

"Methadone saved my life, but I am chained to the clinic"

A Scoping Review and Interpretive Synthesis of Older Adults' Experience in Opioid Agonist Therapy

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Context

Many older people do not "age out" of opioid misuse

- growing numbers of seniors are experiencing serious health and social consequences of long-term opioid dependence.

Benefits of Opioid Agonist Therapy (OAT) are well-established

- limited literature on the experiences of older people.

Lack of study hampers provider and planner response to the growing need for integrated addiction and aged care.

Objective

To explore the lived experiences of older adults receiving OAT.

Study Design - Scoping Review

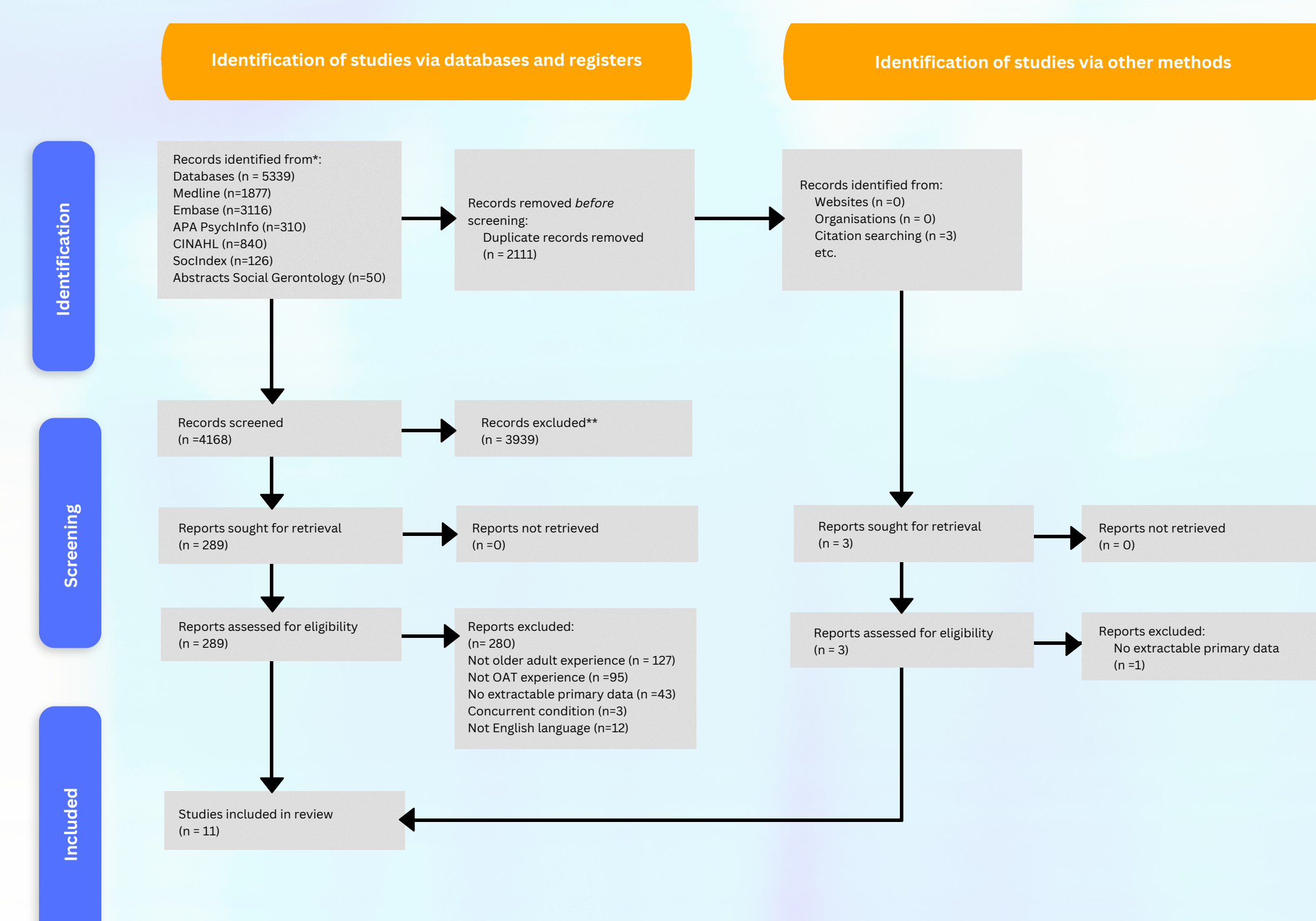
A phenomenological lens was used to develop an interpretive synthesis, grounded in verbatim accounts of older people receiving OAT reported in included studies.

