

Assessing HIV Stigma Among Opioid- Dependent Individuals Under Community Supervision

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DISCLOSURES

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- No financial conflicts of interests

PROJECT STRIDE

- ***STRIDE: Seek, Treat, Reach to Identify Pretrial Defendants Enhancement Model***
- National Institute of Drug Abuse (NIDA) Seek, Test, and Treat Initiative
 - How does drug treatment influence HIV treatment and care?
- Single Site: Howard University Hospital, Washington, DC
- Participants (n=20) recruited from Washington, DC area

Aims:

- To conduct a randomized double blind placebo-controlled trial of Buprenorphine (BUP, brand name Suboxone)
- To assess the degree of integration of health and safety goals in the management of pre-trial defendants and probationers
- To determine the impact of Suboxone on HIV/AIDS and criminal involvement outcomes

Eligibility:

- Part A: 18+, Opioid-Dependence and Community Supervision (probation, pre-trial)
- Part B: Part A and HIV positive



STIGMA AND HEALTH DISPARITIES

- Minorities with disabilities experience health disparities due to structural barriers associated with demographic differences (Yee, 2011):
 - Race/Ethnicity
 - Gender
 - LGBT status
- Stigma leads to discrimination, misinformation, and fear
 - Social, cultural, and environmental factors
 - Attitudes, thoughts and beliefs can translate to high-risk behaviors
 - Higher risk for HIV infection due to unsafe sex and drug practices
 - Unwillingness to get tested and know one's status
 - Decreased likelihood to seek and maintain treatment
 - Disclosure among friends and family

HIV/AIDS IN THE DISTRICT

- ~3.2% of the population is living with HIV/AIDS, highest in nation (CDC, 2012)
 - Highest rates seen among minority populations in DC
 - 73% of people living with HIV are Black
 - Common exposure: 39% male to male sexual contact, 28% heterosexual, 14% injection drug use
- Opioid dependence (i.e. heroin) associated with adverse medical/ psychosocial consequences
 - Risk of HIV transmission through unprotected sex, including transactional sex, or sharing needles used for intravenous injection
- HIV/AIDS and substance use disorders disproportionately represented in criminal justice system

