

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

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Background

- Experiences of discrimination and HIV-related stigma can lead to negative health consequences including depression, anxiety, and increased alcohol use in people with HIV (PWH).
- HIV disproportionately affects members of racial and sexual minority groups.
- Alcohol Use Disorders (AUDs) are highly prevalent in PWH, and alcohol use negatively impacts the entire HIV care continuum.
- Social support can protect against hazardous drinking.

Objective

To examine the effects of interpersonal stressors (e.g., discrimination, HIV-related stigma), negative emotional responses (e.g., anxiety, depression), and social support on alcohol use in PWH

Methods

- Design:** Cross-sectional analysis of the New Orleans Alcohol use in HIV (NOAH) Study (n=195)
- Participants:** Adults living in and receiving HIV care in the Greater New Orleans Area, recruited from the University Medical Center, New Orleans.
- Data:** Surveys on experiences of discrimination, HIV-related stigma, anxiety, depression, social support, and alcohol use
- Analysis:** Chi-square, student's t test, correlations, linear and logistic regressions, and mediation modeling
- Analyses were conducted using SAS 9.4

Average Age 55 ± 9.6 years	
62% Male	38% Female
88% Non-White	12% White
78% Annual Income ≤ \$20,000	22% > \$20k
76% Attained ≤ High School	24% > HS
Average Years with HIV Diagnosis 23 ± 9.7 years	
67% Low-Risk Drinking (AUDIT < 8)	33% At-Risk Drinking

