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# INFLUENCE OF FAMILY DYNAMICS ON METHAMPHETAMINE USAGE AND MENTAL HEALTH

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**Abstract**

Methamphetamine use is a growing public health concern associated with severe mental health challenges such as anxiety, depression, and psychosis. This study examined the influence of family dynamics on methamphetamine usage and mental health among in-patients and out-patients in mental health facilities in Port Harcourt, Nigeria. A cross-sectional survey design was employed, and data were collected from 83 respondents using structured questionnaires, including the Drug Abuse Screening Test (DAST-10), Index of Family Relations (IFR) Scale, and Self-Reporting Questionnaire (SRQ-20). Findings revealed that 79.5% of the respondents were male, and 78.3% came from polygamous family backgrounds. A significant proportion (90.4%) exhibited high or severe methamphetamine use, while 88.0% displayed symptoms of mental health distress. Pearson correlation analysis showed a statistically significant relationship between family dynamics and methamphetamine use ($r = 0.512$, $p < 0.01$) as well as between family dynamics and mental health distress ($r = 0.530$, $p < 0.01$). The study highlights that dysfunctional family structures, poor parental supervision, and adverse childhood experiences contribute to increased substance abuse and mental health challenges. Based on these findings, the study recommends family-centered interventions, including improved communication, conflict resolution, and emotional support programs. Healthcare providers should integrate family assessments into substance abuse and mental health treatment plans. Additionally, policymakers should allocate resources for family therapy and substance abuse prevention programs. Further research is required to explore causal relationships, cultural differences, and the effectiveness of family-based interventions in mitigating substance abuse and improving mental health outcomes.

## INTRODUCTION

Substance abuse is a universal public health challenge that poses a threat to users' mental health, their social interactions, as well as national security and the economy, among many other factors. Substance abuse refers to

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drug use accompanied by adverse health consequences, often leading to mental, social, and emotional dysfunctions in individuals who engage in it. The effects of substance abuse extend across all domains of health by disrupting the normal functioning of the body and mind. Although not a new phenomenon, substance abuse is growing at an alarming rate, with nearly every country, including Nigeria, grappling with its consequences (Nabofa, 2021). While individuals have unique factors predisposing them to substance abuse, this study focuses on the influence of family dynamics on methamphetamine usage and mental health.

The family serves as the fundamental social unit in which individuals are born, grow, and develop. It is evident that families can provide an environment that nurtures and protects children, motivating them to become productive members of society (Patton et al., 2016). Family members are interconnected through various modes of interaction, bonding, and relationships, which influence behavioral patterns. Positive family interactions can encourage healthy behavior, whereas dysfunctional family dynamics may increase the likelihood of substance abuse and mental health disorders (Jia et al., 2022). Life principles and coping strategies are often learned in early childhood, and adverse child-rearing environments may contribute to psychological difficulties later in life (Buka et al., 2022).

A stable family background plays a crucial role in fostering physical and psychological well-being. However, difficulties such as emotional instability, financial constraints, and health complications experienced by parents may affect the quality of child-rearing practices, ultimately shaping children's social interactions, emotional regulation, and cognitive development. To promote healthy family relationships, reciprocity, respect for boundaries, and mutual care are essential. Family interaction strategies may differ according to established family norms (Buka et al., 2022).

Research has shown that family dynamics significantly impact mental health. A study on high school students in China revealed an indirect effect of family dynamics on their quality of life (Yang et al., 2021). Similarly, Escobar et al. (2020) found that distant parental relationships, hunger, and family violence were negatively associated with family members' quality of life. Given that adverse childhood experiences and toxic family environments are risk factors for substance use disorders, creating a psychologically healthy family environment can serve as a protective factor against drug abuse.

Experts disagree on the classification of substances, leading to different categorization methods. The American Addiction Center (2022) classifies substances based on their effects on the central nervous system (CNS). These classifications include:

- **Alcohol**: A depressant that lowers inhibitions and may cause long-term liver damage.
- **Benzodiazepines and Barbiturates**: Tranquilizers that act on gamma-aminobutyric acid (GABA) neurotransmitters, often prescribed for psychiatric conditions.
- **Cannabis**: A commonly used substance with varying effects depending on the user, acting as both a stimulant and depressant.
- **Stimulants (Amphetamines, Cocaine, etc.)**: Increase CNS activity, leading to heightened alertness but also paranoia and aggression.
- **Hallucinogens**: Cause altered perceptions and potential detachment from reality.
- **Inhalants**: Dangerous household substances that, despite being less addictive, pose significant health risks.
- **New Psychoactive Substances**: Synthetic drugs designed to mimic naturally occurring substances.
- **Opioids**: Derived from the opium poppy and synthetic variations that block pain signals in the brain.

