

Planning a Multi-Level Intervention to Reduce Substance Use Stigma in HIV Prevention and Care



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INTRODUCTION

- Stigma towards people who use drugs (PWUD) is well documented and can arise from multiple mechanisms, including from health professionals¹⁻⁷
- "Provider-based stigma" from healthcare professionals can intersect with "structural stigma", or stigma from policies⁷
- Provider-based stigma can create barriers in to accessing health care services for PWUD including;
 - Syringe distribution programs⁸
 - Medication treatment⁹
 - Non-specialized health services^{10, 11}
- HIV stigma can enhance barriers to healthcare for PWUD that need HIV prevention or care¹²
- Existing studies primarily focus on education interventions with medical students in various healthcare settings^{13,14}
 - These educational interventions with opportunities for critical reflection and contact with PWUD may reduce attitudinal forms of provider-based stigma¹⁴
- Limited research on 1) policies that contribute to provider-based stigma and 2) effective stigma reduction interventions in primary care settings

Purpose:

The goal of this planning project is to use qualitative interviews with primary care personnel to identify organizational policies that may reduce structural drivers of stigma and enhance the effects of professional education on reducing stigma towards PWUD

METHODS

- Purposive sampling was used to select primary care personnel for semi-structured qualitative interviews
- Patient-facing personnel were interviewed from October 2022 – April 2023
 - Providers, reception, medical assistants, behavioral health staff, nurses, administration, and transportation drivers
- Recruited via email by 9 clinic administrators at Metro Detroit primary care sites who support the trial planning activities as paid site stakeholders
- Interviews lasted 36-69 minutes via Zoom and participants received \$100 gift cards
- Qualitative Description Approach guided the simultaneous data collection and analysis
- Thematic analysis was used to identify major themes and subthemes

Data is part of a larger project to plan and execute a trial study that will assess whether educational interventions, when combined with facility policy changes, may improve provider attitudes and behaviors towards PWUD, and whether these changes, result in improved patient outcomes, especially those related to HIV prevention and care

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RESULTS

Characteristic	Count (n=19)	%
Sex/gender*		
Men	5	25%
Women	14	70%
Non-binary	1	5%
Race/ethnicity*		
African American or Black	10	52.6%
White, non-Hispanic	5	26.3%
Hispanic, non-White	2	10.5%
Asian	2	10.5%
Professional role		
Medical Assistant (MA)	5	26.3%
Reception	2	10.5%
Administration	1	5.3%
Behavioral Health provider	2	10.5%
Nurse	2	10.5%
Transportation	2	10.5%
Primary care provider (MD, NP, PA)	5	26.3%
Average years working in profession	8.9	--
Highest level of education		
Some college	5	26.3%
Associate's	3	15.8%
Bachelor's	3	15.8%
Master's	5	26.3%
Doctorate	3	15.8%

Drivers of stigma towards PWUD and how it operates in primary care settings:

Patient-level factors	Professional-level factors
<ul style="list-style-type: none"> • Managing patient intoxication • Healthcare "baggage" • Attributing substance use to choices • Struggling with patient complexity 	<ul style="list-style-type: none"> • Avoiding SUD care • Fearing adverse health outcomes • Engaging patients • Knowledge deficiencies • Physical boundaries of professionalism
Internal clinic-level factors	External factors
<ul style="list-style-type: none"> • Instituting hoops • Institutionalizing stigmatizing language • Providing care with low resources 	<ul style="list-style-type: none"> • Social determinants of health • Stigma from pharmacies • Bureaucratic issues from payers/insurance • Regulators (DEA, licensing boards)

Increasing clinical visit times

- "I don't know because when you increase time with a patient that also pushes other patients further out."

Professional training

- "It would be great if we had a training with regards like language and professionalism... because calling someone a drunk, or even calling someone an alcoholic, it's an old term."

Inclusion of peer recovery coaches

- "A peer recovery coach would be so helpful...because it provides another form of support and trust"

Changes to urine drug screening (UDS)

- "Eliminating altogether is tough...there's some situations where you can't always 100% go by what your patient is saying."

Allowing home buprenorphine induction

- "There would be an issue of trust from provider to patient of what they're doing with the Suboxone...whether it would be sold or things like that."

Collaborating with OTPs and harm reduction programs

- "I think the intensity and the severity, might be a challenge for the providers... it would be probably outside of our scope of practice."

Public Health Implications

- These data provide indications of feasible and acceptable stigma interventions to test
- Most stigma research focuses only on educational interventions
- This project provides preliminary data on additional interventions will be tested to determine whether they enhance the impact of education on provider-based stigma and health outcomes towards PWUD