



QUALITATIVE STUDY TO UNDERSTAND THE JOURNEY AND EXPERIENCES OF ADOLESCENTS WHO UNDERGO MISUSING OPIOIDS

Yahya Wardak

ABSTRACT: The opioid epidemic has turned into a serious public health issue in US, with a morbidity rate to increase by a staggering 43%. Adolescents are the most vulnerable, experiencing the ominous consequences of opioid abuse, which includes overdose and death. This research proposal explores the popularity and consequences of opioid addiction among adolescents and teens, giving insight into the underlying factors contributing to this devastating trend. This proposal uses an phenomenological qualitative research approach in order to gain insight in the experiences, feelings, and emotions of adolescents misusing opioids. From this research, we want to create intervention methods to decrease this alarming public health issue.

Introduction & Background

Introduction to the Problem

Currently, in the United States, the opioid epidemic has reached its highest point, causing the morbidity rate to increase by an astonishing 43% (University of Washington Addiction, Drug & Alcohol Institute, 2022). According to the Centers for Disease Control and Prevention (CDC), the COVID-19 pandemic has caused opioid overdose death rates to increase (2022). The most susceptible to the opioid epidemic are adolescents, and they are dealing with the consequences of misusing opioids, such as overdose or even death (Yaster et al., 2020). Understanding what adolescent opioid users go through, in terms of their feelings and emotions, can shed light on this dark situation, which can possibly lead to prevention and intervention methods to decrease and prevent the cycle of misuse.

Definitions and Statistics

Opioid addiction is when an individual has lost self-control in taking opioids regardless of having the ambition to stop (Ljungvall et al.,

2020). This term can be confused with opioid use disorder, which refers to the frequent use of opioids that causes health issues, impairments, and failure to meet personal responsibilities (Ljungvall et al., 2020). When examining the situation's statistics, a 2016 opioid outbreak totaled over 12% of all deaths among 15-24 years olds (Hudgins et al., 2019). In a Risk Behavior Survey, which discusses the misuse of narcotics, the survey reports that the prevalence of misuse is 17% among 12th-grade students in 2017 (Hudgins et al., 2019). Lastly, in past years prescription opioid misuse among adolescents and young adults has increased from 0.7% to 16.3% (Hudgins et al., 2019). The misuse of prescription opioids may cause an excess amount available.

Overprescribing Opioids

One potential factor that's inciting the epidemic is the excess of opioids that patients have (Yaster et al., 2020). After conducting interviews with the patient's parents, in their research study, Hunsberger and his researchers discovered that their children, ages 1-21 years old had more than half of unconsumed opioids left (2019). In Hunsberger's Study, many of



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the parents weren't sure what to do with the leftover opioids (2019). Some of the parents went as far as disposing of them without proper guidance (Hunsberger et al., 2019). In another study, Ross-Durow examined the homes of students that were prescribed pain medicine and discovered that all of the participants had unsupervised access to their excess medication (2013). With the excess amount left and with no supervision, adolescents can be at risk for abusing opioids (Ross-Durow et al., 2013). There's no doubt there will be leftover pain medicine after postoperative pain. With these given studies, all patients may be guaranteed an excess number of opioids. With that guarantee, there is risk of abusing the pain medicines.

Misuse and Abuse

An important motive that is occurring during the opioid epidemic is the misuse of medication, which can lead to addiction (Yaster et al., 2020). According to a retrospective study examining the years 2015-2016, out of the 32.8 million individuals who used prescription opioids, 21% were adolescents (Hudgins et al., 2019). Out of those adolescents who responded, 3.8% were misusing prescription opioids and obtained them from friends or a prescriber (Hudgins et al., 2019). Another potential risk factor comes with the abuse of heroin, which is an illicit drug. A strong correlation between the misuse of prescription opioids during adolescence can transition to heroin use in young adulthood (Cerdá et al., 2019). The pathway to using heroin varies among patients, but the majority begin when there's a restriction to obtaining prescription opioids (Monico et al., 2018). There are many factors (both social and environmental) that are involved in using heroin after prescription opioids, but the common theme that researchers found was that patients don't need a prescription for heroin and that heroin is much cheaper than prescription opioids (Monico et al., 2018). Misusing opioids can hinder the lives of adolescents and can possibly lead them to use illegal substances.

