University of Applied Sciences and Arts of Southern Switzerland

SUPSI

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# GROWING OLD WITH DRUGS: PRELIMINARY RESULTS FROM A QUALITATIVE STUDY ON THE AGING PROCESS OF DRUG USERS IN OPIOID SUBSTITUTION TREATMENT

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Presenter: Margherita Luciani, PhD

A work by: Luciani M[1], Pezzoli L[1], Prandi C[1], Di Giulio P[1], Moriggia A[2], Caiata Zufferey M[1]

[1] University of Applied Sciences and Arts of Southern Switzerland, Department of Business Economics, Health and Social Care, Stabile Piazzetta, Via Violino 11, 6928 Manno (TI), Switzerland

[2] Fondazione Epatocentro Ticino, Via Soldino 5, 6900 Lugano, Switzerland

We have no conflicts of interest

# Context of this work

- Project: Growing old with drugs

- Interdisciplinary research team:
  - Maria Caiata Zufferey — sociology
  - Paola Di Giulio — nursing
  - Margherita Luciani — communication sciences
  - Alberto Moriggia — medicine
  - Lorenzo Pezzoli — psychology
  - Cesarina Prandi — nursing

# The research project: aims

- to analyze the aging process of drug users in opioid substitution treatment aged more than 50 years in Southern Switzerland

- to understand the challenges that health professionals face when they take care of them

- **to develop innovative scenarios of care**

# The research project: steps

The study is composed of four sub-studies:

1) epidemiologic study aiming at investigating PWUD 50+ socio-sanitary conditions (see Poster 092);

2) **sociological study** examining the life trajectories and the way in which PWUD 50+ live through qualitative biographic interviews

3) organizational study investigating the experiences of care of PWUD 50+ via focus groups with health professionals who work in drug-related and elderly settings;

4) final study developing some proposals of institutional intervention and innovative scenarios of care in order to answer to the challenges posed by this emergent population.

# Design of the sociological study

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| | |
|---|---|
| **Premise** | PWUD 50+ = **emergent population** with specific and multidimensional needs posing important challenges to the socio-sanitary setting<br><br>GAP → **absence of adequate structures** and professionals to take care of PWUD 50+ |
| **Goal** | To exlpore **life trajectories** (drug consumption, substitution treatment) and **way of life**<br><br>Analysis of the **aging process** of this population and of the challenges that institutions have to face, in order to develop, on the basis of the knowledge produced in collaboration with health professionals, **innovative scenarios of care** |
| **Methodology** | **Qualitative study:**<br>• Ethnographic methodology<br>• Grounded Theory (Strauss & Corbin, 1992) |

# Data collection

# Sample

**12 biographic semi-structured interviews**.

The **sample** is diversified in terms of gender (8 men, 4 women) and current illegal substance use in addition to methadone. Interviews were audio-recorded, fully transcribed and analyzed through constant comparison.

# The interview

- We meet participants **individually**.

- We try to create a climate of **EMPATHY** and **ACTIVE LISTENING** (using reformulations with paraphrasis or synonyms, feedbacks aiming at reinforcing in the interlocutor the idea that we are interested in what they are saying) → we create the necessary therapeutic alliance necessary to generate rich, deep data (Corbetta, 1999)

- Data are collected through a **semi-structured interview** whose goal is to obtain "the life history" - ***récit de vie*** – of the person (Bertaux, 1997): the participant is invited to tell, with his own words, his own path of life.

- ***Récit de vie***: objective description of facts; subjective reconstruction of one's own story (sense); the story developed for the other (interviewer). All three levels are important and must be investigated.

# Preliminary results

# Which peculiarities do PWUD 50+ show?

| Sanitary dimension | Relational dimension | Social dimension | Daily dimension | Personal dimension |
|---|---|---|---|---|
| **Physical and psychological fragilisation**, many pathologies and multidimensional exposure to path accidents (ictus, pneumonia, etc.) which alter the homeostasis of the system | **Loss of contacs** with family and friends, with loneliness<br><br>**House**: limited and safe place, in which they invest a lot and in which they can be free from stereotypes | **Reduction** of social engagement both in conventional and drug's world | **Double dependence** on methadone and drug institutions<br><br>Disordered and sometimes deviant **way of life** | **Loss of sense**<br><br>• **Disillusionment**: drug is not conceived in a positive sense as when they were younger<br>• Certainty of the **impossibility of change** and resistance to it<br><br>• **Ego-referred**, insensitivity or lack of understanding of social codes |

