of thoughts and reflections throughout the interview process, which were triangulated with transcripts to increase the confirmability and credibility of the findings. Throughout the analysis, emerging themes were shared with co-authors in a collaborative process to enhance the depth of interpretation. These emerging themes were also shared with the advisory group, with any feedback being discussed and incorporated. Throughout the study, an audit trail of methodological and analytical decisions was maintained to improve the dependability of the findings.

Results

Participant demographics

We conducted interviews with 19 family members from across Australia. Participants included nine parents (n = 8 mothers and n = 1 father), five siblings (n = 4 brothers and n = 1 sister), four current or former romantic partners (n = 2 women and n = 2 men), and three close friends (n = 1 woman and n = 2 men, both of whom also identified as a brother) of someone who uses methamphetamine. The mean age of participants was 46 years (*SD* = 16, range = 22–69), and all participants identified as heterosexual except for the two male partners, both of whom identified as gay men. Participants lived in Victoria (n = 12), New South Wales (n = 6), and Queensland (n = 1).

Although one participant reported a previous history of methamphetamine use, no participants reported using it recently. Participants reported being aware of their person's methamphetamine use for a median of 8.5 years (range 2–22 years). Although family members were unaware of their person's exact patterns of substance use, many reported they had used other substances (cannabis, ecstasy, cocaine, or prescription drugs) in addition to methamphetamine, which is consistent with the pervasiveness of polysubstance use among people who use methamphetamine (Pocuca et al., 2025). Although participants were specifically asked about methamphetamine use, many described changes in family dynamics that they linked to substance use more generally. Conversely, other family members attributed all observed changes solely to the use of methamphetamine despite their person's polysubstance use, demonstrating a conflation of methamphetamine-specific effects with those of other substances. This conflation highlights the complexity of substance use and should be considered when interpreting the findings.

Family members' initial reactions to finding out that their loved one used methamphetamine: challenging values and family norms

Family systems are characterized by prescribed rules and shared values that guide behaviors that are typical

or acceptable within the family, helping to maintain stability and homeostasis (Yoshimura & Galvin, 2017). In the current study, family members, close friends, and significant others (hereafter referred to as 'family members') described a range of behavioral and physical changes they observed in the person using methamphetamine (hereafter referred to as 'their person'), which family members felt threatened this stability. These changes, including sudden weight loss, mood swings, and a generally disheveled appearance, were perceived as erratic and an indication that something was going on with their person that was outside of the family norms. Some family members confronted their person about their methamphetamine use after finding drug paraphernalia (e.g. a pipe for smoking crystalline methamphetamine) in the family home. This confrontation was motivated by concerns that the methamphetamine use would diminish their person's well-being and contribute to further instability within the family system. In other families, the person using methamphetamine made a spontaneous disclosure, motivated by a desire to be open and honest with their families. Both types of conversations led family members to attribute the behavioral and physical changes they had perceived in their person to methamphetamine use. Overall, family members mentioned that their person's behavior could be 'unpredictable' and 'manipulative' and reflected on how this complicated interactions with them. This unpredictability threatened the previous homeostasis of the family system and contravened the typical norms of promoting safety, stability, and well-being among family members.

> Patrick's moods were erratic … I distinctly remember him leaving the house one Sunday morning … [and] he had bags under his eyes, and, like, for a young man, he looked absolutely woeful … He [left] and returned within 20 minutes … [And] when he came [back] inside [the house] he was a different person … [He was] genuinely quite cheery … That was the [day that] I knew there was something [going on] … And I thought, 'Dear god, what the hell are we up against here?.' – Florence, aged 61, mother of Patrick

The violation of family norms and values attributed to their person's unpredictable behavior often contributed to a period of confusion and frustration for family members, especially those who reported having little experience with illicit substance use themselves. For these family members, methamphetamine use was also perceived as a violation of family norms and was assumed to be the primary cause of the behavioral changes they observed. These family members often perceived their loved one as becoming 'other' – someone they couldn't relate to or connect with as they had previously. Some expressed grief over losing this connection and the perceived loss of the person their loved one used to be. Some family members perceived a decline in the mental health and cognitive capacity of their person and felt that they were no longer 'dealing with the real person.' Family members also expressed extreme frustration when their person denied using drugs and refuted the influence it may have on their behavior and the wider family system. The loss of connection to their person, along with the perceived decline in mental well-being, was perceived as contributing to a widespread disruption of the family system's typical functioning. Zara's emotional depiction of her daughter's perceived transformation highlights the confusion and despair she felt over the perceived loss of the person she saw her daughter as before the methamphetamine use.

