

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

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Opioid Use & Treatment

- 40.5 million people dependent on opioids worldwide
- Number of women seeking treatment for opioid use is rising
 - Need knowledge that is '**grounded in practical lived experience**' to properly understand women's unique experiences
 - May help facilitate treatment programs that are more responsive to women's needs
- Increased emphasis on **person-centred care** and **patient-reported experience measures**

Person-centred care

**“care that is respectful
of, and responsive to,
the preferences, needs
and values of patients
and consumers”**

(Australian Commission on Safety and
Quality in Health Care, 2011, p. 1)

**“treating patients as
individuals and as
equal partners in the
business of healing”**

(Coulter & Oldham, 2016, p. 114).

PREMs → surveys that gather data about client's
experiences of and/or satisfaction with treatment

Picker Institute Person-Centred Care Principles:

- 1) fast access to reliable healthcare advice;
- 2) effective treatment by trusted professionals,
- 3) continuity of care and smooth transitions;
- 4) involvement and support for families and carers;
- 5) clear information, communication, and support for self-care;
- 6) involvement in decisions and respect for preferences;
- 7) emotional support, empathy and respect;
- 8) attention to physical and environmental needs.

Aims

Examine the extent, type, and characteristics of evidence regarding women's experiences of treatment for OUD, and to determine the degree to which person-centred care principles have been integrated into this research

Specific research questions:

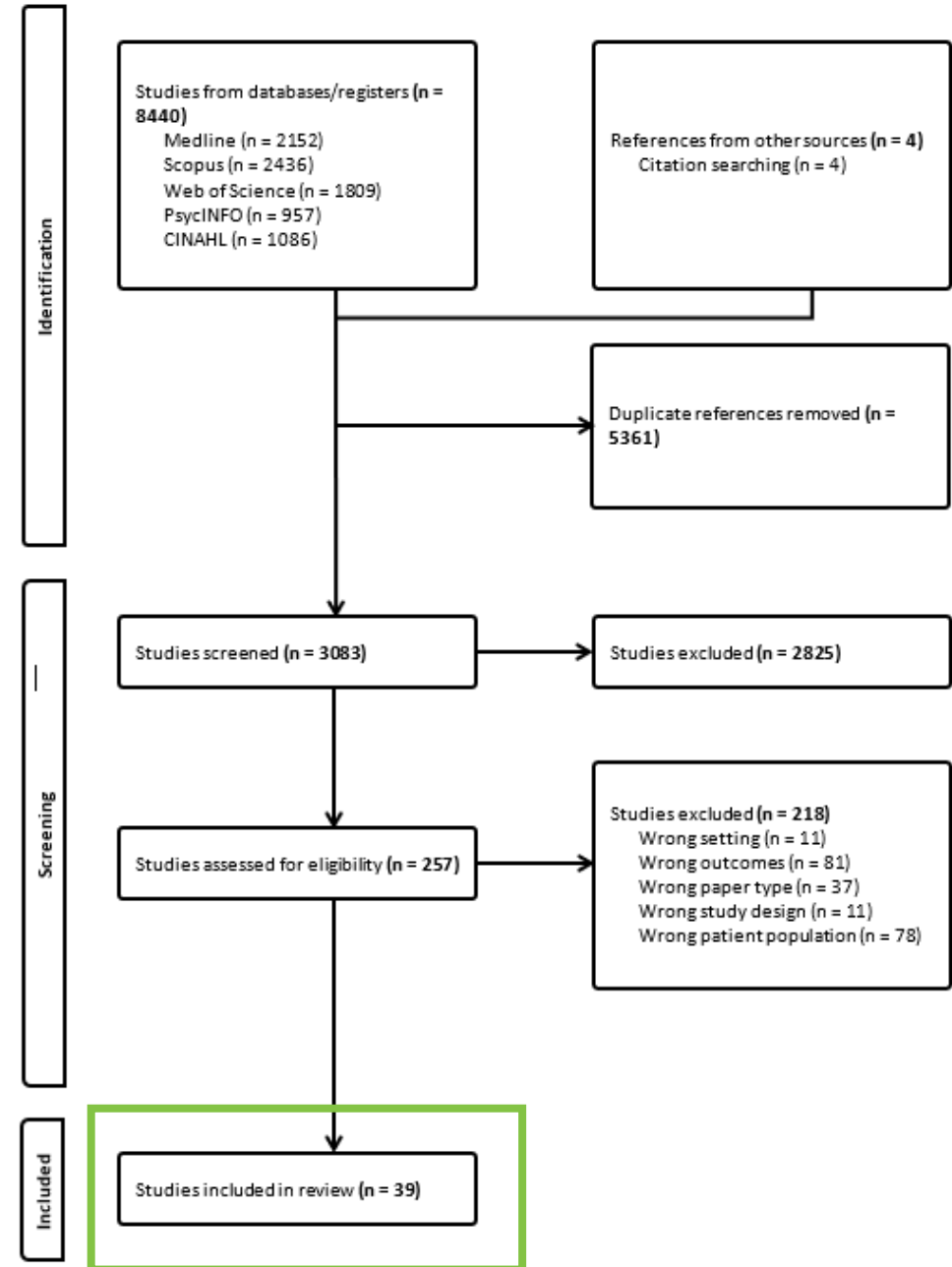
1. What types of evidence/study designs exist?
2. What are the main populations/treatments considered?
3. How has research assessed women's experiences?
4. How has data been analysed and reported?
5. Does the evidence reflect a person-centred care approach?

