



## "More human": Informing services with stories of recovery from methamphetamine-related harm

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**AIMS:** Methamphetamine-related harm has become an intractable public health issue, with increasing presentations to Queensland emergency and recovery services for dependence, psychosis, and other adverse health effects.

This research aimed to understand how to optimise recovery services for this population and is based on six months of **qualitative interviews** and **ethnographic observation** conducted with 12 people living in Brisbane that were accessing services for harmful methamphetamine use. Interview transcripts and fieldnotes were thematically analysed, using a critical interactionist theoretical framework.

### Participant Trajectories:

- Long term cessation (> 2 months) ( $n = 4$ )
- Significant reductions in use ( $n = 2$ )
- Minor changes in use. ( $n = 3$ )
- Lost to follow up/withdrew. ( $n = 2$ )

### Recovery Factors:

- Parenting responsibilities
- Financial support
- Health service access
- Social isolation
- History of trauma
- Duration of substance use

**CONCLUSION:** These stories demonstrated how recovery emerges from complex local realities. This research supports a new model of 'Extended Recovery' based on:

1. Interventions that address the social and family context of drug use.
2. Integrating clinical services with legal, financial, and social interventions.
3. Understanding harmful drug as a health issue often requiring long term management.
4. Supporting people to work on their own understanding of recovery, without focusing only on abstinence.
5. Providing flexible, adaptive, and multidisciplinary recovery options.

### Example Vignette

Bridget (42) lived with her three children, using methamphetamine a few times a week. She could not access long term rehab due to her childcare responsibilities. Her only social contacts were other people using drugs. She participated in selling methamphetamine through her partner to reduce the poverty of her household, and was frequently approached by other dealers which made drug use hard to avoid. Recovery for Bridget therefore required changes not just within her individual psychology or behaviour, but the broader context of social isolation, economic marginalisation, and family dynamics.

*"I just don't know how to stop. It's more like it's a way of life for me now. It's my reality. That's the only way to explain it."*