Stigma Associated with Opioid Use Disorder and Medication Assisted Treatment

Dr. Harry Holt

West Chester University

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Abstract

Purpose: This paper reviews and integrates the literature on the stigma associated with opioid use disorder (OUD) and how this acts as a barrier for patients seeking Medication Assisted Treatment (MAT). Implications for patients in rural areas who face stigma for opioid use disorder are reviewed. Methods: We examine the extant literature since 2007, reviewing studies focused on the stigma against patients suffering from OUD and MAT. Findings: The review identifies five categories of sources of stigma that research has addressed: Stigma against the patient; stigma by nurses; stigma by primary care physicians; stigma from counselors; stigma by pharmacy and dispensary staff; stigma against MAT by drug courts, stigma by family members, coworkers, and employers. Conclusions: Stigma exists as prejudice, negative stereotypes and associations, and labels. Despite widespread evidence supporting Methadone Maintenance Therapy (MMT) and Buprenorphine Maintenance Therapy (BMT) effectiveness, stigma abounds within the medical community and society at large. Discriminatory practices, poor relationships with dispensing staff, pharmacists, counselors, and doctors, and a feeling of being separate or “alien” from others are cited as barriers to involvement and participation in MAT. This has created disparities in health care outcomes as well as the access and availability of MAT services. Rural patients experience these sources of stigma and face a heightened barrier to access for MAT services. However, the primary care setting along with delivery of care through primary care physicians, physician assistants, and nurse practitioners offers a means to increase care in rural areas.

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