



## Research paper

# “Not human, dead already”: Perceptions and experiences of drug-related stigma among opioid-using young adults from the former Soviet Union living in the U.S.

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## ARTICLE INFO

## Article history:

Received 24 May 2016

Received in revised form 13 October 2016

Accepted 19 October 2016

## Keywords:

Stigma

Former Soviet Union

Immigrants

Young adults

Opioid use

Harm reduction

## ABSTRACT

**Background:** Young people from the former Soviet Union (FSU) in the U.S. are engaging in opioid and injection drug use (IDU) in substantial numbers, paralleling nationwide trends. Yet opioid-using FSU immigrants face distinctive acculturation challenges, including perceived stigmatisation as drug users within their immigrant communities, which may exacerbate the negative health and psychosocial consequences of such use.

**Methods:** This qualitative study draws on semi-structured interviews with 26 FSU immigrant young adults (ages 18–29) living in New York City who reported opioid use in the past month and/or were currently in treatment for opioid use disorder. Interviews probed youths' drug use histories, immigration/acculturation experiences, family and peer relationships, and service utilisation. Interviews or focus groups were also conducted with 12 FSU mothers of opioid-using youth and 20 service providers familiar with the FSU population. In a content-based thematic analysis, verbatim transcripts were coded for salient themes.

**Results:** All three participant groups emphasized that stigma towards drug users within the FSU community is pervasive and acute, in contrast to the cultural acceptance of heavy drinking, and is rooted in punitive Soviet-era drug policies, fostering widespread ignorance about drugs and addiction. Young adults and service providers reported instances in which anticipation of community stigmatisation deterred youth from accessing drug treatment and harm reduction services. Similarly, stigma contributed to parents' failure to recognize early signs of their children's opioid problems and their reluctance to seek drug treatment for their children until opioid use had become severe. Young adults described how drug-use stigma is frequently internalized, leading to shame and loss of self-esteem.

**Conclusion:** Findings indicate an urgent need for community-wide education about drugs within FSU immigrant communities, and suggest specific service modalities that may be less stigmatizing for youth, such as peer-delivered syringe exchange and harm reduction education, and technology-based interventions that can be accessed privately and discreetly.

Published by Elsevier B.V.

## Background

## Introduction

After several waves of immigration from the former Soviet region since the dissolution of the Soviet Union, the Russian-speaking immigrant population in the United States now numbers nearly one million current residents (U.S. Census Bureau, 2010a). New York City (NYC), the location of the present study, has the

highest concentration of immigrants from the former Soviet Union (FSU) in the country, with about 200,000 FSU-born residents, most originating from Russia, Ukraine and Uzbekistan (U.S. Census Bureau, 2010b).

Although national data on the prevalence of substance use among FSU-born or Russian-speaking immigrants living in the U.S. are not available, recent evidence from NYC suggests that substantial numbers of young FSU immigrants are engaging in opioid and injection drug use (IDU) (Guarino, Marsch, Deren, Straussner, & Teper, 2015; Guarino, Moore, Marsch, & Florio, 2012; Isralowitz, Straussner, & Rosenblum, 2006). Emerging research has documented concerning patterns of drug use and related risk

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behaviour within NYC's Russian-speaking community that resemble trends seen in many other communities across the country; these include early initiation of nonmedical prescription opioid (PO) use, frequent progression to heroin use and IDU, high rates of injection-related risk behaviour within peer networks, and associated increases in hepatitis C virus (HCV) incidence among youth under 30 (Guarino et al., 2015, 2012; Prussing, Bornschlegel, & Balter, 2015). The experiences of opioid-using youth within NYC's FSU community also appear to have distinctive attributes, such as stress associated with immigration and acculturation, and perceptions of acute drug-related stigma within their immigrant communities, which may exacerbate the negative health and psychosocial consequences of opioid use and IDU (Guarino et al., 2012; Spicer et al., 2011). Despite these indications, drug use patterns and associated health implications within FSU immigrant communities in the U.S. remain largely unstudied topics in public health research.

This paper analyzes qualitative data from a larger mixed-methods study that examined the experiences of young adults from the FSU who were currently using heroin and/or POs or were in treatment for opioid use disorder (OUD). In light of the dearth of research on substance-using FSU immigrants in the U.S., the present analysis explores youths' perceptions of stigma attached to their opioid use within multiple life spheres, including the local Russian-speaking community and familial and peer networks. To contextualize youths' accounts and increase the rigor of the analysis, youths' perspectives are triangulated with those of FSU immigrant mothers of opioid-using youth and local drug treatment and related service providers, as these groups play major roles in perceiving and communicating drug-related stigma to youth.