Treatment Options

Patients that are dealing with opioid addiction or misuse can attend a rehab center or therapy. But there aren't many strategies when it comes to dealing with excess opioids. Garren and his research team discovered that patients who were given postoperative counseling on storing and disposing methods of opioids had fewer issues being stuck with the excess amount (2019). That said, there should be a rule allowing doctors to give patients postoperative directions when dealing with opioids.

Gaps of Knowledge

When examining the gaps of knowledge for this situation, there are a few issues that one must be aware of. The first one is, patients will most likely be left with excess opioids after postoperative pain (Garren et al., 2019). This may be a concern that almost all patients will deal with when prescribed pain medicine. Another unknown factor that must be resolved is a prevention method focusing on adolescents abusing opioids (Hudgins et al., 2019). In a past study done by researchers in Sweden, they interviewed 10 people who were undergoing chronic opioid therapy (Ljungvall et al., 2020). After analyzing the interviews, they came up with solutions that should be implemented into the Swedish healthcare system, such as monitoring patients who are using opioids over a long period of time and creating a trustworthy and reliable relationship between a healthcare provider and patients. This entire study was done with adults; however, we want to conduct a similar qualitative study, but focused primarily on adolescents, ages 15-18 years in drug treatment centers.

Research Question and Hypothesis

In the United States, we are facing a terrible opioid epidemic causing the mortality rates to increase by 50% (Yaster et al., 2020). To make matters worse, the most vulnerable to



Experiences of Adolescents Who Undergo Misusing Opioids

the opioid epidemic are adolescents, and they are also dealing with the consequences of misusing opioids (Yaster et al., 2020). While adolescents do face overdose deaths, Cerdá and his researchers further discovered how misusing opioids can lead to illicit substance use such as heroin among adolescents and young adults (2015). Our qualitative research method will explore the experiences that adolescents go through when misusing opioids. Specifically, our research question is: what are the experiences that adolescents (ages 15-18 years) endure when addicted to misusing unneeded prescription opioids? For this research project, we intend to investigate the themes based on the accounts and phenomena of participants who are currently placed in Drug Treatment centers to share during the in-depth interview session.

Research Approach

Research Design

The type of study that we will be administering is a phenomenological qualitative research project. The reason we have selected this approach is because we want to examine the experiences, emotions, and feelings that our participants have when misusing unneeded opioids. With this research model, we can gain an understanding of the phenomena as individuals present their journeys through their lens. Using phenomenology helps give direct awareness of those experiences they have faced.

Study Population and Sampling

Our study population is going to be adolescents, particularly, high school-aged students (15-18 years old). To qualify for this study, participants must have an addiction to pain medicine and must be admitted to a drug abuse treatment program (Bieber et al., 2008). To be included, they must have had pain for at least three months before opioid exposure, treated chronic pain with prescription opioids, and their first exposure to opioids must have

been for treating their chronic pain. If the participants meet all the requirements, then they are eligible to be part of the study. We will enroll about ten people for a single in-depth interview and will sample them by using the convenience method. We will do this by placing and handing out flyers in varying drug treatment locations in Seattle. The reason we chose the sampling method is because we are looking for specific participants that can be part of the study.

Operationalization and Measurement

In this study, we are focused on adolescents that are misusing opioids and have an addiction to them. Opioid addiction is defined as an individual that has lost self-control in using opioids (Ljungvall et al., 2020). This is the most severe stage of opioid use disorder. On the other hand, opioid use disorder is defined as constantly in-taking opioids causing impairments and health issues (Ljungvall et al., 2020). In the Introductions section, we mentioned overprescribing opioids, which ultimately means physicians prescribing an excess number of opioids to patients (Yaster et al., 2020). For the participants that we will interview, they need to go through recovery in the Drug Abuse treatment program and must be clean for four weeks. When focusing on this qualitative study, we will be conducting interviews that consist of open-ended questions with ten individuals (that are adolescents) who are misusing opioids.

