



# Gender Differences in Older Heroin Users

Alison Hamilton Brown, Ph.D. & Christine Grella, Ph.D.  
UCLA Integrated Substance Abuse Programs, Semel Institute for Neuroscience



## Introduction

### Research Issues

- The number of users aged 50+ is expected to increase from 719,000 to almost 3.3 million by 2020 (Colliver, Compton, Gfroerer, & Condon, 2006).
- Limited information is available regarding aging drug addicts, but potential compounding problems include medical conditions and decreased social support (Lofwell, et al., 2005).

### Study Design

- As part of a long-term follow-up study of gender differences among older heroin users, eight gender-specific focus groups were conducted with 38 (19 men, 19 women) older (aged 50+) heroin addicts.

## Methods

### Procedures

- In the MM clinic, the clinic director organized focus groups of "stable" (i.e., not testing dirty) and "unstable" (i.e., testing dirty) clients
- For the non-MM groups, flyers were posted throughout the community and potential participants called an 800 number. The RA asked callers when they first used, how long they had been using, how much they used, the last time they used, and whether they had been on methadone.
- Interviews took place at the MM clinic (4 interviews) and at the UCLA Research Center office (4 interviews)
- Informed consent was obtained from all participants
- All participants completed a background survey
- A light meal was provided at each focus group
- Participants were paid \$50

### Measures

- A semi-structured interview was used, covering:
  - overall effects of heroin
  - influences on cessation, relapse, or continuation of use
  - turning points in use
  - effects of heroin use on family
  - effects of heroin use on physical and mental health
  - effects of criminal justice involvement on cessation/relapse/continuation
  - effects of treatment on cessation/relapse/continuation
  - potential triggers for relapse, if any

### Analysis

- Constant comparative method
- Use of ATLAS.ti (qualitative data analysis software)

## Participant Characteristics

### Demographics/Background

- Age:
  - 63% (n=24) were 50-55
  - 16% (n=6) were 56-60
  - 21% (n=8) were 61 or older
- Ethnicity:
  - African American, 55% (53% of the women, 58% of the men)
  - Hispanic, 8% (0% of the women, 16% of the men)
  - White, 29% (37% of the women, 21% of the men)
- 40% had less than a HS degree, 13% had a HS degree or GED, 32% had some college, 5% had a bachelor's degree, and 11% had an advanced degree
- 26% were currently employed; 58% (53% of the women, 63% of the men) were receiving public assistance
- 32% (26% of the women, 37% of the men) were married or living as married
- 74% (79% of the women, 63% of the men) had children; of those, 82% reported having contact with their children

### Substance Use & Treatment

- Abstinence:
  - 8% reported 0 to less than 1 year
  - 47% of the sample self-reported 1-5 years of abstinence
  - 18% reported 6-10 years
  - 11% reported 11-20 years
  - 15% reported 21 or more years
- 55% reported use of illegal substances in the past year
- 34% reported use of alcohol, with 8% using every day, 5% using several times a week, 5% using several times a month, and 13% using several times a year
- 63% of the sample were currently in methadone maintenance (MM) treatment
- 16% had been in MM for less than one year; 40%, 1-5 years; 21%, 6-10 years, 18%, 11-20 years, and 5%, 21 or more years
- 34% (26% of the women, 42% of the men) currently attended 12-step meetings

### Criminal Justice History

- 94% (100% of the women, 90% of the men) had ever been in jail or prison
- 47% had engaged in drug only crimes; 16%, drug and property crimes; 13%, drug/property/violent crimes; 11%, property only crimes; 3%, violent only crimes, and 3%, traffic-related crimes
- 16% (21% of the women, 11% of the men) were currently under legal supervision

## Results

### Gender Differences

- Gender differences were apparent in interactional styles and topics of conversation in male versus female focus groups.
- Male participants:
  - Tended to glorify the past and tried to impress one another
  - Talked extensively about their experiences with incarceration and relapse following incarceration ("The closer you get to that gate the sicker you get. You start to get sick. The song calls you—'King Heroin' [singing] 'You know what? I won't chase you. I'll be waiting here at the gate when you get out.' It is a powerful psychological thing.")
  - Few seemed to be in relationships with significant partners, and few described on-going relationships with their children
  - Some stopped using "cold turkey," without treatment ("My main motivation was that had I reached a point where it was more important than my work. When I finally faced that, that was it, so I went cold turkey. I just stayed in and I went through the hell that you go through for almost two weeks. And that was it, and I never looked back.")
  - Quitting was typically precipitated by drug-related deaths of friends and family members
- Female participants:
  - Tended to be more introspective and often tried to analyze and support one another ("I am so ashamed. I mean, people who never knew what it was like, having a job or...having self-respect. Maybe they started early...they didn't know what [addiction] was, but I knew better. So, I was really ashamed that I had chosen such a self-destructive path. I knew better.")
  - Showed each other and the facilitator their scars and track marks
  - Described using primarily with their partners, and several had been in marriages of over 20 years
  - 16/19 women had children, but not all were in contact with their children
  - Discussed other family members (usually mothers or sisters) raising their children
  - Described losing children (to custody and death) and having abortions ("I had abortions. I just didn't feel I could be a good mother... I just didn't think I could be a good mom, but then, part of me really loves children. It was such a painful thing. In fact that's something that's haunted me. I killed my unborn children. That has been one of my greatest pains because I just didn't have the courage. My life was so insane doing that craziness all the time day after day, year after year.")
  - Described traumatic experiences throughout their lifetimes, including sexual abuse and violence
  - Expressed that they turned to drugs to self-medicate their mental health problems
  - Spoke about sexual behaviors in which they engaged to maintain their habits

Males

Females

## Results

### No Gender Differences

- Both men and women:
  - Talked about glamour of heroin in early days
  - Described a love for heroin
  - Had been involved in the criminal justice system
  - Said they had used from 20-40 years
  - Discussed poor quality of heroin on the streets today
  - Used other drugs while on methadone (methadone described as a "base drug")
  - Had siblings and other family members who were also addicted
  - Denied that their children ever saw them using
  - Expressed surprise that they are still alive; many still using
  - Described similar long-term health effects of heroin: almost all had hepatitis C and most described similar physical and psychological problems (dental, asthma, arthritis, depression, high blood pressure, sleep problems)

## Summary of Findings

- More than half of this 50+-year-old sample had used illegal substances in the past year.
- Gender differences were apparent in the experiences of male versus female older heroin users, especially with regard to what they highlighted in their histories of addiction.
- Male and female heroin users had lost many family members and friends to heroin addiction and were surprised that they themselves were alive.
- Male and female heroin users described similar health problems.

## Conclusions

- In the coming decades, there will be increasing demands on the substance abuse treatment system from aging drug users, requiring "a shift in focus to address the special needs" of this population (Gfroerer, Penne, Pemberton & Folsom, 2003, p. 127).
- Special attention needs to be paid to concurrent physical and mental health conditions, and prescription drug use/misuse along with illegal drug use.
- More research needs to address gender-specific treatment issues of the growing aged drug addict population.

## References

Colliver, J.D., Compton, W.M., Gfroerer, J.C., Condon, T. (2006). Projecting drug use among aging baby boomers in 2020. *Annals of Epidemiology*, 16, 257-265.

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