"Sexual activity in relapse process among Iranian drug users- A qualitative study"

Naiemeh Seyedfatemi [1], Hamid Peyrovi [2], Amir Jalali [3]

[1.] Associate professor, Tehran University of Medical Sciences, Faculty of Nursing and midwifery, mental health and Psychiatric department, Tehran, Iran
[2.] Associate professor, Tehran University of Medical Sciences, Faculty of Nursing and midwifery, Intensive care nursing department, Tehran, Iran
[3.] PhD candidate, Tehran University of Medical Sciences, Faculty of Nursing and midwifery, PhD department, Tehran, Iran
a-jalali@razi.tums.ac.ir

Abstract: Background: Among the problems that the patients experience during the recovery period of drugs is the problem with sexual activity. This Article tries to explore of sexual activity among Iranian drug users in relapse process. **Materials and Methods:** The study was conducted with qualitative approach using a content analysis method, in which deep and semi-structured interviews were performed with thirteen participants (ten drug users and three therapists). All interviews were analyzed by content analysis method, and Guba and Lincoln criteria were considered throughout the study to ensure its accuracy. **Results:** The results emerged as three main themes: sexual lassitude, sexual impotence and avoidance of sexual contact. **Discussion:** Results showed that sexual problems could of factors play a role in the relapse process in clients and need to be taken into consideration in their caring, treatment and rehabilitation planning.
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1. Introduction

Sexual problems in drug users are of some issues that many studies have emphasized on their high incidence in patients(Chekuri, Gerber, Brodie, & Krishnadas, 2012). Sexual performance is one of human life areas that can cause the drug dependence and even changes in selecting the type of used drugs. As cannabis use increases sexual desire; cocaine use leads to changes in the sexual activity and feelings, and a change in sexual desire is seen in the heroin dependence(Noori et al., 2008). Drugs can recognizably cause decreased libido as well as erectile and ejaculatory dysfunctions in men and infertility and lack of menstrual cycle in women(Déglon, Martin, & Imer, 2004).

One of the major problems in sexual performance in men is premature ejaculation. This disorder occurs when the patients stopped taking drugs and avoid them, which will lead to recurrence of drugs use by patients and relapse in many cases(Chekuri et al., 2012). According to Connors and Masito (2006) definition, relapse is a challenging problem for clinicians and researchers in the field of addiction and behavioral problems(Callender, 2010). Relapse is a complex and dynamic phenomenon that appears as a neurobiological and psychological - social process(Mattoo, Chakrabarti, & Anjaiah, 2009). To understand the relapse process, the individual problems and environmental texture as well as his learned behaviors should be considered, since most of existing studies and surveys have emphasized on the impact of individual environmental context and his previously learned behaviors(Crombag, Bossert, Koya, & Shaham, 2008). The study of a drug dependent client behaviors and interactions is a social issue that is evaluated in a social context and bed. In such a social context, the issues related to patients dependent to drugs and their response through interaction, response to the environment, action, their emotions and feelings at limited and extensive levels are explained by their language. Thus, the qualitative research is the only method capable of discovering information and data rich in patients' statements and reactions(McDonnell & Hout, 2010). Hence, this study was performed aiming at determining status of sexual performance disorder among drug users in relapse process.

2. Materials & Methods

2.1. Setting and participants

This research was doing followed an extensive qualitative study with the grounded theory approach Performed as a doctoral thesis with the aim of explaining the process of relapse in opiate users, that the sexual performance disorder introduced as an impressive category in relapse process. This paper is a qualitative study in which the participants were selected through purposive sampling among opiate

users of all ages, both men and women, and based on the type of drugs use and also according to the cultural context of Kermanshah and its various tribes. The inclusion acceptance criteria in this study included good mental and physical conditions during the interview, a history of drug withdrawal and recovery for at least a month, interested to participate in this research, the ability to talk and informed completion of the consent form. The first opiate users having good information on relapse process and related sexual issues introduced by associates working at 7 non-governmental and 3 governmental centers of drugs abuse treatment were selected. Due to the relapse process and the knowledge of family immediate members, particularly the parents, counterpart, spouses and children, and even therapists on the status and behaviors of the patients, in addition to the opiate users, two of the immediate members of 10 participants and 3 therapists with the experience of working with the patients (2 therapist physicians and a psychiatrist) were also selected as the participants and interviewed that the data saturated by performing the thirteenth interview.