> I can't even describe it; it's like Layla [was] another person. It's like nobody's home - you just stare into their eyes, and there's nobody there. It's just next level. You never expect to have a beautiful child and then [for them] to go [away]. – Zara, aged 58, mother of Layla

Uncertainty in interactions with their person: communication patterns can contribute to further disruption

According to Family Systems Theory, family members interact with one another in ways that shape behaviors and communication patterns that are consistent with the norms and values of their family system (Yoshimura & Galvin, 2017). While these interactions are intended to promote homeostasis within the family system, some interactions can contribute to dysfunctional communication patterns that contribute to family system disruption. Early on, after discovering their person was using methamphetamine, many family members recounted feeling unsure about how to best interact with their person to restore cohesion in the family system. Many family members recounted times when their loved one was unexpectedly absent from the family home or was otherwise uncommunicative, which disrupted the system's homeostasis. As family members tended to attribute their person's unpredictable behavior and the resulting disruption to the family system to the use of methamphetamine, they concluded that the solution to restoring stability was the cessation of methamphetamine use. Family members tended to be unsure how to achieve this and often initially focused on monitoring their person's behavior and encouraging them to engage in treatment. These efforts were generally met with resistance from their person, who did not want to discontinue using methamphetamine. The

resulting conflict, tension and strain in the relationship contributed to further disruption of the family system, affecting the general atmosphere of the family home and resulting in constant vigilance within the family:

> [Our] household didn't function very well; it couldn't flow … I was constantly stressed. We were all walking on eggshells … It [was] just awful … And just, you know, over time wearing down the rest of us, really. – Charlotte, aged 51, mother of Jordan

Conversations surrounding the provision of financial support were particularly fraught with uncertainty for family members. Many family members perceived conversations with their person to be dominated by requests or demands for money, which was assumed to be intended to purchase methamphetamine. These family members expressed a desire to support their person and ensure their basic needs were covered (e.g. rent and food), which aligned with their family norms and values. This desire was contrasted by a reluctance to fund and encourage their substance use, given the disruption they perceived it to cause within the family. Despite initially giving in to financial requests from their person, many family members described reducing their provision of financial support and recounted how this often resulted in verbal abuse from their person. These interactions contributed to further strain on the relationship and were often reflected by family members to be the primary conflict in their relationship at the time of the interview. Overall, families attributed much of the tension and family disruption to their person's use of methamphetamine:

> Every time Patrick talked to me, I just wanted him to ring me and say, 'G'day, Mum, how you going?' No. There was always something, [and] it'd come back to money. By about 10 minutes into the conversation, we were talking about money … I just, I wanted him to love me as a mum, not, you know, as a moneybox. – Florence, aged 61, mother of Patrick

Uncertainty in discussions about their person: influences of family rules and societal norms on the openness of the family system

In Family Systems Theory, a family system's degree of 'openness' indicates the extent to which information about family dynamics is shared with those outside of the system (Yoshimura & Galvin, 2017). Greater openness, meaning information is shared more freely, provides increased opportunities for emotional support, but also exposes the family to potential judgment and criticism. Having a more closed family system, on the other hand, may be motivated by a greater desire for privacy to protect the family from this judgment. Regardless of their level of openness, all family systems are impacted by societal norms, including the stigma associated with methamphetamine use. In the current study, family members noted that this stigma impacted some relationships more than others. Some family members reported being open with a small number of friends with whom they could discuss their person and receive much-needed social support. More commonly, however, family members described feeling judged and criticized by other people when they attempted to communicate about their family life. Several family members reported that they had received unsolicited and unhelpful advice, encouraging them to cut ties with their person. Many family members mentioned losing friendships after disclosing their person's methamphetamine use. Family members living in rural and regional areas appeared to be particularly vulnerable to stigma and often reported being the subject of gossip in their communities, indicating a greater difficulty in maintaining a closed family system in these areas. Indeed, feeling as though everyone was aware of their family situation was common for rural and regional families, which participant Florence described as akin to 'living in a goldfish bowl.' Regardless of their geographic location, experiencing stigma left families uncertain about whom to contact for the social support they needed, ultimately increasing feelings of social isolation. As such, methamphetamine-associated stigma often resulted in family systems becoming increasingly closed to outsiders and was perceived as a barrier to seeking support:

