

A scoping review of women's experiences of treatment for opioid use disorder through a person-centred care lens

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Introduction: Women who use opioids face complex and dynamic challenges, which cannot be properly understood without knowledge that is grounded in lived experience. Assessing women's experiences of treatment for opioid use disorder (OUD) through a person-centred care lens may facilitate treatment programs that are better responsive to the specific needs of women, and aid in making targeted recommendations for clinical practice and service provision. This review aimed to examine the extent, type, nature and findings of research regarding women's OUD experiences, including the integration of person-centred care principles.

Method: We conducted a scoping review to identify peer-reviewed articles on women's OUD treatment experiences ($K=39$). Data was extracted and synthesised based on study design, method of assessment/analysis, key findings regarding women's experiences, and how these experiences relate to recognised person-centred care principles (e.g., fast access to healthcare advice, involvement in decisions and respect for preferences).

Results: There was a predominance of qualitative research focused on women's experiences of pharmacological OUD treatment (methadone and/or buprenorphine) in Western countries. Women in these studies reported mostly negative or mixed experiences of treatment across a number of person-centred care elements (e.g., perceptions of staff, logistic considerations, stigma, lack of female-specific services).

Conclusions: Person-centred care was not often directly assessed in research regarding women's experiences of OUD treatment. However, common themes identified in results across studies broadly aligned with person-centred care principles. This emphasises the applicability of person-centred care to women's experiences of treatment.

Implications for Practice or Policy: Given the often negative or mixed experiences reported by women, an increased focus on assessing service provision through a person-centred care lens may allow for specific service improvements or adaptations targeted towards the needs and experiences of women.

Disclosure of Interest Statement: CH is supported by a PhD scholarship provided by an Australian Government Research Training Program Grant. This work was also supported by the National Health and Medical Research Council (NHMRC) Meaningful Outcomes in Substance Use Treatment Centre of Research Excellence.