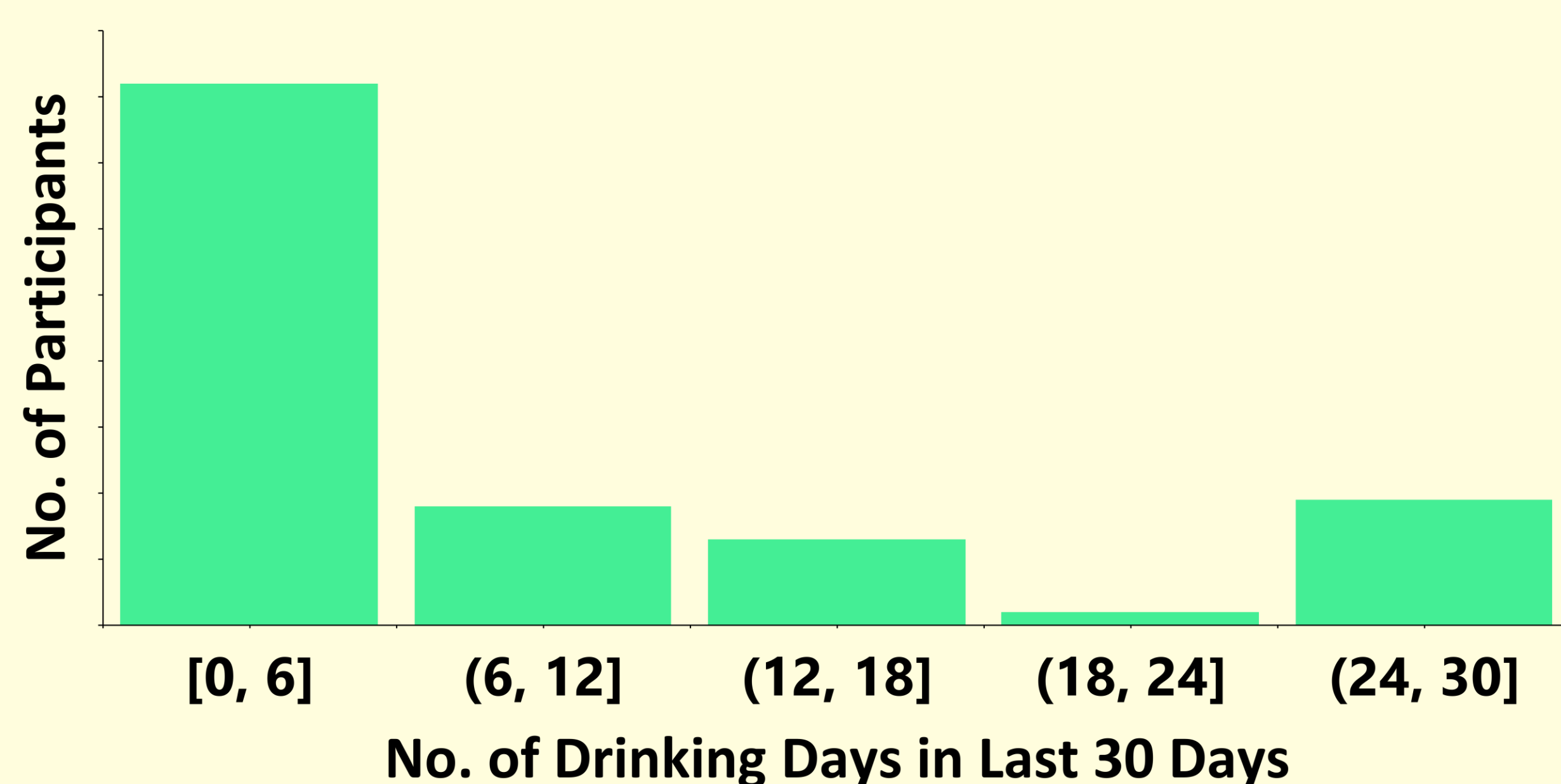


Figure 1: Most participants reported drinking on 6 or fewer days of the previous 30 days.

Results

	Enacted Stigma	Experiences of Discrimination	Anxiety	Depression	Internalized Stigma	Social Support
Enacted Stigma						
Experiences of Discrimination	0.25***					
Anxiety	0.26***	0.26***				
Depression	0.24**	0.16*	0.52****			
Internalized Stigma	0.50****	0.16*	0.39****	0.28****		
Social Support	-0.18*	-0.11	-0.27***	-0.34****	-0.16*	

Figure 2: Correlations Matrix. Interpersonal stressors, negative emotional responses, and social support. Correlation coefficients given.

* = $p \leq 0.05$; ** = $p \leq 0.01$; *** = $p \leq 0.001$; **** = $p \leq 0.0001$