**CHALLENGES FOR HEALTH PROFESSIONALS**

**<u>Complex care:</u>**

**- global assistance -**

**- intense connections in the network of care -**

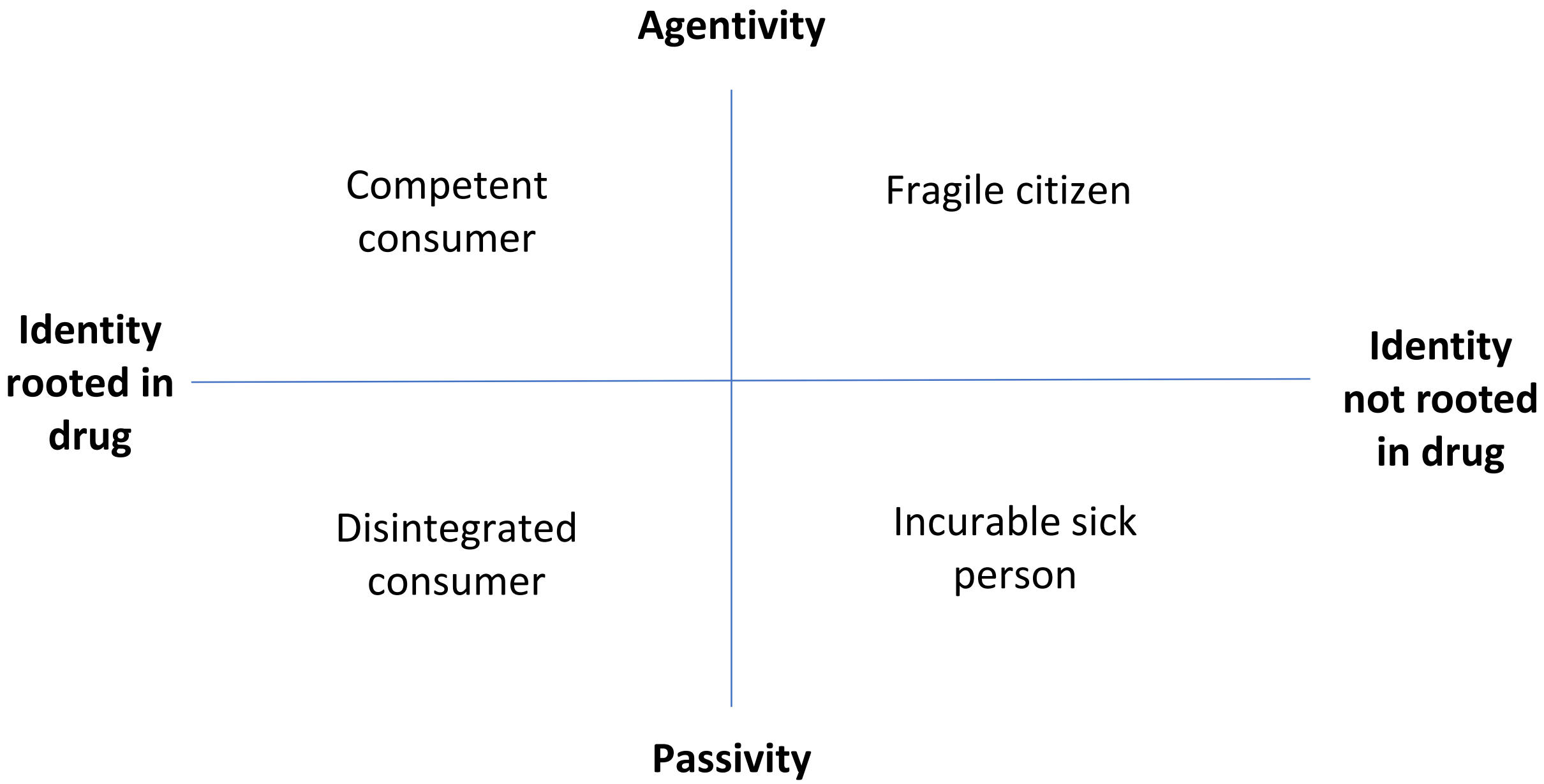
**- focus on the relationship -**

# Differences in PWUD 50+ aging process: identity strategies

**PWUD 50+** develop **different identity strategies** in order to build an image of themselves that is at the same time the most **acceptable and coherent** with their own life history

They give a particular ***framing*** of themselves: *framing* according to Goffman (1974) is a particular **perspective** from which one can look at an event, like a spotlight on a stage that illuminates it from distinct angles

Framings define the **conception** that the person has of himself and define his way to **connect** with the various social worlds


