Sierra Runnels
L2
LSU Health Sciences Center, New Orleans, LA

Tekeda Ferguson, PhD, MPH, MSPH:
LSUHSC, Department of Epidemiology, School of Public Health

"Social Support Moderating the Effects of Discrimination and HIV-Related Stigma on Alcohol Use in People with HIV"

Background: Interpersonal stressors such as discrimination and HIV-related stigma are associated with negative health consequences including depression, anxiety, and increased alcohol use in people with HIV (PWH). Social support can protect against these negative health effects. We examined the effects of interpersonal stressors on alcohol use in PWH and whether negative emotional responses (e.g., depression) and social support influenced those relationships.

Methods: A cross-sectional analysis of the New Orleans Alcohol use in HIV (NOAH) Study (n=195), was conducted. Data from self-reported experiences of interpersonal stressors (e.g., racial discrimination, HIV-related stigma), negative emotional responses (e.g., anxiety, depression), social support, and alcohol use were assessed. Descriptive statistics, Spearman correlations, linear and logistic regression, and mediation models were conducted to examine the relationships between interpersonal stressors, negative emotional responses, social support, and alcohol use.

Results: Participants were 62% male and 86% non-white, with an average age of 55 ± 9.6 years; 78% of the cohort had an annual income of $20,000 or less, and 76% had attained a high school education or less. Initial descriptive statistics showed significant associations between lower levels of social support and increased severity of both depression ($p < .0001$) and anxiety ($p = 0.023$). Anxiety was significantly positively associated with Alcohol Use Disorders Identification Test (AUDIT) scores ($\beta = 0.2698$, $p = 0.020$), as was depression ($\beta = 0.1846$, $p = 0.049$). Anxiety was associated with increased odds of hazardous drinking, defined as an AUDIT score of 8 or greater (OR = 1.089, $p = 0.027$). In contrast, increased social support was associated with lower AUDIT scores ($\beta = –2.11$, $p = 0.036$) and decreased odds of hazardous drinking (OR = 0.54, $p = 0.048$). These associations with social support remained significant when both internalized and enacted stigma were included as covariates (OR = 0.492, $p = 0.031$). However, mediation modeling showed that higher reported levels of enacted stigma were also associated with decreased likelihood of hazardous drinking (OR = 0.594, $p = 0.039$).

Conclusions: Our models showed a significant protective effect of social support against hazardous alcohol use. Further research should examine the possible mechanisms by which HIV-related stigma, racial discrimination, and other interpersonal stressors indirectly affect alcohol use through negative emotional responses (e.g., anxiety, depression) and how social support may moderate those effects.