

Qualitative Research in the Field of Substitution Therapies

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Drop-In

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Drop-In

outpatient clinic for persons with substance use disorders (SUD)

- patients with opioid dependence (many in methadone maintenance treatment)
- persons with other substance use disorders: cocaine, cannabis, benzodiazepines, alcohol, tobacco, ...
- comorbid disorders: other SUDs, attention-deficit hyperactivity disorder, depression, phobia, ...

Who I am

- psychologist
- doing research (in a small research team)
- also working at the Department of Psychology, University of Zurich
- "Experimental and Developmental Psychology"
- risk taking and risky decision making

Research at the Drop-In

Different kinds of studies (quantitative and qualitative)

- questionnaire study on patient satisfaction
- study on methadone injection with standardised interviews
- biperiden for excessive sweating from methadone

Qualitative study

on the subjective functions of methadone maintenance treatment

together with Carlo Caflisch and Dominique Eich

Methadone Maintenance Treatment (MMT)

Most common pharmacological intervention for opioid dependence

Many studies about quantitative aspects

Well documented benefits (objective functions):

MMT leads to

- reduced use of heroin and other illicit drugs
- improved physical and mental health
- decrease of criminal behaviour
- decrease of probability of HIV infection
- ...

Methadone Maintenance Treatment (MMT)

Far less studies on what the patients think about MMT

- Do they think the same?
- What are their individual and subjective benefits and drawbacks of MMT?
- What are the subjective functions of MMT?

--> Qualitative interview study

- semistructured interviews with 9 patients (so far)
- patients very heterogenous in age, time in MMT, methadone dose, use of other substances, employment, ... ("purposeful sampling")

Results I

Yes, they do think the same!

- avoid withdrawal
 - gain distance from heroin
 - avoid relapse
 - withdraw from injecting
 - attain and sustain working ability
 - financial relief -> no need to commit crimes to get money for heroin
- > It helps to lead a "normal" life.

But there are some problems...

- daily dispensing
- stigmatisation in dispensing pharmacies
- excessive sweating

Results II

No, they don't think the same - there are some more benefits!

a) methadone used for its heroin-like effects

"Methadone gives me feelings of warmth and euphoria, it feels like you are together with a beloved person." (p1)

"I always wanted to get a rush. That's why I took more and more methadone. That's why I have 150mg now." (p4)

*"It gives me warmth and a feeling of security. That's what I need. If I take it in the morning, there is some shelter, some warmth I need."
(p7)*

Results III

No, they don't think the same - there are some more benefits!

b) methadone to alleviate unwanted effects of cocaine

"Often, I used the methadone to come off cocaine that I consumed mainly on weekends." (p4)

"After excessive cocaine consumption, I drank all my weekend takeaway doses to come down. When they were finished I bought more methadone on the streets." (p6)

Conclusion

Qualitative studies

- > good for identifying and understanding phenomena (e.g. "new" benefits of methadone)
- > afterwards, quantitative studies are often needed:
 - assessing frequencies and magnitudes
 - finding interconnections (e.g. between patient characteristics and subjective functions of MMT)

Thank you
for your attention!