

Obstacles to progression for methadone patients: A qualitative synthesis



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Improving people's health through research and information

Research objectives

- Pr. Ob. > provide a substantive contribution to the knowledge base on obstacles to progress for methadone patients
- Pr. Ob. > explore the dynamics of relations between methadone patients and service providers
- Pr. Ob. > explore the views of methadone patients on their relationship to the drug methadone
- Pr. Ob. > explore how methadone patients construct visions of progress and what this means to them
- Pr. Ob. > explore how methadone patients interpret and tackle obstacles to progress
- Sec. Ob. > assess quality; utility for policy practice and feasibility of synthesis



Meta-Ethnography as a basis for synthesis

- Noblit and Hare (1988) Meta-Ethnography: Synthesising qualitative studies.
- Britten *et al*, (2002): medicine taking and communication with professionals
- Campbell *et al*, (2003): lay experiences of diabetes and diabetes care
- Patterson *et al*, (2008): Adapting to and managing diabetes
- Rhodes and Treloar, (2008). Hepatitis C risk among injecting drug users
- Pound *et al* (2005); medicine taking for short or long-term health conditions





Steps 1 and 2 of Meta Ethnography

Noblit and Hare (1988)

Step 1: Identify a research question that can be informed by qualitative research

Rationale for research question

Mid-Term Review of NDS (2005);

'panacea' or 'poison', (*Strang and Tobler, 2003*)

Step 2: Decide what is relevant to the research question

Studies using qualitative methods and including the patient perspective on their experience of methadone treatment (not confined to issues on progression at this stage)

Search strategy= SocIndex, PsychINFO and Medline; combination of free-text and thesaurus search terms = 50 studies



Inclusion, exclusion quality and relevance appraisal

- In-depth screening of these 50 studies revealed that 29 were not suitable for synthesis
 - Inadequate description of methods of enquiry
 - Inadequate description of methods of analysis
 - Inadequate reporting of the views of methadone patients
- Further in-depth screening of 21 studies revealed that 10 were unsuitable for synthesis
 - the did not include a clear description of methods of enquiry
 - the were primarily descriptive and lacking in interpretation
 - the did not include a sufficient focus on addiction recovery, and,
 - the did not give sufficient attention to users accounts
- Final 11 eleven studies selected for synthesis
 - the included an adequate focus on addiction recovery
 - the reported the views from service users (Popay *et al*, 1998)
 - the included a clear description of methods of enquiry including data collection, sampling, data analysis (Dixon-Woods *et al*: 2004)
 - Studies that included 'thick description' and interpretation of data (Popay *et al*: 1998)



Studies included in the synthesis = 11

Murphy and Irwin, J. (1992) Problems of disclosure; (n=343; Int. Clinics); **United States** 1980-89

Hunt and Rosenbaum (1998) "Hustling" within the clinic; (n=233; Int. + 6mt follow-up; 5 clinics) **United States**

Koester et al (1999) perceptions and use of methadone maintenance (n=38; Int., active heroin users) **United States**

Bourgois, P. (2000) Disciplining addictions; (Int and field notes, Clinics); **United States**

Dahl, H.V. (2000) methadone game: control strategies and responses; (n=40; Int.+ PO); Denmark

Lilly et al (2000) Sociality in methadone treatment; (n= 10-FG, 45-Int.+ PO; Clinics); **England**

Fischer et al (2002) views on methadone and other opiate prescription; (n=47; Focus Groups); Canada

Vigilant, L.G. (2005) ontological security in illness narratives of recovering; (n=45; Int. Clinics); **United States**

Holt M. (2007) Agency and dependency within treatment; (n=77; Int.); Australia

O' Connor and Rosen (2008) Multiple experiences of stigma; (n=24: Int.) **United States**

Radcliffe and Stevens (2008) the management of stigmatized identities; (n=53: Int.) **England**



Step 3, 4 and 5 of meta-ethnography

Noblit and Hare (1988)

Step 3: Reading the studies

becoming familiar) and extracting 'metaphors' or emerging themes

Step 4: Determining how the studies are related

creating a list of the key metaphors, phrases, concepts and themes used in each account and then juxtapose them (constant comparative method)

Step 5: Translating the studies; seeking 'reciprocal translation'

interpreting the meanings of studies in relation to each other; are they comparable or refutational?