> My friends [are] not very understanding … My brother-in-law was terribly not understanding and criticized and judged Charlie … Although my friends didn't do that, I could see that they were worried. And I wouldn't tell them a lot of things … because I knew that they would not be understanding. And they were judgmental. And I didn't like that. I was very distressed when a friend would say, 'Oh, what's he doing? Oh, don't give him money' and be very, very critical of me, as a parent. – Harper, aged 69, mother of Charlie

As well as having family norms that govern a system's level of openness with outsiders, family systems also have norms that influence their openness during interactions with the extended family. The degree of openness between the immediate and extended family is also influenced by fears of receiving judgment, as well as by family norms encouraging members to interact with and support one another. These contrasting motivations led some family members to feel conflicted about whether, and to what extent, they should discuss their person's substance use. Efforts to hide their person's substance use, particularly from

grandparents, were motivated by a fear of receiving criticism from other family members and a desire to protect those relatives from worrying about their person's well-being. The decision to conceal their person's methamphetamine use was particularly difficult when family members were questioned by extended family about where their person was and what they were doing, which often made family members feel forced to lie. This deception prevented cohesion within the immediate and extended family systems and ultimately contributed to family members' feeling excluded from the wider family unit:

> Like my grandma … turns 90 in two weeks' time. I doubt Penelope will go to that [celebration]. She never does, you know. Then we've got to explain to the whole family why she's not there. Do we say she's sick? Do we say she's got other things on? Or do we tell them she's [someone who uses methamphetamine]? I don't know what to do. It's hard, very hard in those sorts of circumstances. – Riley, aged 22, brother of Penelope

The influence of family roles on interactions with their person: different values, expectations, and interaction patterns within subsystems

Each subsystem within the family (i.e. parental, sibling, and couple subsystems) has distinct norms, values, and expectations that guide interactions within and between these subsystems. For mothers, the parental subsystem was characterized by norms of ensuring their child's safety and well-being and expectations of responsibility for children's behavior. This led to a tendency for mothers to feel that they were somehow responsible for their person's substance use and, therefore, were responsible for 'fixing' it. This was accompanied by a range of complex emotions, including shock, disappointment, dread, and despair. Mothers often described an initial period of hypervigilance and preoccupation with attempting to control their person's substance use and related behaviors. The previously described tendency to monitor their person's substance use patterns and attempt to convince them to engage with drug treatment was particularly salient among mothers. This hypervigilance and preoccupation often overrode these mothers' own needs and compromised their well-being. During this period, most interactions with their person were centered on imploring them to seek support and treatment for their substance use rather than discussing other topics. The more these conversations monopolized interactions between the two parties, the more strained and tense these relationships became. Mothers also described frequently 'checking in' with their person to determine their needs regarding health and safety, which aligned with parental norms of supporting their children. However, asking too many questions was frequently interpreted by their person as 'nagging' and often resulted in their person withdrawing from conversations, contributing to further disruption of the family system:

> I [was in] a place of talking about William's drug use all the time and constantly trying to talk to him about detox and rehab and doing all this stuff to try and, you know, fix the problem … But yeah, he just wasn't interested, and it just became really, really frustrating. There [were] a lot of disagreements, a lot of arguing about, you know, what he was doing with his life. – Millie, aged 54, mother of William

The assumption that the mother was, in part, responsible for their person's methamphetamine use was also often expressed by mothers' friends and family. Indeed, mothers were disproportionately affected by stigma and tended to experience the most significant impact of having a family member who used methamphetamine on their relationships with friends and extended family. The stigma mothers received presented a significant barrier to help-seeking and contributed to social isolation for mothers, resulting in a more closed-off family system. Importantly, feeling like she was a 'bad mother' stopped participant Julie from pursuing new romantic relationships, as she thought any potential partner would similarly blame her for her daughter's substance use:

