

Trust, medical mistrust, suspicion and perceptions of support: associations with delayed access to care for people who inject drugs

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Introduction:

Mistrust of medical services is a well-documented barrier to healthcare access among populations who experience stigma and discrimination. This study investigated relationships between dimensions of medical mistrust and delayed healthcare access among people who inject drugs (PWID).

Methods:

We conducted a cross-sectional survey with PWID (n=474, men=275, women=184, non-binary/different term=15), recruited through peer-based drug user organisations across Australia. The Group-Based Medical Mistrust Scale assessed three dimensions of mistrust: suspicion of healthcare workers, perceived group disparities in healthcare, and lack of support from healthcare workers. Trust in healthcare actors (e.g. healthcare workers, harm reduction services, government and academic institutions) was also measured. We analysed associations between these dimensions of mistrust and five outcomes representing delayed healthcare access using logistic regression.

Results:

Participants reported high trust in family (56% trusted a little/a lot), peer outreach workers (55%), harm reduction services (58%), and friends (57%), but less trust in academic (22%) and government institutions (14%) and other PWID (20%). Suspicion of and lack of support from healthcare workers were both significantly associated with delayed healthcare access. In contrast, group disparities in healthcare had a significant negative association, indicating that participants who perceived greater disparities affecting PWID compared to others were less likely to delay seeking care.

Discussion:

Findings suggest that suspicion of and lack of support from healthcare workers contribute to delayed healthcare access, reflecting the importance of the patient-provider relationship for populations who may experience or anticipate stigma when seeking healthcare. The inverse association between perceived disparities and delayed care may reflect an awareness of systemic inequities driving individuals to assert their right to care.

Implications for Practice or Policy:

These findings highlight the need to build trust in healthcare workers and improve support for PWID. Leveraging high trust in peer outreach workers and harm reduction services may improve healthcare engagement.

Disclosure of Interest Statement:

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