HIV Stigma Among Substance Abusing, Indigent PLWHA: Implications for HIV Treatment and ARV Adherence

Maria A. Levi-Minzi, M.A.
Ryan White Program Service Provider Forum
October 28, 2014
What is Stigma?

- Stigma is a complex social process encompassing:
  - Labeling
  - Stereotyping
  - Separation
  - Status loss
  - Discrimination

1
STIGMA AND HIV

- Stigma has a major impact on quality of life and overall health outcomes among PLWHA $^2, ^3$.

- HIV-related stigma is often experienced as:
  - Social rejection;
  - Disapproval;
  - Discrimination;
  - All of which can heighten shame and fear of disclosure.
STIGMA AND HIV

Concealment of HIV+ status can lead to:

- Decreased social support
- Depression
- Inability to work
- Financial strain
- Decision to forgo valuable medical treatment

\[4-7\]
**Stigma and HIV**

- Higher levels of HIV-related stigma can stop PLWHA from receiving the optimal benefits of HIV care and treatment\(^\text{10}\).

- Higher levels of stigma are associated with:
  - Decreased ARV adherence
  - Decreased uptake of medical care
  - Increased mental distress including depression, anxiety, and hopelessness
  - Increased HIV related symptoms\(^2, 4-9\)
HIV RELATED STIGMA

- HIV related stigma encompasses:
  1. Internalized stigma: negative feelings and beliefs associated with HIV that are applied to the self
  2. Enacted stigma: actual experiences of discrimination, stereotyping, and/or prejudice from others due to one’s HIV
  3. Anticipated stigma: expectations of discrimination, stereotyping and/or prejudice from others in the future due to one’s HIV

Each of these has been associated with harms to health and well-being, including under-utilization of HIV-related medical care.
INTERNALIZED HIV STIGMA

- Internalized HIV stigma incorporates four dimensions:
  1. Confronting blame and stereotypes of HIV
  2. Managing disclosure of a stigmatized status
  3. Renegotiating social relationships
  4. Self-acceptance, or level of personal comfort with one’s HIV diagnosis \(^2\), \(^16\).

- Internalized HIV stigma has been linked to numerous adverse health and social consequences for PLWHA including poor mental and physical health status, as well as decreased social support, social integration and overall quality of life \(^11\text{-}13\), \(^16\), \(^17\).
CURRENT STUDY

- The present study sought to examine the predisposing factors of HIV-related stigma among a vulnerable, indigent sample of PLWHA in Miami in order to understand how these may influence HIV-related health behaviors and care utilization.
TARGET POPULATION

- Data were drawn from a mixed methods study designed to examine the patterns and predictors of ARV diversion (the unlawful sale and trading of ARV medications) among indigent, HIV positive substance abusing individuals living within South Florida.

- We recruited 503 high needs, HIV positive heroin and cocaine users.
STUDY ELIGIBILITY

- Eligible participants:
  - Provided documentation of their HIV status
  - Were currently prescribed ARV medications
  - Were age 18 or older
  - Reported cocaine, crack or heroin use 12 or more times in the past 90 days
  - Diverters endorsed ARV medication diversion at least once in the past 90 days.
PROCEDURES

- Targeted sampling
- Participants screened over the phone for eligibility
- Participants came to our offices where they were re-screened
- Informed consent was obtained
- Trained study staff conducted computer-assisted personal interviews (CAPI) in English or Spanish
- Interview typically lasted 1 hour and clients were paid a $30 stipend upon completion
MEASURES

- A comprehensive health and social risk assessment using a modified version of the Global Appraisal of Individual Needs \(^{11}\).

- Other standardized instruments were also used to measure attitudes toward HIV providers and ARV medications, and HIV treatment access.
MEASURES

- HIV stigma was assessed through a modified version of the HIV Internalized Stigma Measure [12].
- Higher scores reflect greater levels of stigma.
- Our adapted measure included 4 subscales:
  1. Stereotypes about HIV (3 items, scores range from 3 to 12),
  2. Self-acceptance (3 items, scores range from 3 to 12),
  3. Disclosure concerns (2 items scores range from 2 to 8),
  4. Social relationships (3 items, scores range from 3 to 12).
MEASURES

<table>
<thead>
<tr>
<th>Stigma</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Society looks down on people who have HIV..............................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. People blame me for having HIV...........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I am comfortable telling everyone I’m close to that I have HIV......</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. People think I am a bad person because I have HIV....................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I am concerned if I go to the HIV clinic, someone I know might see me..........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I feel abandoned by family members because I have HIV</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. People avoid me because I have HIV.......................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. People I am close to are afraid they will catch HIV from me..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I am concerned that if I am sick, people I know will find out about my HIV........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I feel ashamed to tell other people that I have HIV..................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. My family is comfortable talking about my HIV..........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
ANALYSIS

- Descriptive statistics:
  - Demographics
  - Mental health
    - Depression
    - Substance dependence
  - Behavioral factors
    - Recent (past 90 day) ARV diversion
    - ARV adherence
  - HIV care factors
    - Attitudes toward providers
    - Attitudes toward ARV medications
    - Treatment access

- T-tests to examine differences in mental health, behavioral and HIV care factors by each stigma subscale.
**RESULTS: DESCRIPTIVES N=503**

<table>
<thead>
<tr>
<th>Demographic factors</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean, SD)</td>
<td>46.07 (7.77)</td>
</tr>
<tr>
<td>Male Gender</td>
<td>299 (59.4)</td>
</tr>
<tr>
<td>Monthly income ≤ $1,000</td>
<td>408 (81.1)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>340 (67.6)</td>
</tr>
<tr>
<td>All other races</td>
<td>163 (32.4)</td>
</tr>
<tr>
<td>Years with HIV (mean, SD)</td>
<td>12.94 (7.31)</td>
</tr>
</tbody>
</table>