2.2. Data collection

The main method of data collection in this study was deep and semi-deep semi-structured interviews using open response questions. The main interviews with participants were performed individually, verbally in person and face to face, at different times (morning and evening) in the environment of public and private substance abuse treatment clinics chosen by the participants. The interviewed were recorded agreed by the majority of participants (only one of the participants was not satisfied with recording of the interview that the interview was documented in written form). Some notes were also taken during the interviews so that situations such as the tone of voice, pronunciation of words, laugh, cry and pause in participants' talking were also documented during the interviews. The time periods of interviews varied according to the participants abilities. All interviews were conducted in sessions of 30 to 70 minutes. Furthermore, the researcher was well familiar with the indigenous language in the region. Most of the interviews were completed in a session, except for three interviews that were conducted during two sessions. Helping questions were also used during the interviews to facilitate data collection.

What made the patients to return to drug use after stopping the use?

- Do any sexual problems occur for patients during withdrawal?
- What are such problems and how they influence recurrence to drug use?

However, during the interview, other questions were also used according the patients responses. In this study, according to the social and cultural conditions and so difficult sampling process for questions on sexual issues, the third form of the verbs was used in designing the questions.

2.3. Ethical considerations

At first, after providing some descriptions regarding the study and its purpose, all participants stated their consent for recording the interviews in writing. All of them were ensured that all interviews would be only listened and recorded by the researcher, and all their information will be kept confidential.

2.4. Data analysis

Content analysis approach using the relational method was used for data analysis. Thus, following each interview, after once complete listening to the interview, the researcher listened to the interview line by line in the second time and drafted it to prepare a whole handwritten version of the interview; then, it was coded. All the processes were performed for all interviews in the same way. After coding, the codes were classified according to their conceptual and relational content. Finally, the concepts of power, sign, effect and the relation direction were used for finding the relationships.

2.5. Rigor

The quadratic Guba & Lincoln reliability criterion was used to ensure the accuracy and reliability of data (validity, verifiability, reliability and transferability). Thus, the researcher had long-term communication with the research locations relationships during the study, which in turn helped in drawing the participants' reliability and a good understanding of the research environment. The participants' reviewing was used for approval of data and codes integrity. That is, after coding the interviews, the interview's transcript was returned to the participant to ensure the accuracy of the codes and interpretations. In this regard, the coding not indicating of their views was changed. However, the experience of one of the researchers in treatment and also the patients' histories were helpful in confirming the codes and the interpretations. Also, the sampling strategy involving a broad range of the patients in terms of age, sex, type of used drugs, the route of use as well as the information of parents, participants' peers and also the therapists experienced in the treatment of substance abuse helped to increase the reliability of data. Some interviews' transcripts were also reviewed by the supervisors; this means that the codes and extracted classifications were also examined by several therapists and faculty associated relevant to the topic in addition to the researchers. There was high agreement among the results obtained. To confirm the transferability, the findings

were shared with several of drug users not participated in the study that they also confirmed the relevance of the findings.

3. Results

Among seventeen participants with a history of recurrent, 58.3 percent and 41.7 percent were male and female, respectively. Demographic characteristics of the research subjects are shown in Table (1). Sexual problems in this study included sexual lassitude, sexual impotence and avoidance of sexual contact, which were seen differently in men and women.

Table 1: Characteristics of participants

Characteristics	n=10
Gender, %(n)	
Male	70 (7)
Female	30 (3)
Age in years	
Median, range	29, 24-39
Education	
<high school	20 (2)
High school diploma	50 (5)
College or above	30 (3)
Marital status	
Single	20 (2)
Married	40 (4)
Divorced	40 (4)
Opiate use in years	
Median, range	5.5, 3-11
The frequency of relapse	
Median, range	3, 1-4

3.1. Sexual lassitude

The data showed that most of the female and male patients, after withdrawal, were experiencing low sexual desire and sexual lassitude. The patients mentioned sexual lassitude of and lack of sexual desire at the time of withdrawal, and most of them were indifferent to the opposite sex; they consider the feeling of being far from something the reason for their lassitude to sexual issues and other activities. In this regard, one of the male participants said: "When you quit drugs, nothing is in your mind, even sex, and nothing pleases you, it is like that you lost a very important thing not charged anymore."

