

## FACTORS ASSOCIATED WITH STIGMA, DISCRIMINATION, AND NEGATIVE HEALTH CARE TREATMENT AMONG PEOPLE WHO INJECT DRUGS: THE ETHOS ENGAGE STUDY

### Authors:

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**Background:** Stigma has negative consequences on the health of people who inject drugs (PWID) and people living with HCV. This study evaluated factors associated with experiencing stigma in relation to injecting drug use (IDU) or HCV and being treated negatively by health workers.

**Methods:** ETHOS Engage is an observational cohort study of PWID attending drug treatment clinics and needle and syringe programs in Australia. Participants completed a questionnaire including self-reported experiences of stigma related to IDU and HCV, injecting history, HCV testing/treatment history, and demographic variables. Logistic regression was used to identify factors independently associated with past-year experiences of stigma and negative treatment.

**Results:** Among 1,211 participants (mean age 45 years, 31% female), 72% were currently receiving OAT and 64% reported past-month injecting. IDU-related stigma (reported by 57% of participants) was associated with female gender (aOR=1.47, p=0.005), higher than Year 10 education (aOR=1.94, p<0.001), homelessness (aOR=1.65, p=0.040), previous OAT (aOR=1.62, p=0.040), current OAT (aOR=1.72, p=0.005), past-month injecting (aOR=2.10, p<0.001) and receptive needle/syringe sharing (aOR=1.94, p<0.001), overdose within the past year (aOR=1.57, p=0.029) or longer ago (aOR=1.56, p=0.002), past-year hospitalization for drug use (aOR=1.68, p<0.001), and not knowing current HCV status (aOR=1.57, p=0.042). HCV-related stigma (reported by 34% of participants diagnosed with HCV) was associated with female gender (aOR=1.66, p=0.002), homelessness (aOR=1.73, p=0.034), past-month receptive needle/syringe sharing (aOR=1.77, p=0.021), past-year arrest for drug use/possession (aOR=1.45, p=0.031), and past-year HCV antibody testing (aOR=1.46, p=0.016). Negative treatment from health workers (reported by 45% of participants) was associated with female gender (aOR=1.65, p<0.001), past-month receptive needle/syringe sharing (aOR=1.73,

p=0.005), past-year hospitalization for drug use (aOR=1.49, p=0.004), and past-year arrest for drug use/possession (aOR=1.63, p<0.001).

**Conclusion:** This study identified factors independently associated with IDU and HCV-related stigma and negative treatment from health workers, which may facilitate the development of interventions to address stigma towards PWID.

**Disclosure of Interest**

None