Search Strategy:

- Opioid agonist therapy
- Older adults
- Patient experiences

- Articles with primary data (direct first-person quotations) by older people on OAT (age >50 years) were included.
- Systematically searched 6 databases.
- Studies were reviewed independently by 2 reviewers.
- Data extraction: study characteristics, including context, and all direct quotations.
- Researchers collaboratively and reflexively interpreted the qualitative data to develop a synthesis of older people's experiences in OAT.
- Consultation with older people with lived experience of addiction and OAT (n=5), and family physicians (n=4) who see older people with addiction, confirmed the synthesis and informed Implications/Conclusions.

PRISMA Flow Diagram



Findings

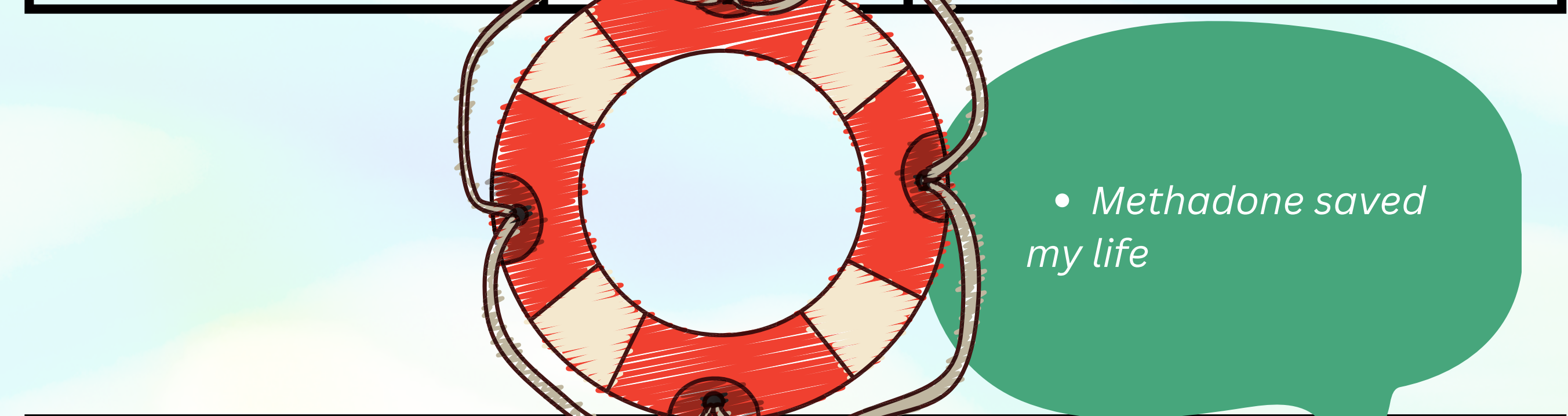
Data set: of the eleven studies included, (9) from USA, (2) from England, yielding:

- 159 direct quotes from 82 people >50 years old, with experience of OAT.
- nine studies included only older adults; 2 specifically examined experiences of older people who were racialized and on methadone; older women's experiences were the focus in one study.
- ten studies recruited from specialty OAT clinics; 4/10 from the same Midwestern urban specialty clinic.