Method

Aimed to locate published, peer-reviewed studies regarding women's experiences of treatment for OUD

Inclusion criteria for studies:

- 80% women OR gender-specific analyses
- 80% opioids as primary substance OR substance-specific analyses
- Measured experiences, perceptions, or satisfaction regarding engaging in treatment for their own opioid use



Characteristics of included studies

13 countries, 59% in the US

85% cross-sectional

26 qualitative, 6 quantitative, 7 mixed

Year range = 1993-2022

28% mixed gender

33.3% used a PREM

Women who...

Have children

Are pregnant/postpartum

Attended drug court

'In recovery'/abstinent

Did not complete treatment

Inject drugs

Are living with HIV

67% pharmacological treatment

Other treatments:

- Pharmacotherapy + integrated treatment
- Residential treatment
- Group therapy
- 12 step / other general treatment

Women's Experiences

Qualitative experience data



Basic content analysis

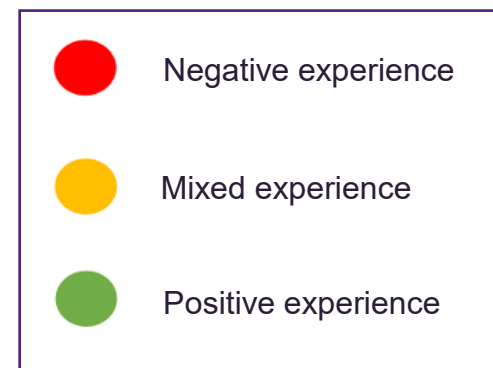


12 experience related themes

**General misalignment between
quantitative satisfaction results and
qualitative/mixed-method experiences**

1. Stigma
2. Perceptions of staff
3. Perceptions of efficacy and engaging in treatment
4. Experiences of pharmacological dosing
5. Operational or logistic considerations
6. Side effects of pharmacotherapy
7. Experiences of women-specific services
8. Cost
9. Location
10. Fear of consequences
11. Considerations regarding pregnancy
12. Impact of treatment