Agentivity
Competent consumer
Fragile citizen
Identity rooted in drug
Identity not rooted in drug
Disintegrated consumer
Incurable sick person
Passivity

# Which different identity strategies for PWUD 50+?

| | Disintegrated consumer | Incurable sick consumer | Competent consumer | Fragile citizen |
|---|---|---|---|---|
| **Way in which he presents himself to the world** | Unique referral: drug world | Unique referral: disease world | Partial referral to the drug world in which they are able to act | Very strong referral to the conventional world |
| **Path** | Passive, no agentivity | Victimism | Strongly claimed agentivity | Strongly regretted agentivity |
| **Way of life** | Without goal: the do not do anything relevant apart attempting to survive | Life of an invalid person | Marginal life but ability to take care of things that are important for him | Strongly oriented towards conventionality (work, family) |
| **Future planning** | No goals, eternal static present | Aimed at reaching a bit of independence | Future planning aimed at avoidment goals in a deviant setting | Future planning aimed at investment goals in a conventional setting |
| **Relationship with insitutions** | Handhold | Presumption | Partnership | Reticent service |
| **Active consumption** | Dizziness | Self-medication | Pleasure | Problem (bad habit, disease) |
| **Problems of care** | Absence | Passivity | Instability | Relactunce |

# Four framings

1. **Disintegrated consumer:** “it is the same for me to stay at home in prison or in another place, since I don’t do anything” (U.)

2. **Incurable sick consumer:** “ictus has completely changed my life. (…) Methadone enables me not to feel pain, it is only an analgesic for me” (A.)

3. **Competent consumer:** “I hope to be strong because if I am not able to do that, my family will be a disaster ” (B.)

4. **Fragile citizen:** “I work as freelance interpreter and translator and I entirely support myself” (R.)

# Four framings

1. **Disintegrated consumer:** “I think that my life in 5-10 years will be finished. I mean, it will be like now that noone doesn’t know anything about me, I think it will remain like this until I die. I won’t be able to stop with methadone, I cannot change”. (U.)

2. **Incurable sick consumer:** “I do not want to live here (residential care), I want to have an independent apartment with all facilities for invalid people” (A.)

3. **Competent consumer:** “I hope that my familiar situation will improve in future, that my partner will solve her alchool dependence and that my sons will have success in what they want” (B.)

4. **Fragile citizen:** “as an old man I see myself with my translations that will be still important, with much experience that will compensate my old body” (R.)

# Conclusions

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- These findings suggest the need of **innovative** health and social care guidelines based on the **lived experience** of the PWUD themselves.

- Interventions should be both general and tailored

- On the basis of the results, we can hypothesize the following **general interventions:**

  - focus on the **relationship** with the consumer
  - promote the consumers' **continuous support** in order to **limit fragility** ('scaffolding', cf. Vygotskij)
  - support the process of **sense making** of one's own life
  - **give value** to and **support** the consumers' goals (that sometimes could look suboptimal)

# Future proposals

**Tailored interventions** depending on the framing:

- Disintegrated consumer:
  - Enhancing and endorsing relationships?
  - Giving a positive model of relationship?
  - Support the ability to make relationships?

- Incurable sick consumer:
  - Endorsing agentivity?
  - Showing that “to care” is more important than “to cure”?
  - Support responsibility?

- Competent consumer:
  - Support small daily goals?

- Fragile citizen:
  - Supporting the person in his identity of citizen?
  - Support the ability of planning?

# Thank you for attention!

**margherita.luciani@supsi.ch**

# The sub-aims of the sociological study

**1)** To explore life trajectories (Strauss, 1992) of PWUD 50+ (health, drug consumption, substitution treatment, familiar trajectories, professional and institutional trajectories)

- **Key moments** (transitions, breaks, inversions) within the life trajectory
- **Factors of transition** from one phase to another

**2)** To explore PWUD' 50+ ways of life (Bertaux, 1983) :

- Understanding the **structure of daily life** in terms of activities and relationships
- Grasping the norm and value system on the basis of the daily life

➡ In order to identify PWUD 50+ problems and needs, their strenghts and their weaknesses on which the institution must intervene

# The design: Grounded Theory

The used design is that of **Grounded Theory** (Strauss & Corbin, 1990)**,** a methodological approach which is particularly apt to inductively explore insufficiently studied phenomena and to **identify mechanisms and regularities in complex psychosocial processes**

- Three main features:
  - **Iterativity**: data collection and data analysis occur simultaneously
  - **Theoretical sampling**: selection criteria of population are defined step by step
  - **Constant comparison**: data are analyzed through a continuous comparison in order to identify patterns thanks to the identification of analogies and differences