Community-Level Determinants of Stakeholder Perceptions of Community Stigma towards People with Opioid Use Disorders, Harm Reduction Services and Treatment in the HEALing Communities Study

Intro

- Community stigma toward people with OUD impedes access to harm reduction services and MOUD and is partly rooted in community-level social and economic conditions.
- We examined whether rurality, social inequity, and racialized segregation across HCS communities were association with greater perceived community stigma toward:
  - People treated for OUD
  - Medications for OUD (MOUD)
  - Naloxone

  by community stakeholders in HCS.

Methods

1. A cross-sectional survey was given via RedCap to **801 members** of opioid overdose prevention coalitions in **66 communities** in **4 states (KY, MA, NY, OH)** from Nov. 2019-Jan. 2020.
2. A total of 3,203 stakeholders were invited to participate – 1,055 (32.9%) responded. 801 (75.9%) completed the survey.
3. Bivariate analyses assessed associations between community rural/urban status and each of the 3 stigma variables.

Stigma Measures

- **Community stigma towards people treated for OUD** – Contained eight Likert items (e.g., Most people in my community would think less of a person who has been in treatment for OUD"), each with a range of 1-7.
- **Community stigma towards MOUD** – "Most people in my community believe that medications for OUD, such as methadone and buprenorphine, are just replacement drugs and not real treatment." (Scale 1-7)
- **Community stigma towards naloxone** – "Most people in my community believe that if you provide naloxone to reverse an overdose to someone that it will encourage them to continue using opioids in the future." (Scale 1-7)

Among *rural* stakeholders, **perceived community OUD stigma** was **4% higher, stigma towards MOUD** was **6% higher,** and **stigma towards naloxone** was **10% higher** than among *urban* stakeholders.

OUD = Opioid Use Disorder
MOUD = Medication for Opioid Use Disorder

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Community-Level Measures

- **Rural/Urban** – Communities in KY, OH, and NY used National Center for Health Statistics designations. MA communities were not defined by county lines and rural = population density <500/sq. mile.
- **Social Inequity** – Used the Local Social Inequity in Drug Overdoses (LSI-DO) Index developed for the HCS study. Signifies the predicted age-adjusted overdose mortality rate per 100,000 residents as explained by 30 measures of social inequity (e.g., poverty, education)
- **Racialized Segregation** –Index of Concentration at Extremes (ICE). A continuous measure of ZIP Code Tabulation Area affluence and poverty, ranging from -1 (most deprived) to 1 (most privileged).

Results

- On average, the perceived community OUD stigma scale was 4% higher in rural communities than in urban communities (β=1.57,(SE=0.66, p=0.02)). Stigma towards MOUD was nearly 6% higher (β=0.28, SE=0.12, p=0.03) and stigma towards naloxone was 10% higher (β=0.46, SE=0.13, p<0.001) in rural than in urban communities.
- We found no significant associations between community social inequity and levels of perceived community OUD stigma (p=0.48), stigma towards MOUD (p=0.76), or stigma towards naloxone (p=0.61).
- No significant associations between community racialized segregation and community OUD stigma (p=0.45), stigma towards MOUD (p=0.11), stigma towards naloxone (p=0.13).

Discussion

- Interventions and polices to reduce community-level stigma, particularly in rural areas, are needed.

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