> I try not to get into relationships because I'm embarrassed to admit it. I don't think anyone will understand. They'll judge me as having been, it's gotta be my fault, because I'm the mother, and it's always the mother's fault … And, you know, you can see the cogs turning. 'Oh, what kind of a mother was she? How come her daughter never got on with her?.' – Julie, aged 61, mother of Evelyn

In contrast to the increased intensity and frequency of interactions reported by mothers, other family members noted different patterns of interaction with their person. For instance, the father participant described his efforts to be both a friend and a parent to his son. This father's approach was seemingly guided more by fostering open communication with his son than by assuming responsibility for his son's behavior. The contrasting accounts from this father and mother participants indicate potential gender differences in the norms and expectations associated with the parental subsystem:

> I did my best to try [and be] somewhere between Finn's mate and his father, just so [that] I could try and learn what was going on [with him] and be able to talk with him about things. – Mason, aged 62, father of Finn

Expectations and norms within the sibling subsystem were particularly complex and involved conflicting emotions, including concern, compassion and frustration. Although all siblings expressed love towards and wanted what was best for their person, most also described distancing themselves from their person and wishing that they did not 'have to deal with' their sibling's substance use and associated behaviors. Most sibling participants also expressed resentment towards their person for monopolizing their parents' time and attention, which was perceived as a violation of the expectation of equality between siblings and a vital disruption to the family system. Additionally, siblings, particularly those who were younger than their person, sometimes mentioned having a sense that their sibling should 'know better' than to use methamphetamine, yet feeling unable to control their sibling's behavior. Despite these complex emotions, all siblings emphasized the value and expectation of providing emotional support within the sibling subsystem:

> I find [conversations with Scarlett about her substance use] really sad, and, like, I shouldn't have to speak to her about this because she shouldn't be [using methamphetamine] … Like, it's still new to me, so I'm learning how to accept it, what to talk about to her and stuff … She leans into me so I'm [just] trying to love her and support her. – Maeve, aged 43, sister of Scarlett

The conflicted feelings expressed by siblings were further complicated by the distress they witnessed their parents experiencing. Some siblings recounted attempting to control the outcome of altercations within the family by acting as a buffer between their person and their parents, reflecting an additional disturbance within the sibling subsystem. This indicates an important disruption to the typical family norms where an adult child is acting to protect their parents:

> The person who really received the hell of it 100% was my mum … She was called so many [names by Hugo] … It got to the point where me and him would have physical fights, [be]cause he'd be screaming at mum for too long and I'd see her crying … I'd get so angry at him. – Levi, aged 26, brother of Hugo

Conflict within the sibling subsystem also forced parents into a difficult position. Parents described following the family norms of supporting both children by attempting to intervene and mediate the relationship between them. This was difficult to achieve, however, as parents felt a frequent and unwanted need to protect one child from the other at any given time. Parents also expressed a desire to restore the family system by encouraging their children to have a closer relationship, but knew this was out of their control and acknowledged the emotional turmoil siblings of the person using methamphetamine experienced:

> I've had to try not to choose one child over the other … I know that [my children] used to be super close growing up, and I know [that] that [closeness] will not happen again. And I think that's part of the reason why [my daughter]'s so hurt - the fact that they were so close. And now she's lost the brother that she loved and adored. – Millie, aged 54, mother of William

Within couple subsystems, violations of the expectations of equality and interdependence were the greatest concerns. Partners noted that their person's deception and secrecy surrounding their substance use were the central conflicts in the relationship. They expressed extreme frustration when describing how their person refused to disclose their methamphetamine use despite signs that participants felt were 'obvious' and undeniable, such as changes in sexual behavior. Partners also described their person's lack of communication while using methamphetamine, an increasing need to financially provide for their person, and changes in the general relationship dynamic (e.g. controlling behavior and infidelity) as additional sources of conflict in the relationship. For many partners, this subsystem began to be financially and emotionally unbalanced, and no longer felt like an equal partnership:

