OPIOID-USE RELATED STIGMA: FROM PRE-HEALTH AND HEALTH STUDENTS’ PERSPECTIVES


ABSTRACT

Pre-health and health students completed a brief survey assessing their stigma towards people that use opioids. The majority of the participants had been educated on drugs and/or public policy and had prior close interaction with people who used opioids. However, many participants wished to keep a social distance from this population when in a close, personal setting. This study can guide educational initiatives to ensure that the future healthcare workforce treats all patients equally and compassionately.

EXECUTIVE SUMMARY

With almost 70,000 opioid-related deaths in 2021, the opioid epidemic is an ongoing public health emergency in the United States. Negative stigmas surrounding people who use substances are a significant barrier to improving access to treatment. Moreover, studies have shown that healthcare professionals hold stigmatizing views on people who use substances1-3. A key finding of this study is the participants’ desired level of social distance from people who use substances. Social distance is the desire to refrain from close interactions with people who have stigmatized identities4. Hypothetically, the more a person is willing to participate in close interactions with marginalized people, the less stigma they attribute to that identity4. Previous studies showed that people have the strongest preference to keep a social distance from those who use substances than those with mental illnesses or physical disabilities5-6. In the present study, pre-health and health students reported desiring high levels of social distance from marginalized people, the less stigma they attribute to that identity5.

METHODOLOGY

Pre-health and health students at a large, private northeast university in the United States were asked to complete a brief survey. The survey was administered via Qualtrics, LLC Research Suite and intended to assess the stigma related to people with substance use disorders (SUDs). For this study, substance use-related social stigma was conceptualized in different ways: 1) dangerousness, 2) blame, 3) social distance, 4) fatalism, 5) policy items, 6) discrimination, 7) typical drug-user beliefs, and 8) naloxone. However, this poster will only focus on the following areas: 1) dangerousness, 2) blame, 3) social distance, 4) fatalism, 5) policy items, 6) discrimination.

RESULTS

Key Findings

Education

The majority of participants (95.9%) said they had been educated on drugs and/or public policy.

Social Distance

Almost half of the participants expressed a desire to avoid certain social situations with a person who has a history of opioid use. Additionally, 79.8% had prior close interaction with people who used opioids.

CONCLUSIONS

In the present study, high levels of social distance were observed in certain social situations, such as marrying into the family or babysitting a child for a few hours. As participants only expressed a desire to keep a social distance in some cases but not in others (i.e., being a colleague or a neighbor), this preference appears to be a mental threshold.

Notably, the majority (44.4%) of participants that were opposed to letting someone with a history of opioid use marry into one’s family identified as Asian. While research on the incidence of substance use disorders among Asian Americans is significantly limited, several studies have shown that Asian Americans are more likely to have persistent SUDs, often due to an increased reluctance to seek out treatment6. Moreover, because substance use is highly stigmatized among this community, Asian Americans may face increased levels of shame within their family if they engage in substance use7.

The results highlight a gap in the current educational curriculum for the future healthcare workforce: although they are educated, health students still hold stigmatizing views that could bar them from providing equitable and compassionate care.

The gaps identified by this study point to specific areas where additional training or curriculum development is needed.

REFERENCES