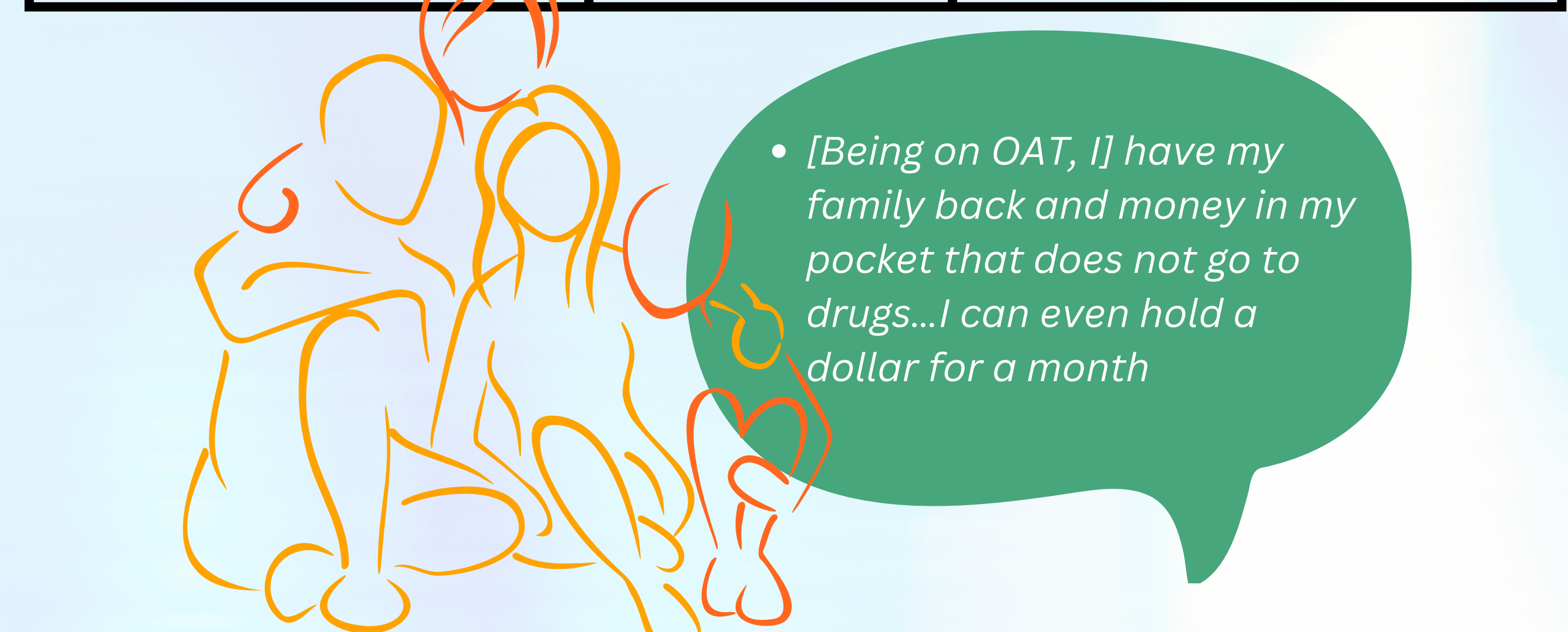
Three main themes:



Theme 1 - Aging with Addiction: Sick and tired of being sick and tired		
Living with loss, regret, and fear	Loss of wellness	- I want out [of addiction]. I don't know how to get out. I'm trying to get some new direction...I was at the point where I was sick and tired of being sick and tired... (Samuel, African American man, 56; Rosen, 2011)
	Loss of roles & status	- I could have been a much better role model, a much better father, a much better husband. (Oscar, White man, 57; Smith 2009) - It just irritates me about people judging people about drugs. (Unnamed African American woman, 56; Conner 2008)
	Community losses	- Forty-eight homes in my block-18 are abandoned... This used to be a self-sufficient neighborhood-now you have to leave the neighborhood for grocery, pharmacy. It's rough on seniors. (Louis, African American man, 55; Rosen 2011)
Barriers to forming new relationships	Fear of trusting & further loss	- It's hard for me to confide in people because I tried so much before and that's why it's hard. Betrayal. (Unnamed White woman, 66; Smith 2009)