> You know when one plus one doesn't equal two. And I was going through this whole thing of questioning my own sanity … And just the lies, and the going missing in action … And Max's actual behavior, like, he'd be busy all day doing nothing, you know, going around in circles … And [Max says], 'I'm really busy.' I'm like, 'No, you're not, something's not right here' … Does Max disclose when he is using, or has used? No. Even though, like physically, you know, sex is different. Sex is different, and you can't hide that. And I have challenged him on that. And he denies using. – Ivy, aged 51, partner of Max

Improving the relationship with their person by building resilience: developing different interaction patterns leads to a new type of stability

After being aware of and responding to their persons' methamphetamine use for a number of years, most families had established new patterns of interaction and communication that contributed to a more stable family system. A key mechanism for developing this stability was family members setting boundaries for the ways they interacted with their person, generally by imposing degrees of distance. These boundaries created new interaction patterns and typically addressed the challenges that family members believed had the most significant impact on their relationship,

such as limiting the provision of financial support and restricting their person from being in the family home while they were using methamphetamine. Maintaining these boundaries resulted in a tightrope walk for family members between trying to remain in their person's life and minimizing the disruption to the family system that they had previously experienced. Despite being an attempt to restore stability to the family system and improve the well-being of all family members, establishing and maintaining these boundaries often came with a significant emotional toll:

> It was a terribly hard thing to have to do, but I did say to Patrick … I burst into tears, [and] I said, 'I love you, but I can't have you [at home] anymore; I just can't do it … My whole life has gone down the toilet in every aspect.' And he said, 'Where am I meant to go?' I said, 'I don't know.' I couldn't believe what I was saying, but I knew I had to say it … But that was a very hard thing to do. I felt like the worst mother in the world. But looking back, it's the best thing I could have done. – Florence, aged 61, mother of Patrick

Family support services were instrumental in helping family members to set these boundaries and to develop new family dynamics. Providing a safe space where family members could open up about their relationship with their person and hear from other families with similar experiences helped families to understand that they were not alone. Knowing that other families were grappling with similar circumstances and shifting relationship dynamics helped to alleviate the stigma many family members experienced in other environments. Family support services also offered families education on substance use and the importance of self-care, promoting a compassionate approach to supporting people who use substances. This approach enabled family members to increase their understanding of their emotions and change how they interacted with their person. Importantly, conversely to the period of hypervigilance and preoccupation that many mothers experienced, family members learned to accept that they could not control their person's substance use and instead needed to prioritize their own well-being. Participants also found support in how to respond constructively to conflict and distressing situations. Overall, this change in perspective and mindset regarding their person's methamphetamine use resulted in better quality relationships with their person and a more cohesive family system.

> Two years ago, it was all about 'What can I do next … what can I say … should I do this?' It was all about what I could do to help Charlie … But I think the support group is teaching me to think of myself first … [I learnt] you [have to] put your own seat belt on before others, so you help yourself before your child. – Harper, aged 69, mother of Charlie

Indeed, most family members reported a more stable family system and a more positive relationship with their person at the time of the interview than earlier in their journey, which contributed to better emotional and social well-being for family members. Some described their relationship with their person as 'better than ever,' regardless of any changes in their person's substance use patterns. This reflects a changed family norm whereby methamphetamine use is no longer considered to be an automatic threat to the stability of the family system. Others reported that even though their relationship with their person had remained strained or distant, they had developed coping strategies and resilience that contributed to a greater acceptance of their family system. Zara's reflections on her current relationship with Layla illustrate this positive change, as she had previously feared a permanent loss of this connection:

> [Layla and I are] actually a lot closer than we probably were before [the methamphetamine use] because I've done a lot of work on myself with counselling and with Family Drug Support, which has really helped our relationship. And we've left no stone unturned as far as her mental health and everything is concerned … She's really proud of me … She really acknowledges the fact that I've done a lot of work on myself. Like, she understands that I haven't just sat there. – Zara, aged 58, mother of Layla