Methamphetamine is a highly addictive stimulant that significantly contributes to violent crimes and mental health disorders (Caroline et al., 2021; Onaolapo et al., 2022). It affects neurotransmitters such as dopamine, serotonin,

and norepinephrine, leading to increased energy and euphoria but also paranoia, aggression, and cognitive impairments. Methamphetamine usage is associated with severe consequences, including physical health issues like weight loss and kidney failure, as well as mental health challenges like anxiety, depression, and psychosis (Paulus, 2023).

Research has highlighted the rising prevalence of methamphetamine use in Nigeria and globally. The National Drug Law Enforcement Agency (NDLEA) has uncovered illegal methamphetamine laboratories, further emphasizing the substance's accessibility (Dumbili & Ebuenyi, 2022). A 2018 National Bureau of Statistics (NBS) report estimated that 14.4% of Nigeria's population had used drugs. Another study among Nigerian university students reported a substance abuse prevalence of 45.7% (Olanrewaju et al., 2022). Globally, the United Nations Office on Drugs and Crime (UNODC) identified Australia and North America as having the highest methamphetamine use rates, with millions affected (Sampson et al., 2023). Furthermore, WHO (2023) estimated that 260 million people worldwide had used psychoactive substances, with methamphetamine ranking as the second most abused drug in Africa.

Health is conventionally defined as "a state of complete physical, mental, and social well-being, and not merely the absence of disease" (Wren-Lewis & Alexandrova, 2021). Mental health is similarly viewed on a continuum, encompassing positive, neutral, and negative states. The ability to think clearly, regulate emotions, and function effectively in daily life is crucial for mental well-being. According to Canada's Public Health Agency, mental health is reflected in one's capacity to cope with stress, make decisions, and maintain relationships (Heather et al., 2017). The WHO Comprehensive Mental Health Action Plan (2013-2020) emphasizes the importance of mental well-being in leading productive lives. Methamphetamine abuse significantly disrupts these aspects, leading to long-term cognitive and emotional impairments.

### 1.2 Statement of the Problem

Methamphetamine usage is a growing public health concern often linked to severe mental health challenges such as anxiety, depression, psychosis, and cognitive impairments. Methamphetamine has become normalized in some communities, with individuals using it for socialization, increased energy, and enhanced performance in various activities. However, the adverse effects on mental and physical health cannot be overlooked.

The National Bureau of Statistics (NBS) in 2018 estimated that 14.4% of Nigeria’s population—approximately 30 million people—had used drugs at some point. A separate study found that Nigerian university students had a substance use prevalence rate of 45.7% (Olanrewaju et al., 2022). The increasing trend in methamphetamine consumption, particularly among youths, raises concerns about its long-term effects on individuals and society at large.

Family dynamics play a crucial role in substance use behavior. Dysfunctional family structures, poor parenting practices, and adverse childhood experiences contribute to the likelihood of substance abuse. While studies have examined the relationship between family structure and general drug use, there is limited research on the specific influence of family dynamics on methamphetamine usage and mental health outcomes. This study aims to bridge this gap by investigating the role of family interactions in shaping substance use behaviors and mental health conditions among methamphetamine users in Nigeria.

### 1.3 Objectives of the Study

The main aim of this study was to explore the influence of family dynamics on methamphetamine usage and mental health among the in-patients and out-patients in the mental health facilities in Port Harcourt.

The specific objectives of this study were to:

1. Examine the relationship between family dynamics and methamphetamine usage among the in-patients and out-patients in mental health facilities in Port Harcourt.
2. Assess the relationship between family dynamics and mental health of the in-patients and out-patients in the mental health facilities in Port Harcourt.

**1.4 Research Questions**

1. What is the relationship between family dynamics and methamphetamine usage?
2. What is the relationship between family dynamics and mental health?