BACKGROUND

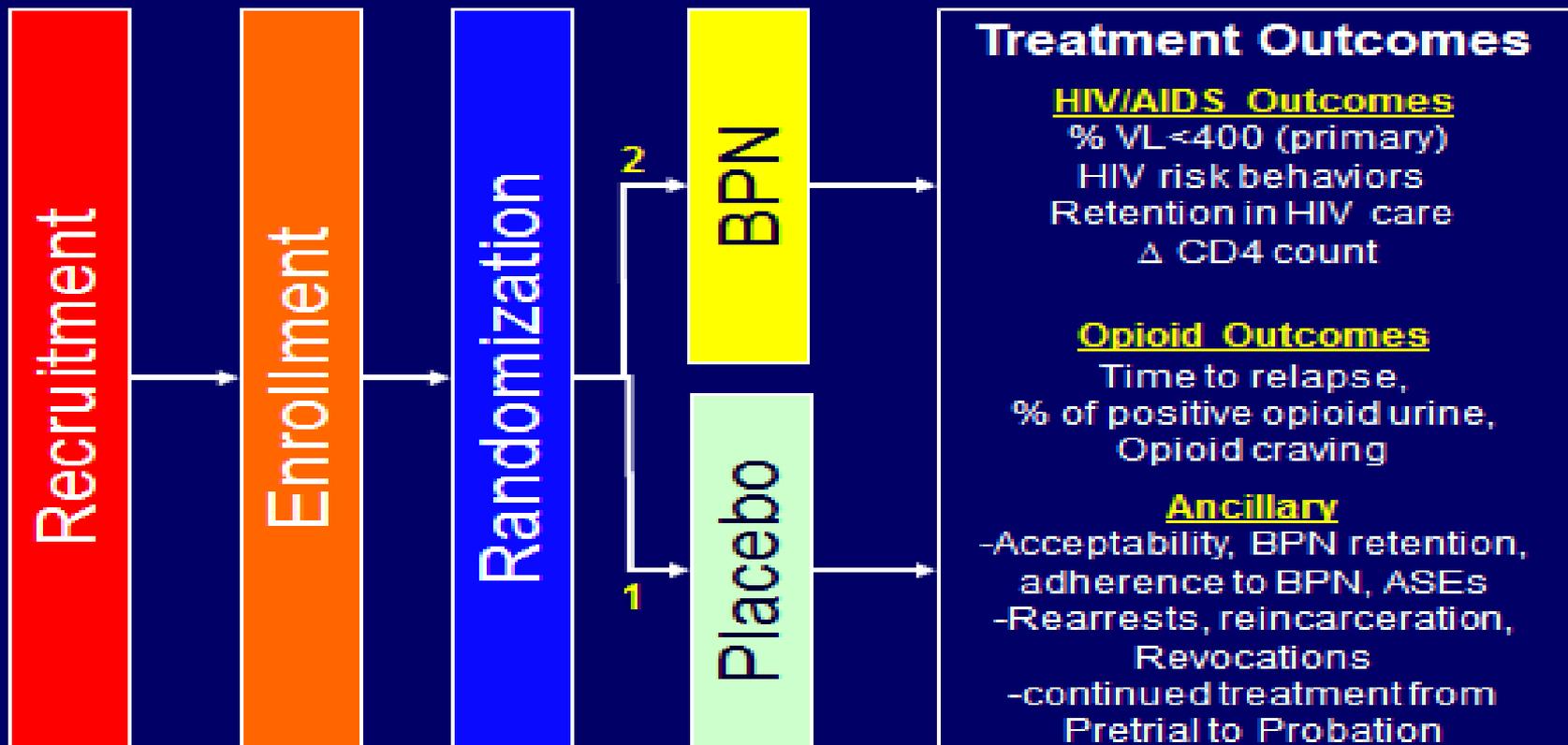
- HIV internalized stigma differs by demographics
 - Emlet (2007): Berger and colleagues and 40-item (score=40-160) scale, alpha 0.96
 - 25 participants age 50-72
 - Means: Non-Whites(109 vs 85, significant at $p < .01$), heterosexuals (98 vs 91), and men (99 vs 85) had higher scores across the board
- Compounded stigma: HIV + drug use + sexuality
 - Capitanio (1999): data from national telephone survey, random digit dialing (N=1309); 9-item stigma index
 - Injection drug use (IDU) highly stigmatized
 - Attitudes toward IDU significantly positively associated with AIDS stigma (more negative attitudes → higher stigma)
 - Black and White respondents: stigma towards IDU and gay men are predictors of AIDS stigma

METHODOLOGY

- ACASI interviews administered at baseline by research assistants
- Study is ongoing, currently n=20
- Perceived HIV stigma experienced by participants was assessed by relying on Sayles and colleagues' (2008) 28-item internalized HIV stigma measure across four composite items (score range=0-100):
 - Stereotypes
 - “Society looks down on people who have HIV”
 - disclosure concerns
 - “I am concerned that if I go to an HIV/AIDS organization someone I know might see me”
 - social relationships
 - “People I am close to are afraid they will catch HIV from me”
 - self-acceptance
 - “I feel ashamed to tell other people that I have HIV”