Data Collection

All interviews will be audio recorded and then transcribed verbatim for analysis in English (Ljungvall et al., 2020). The reason for this is we will have two coders closely read and analyze the transcripts. The themes that we may encounter are losing control of oneself when using opioids, dependency on the medication, and being stigmatized for using pain medication (Ljungvall et al., 2020).



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Data Analysis

For the analysis section, we plan to use Interpretive Phenomenological Analysis (IPA) (Ljungvall et al., 2020). For this analysis method, each transcript will be evaluated for their differences in claims and experiences by two members of the research team who will be coders. From here, they will examine key ideas and main themes through different perspectives. To do this they will have to reread the transcripts several times. After this is done, both coders will then compare their interpretations of the transcripts and identify patterns, connections, and differences from the varying themes they discovered. After this step, we will then compile and present the key themes and ideas from the interviews.

Ethical Considerations

Before conducting our study, we will wait until we receive IRB approval by submitting our proposal to the University of Washington. The participants in this study will be informed about the risks, benefits, and purpose of this study and are encouraged to ask any questions if they have any. Also, the participants must provide verbal and written consent before the interview. For those who are minors, we ask for the parents' permission to conduct the interview with their children, and we will reassure them that all of this information will be kept confidential. We will then advise the participants that this is all voluntary and may opt out whenever they feel the need. Since the interviews will take place in person, we plan to tell the participants that their identities and the stories they present will be kept confidential among the research team. The only matter we will share with the public is the themes we discover from the interviews. We encourage the participants to give detailed answers to the questions about their lived experiences of misusing pain medicine, but overall, they have control over what they want to present to us. The interviews will take place in a public hospital building or treatment center,

so no suspicion arises with our applicants. They will all be given \$75 for their participation in the interview, so they do not feel like their time will be wasted.

Discussion

Significance

Overall, what we are trying to accomplish is better well-being for adolescents that are unfortunately mixed into the opioid pandemic that we are currently facing in the United States. As mentioned earlier, doing a qualitative study that involves interviews with open-ended questions can give us a unique perspective of what the victims are experiencing with their health. To add on, interviews give rich data, create empathy and strong understanding, and give compelling information about the subject's lifestyle that cannot be obtained by using a quantitative approach. When examining the study population, they are not usually acknowledged in the opioid pandemic (Yaster et al., 2020), and are therefore, an understudied population. The sampling technique that we will use is convenience sampling. With this method, we are collecting specific types of participants who are addicted to misusing opioids. Therefore, we are getting data from the exact population that we want.

Limitations

As mentioned earlier, we will be conducting interviews, so keeping the participant's identification anonymous will not be possible. But to solve this issue, we need to keep their identities confidential among the research crew. The interview will consist of 10 participants, which may be a small number for even a qualitative study, but we are expecting to have in-depth interview sessions with all the participants. Since we are doing in-person interviews, we may deal with the Hawthorne effect, which is when individuals may behave differently when being observed by a researcher.



This is a natural cause that all participants may have when participating in a study. We will just try to make them feel welcome into the interview as much as possible. Convenience sampling is a non-probability technique. This means there is no randomization among our population; therefore, there is a potential bias in this study. However, there's no other way to go around this because we are looking for specific individuals (not random ones), which is not possible using the probability technique. Lastly, we are interviewing 10 people in one city, so the experiences that the participants share will not represent everyone in the United States. But acquiring the emotions and experiences that these participants present to us can certainly open other doors when dealing with the opioid epidemic.

Future Directions

If this study gets conducted and we receive data, we will then investigate the common health disparities or issues those adolescents are going through. We also want to perform this study on other groups that are facing this crisis, such as young adults and minority groups. From there, we will try to come up with resolutions that can resolve the issues that they are dealing with. Also, when we examine the issues adolescents face when abusing pain medicine, we can try to construct a prevention method that prevents adolescents from abusing opioids in the future, such as developing policies for prescribing opioids to inform patients and parents of potential risks and dangers that they need to be aware of when using opioids.

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