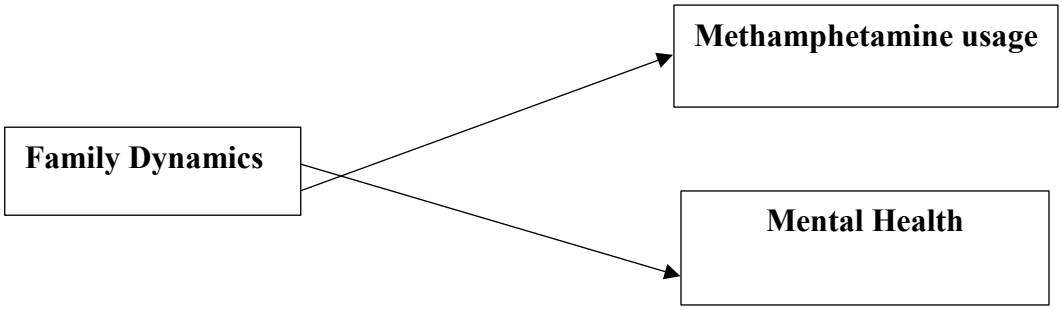
**1.5 Research Hypotheses**

1. $H_o$ - There is no statistically significant relationship between family dynamics and methamphetamine usage.
2. $H_o$ - There is no statistically significant relationship between family dynamics and mental health.

**Review Of Related Literature**

**2.1 Conceptual Framework**

**Figure 1: The conceptual framework of the influence of family dynamics on methamphetamine usage and mental health.**




**Source: This conceptual framework was developed by the researcher for the purpose of this study.**

This diagram basically suggests that the experience of family members in terms of the magnitude of the problems that they face in their interactions and relationships with one another as well as the level of influence such interactions and relationships have on them, will either protect against or predispose them to undesirable behaviour in future. The concept summarily puts forward that, family members' substance use behaviour or family members' experience of some mental health challenges may be dependent upon the nature of the inherent family dynamics that they experience.

**Family Life Cycle Theory (Carter and McGoldrick, 1957)**

The **Family Life Cycle Theory** describes predictable stages that families go through over time, highlighting how relationships, roles, and challenges evolve. Each stage presents unique tasks and adjustments that influence family dynamics. Successfully navigating these transitions contributes to healthy emotional and relational development. The stages of family circle include, independence, coupling, parenting, families with adolescents, launching and later life. When these stages are successfully navigated, family members also become successful but when there is a break in the stages, family members tend to develop relational and emotional challenges. Families that have unfriendly patterns of interactions may serve as hitches for its members to successfully achieve all stages of transitions, thereby, exposing them to substance use or mental health challenges. This theory helps individuals and professionals understand typical family transitions and expected challenges at different life stages, therapists can utilize this model to evaluate relational struggles by helping families to prepare for and manage transitions effectively. Because it was developed based on Western family norms, it may not fully apply to cultures where

extended family, communal living, or arranged marriages are obtainable, also, it is not all families that go through each stage in the same way or at the same time, this makes the model's application to be a bit rigid.

## Empirical Review

### Family Dynamics and Substance (Methamphetamine) Usage

Research highlights the crucial role of family dynamics in influencing substance use behaviors. Janicijevic et al. (2017) found that parental supervision and shared family activities negatively correlated with psychoactive substance use among Brazilian students. Similarly, Silva et al. (2021) observed that loneliness and wakefulness were associated with higher substance use in adolescents. Umar et al. (2023) identified a link between family background and drug abuse in higher education institutions, reinforcing the importance of familial influence.

Rouhani et al. (2022) examined methamphetamine trafficking and its associated health risks, highlighting that socio-economic struggles and lack of family support push individuals into drug trade and use. Rafiee et al. (2020) found that poor parental monitoring increases the risk of substance abuse. Farmer et al. (2019) and Falade & Eseadi (2022) further demonstrated the impact of family instability on deviant behaviors, including substance use.

Several studies underscore the protective role of strong family attachment. Badr et al. (2014) showed that adolescents with strong family ties were less likely to abuse substances. Mohammadpoorasl et al. (2014) found that living with parents was a protective factor, whereas living alone and engaging in risky behaviors increased substance use risks. Taplin et al. (2014) identified links between childhood trauma, family history of substance use, and hazardous drug consumption. Onu et al. (2021) noted a correlation between adverse childhood experiences and tramadol use in Nigeria.

