

**Health Disparity and Opioid Use Disorder:
Understanding the Impact of Social Disparity on OUD Treatment Seeking Behaviors**

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Introduction

While pharmacotherapies for opioid use disorder (OUD) treatment with FDA-approved medications have been proven effective in treating opioid addiction and overuse, more patients with OUD remain untreated or under-treated in the United States, including those from the rural Appalachian regions. Past research has been devoted to studying the clinical efficacy and retention rate of pharmacotherapy. Still, less light has been shed on social factors preventing patients from getting the treatment they need to properly function in their daily lives. Moreover, less is understood from the patients' perspectives and accounts regarding treatment efficacy and retention. To expand our understanding of opioid addiction and treatment, the current study investigates how underlying social disparities and stigma influence patients' intention to seek and stay in treatment while evaluating treatment outcomes among OUD patients in rural America.

Method/Study Design

The current study consists of an online survey and an in-depth interview with OUD patients. Working with a local clinic in State College, Pennsylvania, we invited 102 OUD patients to complete an online survey asking about their socio-economic status, opioid use history, treatment status, current and past interactions with health providers and perceived treatment effectiveness. After the survey, we further interviewed 19 patients to understand the challenges in their treatment experiences. All interviews were semi-structured and lasted around 30 minutes.

Results

By analyzing the lived experiences of patients with opioid addiction in rural Pennsylvania, we found that discrimination received in previous interactions with different health providers and substantial financial stress are two key factors hindering them from seeking and staying in OUD treatment. On the contrary, trust in medical professionals and perceived support from health providers are two key elements facilitating patients' opioid treatment. These two factors are also positively associated with patients' mental well-being, treatment effectiveness, and treatment retention.

Discussion and Conclusion

While pharmacotherapies work effectively to reduce opioid overuse and addiction, many people with opioid addiction strayed away from such medical treatments due to various clinical and social reasons. Negative experiences interacting with health professionals and providers in the past could increase patients' stigma toward pharmacotherapy, and further drive them away from proper medical treatments. Moreover, the increasing cost of pharmacotherapy has also put tremendous financial stress on patients who have already struggled to make ends meet, making them more likely to drop out of their treatments. On the bright side, patients' trust in health professionals and support from clinical staff positively predict their mental well-being, treatment efficacy, and retention. Thus, we advocate for health practitioners to put more trust in patients and provide them the proper medical and emotional support they need in treatment, for policymakers to make pharmacotherapies for OUD more affordable in rural areas, and for researchers to further investigate effective ways to facilitate communications between health professionals and OUD patients that could reduce stigma and bring positive health outcomes.