

Resiliency among Women who use Methamphetamines: Implications for strength- based interventions

Presented by

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Presenters Disclosures

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No relationships to disclose

Background

- Traditional mental health and substance abuse interventions focus on identifying and treating symptoms, problem behaviors, emotional concerns and individual deficits.
- These models emphasize negative attributes and may further victimize people by focusing on what is wrong and bad about them.
- More recently, interventions have begun to focus on clients' strengths rather than their deficits.
- Strengths-based models see clients as bearers of unique talents, skills, resources and life experiences that can be harnessed to work towards positive change.

Objective

- The purpose of this presentation is two-fold:
 - Illustrate the ways in which women who use methamphetamines show resilience and strength under adverse circumstances
 - Inform the development of interventions that tap into these strengths and empower women to change their health behaviors

Overview of Study Methods

- NIDA funded, community-based study of women who use methamphetamine (meth) in San Francisco (2007-2009)
- Respondent Driven Sampling
- Eligibility criteria were age (>18 years), current meth use, and heterosexually active in the past 6 months.
- Quantitative interview (N=322)
- Subsample of women (n=40) were strategically chosen based on risk behaviors to participate in a qualitative in-depth life history interview
 - The purpose of the qualitative component was to understand the context of sexual and drug risk

Qualitative Methods

- Interviews were conducted using a semi-structured interview guide.
- Qualitative interviews were digitally recorded and transcribed verbatim.
- Data were analyzed using an inductive analysis approach.
- Data were summarized and case examples are presented to illustrate emergent themes.

Framing of Results

- Women told us about their experiences with multiple traumas, escalation of drug use, incarceration, sexual and physical violence, poverty and neglect.
- Amidst their struggles, narratives of resiliency, strength, empathy and forgiveness consistently emerged.
- We present 3 cases to illustrate resilience of the women in our sample.
- Each case is labeled with a pseudonym to protect the anonymity of the participants.

Case 1: Susan's Struggles

- Susan and her younger brother grew up without a stable home. Their mother left and their father could not take care of them
 - *“I was in 27 different homes by the age of 18. That includes grandmothers, aunts, uncles, my dad’s friends and people that he found in the newspaper...they were the worst, they just wanted his money”*
- As children, they were molested by an uncle.
 - *“We didn’t know it was ok back then to tell. In fact (he would say) if you tell, I’m gonna hurt your brother...I was trying to protect my brother”*
- Her brother committed suicide when he was 9 years old.

Case 1: Susan's Struggles Continued

- Susan got pregnant in high school. The baby died when she was 1 1/2.
- During her early 20's, she held a variety of jobs, was married and divorced, and started using cocaine and drinking.
- A boyfriend introduced her to meth.
- When she got pregnant again, she stopped using drugs and left her baby's daddy before the baby was born.
- Her drug use escalated after her son was born. Along with using meth and alcohol Susan became a heroin addict.
- Soon after, she became involved in criminal activity and began to cycle through the criminal justice system.

Case 1: Susan's Strengths

- Susan managed to keep custody of her son during this time period. She viewed herself as a good mother.
 - *“As much as I wasn’t around being a mom...I like to say, well when I was around, I was a good mom.”*
- When Susan was interviewed, she had been on Buprenorphine treatment, an opiate blocker, for 11 months and had not used heroin during that time.
- Susan was raped 9 months prior to our interview and was in therapy at the Trauma Recovery Center.
- Started using meth again 6 months prior to the interview. Although she had not yet done so, she discussed her desire to be honest with her therapist about her drug use.

Case 1: Susan's Strengths

- She would soon be off parole, but feared her meth use would lead to a parole violation. Thus, she was determined to quit using meth:
 - *“I’m really gonna’ make a conscious effort to not do it. Even if I have to send my money to my ex-husband and ask him to hold my money and send it back little by little...because once I have money in my pocket, I end up using.”*
- She was a secondary needle exchanger, providing needles to the community and picking up used needles off the street:
 - *“I make sure everyone has clean needles. And I take their dirty ones and turn them back in”*

Case 2: Wanda's Struggles

- Wanda was the youngest of 8 children.
- She was exposed to drug use at an early age. All of her sisters, except the eldest, were heroin addicts.
- She started smoking marijuana and using cocaine in high school. After graduating high school, Wanda started using meth.
- She worked for the telephone company for 11 years, but lost her job due to her drug use.
- She had a son and then became pregnant with twins – she used meth throughout both of her pregnancies.