Term	Definition
1st order construct	Constructs that reflect participants understandings, as reported in the included studies
2nd order construct	Interpretations of participants understandings made by authors of these studies
3rd order construct	The synthesis of both first and second order constructs into a new model or theory about a phenomenon
Reciprocal translation	The comparison of themes across papers and an attempt to ‘match’ themes with one paper with themes from another, ensuring that a key theme captures similar themes from different papers
Line of argument synthesis	The development of a new model, theory or understanding by synthesising and interpreting first and second order themes found in the text.



1st order constructs

- **Script control**
 - Daily attendance, monitoring and control “liquid handcuffs”
- **Therapeutic alienation**
 - lack of therapeutic dialogue/alliance; fear of addiction and detox, strained relationship with regime
- **Marginal identity**
 - The addict identity endures in treatment, ashamed of their methadone status, energies directed towards performing concealing work



2nd order constructs

<i>Authors</i>	2nd order interpretations
<i>Murphy and Irwin (1992)</i>	“Being a methadone client represents a marginal identity ; not quite junkie, not quite conventional”
<i>Hunt and Rosenbaum,(1998)</i>	“The clinic is both an instrument of therapy and social control . The clients want the therapy but resist the control ”
<i>Quirk, et al (1998)</i>	““Clients resist the medical regulatory aspects of methadone and its addictive properties and try to benefit from the social interactional elements of the programme”
<i>Koester et al (1999)</i>	“Clients fear institutional control (methadone system) and dependence on methadone the drug”
<i>Dahl (2000)</i>	“ Methadone is a game and clients are pawns ”
<i>Bourgois, (2000)</i>	Methadone is an arbitrary and hostile form of social control and enforced addiction ”
<i>Fischer et al (2002)</i>	“Methadone is unacceptably punitive and controlling and pervasively regimented and disempowering ”
<i>Vigilant, (2004)</i>	“Methadone treatment is in a state of limbo ; a state between full medicalisation and full criminalisation “
<i>Holt, (2007)</i>	“Methadone maintains dependence on the drug and the clinics and is not seen as treatment ”
<i>O’ Connor, and Rosen,(2008)</i>	“ Addict stigma endures in treatment “
<i>Radcliffe, and Stevens (2008)</i>	“Seeking a conventional and respectable life is impeded by clinic practices”

3rd Order Constructs (new interpretation)

Line of argument thesis

- **Absence of therapeutic dialogue**
'managing dependence'; do-it-yourself' methods (Quirk et al, 1998),
'self-prescribed attempts at harm reduction' (Koester et al, 1999), 'reducing risk of becoming methadone zombie' (Dahl, 2000), 'hustling' (Hunt and Rosenbaum, 1998) a modest exercising of 'self-agency tactics' (Holt, 2007). 'game' (Dahl, 2000)
- **Trapped in the recycling of failure**
models of failure; simulated drug scene; no evidence of long-term success; lack of distance and exit from drug world; (Radcliffe and Stevens, 2008; Fischer *et al*, 2002; Bourgois, 2000; Vigilant, 2004; Murphy and Irwin, 1992; Holt, 2007; Fischer et al, 2002)



3rd Order Constructs (new interpretation)

Line of argument thesis

- **Recovery support deprivation**

deprived of vital recovery support from family, friends, self help groups; deprived of creating new networks of friends;

crisis of shame about revealing their methadone treatment; not seen as medical patients; methadone not seen as treatment; the addict endures in treatment; identity limbo (Murphy and Irwin, 1992; Dahl, 2000; Radcliffe and Stevens, 2008; Holt, 2007; Bourgois, 2000; Radcliffe and Stevens, 2008; O' Connor and Rosen, 2008) Methadone = stained with a crisis of legitimacy (Vigilant, 2004; O' Connor and Rosen, 2008; Fischer *et al*, 2002),

- **Impeded self-actualisation**

embraced cultural mainstream goals 'desire to be normal' (Murphy and Irwin, 1992) (Quirk *et al*, 1998) (Radcliffe and Stevens, 2008).

these shifts in social functioning go unrecognised by society and by staff at methadone dispensing sites. mandatory daily appointments; degrading practices of urine testing ; monitoring and control; (Vigilant, 2004; Hunt and Rosenbaum, 1998; Koester *et al*, 1999; Holt, 2007; Bourgois, 2000; Fischer *et al*, 2002; Quirk *et al*, 1998;





Thank you for your attention and interest

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