

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

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11th November 2025



Leiani Tallulah Knight, "U goma listen now?", 2021

Disclosures

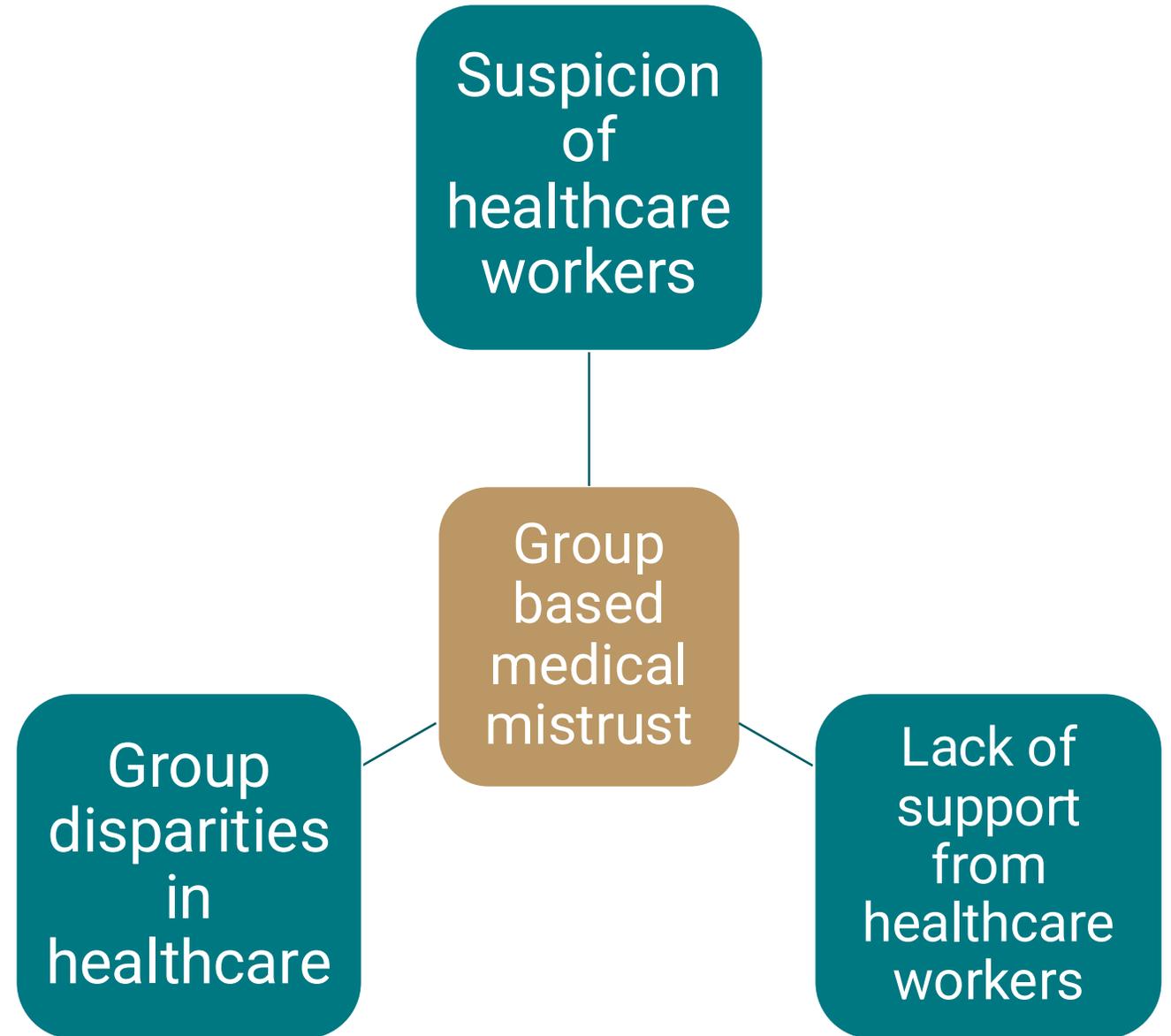
- This project was funded by the Australian Government Department of Health
- CT received speakers fees from Gilead and Viiv

Background and context

- People who inject drugs are a highly stigmatised group
- Stigma creates barriers to accessing health services
- Mistrust of medical services among stigmatised groups amplifies barriers

Group-based medical mistrust scale

- Measures group-based distrust
- Rooted in treatment based on social identity
- Three dimensions capture distinct but related aspects of mistrust
- Validated 12-item scale
- Strong evidence of reliability and construct validity



Aims of the study

- To explore associations between group-based medical mistrust and reduced access to healthcare among people who inject drugs.
- To assess how different dimensions of group-based medical mistrust are associated with delaying healthcare access.
- To describe levels of trust in healthcare actors held by people who inject drugs to contextualise patterns of mistrust and healthcare access.