PROJECT STRIDE

Study Design



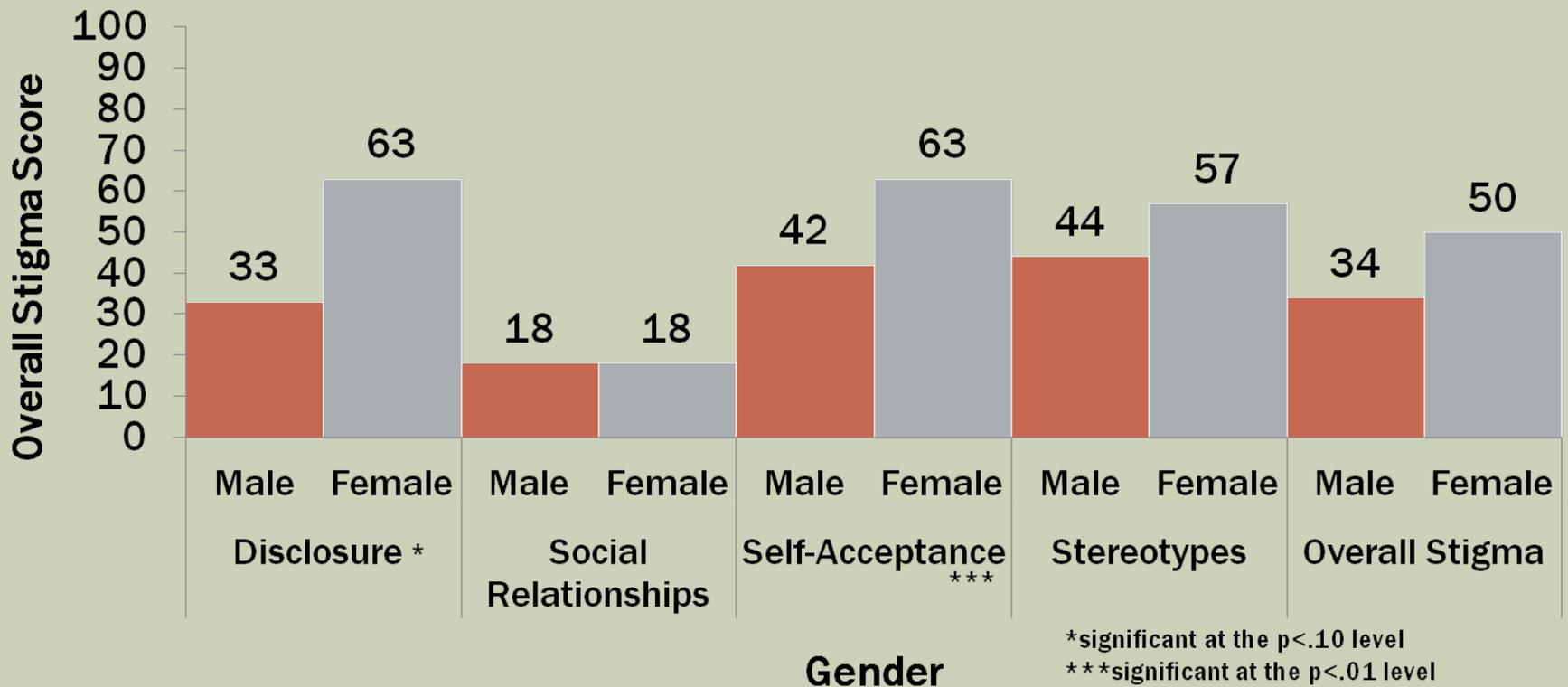
DIFFERENCES IN STIGMA BY GENDER AND SEXUAL ORIENTATION

- Sample composition: male n=14; female n=6; heterosexual n=16, homosexual n=4
 - Mean overall stigma score was 39.1 out of 100 (SD=18.0)
- Females experience *significantly* higher overall HIV stigma than males (t= -2.0; p<.10)
 - higher HIV disclosure concerns than males
- Homosexuals experience higher overall HIV stigma (not significant)
 - higher disclosure concerns than heterosexuals

RESULTS BY GENDER

Females – considerably higher overall HIV stigma than males (50 vs 34).
Females – significantly higher HIV disclosure concerns, while males had significantly lower self-acceptance than females.