One of the female participants said: "when I quit out of drugs, I'm feeling nostalgic. The opposite sex is not enjoyable like when I am cheery and does not matter for me are. I have not much propensity to sex, and strongly want to be alone."

One of the therapists believed that: "Patients at the end of their treatment and being away from drugs, due to being far from the drugs, their need to be confirmed by others, anxiety and concern about being accepted by friends, family and the society, need peace. Thus, sex is not pleasurable for them, and their spouses always ask us whether these problems are continuing or not."

3.2. Sexual impotence

Sexual impotence in male patients appeared as disability in erection and premature ejaculation. Sexual problems in female patients were as lack of sexual satisfaction. They complained from failure to achieve orgasm during the withdrawal period. Some patients, especially the married ones, due to sexual problems (premature ejaculation), were convincing themselves and the family to reuse drugs by arguing and considered drugs use as the only way to overcome this problem. Moreover, some of the young patients were using kind of drugs for long-term sexual contact and delayed ejaculation. In this regard, some patients stated that:

"When I quit drugs, my sexual desire will decline that I compensate it with Viagra pills, but I ejaculate soon. It does not wait even until penetration. If I do not think of a solution, I cannot quit again. I have already quit several times, and use tramadol each time. I am young and just got married and should be sexually strong."

Another patient was saying:

"An addict sees that he cannot become a sexual partner and cannot do it; his semen gets out very quickly, but when he was taking drugs, this did not happen much; this makes him to say himself that let it go. I try to use it poco a poco and recreationally; that is, it easily makes him relapse."

One of the therapists was saying:

"When men are addicted, especially with opium, they experience delayed ejaculation, and their libido will decline. When they become addicted with heroin and crack and etc., their libido again reduces greatly and sometimes they have no sex with their wives for months. But when they quit, the libido usually returns. However, most of them are suffering from premature ejaculation sand; some experience so severe premature ejaculation that they decide to reuse the drugs."

One of female patients was saying:

"Well, when you quit drugs, you have sex problems with your husband; but my husband had problems too, because he was also using drugs. When I am out, we do not enjoy sex, neither me, nor my husband, but when we use, it is good. But, when I quit, the next time I will use cannabis to fix it."

One of the therapists was saying: "When female patients withdraw drugs, they complain the lack of sexual enjoyment because they do not reach orgasm, especially that most of them have addicted husbands who will increase their sexual problems."

3.3. Avoiding sexual contact

Male patients had no willingness for sexual relationship and were avoiding it due to lack of ability for full erection and sometimes lack of erection as well as premature ejaculation. Even some patients had fears of sexual contact and stated that their wives will leave them if it goes this way. Due to failure to reach orgasm in women, they need more time and getting more sexual arousal by their partners that sometimes because their sex partners get tired and refused to continue, their intercourse would be not only enjoyable but also makes them upset and nervous. In this relation, a patient was saying:

"The first time I withdrew, my status was awful… I was hardly erecting and as I was trying to close, it was finishing and I was ejaculating. I could do nothing. Several times it went this way. I was embarrassed with my wife. I thought she may think that I was shutting out of masculinity. Going to any doctor, no result came back. I went back to drugs again."

Another patient was saying: "I cannot, as I quit drugs it goes wrong with my marital issues. I will have no desire to be with my wife; we become sister and brother. I do not get an erection at all, and if it does, it would be so weak."

One of the female patients, saying: "When you are far from drugs, there will be no pleasure, even sexual intercourse. One of my friends used to say that when I do not use drugs, it does not satisfy me. I tell my husband that I did not satisfy. Finally, he gets tired and tells me that you killed me. Let it go."