Ref.	Population	Treatment setting	Experience-related outcome categories												
			Stigma	Staff	Efficacy and engaging in treatment	Dosing	Operational or logistic considerations	Side effects	Female specific services	Cost	Location	Fear of consequences	Considerations regarding pregnancy	Impacts of treatment	Overall satisfaction
Pharmacotherapy only															
Barry et al (2007)	Men and women	Buprenorphine													
Carrerra et al (2016)	Men and women	Methadone													
Chandler et al. (2013)	Drug dependent parents	Methadone	●		●	●	●					●	●	●	
Deering et al. (2012)	Men and women	Methadone		●	●		●								●
Fiddian-Green et al. (2022)	Women receiving treatment for 90 days	Methadone Buprenorphine Naloxone	●	●	●	●	●	●							
Friedman and Alicea (1995)	Women	Methadone	●	●	●	●	●					●			
Gallagher et al. (2022)	Women in drug court	Methadone	●		●		●					●		●	
Higgs et al. (2008)	Women with Vietnamese ethnicity	Methadone	●		●					●					
Hoff et al. (2017)	Women who inject drugs	OAT: primarily methadone	●	●										●	
Kontautaitė et al. (2018)	Women	OAT	●	●	●							●			
Lockard et al. (2022)	Men and women	OAT: telemedicine Injectable		●	●		●								
Marchand et al. (2011)	Men and women	diacetylmorphine Oral methadone			●										●
Marchand et al. (2015)	Men and women	Methadone		●	●	●	●	●						●	●
Ndimbii et al. (2021)	Men and women	Methadone	●		●		●				●				
Nelson-Zlupko et al. (1996)	Women maintaining sobriety for ≥ 1 months	Methadone	●	●	●		●		●		●		●		
Noori et al. (2019)	Women	Methadone		●				●	●	●	●				
Palis et al. (2017)	Men and women	Hydromorphone Diacetylmorphine	●	●	●										
Perez de los Cobos (2005)	Men and women	Methadone													●
Proulx and Fantasia (2021)	Postpartum women	Methadone Buprenorphine	●		●		●			●		●			
Schiff et al. (2022)	Women with live birth in last 3 years	Methadone Buprenorphine		●	●	●	●	●	●			●	●		



Ref.	Population	Treatment setting	Experience-related themes												Overall satisfaction
			1	2	3	4	5	6	7	8	9	10	11	12	
Pharmacotherapy only															
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Chandler et al. (2013)	Drug dependent parents	Methadone	●		●	●	●				●	●	●		
Deering et al. (2012)	Men and women	Methadone		●	●		●								●
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Friedman and Alicea (1995)	Women	Methadone	●	●	●	●	●				●				
Study details			●		●		●				●		●		
Higgs et al. (2008)	women with Vietnamese ethnicity	Methadone	●		●				●						
Hoff et al. (2017)	Women who inject drugs	OAT: primarily methadone	●	●										●	
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Lockard et al. (2022)	Men and women	OAT: tele-medicine Injectable		●	●		●								
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Relationship to PCC principles

Picker PCC Principle	Description of principle	Experience-related theme
Fast access to reliable healthcare advice	Access to care at the right time, includes ease of scheduling appointments; minimal waiting for referrals or treatment; availability of appropriate professionals and advice	Perceptions of efficacy/engaging in treatment
Effective treatment by trusted professionals	Positive therapeutic relationships; care that is clinically appropriate, respectful and effective	Perceptions of staff
Continuity of care and smooth transitions	Coordinated care; continuity of information, relationships with staff, and management of care across services/supports	Operational or logistic considerations
Involvement and support for family/carers	Acknowledgement and support for the importance of client's wider support system; involvement of this support system in care	Stigma
Clear information, communication and support for self-care	Availability of reliable, high quality, accessible and understandable information; supporting clients to manage their own care	Dosing
Involvement in decisions and respect for preferences	Reciprocal relationships with providers that respect client's choices and preferences	Fear of consequences
Emotional support, empathy and respect	Holistic care characterized by empathy, respect, sensitivity, compassion; recognizing client as an individual	Cost
Attention to physical and environmental needs	Safe and comfortable environments; maintaining privacy and dignity; supporting personal care	Side effects
		Location
		Pregnancy considerations
		Female specific services
		Impact of treatment

Discussion

- Applicability of person-centred care principles to women's experiences of treatment
- Negative or mixed experiences → assessing service provision through person centred care lens to allow for specific service improvements
- Quantitative satisfaction data doesn't reflect women's true experiences

Limitations

- Publication bias
- Did not consider integration of different health care services outside of OUD treatment
- Google Translate
- Conflation of sex and gender

Thank you!

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Review

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