

How drug users with depression
view their condition: a qualitative
study

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What do we know about depression and drug use?

- Common ¹
- Three types of connection ²
 - Drug use causing depression
 - Depression causing drug use
 - Both sharing common causative factors
- Outcomes for depression or drug treatment not adversely affected ¹³

Depression and qualitative studies

- Depressive ‘careers’¹
- Typology of causation ²
- Management techniques, blotting out symptoms, engagement in activities and with others ³

Aims

- To investigate how heroin and crack cocaine users with 'depression' describe their condition

Method

- Qualitative (semi-structured interviews and one focus group)
- Recruitment criteria: Receiving methadone/subutex and an antidepressant
- Interview schedule: ideas about causation, effects of condition(s), management
- All interviews recorded and fully transcribed, analysed standard qualitative techniques

Results

- Total approached:25
- Interviewed: 17 (11 male)
- All interviewed in the surgery
- Average age 34.5 (range 26-47)
- All had used heroin and all but one crack cocaine

Causation

- Vague onset of ‘depression’
- All three mechanisms
- Events leading to depression and social networks where drug taking the norm
- Drug taking leading to consequences which caused ‘depression’.

Causation: adverse events leading to 'depression' and drug taking

- *'I just got put on a truck with bloke that I didn't even know and moved to a new school with no one I didn't know and that's when it all started... So then I started getting into trouble and that and I started meeting people with the drugs'*

Effects of drug taking/depression

- Loss
- ‘Stigma’
- Isolation

Stigma

- Few stigmatising ideas about ‘depression’
- Drug-taking discrediting and a cause of depression

Stigma

- *‘Then I’ll use the heroin to come down which you’ll have heard a thousand times, and then I do feel absolutely terrible, you feel the guilt and the you feel worse in yourself for what you’ve done’*

Isolation

- Drug acquaintances rather than friends
- Some alternative ideas

Isolation

- *‘But they’re not in my eyes, they’re not friends. They’re just acquaintances or just people who I know... They’ve all let me down and they’ve all shit on me so to speak and that.’*

Isolation: family

- *'I'll make a phone call to my mother so, er, even though I blame her for like years ago, it's just, that's the only other person I'd talk to'*

Management

- Blocking out depressive thoughts
 - Few ‘self-help’ mechanisms
 - Problems with ‘talking’
 - ‘Drugs’ and antidepressants
- Beliefs about antidepressant medication
 - Keeping ‘level’
 - ‘Addiction’ worries

Antidepressants

- *'I carried on taking 'em and I started feeling a lot better, 'cause like my mind racers and it stopped that'*

Summary

- The three types of connection confirmed, but:
 - Stress on adverse events leading to ‘at-risk’ social networks
 - Drugs lead to depression indirectly
- Stigmatising effect of drug taking, and a causation factor for ‘depression’
- Isolation
- Non-medical views about antidepressant action