Discussion

Our findings, guided by Family Systems Theory, provide a comprehensive account of the influence of regular methamphetamine use on family relationships. Family members perceived unpredictable behavior in their person as contravening family norms and values, which contributed to a destabilization of the family system. Families often originally felt that the solution to this was for their person to stop using methamphetamine, which would result in a more stable family system. Importantly, each subsystem was characterized by different norms and expectations that contributed to distinct patterns of interaction and communication within these systems. Over time, family members reported that they developed new norms and patterns of interaction and that this allowed them to establish a new state of equilibrium within the family system, which in turn was reported to improve family well-being. Although this study aimed to explore the specific influence of methamphetamine use on family dynamics, many participants described experiences

related to substance use more broadly or attributed a range of experiences solely to methamphetamine when the use of other substances may have contributed. Further, considering the prevalence of polysubstance use among people who use methamphetamine, it was not possible to completely disentangle the specific effects of methamphetamine from those of other substances.

A key finding of our study was the exploration of how participants interacted with the person using methamphetamine in unique ways according to their role within the family. In line with the underlying concepts of Family Systems Theory, family members interact in distinct ways according to their generation and societal expectations, with grandparents, parents, and children caring for one another at various times of life (Thomas et al., 2017). Specific interactions occur within and between the generations, with levels of involvement and sense of responsibility differing across relationship types. In general, family members who are emotionally closer to the person using drugs are more affected by challenges in the relationship (Orford, 2017). Women also tend to be more involved in and affected by family relationships (Thomas et al., 2017), contributing to the increased felt responsibility and subsequent stigma they tend to experience (Jackson & Mannix, 2004). As such, an individual's role within the family can play a significant role in determining how they will interact with the person using methamphetamine. Our application of Family Systems Theory emphasizes how these distinct patterns of interaction can occur within the parental, couple, and sibling subsystems within the family system.

The distinct norms and interaction patterns that characterize different family subsystems, as well as potential gender differences within these subsystems, were highlighted in the examination of the parental subsystem in the current study. Similar to previous studies, our study included a disproportionate number of mothers, perhaps reflecting a self-selection process, as mothers typically feel an elevated level of burden compared to other family members (Orford, 2017) and tend to have a clearer role in caring for and maintaining relationships with the rest of the family (Erickson, 2005; Thomas et al., 2017). Similar to previous research, we found that mothers of people who use substances are particularly likely to blame themselves for their child's substance use (Frye et al., 2008; Lindeman et al., 2022) and tend to take on more responsibility in establishing boundaries to keep all family members safe (Barnard, 2005; D'Aniello et al., 2022; St-Amant & Schwind, 2022). Mothers in the current study tended to feel that they were responsible for caring for their child and, therefore, took on responsibility for attempting to control their child's substance use. The self-perception that mothers are responsible for both causing and 'fixing' their child's substance use in the current and past literature highlights how norms and expectations around maternal care can shape dynamics within the family system. In contrast, the father participant in the current study reflected that he had more of a part-friend, part-parent relationship with his son, suggesting a desire for emotional closeness. This is somewhat dissimilar to previous research suggesting that fathers are more likely to withdraw emotionally from family relationships (Barnard, 2005; Frye et al., 2008), although further research on the perspectives of a greater number of fathers is needed before any conclusions can be drawn.

As our findings demonstrate, navigating relationships within the sibling subsystem was particularly complex and roused contradictory emotions. Although siblings reported that they desired emotional closeness with their methamphetamine-using sibling, they also reported resenting the unwanted changes to family dynamics associated with their sibling's substance use. There is some indication that siblings in methamphetamine-involved families may be uniquely affected, even though they may not experience the same level of distress as other family members (Ólafsdóttir et al., 2020). For some, there is a sense of being overlooked in the context of parental worry and concern for the sibling who uses methamphetamine, who is perceived to monopolize the family's attention (Barnard, 2005; Lindeman et al., 2022). This can be further complicated by a sense of wanting to protect themselves and others in the family from the distress associated with their siblings' substance use (Barnard, 2005). These experiences can lead to siblings receiving less emotional support from the family, as resources are directed elsewhere (i.e. towards the sibling using methamphetamine). Some participants in the current study attempted to minimize the impact of these conflicting thoughts and emotions on themselves and the family system by distancing themselves from their siblings. While this reduced the effect of the relationship on their well-being, it conflicted with the compassion and desire for mutual support within the sibling subsystem that all these participants expressed. Overall, the experiences conveyed by siblings emphasized the effect of challenges to family norms and values that contributed to disruptions within the family system.

