"I am More Than my Addiction": Perceptions of Stigma and Access to Care in Acute Opioid Crisis

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Abstract
The goal of this research is to analyze the stigmatization of opioid addiction within the framework of emergency care from an ethnographic perspective. Interviews with those who have been swept up in the current opioid epidemic indicate that stigma, or a shame or dishonor, and socioeconomic insecurity emerge often as common themes in their emergency care experiences. In many cases, socioeconomic insecurity most intensely translates into a lack of access to healthcare and emergency rooms across the country often function as primary care for uninsured populations. The central field site selected for this study was the emergency department of an urban trauma-level research hospital in an attempt to document the process of care for those in opioid crisis and the challenges healthcare providers face in facilitating this care.

The aim of this research is to discover how stigma affects care in emergency room settings during an acute opioid crisis. This is a moment when patients may be most open to the idea of detoxification and sobriety. In this study, I argue that addiction can be shifted from being viewed as a disgraceful state to a medical condition, by uncovering what experiences overdose victims have while under emergency care, how patients experience stigma related to their opioid crisis, and what challenges healthcare providers describe while facilitating care during crisis. Findings suggest that stigma permeates the interactions drug-addicted patients have with healthcare professionals and that it may have a negative impact on their decision to seek further treatment. Application of results in the form of a community resource guide made available to patients and hospital staff indicate the potential for reducing stigma of intravenous/opioid-related addiction as healthcare providers are more able to discern gaps in care for addicted patients and facilitate greater follow-up care and access to resources.

This thesis illustrates the potential for qualitative analysis of acute care to uncover vital next steps in reducing the stigma surrounding opioid addiction. Reducing stigma in the provision of care could foster more integrative approaches to treatment, help inform new protocols for caregivers, uncover resources to aid healthcare providers, and potentially provide a more substantial level of care and access to resources for the patient in crisis—one that may facilitate recovery in lieu
The Perceived Stigma of Addiction Scale measures stigma as perceived by substance users and has been found to have adequate internal consistency. To examine the relationship among drug-related stigma, access to care, use of MMT, NEP, and continuous demographic variables, such as age, family annual income, and years of education.

4. Most people would hire someone who has been treated for substance use to take care of their children (R).

5. Most people think less of a person who has been in treatment for substance use.

6. Most employers will hire someone who has been treated.

Most deaths worldwide from opioids and prescription drugs are from sexually transmitted infections passed through shared needles. This has led to a global initiative of needle exchange programs and research into the varying needle types carrying STIs. In Europe, prescription opioids accounted for three-quarters of overdose deaths among those between ages 15 and 39. Some worry that the epidemic could become a worldwide pandemic if not curtailed.

Prescription drug abuse among teenagers in Canada, Australia, and Europe were comparable to U.S. teenagers. In Lebanon and Saudi Arabia, an...