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SOCIAL STUDIES OF ADDICTION CONCEPTS

Addiction stigma and the production of impediments to take-home naloxone uptake

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Background

- Pharmaceutical and non-pharmaceutical opioid overdose deaths are an important health issue in Australia
- Overdose can be reversed by the administration of naloxone, a drug recently made available to the general public as ‘take-home naloxone’
- Despite increased availability and the development of overdose response training programs, the uptake and diffusion of take-home naloxone remains inconsistent

Method

- 46 in-depth qualitative interviews conducted in Victoria and New South Wales with people who consume opioids (with [n = 14] and without [n = 12] THN experience)
  - Includes 18 people who consume opioids prescribed to manage chronic pain.

- 38 in-depth qualitative interviews conducted in Victoria and New South Wales with relevant health professionals

- In 2012 the first take-home naloxone program was initiated in the ACT (late compared to other Western nations)
- Small-scale take-home naloxone programs, targeting people who inject opioids, are now operating in all Australian states
- Take-home naloxone is now available as a pharmacist provided over-the-counter medicine
- Recent literature suggests that people using opioids for other reasons such as to manage chronic pain could benefit from take-home naloxone (Coe & Walsh, 2015)

Impediments to THN uptake

- People who consume opioids are generally willing to participate in overdose response training and to administer naloxone to their peers (e.g. Hill & McAuley, 2012; Lagu, Anderson, & Stein, 2006; Lankenau et al., 2013)

- Research suggests that some opioid consumers are aware of take-home naloxone but choose not to engage with it (Dietze et al., 2015; Stafford & Breen, 2017). Reasons include:
  - fears of stimulating withdrawal symptoms (Neale & Strang, 2015)
  - fears of police involvement (Lagu et al., 2006)
  - feeling burdened by the responsibility to attend upsetting overdose events (Neale & Strang, 2015)

- Also costs, current regulations and scheduling, availability of prescribers and stigma related to illicit and injecting drug use (Dwyer, Fraser & Dietze, 2016)

A performative approach to addiction stigma

- Stigma as performative and politically productive (Fraser et al. 2017, p. 192)
- Stigma inheres in, and is performed across, a variety of everyday settings, institutions and relationships
- Constitutes normalisation and exclusion, legitimacy and abjection at the same time
- Systemic process in which some individuals are made intelligible (healthy, citizen, rational, agential) and others are abjected (sick, child-like, irrational and addicted)
- Affordances of THN are produced and shaped by processes and relations of stigma

- When you're in the doctors and getting your prescription […] to take it to the chemist, the doctor never asks you if you want a script for naloxone, which they should, or "are you educated around it" or "would you like to be?". That's never mentioned, which I think is wrong. (Simone, F, 48, VIC)

- No. I didn't even know there were take-home packs until the girl in here told me. […] No, it was always 'hush hush' with me, so you know, I didn't know. Nothing was said at the [methadone] clinic or anything about this. (Kate, F, 34, NSW)

- I'm not sure whether it's something that none of them [the pharmacists] would've thought to mention or whether it was just a case of, "He doesn't look like someone who's going to need to know this, so I won't say it." (Cameron, M, 47, NSW, OFP)

- Emily: I think that's very, very expensive if you don't have a script and I think it's going to stop people going and getting it too.

  Interviewer: It might be a barrier?

  Emily: Yeah, a big barrier I actually think. I think the Government really should come on board and make it a lot cheaper than that.

  (Emily, F, 46, VIC, OFP)

- It would be easier to be able to get it off the foot patrol, […] say it's a pay day, yeah, and everyone picks up big on their pay day, regardless how much they use, on their pay day they always pick up big. Well it would be easier when you go get your fits, to get it from an easier access point than having to go to a doctor to get a script. (Karen, F, 34, VIC)

- No. […] Well it's sort of [like…], they think you're a drug user, yeah. So it's even hard with the Naltrexone [naloxone] too, because people think you're a drug user, yeah. [Emily, F, 46, VIC, OFP]

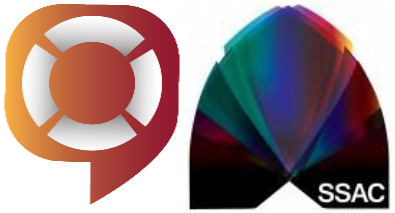
- Well, if you're going in to ask for naloxone and people know what it is, and even if they don't, and they hear it, […]they're going to go home and research, aren't they? And they're going to go, […] "well, that person's using illicit drugs". So, you know, again that stigma of people not understanding either. (Simon, M, 34 , VIC, OFP)

- I haven't gone to my normal GP and spoken to him about it because the judgmental side of it […] is what comes up all the time and you think, "Okay, I'm going to get judged because I'm carrying this around, which means people might think I'm a druggie" so [there are] a lot of stereotypes that a lot of people worry about and I am one of those who worry about it. (Karen, F, 34, VIC)

- No. It's not something I'd even thought of really. I knew it was basically a drug that was administered by the emergency services. It wasn't something that I'd even checked myself as to what level of access there was because my life doesn't involve the need to administer it. I've never looked into it any further. (Cameron, M, 47, NSW, OFP)

- But like my head tells me I know better and it says, “You’ll be careful, you won’t need it.” And I always… I use alone … like that’s the scary part too. I’ll go by myself, I don’t want to share my drugs. I go by myself and it’s dangerous, it’s really dangerous because if something does happen, I’m not going to be able to snap out of it and give myself the injection. (Ghassan, M, 37, NSW)

- At first, I was living alone, so using alone, it was like “well, not much point having naloxone if I’m unconscious”, I’m not going to be able to inject myself. (Tony, M, 44, NSW)



Summary

- Performance of addiction stigma across various settings shapes take-home naloxone and its affordances
- Addiction stigma constrains information provision and limits equitable, easy and wide-spread access
- THN's association with stigmatised phenomena such as illicit drug use and addiction limits uptake
- Thus, addiction stigma constrains THN uptake in discrete and abstract ways; shapes conditions of possibly for access and use

Concluding thoughts…

- Stigma is not a secondary issue
- Uncritically valorising THN may divert attention from more ambitious harm reduction goals
- Interventions that aim to empower opioid consumers as individuals will not effectively address overdose (Faulkner-Gurstein, 2017 McLean, 2017; Farrugia, Fraser & Dwyer, 2017)
- Addressing overdose requires wider approaches that address the stigmatisation and criminalisation of opioid consumption

Thanks

Refereed journal articles

- Farrugia, A., Fraser, S., Dwyer, R., Fomiatti, R., Neale, J., Dietze, P. & Strang, J. (forthcoming). Take-home naloxone and the politics of care. Accepted for publication in *Sociology of Health and Illness*.

- Fraser, S., Farrugia, A. & Dwyer, R. Grievable lives? Death by overdose in Australian news and the future of take-home naloxone. *International Journal of Drug Policy,* 59, 28-35.

- Farrugia, A., Fraser, S. & Dwyer, R. (2017). Assembling the social and political dimensions of take-home naloxone. *Contemporary Drug Problems,* 44 (3), 163-175.

Under review

- Farrugia, A., Neale, J., Dwyer, R., Fraser, S., Fomiatti, R., Strang, J. & Dietze, P. Conflict and communication: Managing the multiple affordances of take-home naloxone administration events in Australia. Under review at *Addiction Research & Theory*.

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