Method

- Part of the Stigma Indicators Monitoring Project
 - National surveillance of stigma and discrimination experienced by population groups affected by STIs and BBVs
- Paper surveys distributed by peer-based drug user organisations
- Supplemented with online version
- Participants reimbursed \$20 for their contribution



Broady, T. R., Cama, E., Brener, L., Hopwood, M., de Wit, J., & Treloar, C. (2018). Responding to a national policy need: development of a stigma indicator for bloodborne viruses and sexually transmissible infections. *Australian and New Zealand journal of public health*, 42(6), 513–515. <https://doi.org/10.1111/1753-6405.12809>

Participants (N = 474)

Category	Breakdown	n (%)
Age	25 years and under	22 (4.6)
	26 – 35 years	100 (21.1)
	36 – 45 years	161 (34.0)
	46 – 55 years	126 (26.6)
	Over 55 years	65 (13.7)
Gender	Man/male	275 (58.0)
	Woman/female	184 (38.8)
	Non-binary	7 (1.5)
	Different term	4 (0.8)
	Prefer not to say	4 (0.8)

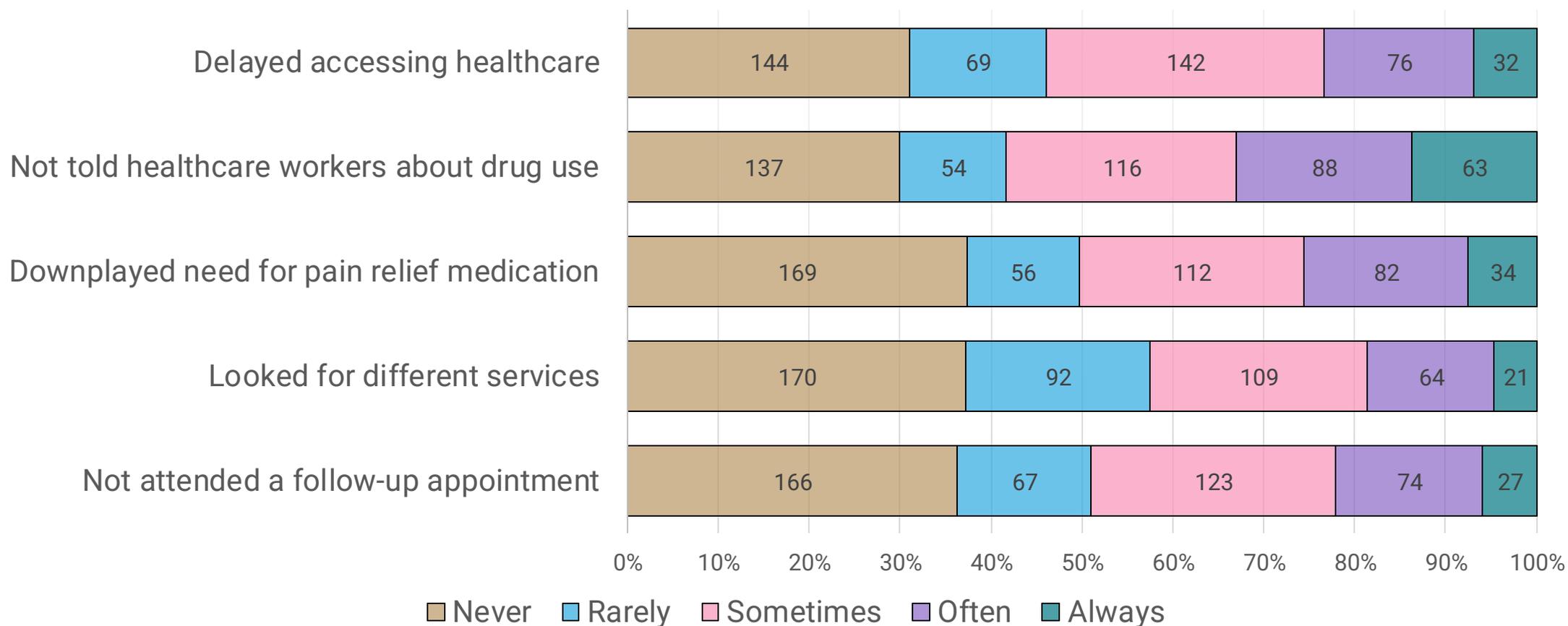
Category	Breakdown	n/N (%)
Sexuality	Heterosexual	409 (73.6)
	Bisexual/pansexual	73 (13.1)
	Gay/lesbian	51 (9.2)
	Queer	13 (2.3)
	Different term	10 (1.8)
Country of birth	Australia	418 (88.2)
	Overseas born	56 (11.8)
Aboriginality	Aboriginal	114 (24.1)
	Torres Strait Islander	5 (1.1)
	Both	6 (1.3)
	Neither	394 (73.6)

Strategies to avoid stigma in healthcare settings

- In the last 12 months, how often have you done the following to avoid being treated negatively or differently by health services?
 - Delayed accessing health care
 - Not told health workers about your drug use
 - Downplayed your need for pain relief medication
 - Looked for different services
 - Not attended a follow-up appointment