**Mental health factors**

| Severe depression                   |                |
| Yes                                 | 275 (54.7)     |
| No                                  | 228 (45.3)     |

| Severe substance dependence         |                |
| Yes                                 | 278 (55.3)     |
| No                                  | 225 (44.7)     |

**Behavioral factors**

| Recent ARV Diversion                |                |
| Yes                                 | 251 (49.9)     |
| No                                  | 252 (50.1)     |

| 95% ARV Adherence                   |                |
| Yes                                 | 272 (54.1)     |
| No                                  | 231 (45.9)     |

**Care Related Factors**

| Attitude toward HIV providers       |                |
| (mean, SD) Range: 12-48             | 43.80 (5.34)   |
| Less favorable (45 and below)       | 238 (47.3)     |
| More Favorable (46 and above)       | 265 (52.7)     |

| ARV medication attitudes (mean, SD) |                |
| Range: 1-10                          | 8.45 (1.92)    |
| Negative (8 and below)               | 238 (47.3)     |
| More Positive (9 and above)          | 264 (52.5)     |

| HIV treatment access (mean, SD)     |                |
| Range: 9-28                          | 23.79 (4.31)   |
| Less Access (24 and below)           | 235 (46.7)     |
| More access (25 and above)           | 268 (53.3)     |
RESULTS:
PAST 90 DAY SUBSTANCE USE
RESULTS: STIGMA RELATED TO STEREOTYPES

* p < .05
** p < .01
RESULTS: STIGMA RELATED TO DISCLOSURE

*\( p < .05 \)
**\( p < .01 \)
RESULTS: STIGMA RELATED TO SELF-ACCEPTANCE

![Bar graph showing the results of stigma related to self-acceptance.](image)

- Depression**: Statistically significant at *p<.05*
- Substance Dependence**: Statistically significant at **p<.01**
- ARV Diversion
- 95% Adherence*
RESULTS: STIGMA RELATED TO SOCIAL RELATIONSHIPS
## Results: Stigma Scores HIV Care

<table>
<thead>
<tr>
<th>Care-related factors</th>
<th>Stereotypes(^2)</th>
<th>Self-Acceptance(^3)</th>
<th>Disclosure</th>
<th>Social Relationships(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude toward HIV providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less favorable (45 and below)</td>
<td>8.24(^*)</td>
<td>7.60(^*)</td>
<td>4.35(^*)</td>
<td>5.93(^*)</td>
</tr>
<tr>
<td>More Favorable (46 and above)</td>
<td>7.44(^*)</td>
<td>6.64(^*)</td>
<td>3.51(^*)</td>
<td>4.44(^*)</td>
</tr>
<tr>
<td>ARV medication attitudes(^1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative (8 and below)</td>
<td>8.28(^*)</td>
<td>7.78(^*)</td>
<td>4.37(^*)</td>
<td>5.89(^*)</td>
</tr>
<tr>
<td>Positive (9 and above)</td>
<td>7.41(^*)</td>
<td>6.44(^*)</td>
<td>3.49(^*)</td>
<td>4.45(^*)</td>
</tr>
<tr>
<td>HIV treatment access(^3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Access (24 and below)</td>
<td>8.41(^*)</td>
<td>7.83(^*)</td>
<td>4.51(^*)</td>
<td>5.86(^*)</td>
</tr>
<tr>
<td>More access (25 and above)</td>
<td>7.30(^*)</td>
<td>6.44(^*)</td>
<td>3.38(^*)</td>
<td>4.52(^*)</td>
</tr>
</tbody>
</table>

\(*p<.05\)

\(**p<.01\)
**DISCUSSION**

- Mental health problems, including severe depression, are associated with higher stigma related to stereotypes, disclosure and social relationships.

- Individuals with psychological distress may be less willing to take their ARV medications due to fears related to disclosing their status.

- This would appear to constitute a significant risk factor for attending and remaining engaged in regular HIV care.
**DISCUSSION**

- Substance dependence symptoms for our sample were also tied to significantly higher stigma overall and related to self acceptance; these findings are contrary to some studies which have found lower levels of HIV stigma among substance abusers ¹³.

- Those who were adhering to their ARV regimen had lower HIV stigma related to stereotypes, disclosure, and social relationships, suggesting that the adherent experienced less distress related to their HIV status.
DISCUSSION

- Diverters had higher stigma related to disclosure, indicating that perhaps the need or desire to conceal HIV status could potentially play a role in the decision to divert medications.

- These results may indicate that decreases in stigma related to disclosure would be useful in promoting adherence and reducing diversion among this highly marginalized population of PLWHA, making this a potential target for intervention.
DISCUSSION

Significantly lower stigma across all four stigma domains was associated with all aspects of HIV care including:

- More favorable attitudes toward HIV treatment providers
- More positive attitudes toward ARV medications
- Higher levels of HIV treatment access
CONCLUSIONS

- Our findings suggest that those with substance dependence, depression, and lower levels of social support are more vulnerable to experiencing higher levels of HIV related stigma.

- These findings have critical public health implications, including the importance of developing specifically tailored interventions to decrease internalized HIV related stigma, and specifically self acceptance stigma.

- Among PLWHA with high levels of competing needs, these interventions would appear to be potential avenues for increasing adherence and routine utilization of HIV care.
More Details Can be Found here:

QUESTIONS
THANK YOU!!!!

maria.leviminzi@nova.edu

Nova Southeastern University
Center for Applied Research on Substance Use and Health Disparities
REFERENCES