#### *Processes of social stigmatisation*

A stigma, as defined in the foundational work of Goffman (1963), is "an attribute that links a person to an undesirable stereotype leading individuals to reduce the bearer from a whole and usual person to a tainted, discounted one." More recently, Pescosolido, Martin, Lang, and Olafsdottir (2008) conceptualize stigmatisation as both the act of imposing a stereotype and the process through which a stereotype is perceived by the labelled individual. As such, stigma is a complex social process that involves experienced and imposed labelling, stereotyping, status loss and discrimination (Link & Phelan, 2001). Importantly, theorists have noted that both enacted and perceived stigma can negatively impact individuals' self-concepts and well-being (Goffman, 1963; Lebel, 2008; Link & Phelan, 2001; Thetford, 2004).

Public stigma refers to the process by which social groups endorse negative views of and act against labeled individuals because of their tainted attribute (Corrigan & Shapiro, 2010; Semple, Grant, & Patterson, 2005). Public stigma can manifest within multiple spheres, from the macro-social level of a community to the micro-social level of interpersonal relationships. Although the various ways in which public stigma is enacted and perceived can have serious implications for health, it has been argued that the core problem of stigma occurs when the disparaging beliefs associated with a stigmatized identity are internalized (Link & Phelan, 2006). Internalized or self-stigma refers to a process of self-deprecation due to feelings of shame and culturally-generated expectations of rejection (Feldman & Crandall, 2007).

#### *Societal and community stigma faced by drug users*

Stigma towards drug users has been documented across a broad range of geographic regions and cultures (e.g., Fotopoulou, Munro, & Taylor, 2015; Mattoo et al., 2015; Lim et al., 2013; Myers, Carney,

& Wechsberg, 2016). Research indicates that drug users are frequently viewed by mainstream society as dangerous, deceitful and morally unacceptable (Brenner & Von Hippel, 2008; Room, 2005; Small, Wood, Lloyd-Smith, Tyndall, & Kerr, 2008). As a result, individuals with substance use disorders (SUDs) may opt to hide or deny their condition to avoid anticipated labelling which imposes a significant barrier to treatment-seeking (Myers, Fakier, & Louw, 2009). In addition to impeding service utilisation, drug-related stigma can foster negative self-perceptions and promote a lack of awareness of drug-related risks such as HCV (Barocas et al., 2014; Lang et al., 2013; Treloar, Rance, & Backmund, 2013) and overdose (Wolfe, Carrieri, & Shepard, 2010).

#### *Familial stigma faced by drug users*

Research has also begun to trace how stigma is both constructed in and affects the micro-social sphere of interpersonal relationships and interactions. Recent studies have shown that individuals may report a loss of friendship and familial ties due to their drug use (Lee, Law, & Eo, 2004; Orford, 2005; Ryan, Huebner, Diaz, & Sanchez, 2009; Semple et al., 2005) and that experiences of discrimination and rejection can lead to social withdrawal as a means of coping (Ahern, Stuber, & Galea, 2007; Gunn et al., 2016; Room, 2005; Sanders, 2014). Women may face even greater societal and familial stigma than men to the extent their drug use is constructed as a moral weakness that tarnishes normative role expectations for women and mothers (Haritavorn, 2014; Kirtadze et al., 2013; Spooner et al., 2015). Nevertheless, both men and women have reported perceptions of demoralisation and rejection from relational contexts such as their family due to their drug use, resulting in strategies of withdrawal and avoidance as well as confrontation (Ahern et al., 2007; Luoma et al., 2007; Spicer et al., 2011).

#### *Intra-group peer stigma faced by drug users*

Stigmatisation of drug users also takes place within and among various drug-using groups. Drug users may employ a range of hierarchical and implicitly moralized "us versus them" distinctions to distinguish between more and less socially desirable forms of use, with, for example, heroin users positioning themselves over crack cocaine users and "functional addicts" with jobs and active family lives positioning themselves over "junkies", particularly homeless drug injectors, who are perceived as flouting these social norms of respectability in an especially flagrant manner (Furst, D. Johnson, Dunlap, & Curtis, 1999; Furst & Evans, 2014; Gunn & Canada, 2015; Simmonds & Coomber, 2009). Researchers have postulated that groups with similar stigmatized identities may confer stigmas within their larger membership group as a mechanism of coping with greater external threats of stigma and enhancing their self-esteem (Crocker & Major, 1989; Crocker, Thompson, McGraw, & Ingerman, 1987; Phelan, Link, & Dovidio, 2008).

#### *Drug-related stigma in immigrant communities*

Drug-using individuals within U.S. immigrant communities often navigate multiple sources of stigma attached to their drug use—from both mainstream American society and their immigrant community (Guarino et al., 2012; Kagan & Shafer, 2001; Kandula, Kersey, & Laurie, 2004; Nadeem et al., 2007). Across a wide range of immigrant groups, drug use is traditionally viewed as a mark of shame for the family, as well as a personal mark of failure for the individual (Fong and Tsuang, 2007; Warner et al., 2006). These imposed stigmas are rooted in common expectations for youth to achieve upward economic and social mobility and may be seen as

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