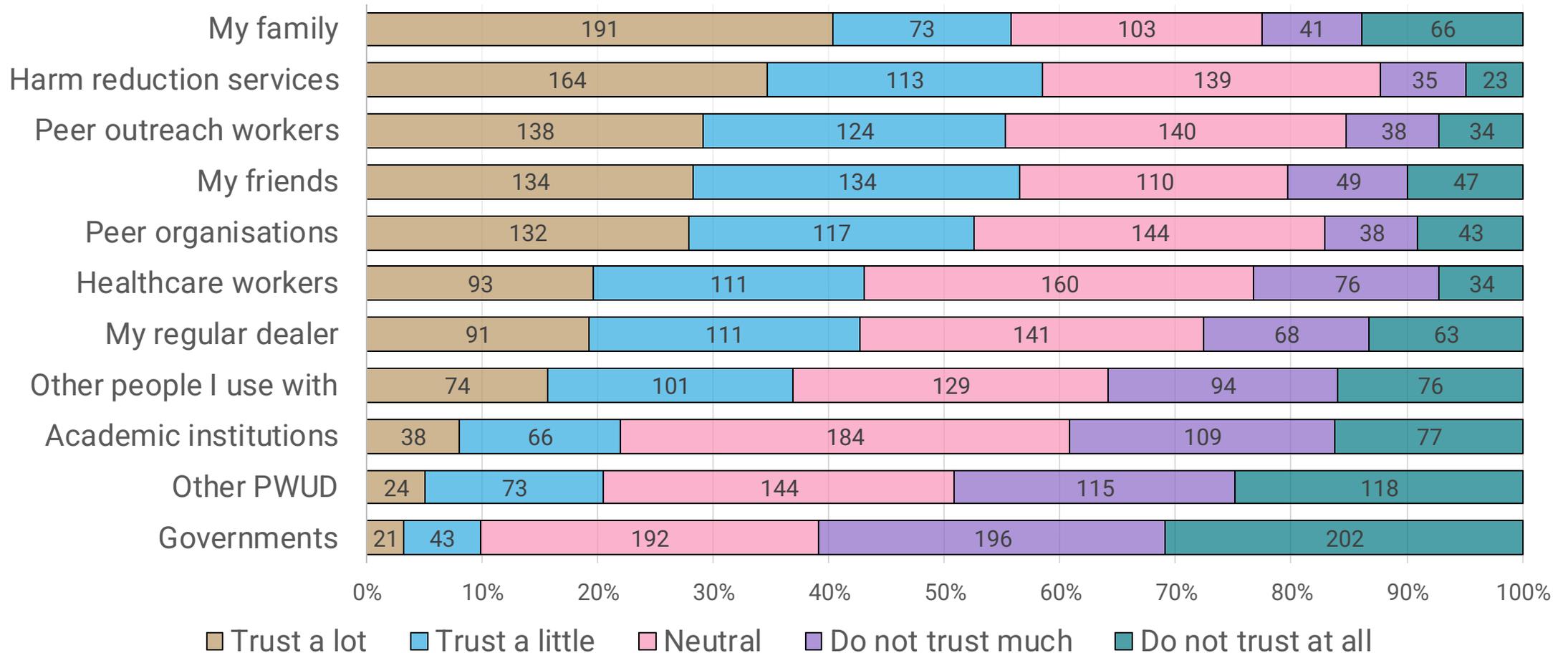
Results: Reduced access to health care due to stigma

In the last 12 months, how often have you done the following to avoid being treated negatively or differently by health workers?



Results: Who do you trust?

In general, how much do you trust each category?



Results: Dimensions of mistrust (significant associations)

Reduced access to healthcare	Mistrust dimension								
	Suspicion of healthcare workers			Group disparities in healthcare			Lack of support from healthcare workers		
	univariate	OR	multivariate	univariate	OR	multivariate	univariate	OR	multivariate
Delayed accessing healthcare	 	1.6		 	1.8		 	1.8	
Not told healthcare workers about drug use	 	1.8		 	1.8		 	1.9	
Downplayed need for pain relief medication	 	1.7		 	1.6		 	1.6	
Looked for different services	 	1.9		 	1.5		 	1.6	
Not attended a follow-up appointment	 	1.6		 	1.5		 	1.5	

Conclusions

- Medical mistrust matters
- Dimensions of medical mistrust are key drivers of delay
- Structural stigma must be addressed
- Peer-led and harm reduction services trusted sources of care

Acknowledgements

- Thank you to all survey participants
- **Funding:** Australian Government Department of Health
- **Community partners:** Australian Injecting and Illicit Drug Users League (AIVL); Harm Reduction Victoria; SA Harm Reduction Peer Services; Northern Territory AIDS and Hepatitis Council; NSW Users and AIDS Association; Peer Based Harm Reduction WA; QuIVAA; QuIHN; Tasmanian Users and Health Support League

Thank you!



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