

SUBSTANCE USE-RELATED STIGMA AND INJECTION-RELATED BACTERIAL INFECTIONS AMONG PEOPLE WHO INJECT DRUGS IN MONTREAL

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Background

Evidence quantifying different dimensions of stigma and their impacts on health outcomes among people who inject drugs (PWID) remains limited. We characterized dimensions of substance use-related stigma—including mechanisms and sources—experienced by PWID and examined associations with injection-related bacterial infections (IRBI).

Methods

We conducted a cross-sectional study nested within HEPSCO—a prospective cohort of PWID in Montréal. A stigma module was added to the questionnaire on 01/08/2024. We included PWID seen 01/08/2024–10/11/2025 and used data from the visit when the module was administered. Stigma was measured using the 18-item Substance Use Stigma Mechanisms Scale, capturing three mechanisms (enacted/anticipated/internalized) and two sources (healthcare workers/family). Items were rated on a 5-point Likert scale. Scores for each dimension were calculated by averaging the six corresponding items and dichotomized as high (≥ 4) versus low (< 4). We used Poisson regression to estimate associations between each stigma dimension (high versus low levels) and reporting ≥ 1 IRBI in the past three months.

Results

The 377 participants reported frequent experiences of stigma (Figure). High stigma was reported by 9–10% across the three mechanisms and was more common in relation to family (20%) than healthcare workers (8%); 30% experienced high stigma on ≥ 1 dimension. Stigma levels varied by primary language, injection frequency and OAT history. High enacted stigma showed the strongest association with reporting an IRBI (adjusted prevalence ratio [aPR]=1.9; 95%CI: 1.2–2.9), whereas associations for anticipated (aPR=1.3; 0.8–2.1) and internalized stigma (aPR=1.2; 0.7–2.1) were modest and inconclusive. By source, high family stigma (aPR=1.7; 1.2–2.5) was associated with higher prevalence of IRBI, while the relationship with healthcare worker-related stigma was inconclusive (aPR=1.3; 0.7–2.2).

Conclusion

Nearly one-third of PWID reported at least one form of high substance use-related stigma. Direct experiences of stigma—particularly within family environments—may contribute to increasing IRBI risk.

Disclosure of Interest Statement

The authors declare no competing interests.