Another female patient was saying: "Married women who are addicted and withdraw will not take pleasure from their sexual activity, because they do not be satisfied. They need to be more stimulated by their husbands, but become very nervous since they do not enjoy their sex."

4. Discussion

In this study, the results showed that sexual problems are of issues that influence the patients in the period of withdrawal so that cause their anxiety and changing in their psychological status. Babakhanian, Mehrgerdj and Shenaii (2012) also found in their study that the patients using drugs experience sexual problems in their methadone maintenance treatment so that they will suffer from orgasm problems, and their sexual relationship satisfaction will reduce(Babakhanian, Mehrjerdi, & Shenaiy, 2012).

The research results showed that one of the main problems of patients facing with in the absence of drugs is premature ejaculation that causes sexual dissatisfaction of sexual contact in men and women. Chekuri et al., (2012) also found in their study that the patients using drugs suffer from sexual problems such as premature ejaculation during treatment and being far from the drugs(Chekuri et al., 2012). Some other results obtained in this study included sexual lassitude and lack of satisfactory sexual activity. Many studies also stressed on sexual lassitude and dissatisfaction with sexual activity in patients during maintenance therapy and being away from drugs (Al-Gommer, George, Haque, Moselhy, & Saravanappa, 2007; Babakhanian et al., 2012; Chekuri et al., 2012). Erectile dysfunction in men was of other issues seen in this study. Erectile dysfunction in men was discussed as sexual lassitude, while some patients clearly mentioned erectile dysfunction in some situations. It seems that staying away from drugs, a sense of nostalgia or depression and lack in this area cannot be ineffective. Most of articles and studies on men addicted to drugs have discussed on erectile dysfunction when taking drugs.

In regard with female sexual dysfunction, the results showed sexual lassitude in women, and in some cases, not reaching to orgasm or absence of orgasm were as the most common causes. In a study by Covington, Straussner and Zelvin published in 1997, absence of orgasm and lack of interest in sexual activity have been seen in over 60 percent of samples in women consuming alcohol(Covington, Straussner, & Zelvin, 1997), which can cause mental health problems in women.

As you can see, the female and male patients are dealing with a variety of sexual problems during drug use period that in some cases, these problems are not highlighted due to increased sexual pleasure for them. But at the time of withdrawal and staying away from drugs, problems with sexual activity in men and women cause many problems for married patients. In this study, the single patients were also complaining from problems with sexual activities; however, these problems had not caused psychological and marital problems for them, whereas such problems in married patients had led to problems in their marital life in addition to psychological problems. The results of this study showed that patients who are experiencing problems with sexual activity will involve anxiety and fear of this situation continual, and such a fear of makes them returning to reuse of drugs. In women, due to lack of orgasm, psychological problems occur from them in many cases, and in some cases, the female patients will replace the use of the artificial drugs as an alternative for previous drugs.

This article is a small part of a research project and the student's thesis that the relevant interviews were analyzed using relational content analysis. For theoretical sampling, we needed to choose samples with good information on sexual issues, to be willing to talk about sexual issues and agreed to record and tape the interviews. We encountered many problems due to social and cultural context of west region of

the country, and most of them were not comfortable to speak on such issues.

The research results showed that the sexual aspect is an important area of people's life. Sexual needs are considered by people such as other needs, and patients taking drugs are not exempt from this rule. In the west area of the Iran, because of its certain culture and traditions, sexual needs are less evident in single men and women. However, in some cases, these needs are met secretly and not appearing due to ethnic and cultural issues. But in married men and women, they lead to several and different psychological and marital problems. Many of male and female patients would not be able to continue the treatment and avoid the drugs due to sexual problems, and attempt to reuse the drugs to overcome their problems. Thus, in treatment and rehabilitation planning for these patients, sexual problems and the relevant needs have to be considered, and the problems of patients in this regard must be treated quite appropriately. Therefore, the patients' sexual aspect should be taken consideration in caring, treatment and rehabilitation planning.

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Corresponding author
Amir Jalali
PhD candidate, Tehran University of Medical Sciences, Faculty of Nursing and midwifery, PhD department
Email: a-jalali@razi.tums.ac.ir
Mobile: 0098-9183322165

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