Assessing HIV Stigma Among Opioid-Dependent Individuals Under Community Supervision

Mary Mbaba, MPH
Amy Murphy, MPP
Alese Wooditch, MA
Suneeta Kumari, MD, MPH
Faye Taxman, PhD
William Lawson, MD, PhD
Frederick Altice, MD, MPH
This study was supported by a grant from the National Institute on Drug Abuse (NIDA) (ROI DA030768)

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**
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
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 \(\rightarrow\) 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

**Recruitment** → **Enrollment** → **Randomization** → **BPN** → **Placebo**

**Treatment Outcomes**

- **HIV/AIDS Outcomes**
  - % VL<400 (primary)
  - HIV risk behaviors
  - Retention in HIV care
  - Δ CD4 count

- **Opioid Outcomes**
  - Time to relapse
  - % of positive opioid urine
  - Opioid craving

- **Ancillary**
  - Acceptability, BPN retention, adherence to BPN, ASES
  - Rearrests, reincarceration, Revocations
  - Pretrial to Probation
  - continued treatment from
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)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Overall Stigma</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure</td>
<td></td>
<td>33</td>
<td>63</td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td></td>
<td>42</td>
<td>63</td>
</tr>
<tr>
<td>Stereotypes</td>
<td></td>
<td>44</td>
<td>57</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td>34</td>
<td>50</td>
</tr>
</tbody>
</table>

*significant at the p<.10 level
***significant at the p<.01 level
No significant differences found between sexual orientation although differences in disclosure exist.

**Perceived Stigma Among Participants (by sexual orientation)**

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Overall Stigma Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>37</td>
</tr>
<tr>
<td>Homosexual</td>
<td>64</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>16</td>
</tr>
<tr>
<td>Homosexual</td>
<td>28</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>50</td>
</tr>
<tr>
<td>Homosexual</td>
<td>42</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>46</td>
</tr>
<tr>
<td>Homosexual</td>
<td>58</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>37</td>
</tr>
<tr>
<td>Homosexual</td>
<td>48</td>
</tr>
</tbody>
</table>

- Disclosure
- Social Relationships
- Self-Acceptance
- Stereotypes
- Overall Stigma
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
ACKNOWLEDGEMENTS

- NIDA
- STRIDE research team
- Howard University Hospital clinical research unit staff
- Research participants

Contact Information:
Mary Mbaba, M.P.H.
mmbaba@gmu.edu

Center for Advancing Correctional Excellence (ACE!)
Department of Criminology, Law & Society
George Mason University
10519 Braddock Rd., Suite 1900
Fairfax, VA 22032

www.gmuace.org