Theme 2 - Being on OAT: benefits and drawbacks		
Methadone saved my life	Relief from the pursuit/use of drugs, supporting reconnection with family	- I would rather be on methadone than be out hustling. At my age, I can't do what I did in the past, so taking methadone has saved my life... my family is all for me using methadone to stay sober and not return to my previous behavior. My family is also very supportive of my treatment, especially my mother. I know that if I did not have her support, I would become upset and probably use again. (James, White male, 55; Hightower 2016)
There's still stigma and prejudice about being on a script	Rejection by family Distancing by family	- My family treats me like I am still on street drugs. If my family sees me using methadone, they treat me like I am no good... Because I am a woman, I am supposed to know better and should be the caregiver for others. (Anna, White female, 55; Hightower 2016)
	Mistrust, judgement by non-OAT service providers	- There's still stigma and prejudice about being on a script [for OAT] ... as soon as you mention [to service providers outside of OAT settings] you are an addict there is instant mistrust and judgement. (Ayres 2012)



Theme 3 - Experiences in OAT Services: challenges & key supports		
Consequences of Required Daily Witnessed Ingestion	Stigmatization and impaired trust	- [Daily witnessed ingestion] makes me feel like a two year old child, it's humiliating. (Ayres 2012) - Trust is an important issue for me and when I have to go to the clinic daily, I feel as if I am being put down for being an older addict. (Nancy, White female, 50; Hightower 2016)
	Failure to benefit & barrier to other pursuits	- I know that there are consequences if I was to relapse. Making me come to the clinic every day does not guarantee I won't do anything I shouldn't do. I need to do be able to do other things with my life besides worrying about getting to the clinic every day. (Elizabeth, White female, 53; Hightower 2016)
Heavily policed care with serious consequences for breaking rules and limited alternatives	Highly controlled movement into/out of clinics; security staff	- You kinda felt almost like a herded-in cow or something ... and we ain't in a barnyard. They made everyone feel so yucky about themselves. You know cause they had cops here guarding the place and looking at you like you did something wrong or terrible. (Mali, White woman, 60; Conner 2008)
	Staff's mistrust & policing, barriers to trusting care relationships	- [My counselor is] always trying to catch me doing something. You know what I mean. They're always trying to catch me in the wrong. How can you talk to somebody like that or tell him something personal. (Steven, African American man, 53; Smith, 2009)
	Fear of forced detoxification & relapse to street drugs, if:	- [forced detoxification] could happen, and the fear, like you said, the fear of the unknown. I'm sure that I have enough armor to carry me if that does happen. I have support groups, I have a support network that I'm pretty sure would hold me if something like that happens...it is a scary thought for me. It is real scary. (Lamont, African American man, 57; Malvini 2013)
Critical need for Expert, Supportive Providers with:	Lived Experience of substance use and marginalization	- And he's [my counselor] knowledgeable because he used to do pills. He used to do cocaine. He drank. He used heroin. I mean he knows all that. He knows all of this. Plus, he got—he went to college for a lot of things. So I trust him. (Joan, White woman, 57; Conner 2010)
	Knowledge of resources to overcome marginalization and loss due to addiction	- Treatment providers in the community have knowledge of additional resources for addicts. Working with a case manager, I was able to get decent housing. The other thing is that I know there is someone who will hold me accountable if I make a mistake, but not make me feel as if I was the worst person in the world. (Elizabeth, White female, 53; Hightower 2016)

Implications and Conclusions

OAT can be very positively experienced by older people when grounded in patient-centred and inclusive-aged care.

- Given growing numbers of older people with OUD, and the toxic drug crisis, wider access is needed to OAT models of care which offer:
 - choice and avoid punishment (including involuntary discharge) for non-compliance
 - counselors with lived experience of addiction and marginalization
 - additional supports, e.g. housing, income and food security
- Significant gaps in literature on experiences of older people in OAT, and specifically for those:
 - on buprenorphine-naloxone ("Suboxone")
 - in various and intersecting demographic subgroups
- Greater Inclusion of older people who use drugs is needed to guide service planning, implementation, evaluation, and research.

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