Stigma experienced by hospitalized people who inject drugs: preliminary baseline findings from a multi-state randomized controlled trial

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Key findings

- Internalized stigma> enacted stigma
- **50.0%** had never heard about PrEP
- **97.8%** had never taken PrEP
- **0** Currently taking PrEP

Background

- People who inject drugs (PWID) face significantly higher HIV risk than the general population.
- Stigma is a major barrier to healthcare utilization and contributes to sub-optimal health outcomes, yet few studies systematically measure stigma among PWID.
- We assessed PWID's experiences of **medical provider stigma** and **PrEP-related outcomes** among adults hospitalized with injection drug use (IDU)-related infections.

Methods

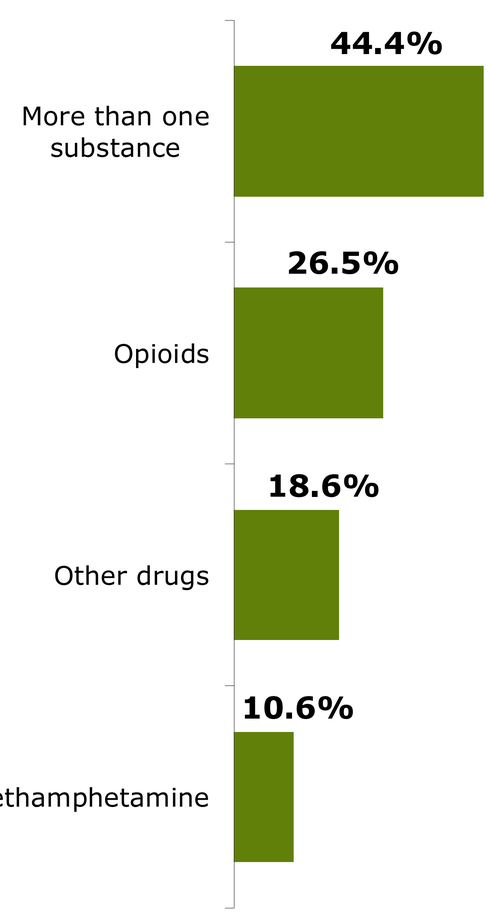
- **Design:** preliminary baseline analysis of hospitalized adults with IDU-related infections enrolled in the CHOICE-STAR study[1], a multi-site randomized effectiveness-implementation controlled trial testing the effectiveness of an outpatient integrated care for addiction and infectious diseases.
- **Inclusion criteria:** adults hospitalized with acute bacterial or fungal infections from IDU with opioids, cocaine, and/or methamphetamine.
- **Setting:** clinical sites at University of Maryland, Baltimore, West Virginia University, George Washington University, and Emory University.
- **Data collection:** Aug 24 – Dec 2025; participants completed baseline surveys, including the Medical Provider Stigma Experienced by People Who Use Drugs (MPS-PWUD) scale[2] and PrEP-related questions.
- MPS-PWUD is a validated 9-item scale measuring overall, enacted, and internalized stigma. Score = 1- 5; higher score=greater stigma.
- **Analysis:** Descriptive statistics; linear regression to assess factors associated with stigma; t-test to compare stigma types.

Results

Table 1. Participant characteristics (n=151)

Characteristic	N (%)
Age, mean (SD)	41.5 (9.4)
Male	92 (61.0)
White	124 (82.0)
Non-Hispanic	147 (97.4)
Heterosexual	129 (85.4)
Health insurance	131 (86.7)
Unhoused	79 (52.3)
Living with HIV	13 (8.6)

Figure 1. Substance injected within the last 30 days (n=151)



Medical provider stigma

- Internalized stigma was significantly higher than enacted stigma ($p<0.001$).
- Study site location was associated with enacted stigma ($p<0.05$); other demographic or site-level factors were not associated with overall, enacted, or internalized forms of stigma.
- Stigma was not associated with PrEP awareness.

Figure 2. Stigma score

MPS-PWUD score, scale 1–5

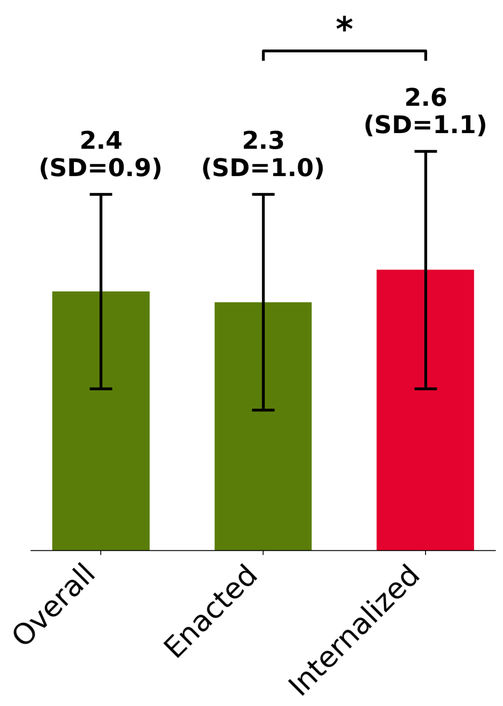
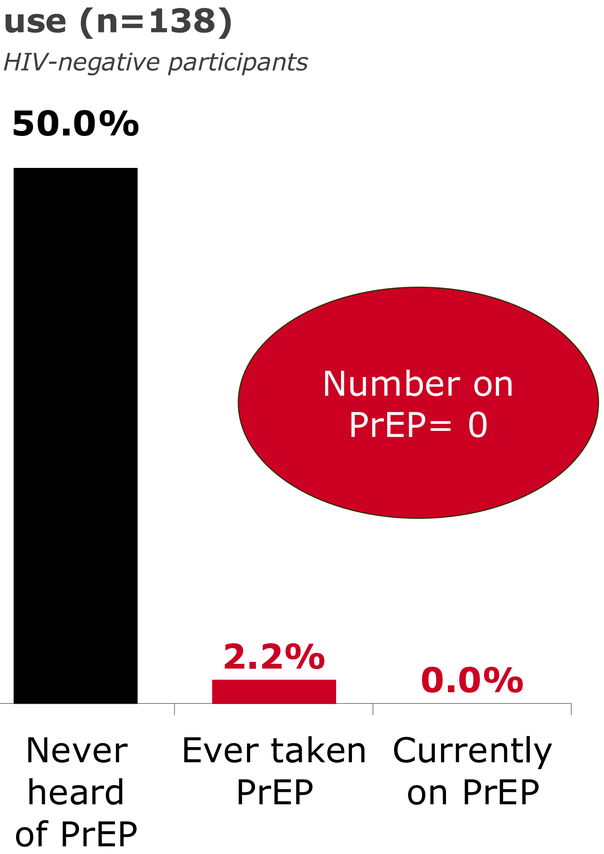


Figure 3. PrEP awareness and use (n=138)

HIV-negative participants



Conclusions

- Participants reported **low-to-moderate levels of medical provider stigma**.
- Low PrEP awareness and uptake indicate a **substantial HIV prevention gap** in this high-risk population.
- **Next steps:** explore qualitatively the stigma experienced by participants, reasons for low uptake of PrEP, and the role of stigma in PrEP awareness and uptake.

Opportunity

Hospitalization for IDU-related infections is a key moment for linkage to HIV prevention services.

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