

A Phenomenological View of Opioid-addicted Women Entering Methadone Treatment

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ABSTRACT

The United States is facing a public health problem of opioid misuse among women. There are treatment measures available for opioid addiction. Advanced practice nurses should understand the characteristics of drug-abusing women, when and why they choose treatment, and what their experiences are. This study qualitatively explores the experiences of women entering methadone treatment using an interpretive phenomenological approach. Through narrative descriptions of their history of drug use, reasons for deciding to get help, accounts of why they chose methadone, and experiences during treatment, advanced practice nurses may better understand the trajectory of opioid addiction and recovery among US women.

Keywords: addiction, methadone, opioid addiction, substance abuse, women's addiction

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Across the globe, drug abuse affects millions of people. Approximately 246 million people in the world, or 1 in every 20, used illicit drugs in 2013.¹ In the United States, drug abuse is a particularly growing problem. Stories of heroin and prescription drug addiction crises have flooded the news media, and the US Centers for Disease Control describe opioid use and overdose deaths as an epidemic.² Even though the US population makes up just fewer than 5% of the world, experts report that its citizens consume an estimated two thirds of the world's illegal drugs including 80% of the world's supply of potentially addicting opioids and over 98% of the hydrocodone in the world.³

Opioid use is a significant drug problem in the US.^{4,5} Illicit opioids include the illegal drug heroin and the nonmedical use of prescription pain relievers such as hydrocodone and oxycodone. According to the 2013 National Survey on Drug Use and Health, 467,000 of persons aged 12 to 18 years used prescription opioids for nonmedical use in the past year with an additional 978,000 of persons aged 18 to 25 and 2.9 million over age 26 misusing prescription opioids alone. Among persons aged 12 and older who used opioid pain relievers for nonmedical reasons in the past 12 months, 54% got the drug they used most recently from a friend or relative for free,

and 10.9% bought the drug from a friend or relative. An additional 19.7% reported that they got the drug through a prescription from their doctor, 4.3% got opioids from a drug dealer or other stranger, and less than 1% bought them on the Internet.⁶

Although in older studies researchers have reported a gender gap with men using drugs more than women, over the past 10 years this gap has narrowed significantly, making women's addiction problems an increasingly important phenomenon to consider.⁷ The purpose of this study was to gather qualitative stories specific to women's problems with opioid use starting from the first drug use through treatment at a methadone clinic. The study was framed by important findings existing in the literature, including the unique trajectory of women's substance use and women's recovery and treatment experiences. The qualitative research design of this study addresses the following questions: How do women experience opioid use? and Why do they decide to seek recovery with methadone treatment?

Even though both men and women have an equal probability to become opioid dependent, researchers have discussed that women may experience drug use and seek drug treatment options differently than men.^{7,8} The existing literature highlights that women who use drugs present with a very unique set of circumstances regarding their use. Researchers in the

1990s began looking at gender differences in the initiation of drug use. In a 1995 study, researchers found that women were more likely than men to belong to families where drug use was prevalent.⁹ Women often perceive their drug problem to have a genetic, environmental, or stress component more than their male counterparts.⁹ Substance-using women are also more prone to be in relationships with a drug-using partner, and many women relate their drug use to relationship stressors.⁹

In terms of health-related differences, women who use drugs are said to become “sicker quicker” than men. Researchers suggest that women experience the physiological effects of drugs differently than men. According to addiction researchers, women may undergo a phenomenon called *telescoping* in which they rapidly transition from casual use to physiologic tolerance and dependence much faster than men. Because of this phenomenon, women who enter treatment for substance use usually present with a more severe clinical profile even though their period of use may not be as long as men’s. Women experiencing the telescoping phenomenon present with greater medical, behavioral, psychological, and social problems than their male equivalents.^{7,8}

Researchers have also found that because of these differences, women may have a unique perception of their drug problem, need for treatment, and treatment options. Women who become physiologically dependent on opioids and other drugs have disproportionately high rates of belonging to dysfunctional families and have had a history of physical and/or sexual victimization.¹⁰

The problem of opioid use in the US is prevalent and worsening, and it is important to appreciate the depths of opioid addiction as a human experience. The process by which women become addicted to opioids offers a unique perspective on how women may eventually contemplate and act on recovery. Understanding the pathways to and from drug treatment using a holistic approach and the anticipated results from this study will add to the knowledge base of comprehensive care of this special population.

RESEARCH PURPOSE AND QUESTIONS

This study qualitatively explored the experiences of women entering methadone treatment to answer the

following research questions: How do women experience opioid addiction? and Why do women decide to seek recovery with methadone treatment?

METHODS

This study used a qualitative interpretive phenomenological analysis (IPA) approach throughout from planning to data collection to analysis. This methodology is used to illuminate each participant’s variation of the same general phenomenon (in this case, entry to methadone treatment).^{11,12}

IPA as a method is concerned with the lived experience of phenomena on its own terms. Generally speaking, IPA methods invite an unstructured or semistructured interview procedure in order to allow the participants to discuss what they choose. In this way, data are gathered according to the context derived by each individual participant.¹³

Recruitment

Approval to conduct this study was granted by a university-based institutional review board. Approval to recruit and study women from the chosen methadone clinic was granted by the clinic’s director.

The participants were recruited from an outpatient methadone treatment clinic in a large, urban city in Texas. The clinic is licensed by the Texas Department of State Health and accredited nationally. The clinic accepts patients aged 18 and older with private insurance, public assistance in the form of Medicaid, or payment by cash. The patients served at this clinic are not court mandated into treatment, and this is important to note. Patients must have been misusing opioids for at least 12 months before being accepted for treatment and be diagnosed with opioid use disorder using criteria from the American Psychological Association by a clinic physician. The treatment combines methadone administration with regular counseling and appointments with the medical doctor as part of the comprehensive treatment plan.

Even though the patients served by this clinic were not court mandated into treatment, this does not exclude patients who have had drug-related encounters with the criminal justice or child welfare systems. The clinic was chosen based on their large

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