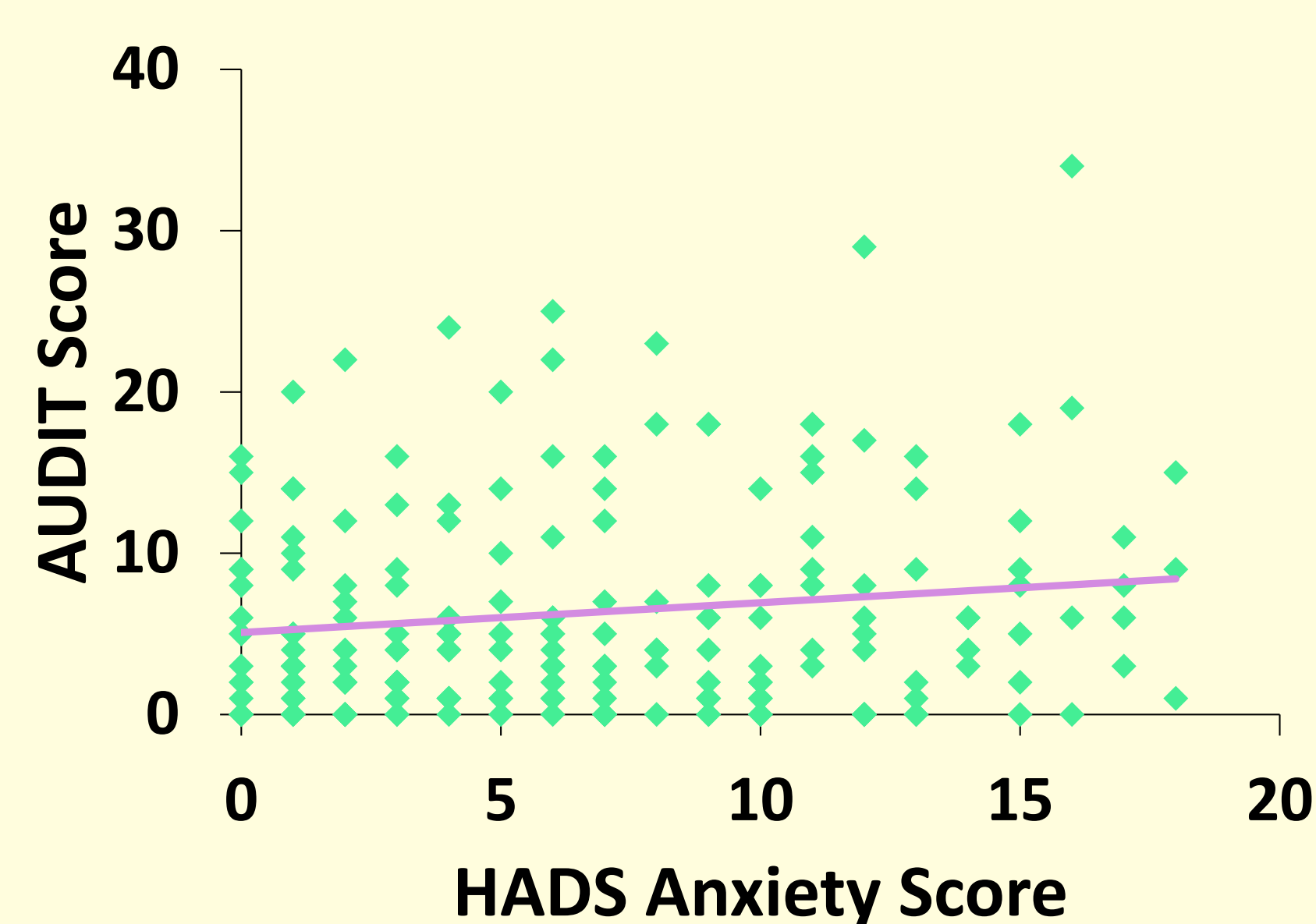


Figure 3: Anxiety was associated with greater alcohol use ($\beta = 0.2698$, $p = 0.020$).