Additional research emphasizes the role of family structure. Alhammad et al. (2022) found significant associations between family dynamics and substance use among young adults. Agwogie et al. (2023) reported that a positive relationship with parents lowered substance use disorder risks. Obi et al. (2024) found a significant relationship between polygamy and substance use, while Ojule et al. (2022) highlighted that many individuals were introduced to drugs by family members.

Arunogiri et al. (2018) identified multiple risk factors for methamphetamine-induced psychosis, including socio-demographic factors, usage patterns, co-drug use, psychiatric history, and family trauma. Yang et al. (2021) reported that poor family dynamics were linked to mental health issues among adolescents. Sutter et al. (2014) found that strong family relationships contributed to better mental health among caregivers of dementia patients. Lawrence & Adebowale (2023) associated weak family structures with mental health problems in Nigerian students.

### Family Dynamics and Mental Health

Research establishes a link between family stability and mental health. Childress et al. (2015) found that homelessness correlated with substance use disorders. Herz et al. (2018) associated academic failure, school absenteeism, and suicidal ideation with substance use. Pan et al. (2021) confirmed a significant relationship between family functioning and mental health. Li & Xu (2022) highlighted family support as a protective factor against mental disorders.

Rahmanian et al. (2021) found that polygamous marriages correlated with higher mental health problems in women. Yang et al. (2022) linked positive family dynamics to better quality of life in Chinese high school students. Jabbari et al. (2023) found that adverse childhood experiences increased physical and mental health risks. John et al. (2024) established that children of substance-using parents had a higher likelihood of drug abuse.

Research also reveals the dangers of combining methamphetamines with other drugs. Ribas-Siñol et al. (2015) found that methamphetamine abuse increased risks of psychosis, ADHD, and antisocial disorders. Solmi et al. (2022) emphasized that early intervention could mitigate mental illness risks, which often begin in adolescence. Foster et al. (2022) demonstrated that poor physical health could contribute to mental health issues.

Green et al. (2021) reported that mental disorders contribute significantly to global disability rates. Bitsko et al. (2022) found that severe disturbances in cognitive functions were common among those suffering from mental illnesses, reinforcing the need for early mental health interventions.

**3.1 Research Design**

This study employed a cross-sectional survey design to examine substance use, specifically methamphetamine abuse. This design was chosen as it allowed the researcher to study a representative subset of individuals without covering the entire population at once.

**3.2 Area of Study**

The study was conducted in Port Harcourt, Rivers State, Nigeria. Port Harcourt is a major city in the Niger Delta with several tertiary institutions and hospitals, including the University of Port Harcourt Teaching Hospital and Rivers State Neuropsychiatric Hospital.

**3.3 Sources of Data**

Both primary and secondary data sources were utilized. Data were obtained from articles, journals, online materials, and responses to administered questionnaires.

**3.4 Tools of Data Collection**

The questionnaire contained demographic information and three standardized scales:

- Drug Abuse Screening Test (DAST-10)
- Index of Family Relations (IFR) Scale
- Self-Reporting Questionnaire (SRQ-20)

**3.5 Methods of Data Collection**

Data were collected using a self-report method. Respondents completed the questionnaire independently, but research assistants provided guidance for those needing assistance.

**3.6 Population of the Study**

The study population comprised 85 in-patients and out-patients undergoing treatment for methamphetamine use at the University of Port Harcourt Teaching Hospital and Rivers State Neuropsychiatric Hospital.

**3.7 Sample and Sampling Technique**

Using the Leslie Kish formula ($n = Z^2pq/d^2$) with a global prevalence of 5.7%, a sample size of 83 was determined. A purposive sampling technique was employed due to the small, homogenous population, supplemented by snowball sampling for out-patients.

**3.8 Reliability of Test Instruments**

- **DAST-10**: A 10-item self-report instrument with an internal consistency of $\alpha = 0.93$. A cutoff score of $\geq 6$ indicated substantial or severe drug use.
- **IFR Scale**: A 25-item scale assessing family relationship challenges, with a reliability coefficient of $\alpha \geq 0.90$. A score of $\geq 70$ indicated negative family dynamics.
- **SRQ-20**: A WHO-developed 20-item tool with an internal reliability of $\alpha = 0.78$. A score $\geq 10$ indicated mental distress.

