

HEALTH CARE RELATED STIGMA AMONG PEOPLE WHO INJECT DRUGS IN NEW YORK CITY

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Background: Hepatitis C virus (HCV) is very prevalent among people who inject drugs (PWID) yet HCV treatment is low. Stigma experienced by PWID may pose a significant barrier to HCV care. This analysis examines correlates of stigma experienced by PWID in health care settings.

Methods: Data are from 121 New York City (NYC) PWID participating in an on-going study to assess the efficacy of providing HCV care at Syringe Exchange Programs. Eligibility criteria includes positive HCV RNA test and injection drug use in the past 3 months. Structured interviews covered topics such as drug use history, health care related-experiences, and prior history with HCV care. Stigma experiences were measured at study entry by a 10-item scale developed by principal components analysis. The scale is divided into two subscales: internal (3 items reflecting participants' attitudes/behaviors) and external (7 items reflecting perceptions of medical providers' attitudes/behaviors) stigma. Stigma was numerically scored from 1 (least stigma) to 5 (most stigma)

Results: Sample descriptives include: mean age 42.9 (sd=10.9); 78% males; 59% Latino; 31% Non-Latino White; 6% Non-Latino Black; 5% other. Prior to enrollment, 94% were aware of their HCV+ status and 77% of them had not sought HCV treatment. Latinos had higher mean baseline stigma scores (3.61) than non-Latino Whites and Blacks (3.07) ($p<0.001$). Participants with higher baseline stigma scores reported being less willing to disclose HCV status ($p=0.004$) and less likely to discuss health problems and concerns with doctors ($p=0.009$). Higher internal stigma scores were associated with riskier injection behaviors (i.e. cooker sharing $p=0.015$).

Conclusion: Drug-related stigma may discourage engagement in HCV care among PWID. Destigmatized access to health care may be crucial to the effective prevention, treatment and elimination of HCV among PWID. This may be particularly true for Latino PWID in NYC.

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