Case 2: Wanda's Struggles Continued

- Wanda suffered a series of losses in the early 1990's
 - Her 10-year-old son was killed
 - Her mother and eldest sister died of cancer
 - Her other two sisters died of AIDS
 - She was mugged and shot in the foot. Her foot was eventually amputated and she now wears a prosthesis.
- Following her mother's death, they sold the family home and Wanda moved to the projects for the first time in her life. She described this transition as
 - *"Horrible...I kept boards on my window and door for a year and a half 'cause back then, they were doing a lot of shooting in ...shooting in broad daylight"*

Case 2:Wanda's Strengths

- Although Wanda had many struggles, she described herself in positive light. She felt she was dignified and called herself a functional drug user:
 - *“I felt dignified because I wasn’t out on the street doing all kinds of other things to get it. I felt like I was a high-class meth user because I was with the dealer”*
- Wanda moved out of the projects and into subsidized housing. Her change in housing has influenced her sense of self.
 - *“It took me a long time to learn that your, your environment, or where you sleep, where you lay your head, has a projection on your character. It does...because when I lived in the Projects I didn’t hold my head as high as I do now. I feel like a more of someone who matters. When I lived in the Projects, I didn’t feel like we mattered at all to anybody. You know, like I’m more of a real citizen. I’m more of a real person in society.”*

Case 2: Wanda's Strengths

- Wanda describes a reciprocal relationship with her 21-year-old twin sons
 - *“They keep me going...even though they are hardly around me. They got their own girlfriends, their own lives now, I still feel they need me”*
- Wanda had recently reduced her meth use and is looking for something fulfilling in her life. Something to make her happy.
- She has self confidence and wants to help others.
 - *“I’m a people person. Wherever I go, I can get everyone in the room to laugh and come around me and connect with me, so I got a knack for that. I want to focus that energy into a channel where I could help people.”*

Case 3: Pamela's Struggles

- Pamela's parents divorced when she was 3 years old. As a child she moved back and forth between her mother, her father, and her grandmother's homes.
- She described her father as strict and her mother as physically and verbally abusive.
- During her early teens she struggled with her sexual identity.
- When she was 16-years-old she tried meth and quickly became "strung-out".

Case 3: Pamela's Struggles

- She came to San Francisco and was dropped off in the projects and ended up working for an abusive pimp.
 - “I was put in the position where...I felt like, there was no turning back...I didn't see no option for going home. I couldn't go home. I didn't know how to get home.”
- She described how she escaped working for one pimp and was quickly picked up by another pimp.
- When she wasn't working for a pimp she was supporting an abusive boyfriend.
- Over the next 4 years, Pamela's drug use fluctuated between heavy and moderate use.

Case 3: Pamela's Strengths

- Pamela had been kicked out of shelters and youth programs and found herself smoking meth daily and living on the streets. She became fed up with being homeless and decided to make a change in her life.
 - *When I turned 19, that's when I was like, I can't do it any more and went to the ** shelter and got 7 months clean, and got a job and an apartment. I was still with my boyfriend who I was homeless with...he didn't want to get clean, so I would give him money to stay out of my way...That money that I was saving, I gave to him so he can get his own place and stay out of my way.*

Case 3: Pamela's Strengths

- At the time of her interview she was determined not to let her drug use get out of control.
- After years of working the streets and giving all her money to her pimps or boyfriends, she still engages in sex-work, but works independently, making her own money and taking care of herself.
- Sex work had become a profession for her – it's important to her that she does it safely; always using condoms to keep herself safe.
- Throughout her interview, she spoke about forgiveness towards the people in her life who had hurt her, including her mother.

Discussion

- In each of these cases and throughout our sample, women described a lifetime filled with trauma and daily struggles.
- At the same time, these women showed resiliency in the following areas of their lives:
 - Commitment to parenting and their children
 - Desire to help others in their communities
 - Positive sense of self
 - Drive for independence
 - Drug reduction and harm reduction
 - Relationships with family

Discussion

- By assessing the strengths of drug using women and tapping into these specific areas where they show resiliency an intervention model could be developed that decreases attention on pathology or stigma.
- Thus, when resiliency is identified in an area such as parenting, support provided through parenting classes could be part of a strength-based intervention.
- Or when women are committed to helping others, giving guidance on how one might go about volunteering in their own community could also be an area of intervention.
- These types of interventions, can empower women to concentrate on areas of their lives where they have some control and will enhance their ability to effectively cope with new challenges and to avoid punitive consequences.

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Thank you



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