**3.9 Validity of Test Instruments**

- **DAST-10**: Demonstrated moderate-to-high validity through confirmatory factor analysis.

- **IFR Scale**: Proven content, construct, factorial, and known-group validity.
- **SRQ-20**: Sensitivity and specificity at 78.6% and 81.5%, respectively.

### 3.10 Data Analysis Technique

SPSS version 23 was used for data analysis at a 0.05 significance level. Descriptive statistics presented demographic data. Correlational analysis examined variable relationships, while One-Way MANOVA assessed the influence of family dynamics on methamphetamine use and mental health.

### 3.11 Procedure for Data Analysis

After data collection, responses were reviewed, cleaned, and coded for analysis using SPSS.

### 4.1Analysis of Data

### Descriptive Statistics of Respondents' Demographic Characteristics

Table 1 presents the demographic characteristics of the respondents. The majority (79.5%) were male, while 20.5% were female. Regarding age distribution, 38.6% of the respondents were between 15-24 years, 26.5% were aged 25-34, 20.5% were aged 35-44, and 14.5% were 45 years and above.

Family structure analysis shows that 78.3% of the respondents came from polygamous families, while 21.7% were from monogamous families. In terms of marital status, 48.2% were single, 25.3% were married, 15.7% were divorced, and 10.8% were separated. Regarding academic qualifications, 48.2% had SSCE, 34.9% had a bachelor's degree, and 16.9% had a postgraduate qualification.

### Admission Status and Key Study Variables

Table 2 summarizes the admission status and key study variables. Among the respondents, 60.2% were in-patients, while 39.8% were out-patients. A significant proportion (80.7%) reported experiencing family challenges, while 19.3% indicated no family challenges.

Methamphetamine usage levels were high, with 90.4% categorized as high/severe users, while only 9.6% had low/moderate use. Additionally, 88.0% of respondents exhibited symptoms of mental health distress, whereas 12.0% showed no symptoms.

### Relationship Between Family Dynamics and Methamphetamine Usage

Table 3 presents the Pearson correlation analysis between family dynamics and methamphetamine use. The correlation coefficient ($r = 0.512$, $p < 0.01$) indicates a significant positive relationship between family challenges and methamphetamine usage. This suggests that individuals experiencing family challenges are more likely to engage in methamphetamine use.

### Relationship Between Family Dynamics and Mental Health Distress

Table 4 examines the correlation between family dynamics and mental health distress. The analysis shows a significant positive correlation ($r = 0.530$, $p < 0.01$), indicating that family challenges are associated with increased mental health distress among respondents.

**4.2 Analysis of Data**

**Table 1**

Descriptive Statistics of Demographic characteristics of Respondents (a)

| Variable | Frequency | Percentage |
|---|---|---|
| **Gender** | | |
| Female | 17 | 20.5 |
| Male | 66 | 79.5 |
| Total | 83 | 100 |
| **Age** | | |
| 15 – 24 | 32 | 38.6 |
| 25 – 34 | 22 | 26.5 |
| 35 – 44 | 17 | 20.5 |
| 45 and above | 12 | 14.5 |
| Total | 83 | 100 |
| **Family type** | | |
| Monogamous | 18 | 21.7 |
| Polygamous | 65 | 78.3 |
| Total | 83 | 100 |
| **Marital Status** | | |
| Married | 21 | 25.3 |
| Single | 40 | 48.2 |
| Divorced | 13 | 15.7 |
| Separated | 9 | 10.8 |
| Total | 83 | 100 |
| **Academic Qualification** | | |
| SSCE | 40 | 48.2 |
| Bachelors | 29 | 34.9 |
| Postgraduate | 14 | 16.9 |
| Total | 83 | 100 |