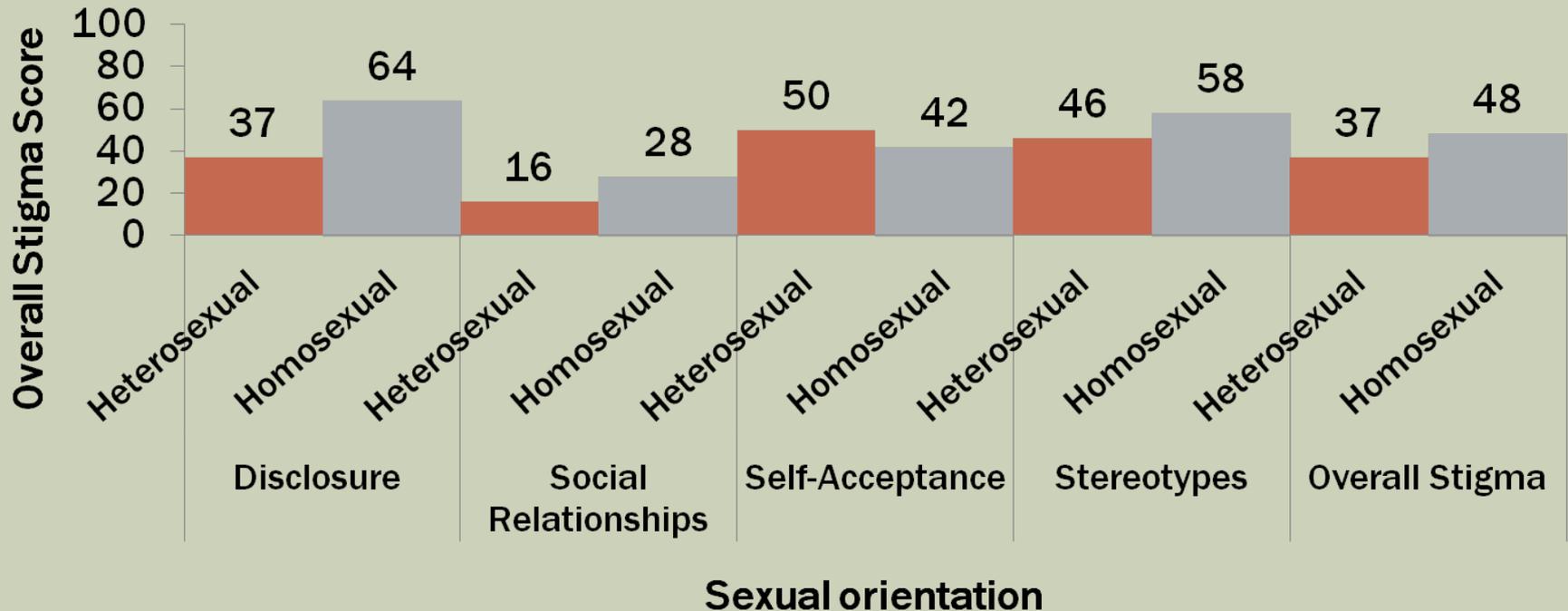
Perceived Stigma Among Participants (by gender)



RESULTS BY SEXUAL ORIENTATION

No significant differences found between sexual orientation although differences in disclosure exists.

Perceived Stigma Among Participants (by sexual orientation)



LIMITATIONS

- Results not generalizable
- Small sample size
- Selection bias
 - Homogeneity of sample (100% African American)
- Scale does not measure other areas of stigma (i.e. drug use, sexual orientation)

CONCLUSIONS

- Participants experience stigma to some degree
 - Females had considerably higher overall HIV stigma than males (50 vs 34)
 - Homosexuals also had considerably higher overall HIV stigma than heterosexuals (48 vs 37)
- High disclosure concerns
 - Females had significantly higher HIV disclosure concerns while males had significantly lower stigma self-acceptance than females

FUTURE DIRECTIONS

- **Combatting HIV/AIDS stigma and discrimination may prevent infection and control the global epidemic**
 - Increase public knowledge of HIV/AIDS
 - Reduce negative attitudes through counseling, etc.
- **Reducing stigma may reduce HIV risk and prevalence rates among susceptible and hidden populations**
 - More willing to learn HIV status
 - Engaging in safer sex and drug use practices (e.g. harm reduction)
- **Future Research**
 - Explore effect of interventions on reducing stigma
 - Better gauge public opinion on HIV/AIDS

CARE COORDINATION

- Greater ease in navigating the health care system
 - Overcome barrier in the patient-doctor relationship
 - Cultural competency and education in minority communities
- Need for coordination of mental health/drug treatment and HIV/AIDS services for justice-involved, underserved populations
 - can close health disparity gaps by decreasing transmission of HIV and preventing drug relapse
 - decrease overall recidivism rates
 - Increase social support services
 - Role of Parole/Probation officers

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