The current study highlights how establishing new norms, values, and patterns of interaction within the family system can contribute to a new type of stability. Family support services played a crucial role in

facilitating this transition. The preoccupation with controlling the person using methamphetamine's behavior that many family members in the current study experienced has been linked to decreased quality of life and family functioning (Vederhus et al., 2019). Greater understanding and acceptance emerged among family members as new norms and values were established. This process was key to alleviating family distress in previous studies (D'Aniello et al., 2022; Gordon et al., 2023; Orford et al., 2010), as was the re-prioritization of self-care (Ellway et al., 2019; Rushton et al., 2024). Current and past studies emphasize the capacity of family support services to validate family members' experiences. Notably, these processes are helpful to both family members and the person using substances, as there is a reduction in stigma and sense of isolation, accompanied by an acceptance that attempts to control another person's substance use are rarely helpful (Peart et al., 2024). This was found in the current study, with family members reporting that family support services encouraged them to change their perspective regarding their loved one's methamphetamine use, leading to family systems characterized by a better quality of life (Rushton et al., 2024).

Strengths and limitations

Applying Family Systems Theory to explore the interactions within methamphetamine-involved families resulted in two key strengths of the current study. Firstly, consideration of how each of the parental, couple, and sibling subsystems function provides a more nuanced analysis of family dynamics. Most previous research exploring family members' experiences of substance use primarily recruits mothers and partners without differentiating the experiences of individual family members. As such, the experiences of these two family roles often get conflated as the experiences of all family members. Secondly, exploration of how professional support services can assist the development of a more stable family system through establishing new norms, values, and ways of interacting highlights the utility of these services. As a significant portion of the research exploring the family relationships of people who use drugs primarily focuses on the negative impacts these families may experience, the inclusion of positive family experiences in the current study also helps to provide a more balanced account of the complex dynamics that occur in these families.

A major limitation of this study was that we were only able to interview one father. While his perspective provided valuable insight into a relationship that has historically been largely ignored, further research is needed to better understand the experience of being a father to someone who uses methamphetamine. The findings of this study represent the experiences of people who chose to share how methamphetamine affected their family dynamics, most of whom had sought family-focused support. As such, caution is needed when generalizing these accounts or assuming they represent all families. The perspectives presented reflect situations where methamphetamine had a significant impact on the family system and do not capture circumstances where the drug may be perceived as having little effect on family functioning. Additionally, the significant stigma surrounding methamphetamine use is likely to have shaped family members' views and experiences, particularly regarding expectations of how having a loved one who uses the drug might alter their family dynamics. Although we could not confirm the methamphetamine use patterns of the individuals using methamphetamine in these families, the reported observations and experiences of participants suggest problematic levels of use and related harms. It should not be assumed that all levels of use, particularly infrequent recreational use, would result in the same experiences.

Conclusion

Our findings emphasize how having a family member who regularly uses methamphetamine can influence family systems. Importantly, we emphasize the distinct norms and expectations that are present within different types of family relationships, including parents, partners, and siblings, which contribute to discrete patterns of interaction within these relationships. Additionally, we highlight how families develop new ways of interacting with one another that can promote stability within the family system, even after periods of relative instability. This process was often aided by interactions with family support services, which encouraged family members to interact with their family member who uses methamphetamine in more constructive ways. The resulting improvements in relationship quality associated with this stability, combined with the development of greater resilience, enhanced the well-being of family members. Our findings provide important considerations for delivering support services and treatment for methamphetamine use, where families often play a pivotal role. It is vital to develop a thorough understanding of the complex dynamics within methamphetamine-affected families to provide support to all members of these families.

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Author contribution

Each author certifies that their contribution to this work meets the International Committee of Medical Journal Editors' standards.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Ethical approval

This study was approved by the UNSW Human Research Ethics Committee (HC220794).

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