**Table 2**

Descriptive Statistics of Demographic characteristics of Respondents (b)

| Variable | Frequency | Percentage |
|---|---|---|
| **Admission Status** | | |
| In-patient | 50 | 60.2 |
| Out-patient | 33 | 39.8 |
| Total | 83 | 100 |
| **Family Dynamics** | | |
| No Family Challenge | 16 | 19.3 |
| Family Challenge | 67 | 80.7 |
| Total | 83 | 100 |
| **Methamphetamine Usage** | | |
| Low/Moderate Use | 8 | 9.6 |
| High/Severe Use | 75 | 90.4 |
| Total | 83 | 100 |
| **Mental Health Distress** | | |
| Symptoms Absent | 10 | 12.0 |
| Symptoms Present | 73 | 88.0 |
| Total | 83 | 100 |

**Table 3**
Relationship between Family Dynamics and Methamphetamine Usage

| | | Family Dynamics | Meth use |
|---|---|---|---|
| Family Dynamics | Pearson Correlation | 1 | .512** |
| | Sig. (2-tailed) | | .000 |
| | N | 83 | 83 |
| Meth use | Pearson Correlation | .512** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 83 | 83 |

**. Correlation is significant at the 0.01 level (2-tailed).

**Table 4**
Relationship between Family Dynamics and Mental Health
Correlations

| | | Family Dynamics | Mental Health |
|---|---|---|---|
| Family Dynamics | Pearson Correlation | 1 | .530** |
| | Sig. (2-tailed) | | .000 |
| | N | 83 | 83 |
| Mental Health | Pearson Correlation | .530** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 83 | 83 |

**. Correlation is significant at the 0.01 level (2-tailed).

### 4.3 Test of Research Hypotheses

**Null hypothesis 1:** There is no statistically significant relationship between family dynamics and methamphetamine usage.

The Pearson correlation coefficient was used to examine the relationship between family dynamics and methamphetamine usage at 0.05 level of significance. The result revealed a statistically significant relationship between family dynamics and methamphetamine usage at r = 0.512, P = 0.000. This therefore means that the null hypothesis is not accepted.

**Null hypothesis 2**: There is no statistically significant relationship between family dynamics and mental health.

The Pearson correlation coefficient was used to assess the relationship between family dynamics and methamphetamine usage at 0.05 level of significance. The result showed a statistically significant relationship between family dynamics and mental health at r = 0.530, P = 0.000. This therefore means that the null hypothesis is not accepted.

### 1.4 Discussion of Findings

Findings from this study show that about 79.5% of the respondents were males, this in line with the findings from the study of Ajayi and Somefun (2020). The similarity in both findings may have arisen due to the fact that males are more likely to engage in risk-taking behaviors, including substance use, which are prompted by biological, psychological, and social factors. Also, the result similarity may have been due to the fact that men often

experience stronger peer pressure and experimentation with substances. Again, because some high-stress or informal jobs are often dominated by men, such situation may predispose them to the use of drug in order to accomplish such muscle tasking jobs. Because most societies don't stigmatize men who engage in substance use, this practice has the tendency to make the rates to be high among men.

Also, 36% of the respondents were between the ages of 15 and 24, this agrees with the findings of Solmi et al (2022). The similarity in these findings may be due to the fact that the 15–24 age group is an important stage of development that is characterized by many factors such as peer influence, experimentation and identity exploration, thus, making the individuals in this age category to be more vulnerable to the use of substance. Because young people are faced with increasing problems like stress, emotional instability and mental health challenge, they may also engage in self-medication through the use of drugs. The desire for social acceptance is usually more among this age group, this may also increase the tendency to engage in the use of substance among them.

The findings from this study revealed a statistically significant relationship between family dynamics and methamphetamine usage, this agrees with the findings of Janicijevic et al, (2017). It also agrees with the findings of Silva et al, (2021), Alhammad et al, (2022) and Umar et al, (2023). The similarity in the finding may have arisen because, dysfunctional family backgrounds, such as households with frequent conflicts, have many times been linked to an increased probability of engaging in substance abuse. Also, when people lack supervision, they tend to behave in subjective ways which are different from when they are supervised. When children are not supervised, there is a high tendency to engage in behaviour experimentation, socially undesirable behaviours like substance use as occasioned by peer pressure.

