# STIGMA AS A BARRIER TO CARE AMONG JUSTICE-INVOLVED INDIVIDUALS LIVING WITH OR AT **RISK FOR HIV AND SUBSTANCE USE DISORDER**

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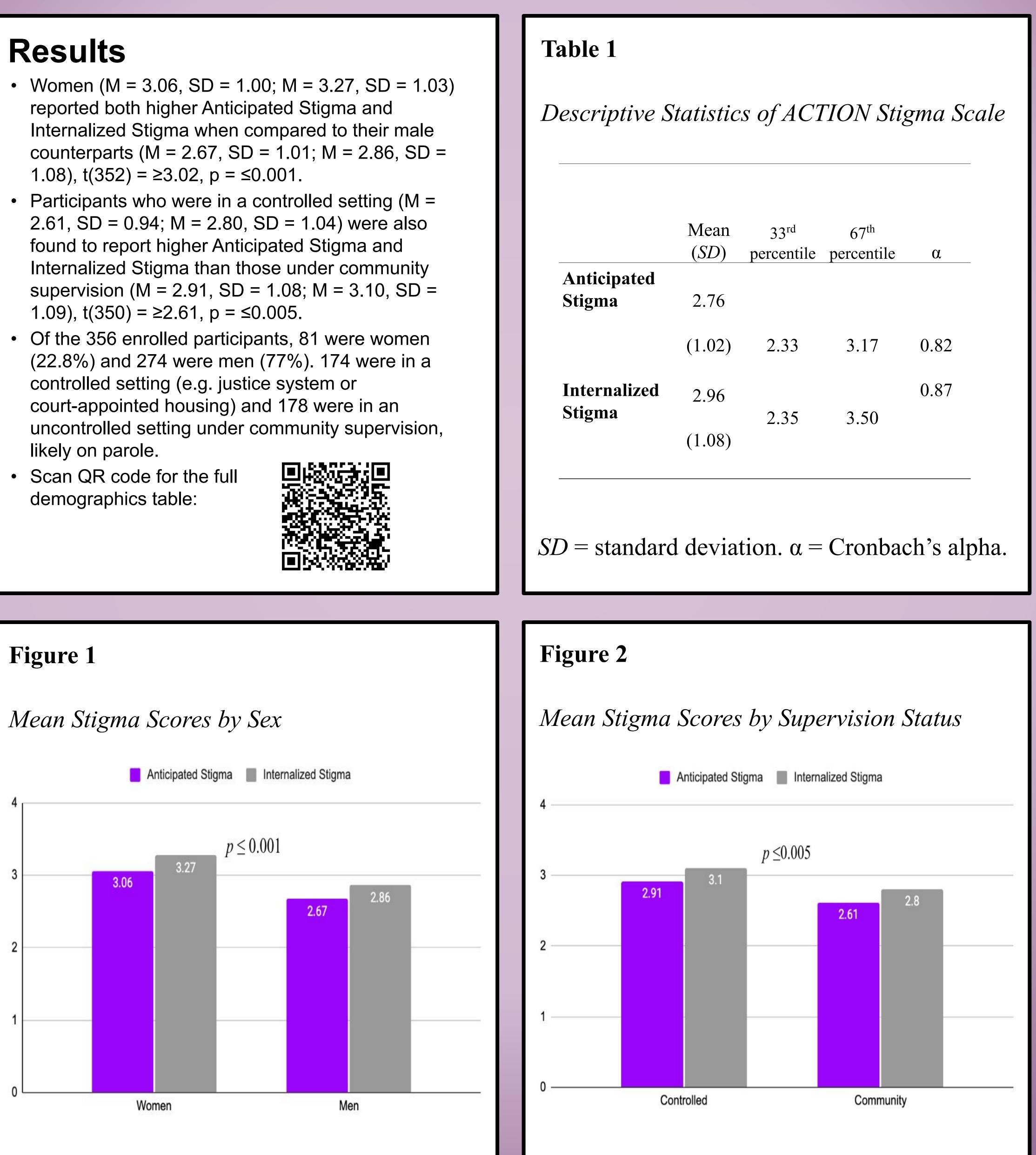
# Introduction

- 1 in 7 individuals living with HIV<sup>1</sup> and one-third of all opioid users<sup>2</sup> in the U.S. pass through the criminal justice system each year.
- It is vital to provide justice-involved (JI) individuals living with HIV and/or substance use disorder (SUD) with linkage to care upon community re-entry.
- There are endless barriers preventing this population from receiving proper care after release. A less examined barrier is stigma and its impact on health service engagement.
- People with a history of incarceration, who use drugs, and/or are living with HIV often experience multiple layers of stigma related to their history. This intersectional stigma may impact health utilization and health outcomes.<sup>3,4</sup>
- This study aims to investigate the differences in types of stigma as a barrier to care among a population of JI individuals randomized to two health delivery models.

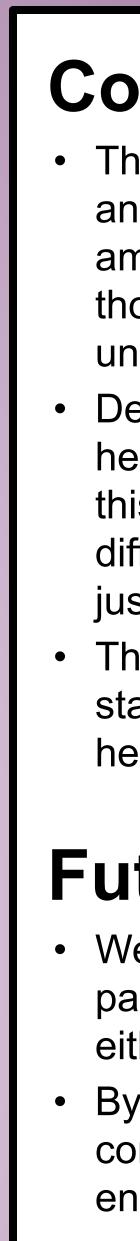
### **Methods**

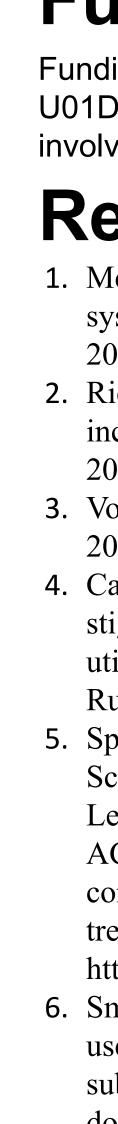
- 356 individuals with recent involvement with the criminal justice system, history of opioid/stimulant use and HIV risk behavior in 2 regions Texas and 2 regions of Connecticut were identified as part of the "Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now Among Justice-Involved Populations" (ACTION)<sup>5</sup> study.
- Participants' baseline stigma was examined using the ACTION Stigma Scale.
- A combination of correlation analyses and independent samples t-tests were used to explore whether stigma scores varied as a function of participants' sociodemographic information.
- Anticipated Stigma: reflects expectations of stereotyping, prejudice, and discrimination from others in the future due to one's stigmatized attributes.<sup>6</sup>
- Internalized Stigma: the endorsement and application of negative feelings and beliefs about people who use drugs to oneself.<sup>5</sup>

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	Mean ( <i>SD</i> )	33 <sup>rd</sup> percentile	67 <sup>th</sup> percentile	α
Anticipated Stigma	2.76			
	(1.02)	2.33	3.17	0.82
Internalized Stigma	2.96 (1.08)	2.35	3.50	0.87







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### Conclusion

 The baseline data reveal both Anticipated Stigma and Internalized Stigma are significantly higher (1) among women compared to men and (2) among those in a controlled setting compared to those under community supervision (probation or parole).

Despite the literature surrounding stigma in healthcare growing, there is less research involving this unique population who experience three different layers of stigma: HIV, substance use, and justice involvement.

The ways in which stigma related to sex and parole status specifically may impact health utilization and health outcomes should be further examined.

### **Future Directions**

• We hope to explore stigma dynamics among participants once recruited and randomized into either of the two intervention models (MHU vs. PN). By examining how stigma fits into the broader context of these intervention modes is crucial to enhancing the models for future implementation.

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