

A Mixed Methods Explanatory Study of Stigma, Discrimination, Sleep and Treatment Outcomes Among Individuals on Medication for Opioid Use Disorder

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BACKGROUND



Opioid Use Disorder (OUD) and Sleep:

- □ Affects 2.4 million individuals in the US
- □ More than 65% of people with OUD experience sleep deficiency



Medication for Opioid Use Disorder (MOUD):

- Only approximately 20% of individuals with OUD receive MOUD
- Relapse rates are high and are associated with lack of retention in treatment

Stigma and Discrimination :



- □ Serve as chronic stressors in this population
- How stigma and discrimination are associated with sleep deficiency, relapse, and treatment retention remains poorly understood

PURPOSE

- Evaluate the effects of stigma and intersectional discrimination on sleep, relapse, and retention among patients on MOUD
- Obtain a comprehensive understanding of perceptions, experiences, and contributors of intersectional stigma and discrimination



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Design: Explanatory Sequential Mixed Method

(estimated N = 220) will be individuals on MOUD at the APT

Quantitative Phase: Quantitative data will be collected and associations between stigma, discrimination, sleep, relapse, and treatment adherence will be examined.

Qualitative Phase: Qualitative data will be collected through semistructured interviews of 20-40 participants based on the quantitative results. Thematic analysis will be conducted to identify participant perceptions and experiences of stigma and its influence on sleep, relapse, and treatment adherence.

Integration: Results from both phases will be integrated to examine how the qualitative data help explain the quantitative findings and to provide a more complete understanding of the problems in the target population.

Stigma and discrimination will be positively correlated with sleep deficiency, relapse, and poor treatment adherence.

CONCLUSION AND IMPLICATIONS

Results will provide further insight on the various factors that contribute to perceptions and experiences of stigma and discrimination and how such perceptions and experiences influence patient outcomes.



Practice Identification of people at risk for stigma, discrimination, sleep deficiency, drug 0 relapse, and poor treatment adherence Tailored interventions in clinical setting

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