The findings of this study revealed a statistically significant relationship between family dynamics and mental health, this is in agreement with the findings of Rahmanina et al, (2021), Shaiful et al, (2021), Yang et al, (2022) and Buka et al, (2022). The similarity in the findings may have arisen based on the fact that the family serves as an insulation for its members from external forces, if this is not the case, the family members may be exposed to threats which may eventually lead to the development of mental illnesses as coping mechanisms. Families that have toxic communication patterns, may also have the tendency to expose its members to adverse experiences. Also, families that are faced with domestic violence, economic hardship and stress, have a high tendency to experience some common mental health challenges like anxiety and depression.

**5.2 Implications of the Findings**

The findings of this study indicate that family dynamics significantly influence methamphetamine use and mental health outcomes. Given the high prevalence of family challenges among respondents (80.7%) and the strong correlation between negative family dynamics and both substance abuse and mental health distress, interventions should prioritize family-based approaches.

For policy and intervention strategies, this study underscores the need for family-centered prevention and rehabilitation programs. These should emphasize improving family communication, conflict resolution, and emotional support. Community-based support systems should be strengthened to assist not only individuals struggling with methamphetamine use but also their families, providing a holistic approach to rehabilitation.

Policymakers can leverage these findings to allocate funding toward family therapy programs as a preventive measure against substance abuse and mental health disorders. Healthcare providers should incorporate family dynamics assessments into routine substance use and mental health screenings. Addressing familial influences could also help reduce stigma, shifting focus from individual blame to broader social and environmental factors contributing to substance use.

In clinical practice, mental health professionals should integrate family therapy into substance abuse treatment plans, ensuring that both the individual and their family receive necessary support. Findings from this study suggest that educational programs on the role of family dynamics in substance use should be introduced at the community level to increase awareness and encourage supportive environments. Additionally, parenting training initiatives should be developed to enhance communication skills and reduce adolescent vulnerability to methamphetamine use.

This study contributes to the existing literature on family dynamics and substance use, providing valuable data for future research. Researchers can build upon these findings to explore causal relationships, cultural differences, and the effectiveness of family-based interventions in mitigating substance abuse and improving mental health outcomes.

**5.3 Conclusion**

The study establishes a significant association between family dynamics, methamphetamine use, and mental health distress, highlighting the importance of family influence in shaping substance use behaviors. While this study does not establish causation, it suggests that dysfunctional family environments contribute to an increased risk of methamphetamine use and mental health issues. Other factors, such as peer influence, socioeconomic status, and genetic predisposition, may also play a role.

Given these findings, it is evident that strengthening family support systems, promoting healthy communication, and implementing targeted prevention programs are essential in reducing the risks associated with methamphetamine use. Future interventions should focus on fostering positive family environments and integrating family-based approaches into substance abuse and mental health treatment programs.

Further research is needed to establish causal links between family dynamics and substance use, explore cultural variations in family influence, and evaluate the long-term effectiveness of family-centered interventions in substance abuse treatment.

**5.4 Recommendations**

1. **Policy and Funding:** Governments and policymakers should allocate resources to family-centered substance abuse prevention programs, focusing on strengthening family bonds, improving communication, and fostering supportive environments.
2. **Integration of Family Therapy:** Existing mental health and substance abuse treatment frameworks should incorporate family therapy and support systems as a core component of intervention strategies.
3. **Addressing Broader Family Challenges:** Welfare programs should address underlying family challenges such as domestic violence, parental substance use, and poverty, which may contribute to methamphetamine abuse.
4. **Counseling and Support Groups:** Mental health professionals should integrate counseling, support groups, and family therapy into substance abuse treatment programs to improve outcomes.
5. **Healthcare Interventions:** Healthcare providers should assess family dynamics when treating individuals with substance use disorders or mental health challenges, ensuring a comprehensive approach to treatment.
6. **Financial Support for Treatment:** Governments should provide adequate funding to cover substance abuse treatment costs for low-income families, reducing barriers to care.
7. **Educational Initiatives:** Schools should implement programs that educate parents on positive parenting techniques, effective communication, and early warning signs of substance use.
8. **Substance Abuse Awareness in Schools:** Schools should introduce substance abuse awareness programs to facilitate early intervention and prevention among adolescents.

9. **Peer Support and Mentorship Programs:** Establishing peer support groups and mentorship programs for families affected by methamphetamine use could provide additional emotional and psychological support, aiding in recovery and prevention efforts.

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