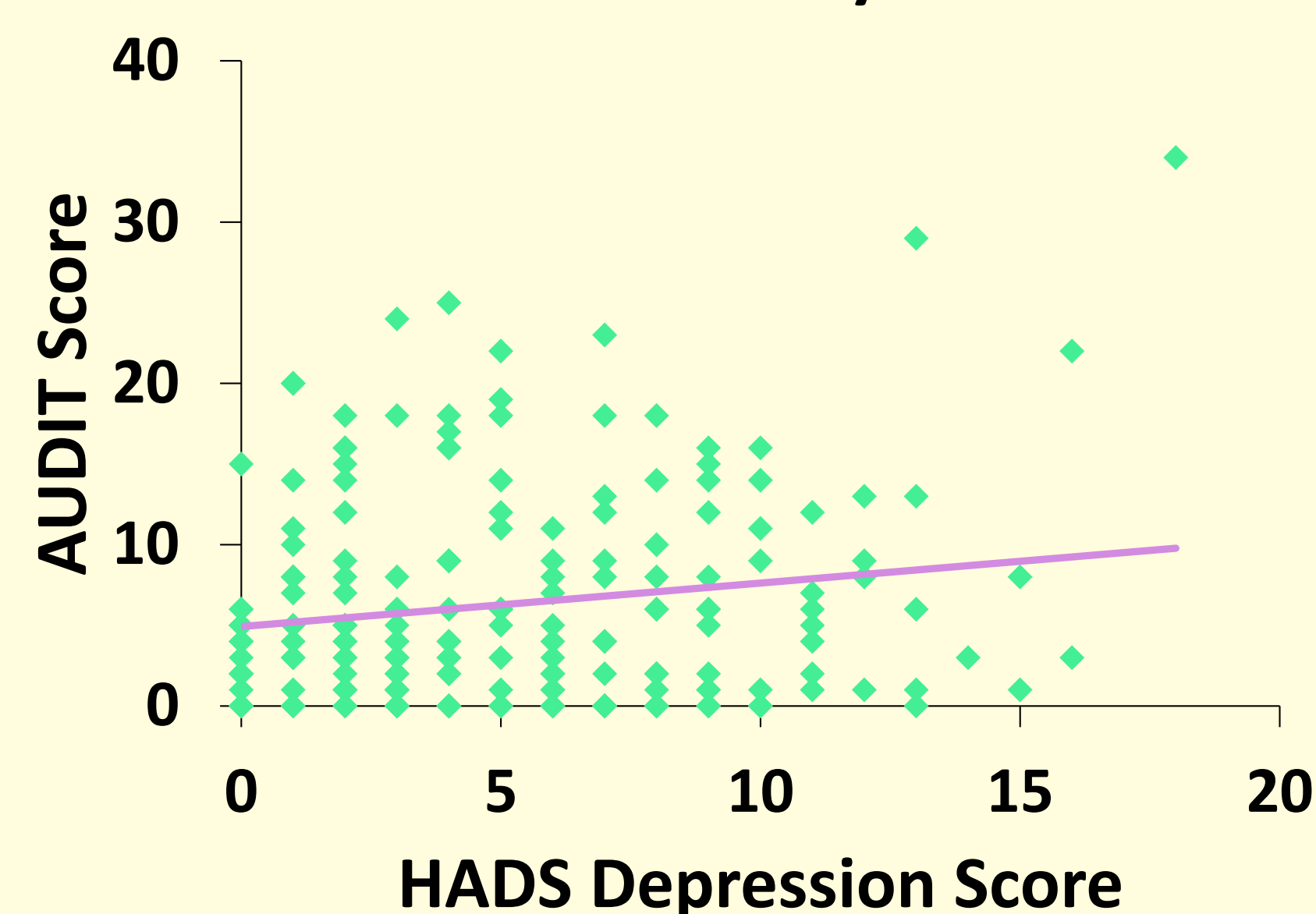


Figure 4: Depression was associated with greater alcohol use ($\beta = 0.1846$, $p = 0.049$).

Each 1-point increase in anxiety was associated with a 9% increased risk of hazardous drinking (OR = 1.089, $p = 0.027$).

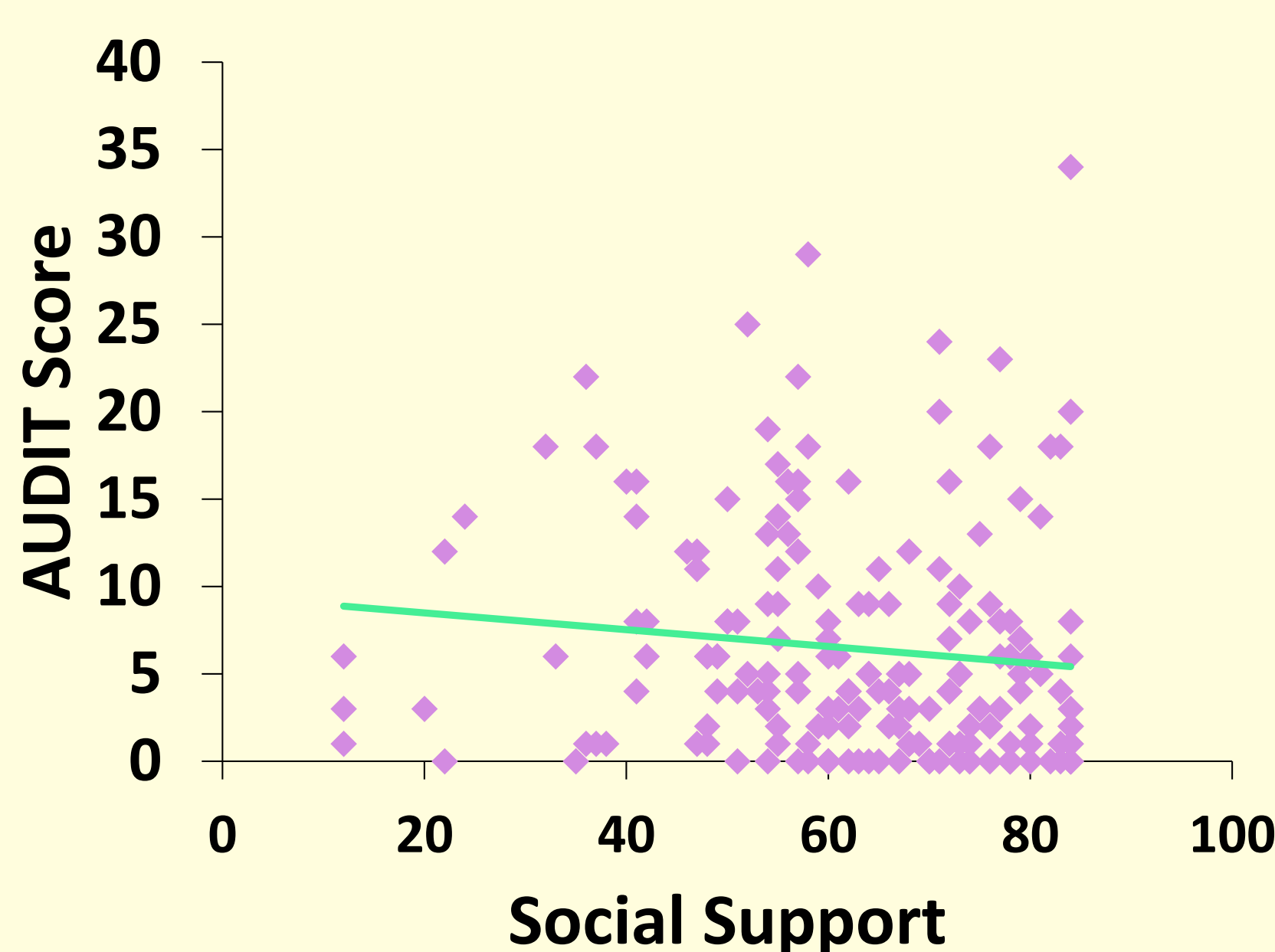
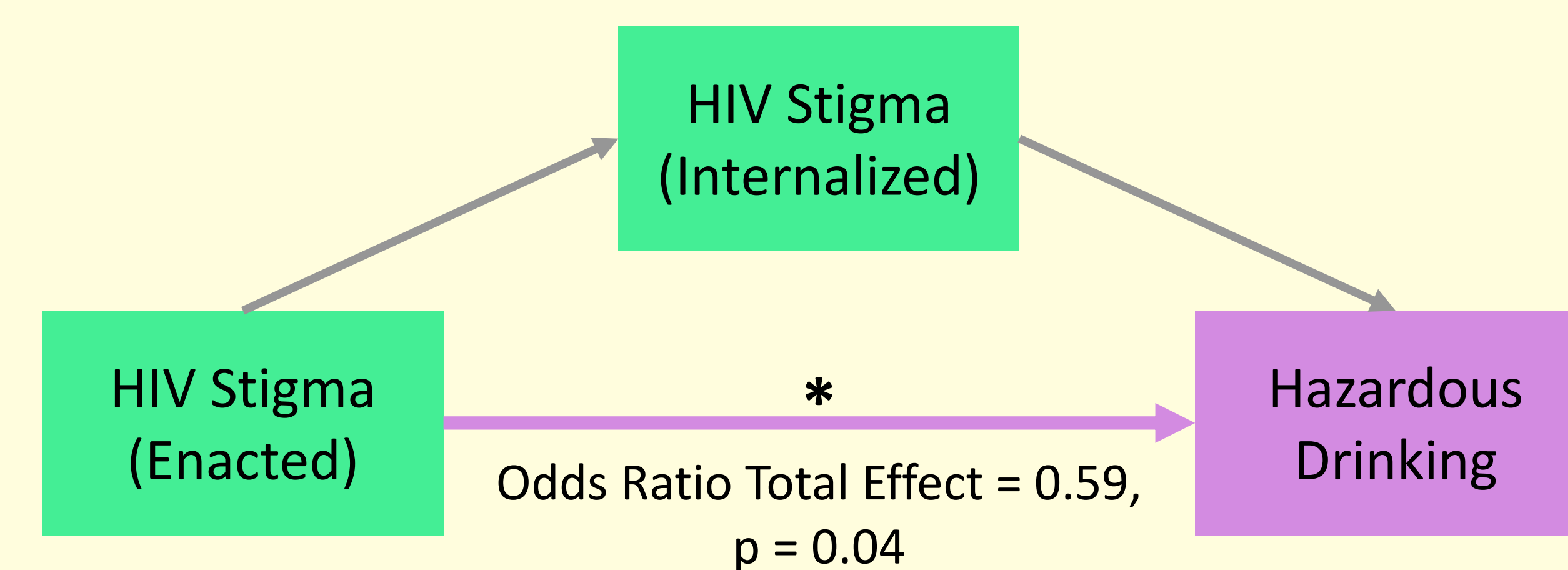


Figure 5: Social Support was associated with decreased alcohol use ($\beta = -2.113$, $p = 0.036$), when stigma measures were held constant.

People with high levels of social support were 46% less likely to engage in hazardous drinking ($p = 0.048$).

Figure 6: Mediation Model: HIV Stigma and Alcohol Use
Adjusted for Social Support, race, gender, age



Note: This was the opposite direction of the expected effect.

Discussion

- Anxiety and depression were significantly associated with increased alcohol use.
- Social support showed a protective effect against hazardous alcohol use.
- Contrary to previous research, greater HIV-related stigma was associated with decreased odds of hazardous drinking.
- Findings highlight complex interactions among interpersonal stressors, emotional responses, social support, and alcohol use in PWH.

Conclusion

- Understanding how these factors contribute to alcohol use can inform future interventions and improve alcohol-related outcomes in this patient population.
- Future research directions:**
 - Structural equation modeling (SEM) with additional measures of interpersonal stressors and emotional responses (e.g., traumatic events / PTSD)
 - Qualitative studies on lived experiences of stigma, discrimination, anxiety, depression, social support, and motivations for drinking
 - Interventions to enhance social support for PWH and reduce community stigma surrounding HIV

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