

Beyond viral suppression:

Integrating alcohol and other drug harm reduction into peer-led services to support treatment adherence

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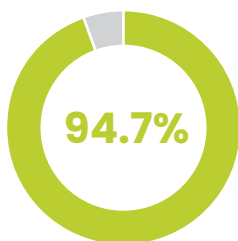
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Viral suppression tells us treatment is working.

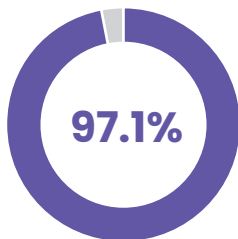
It doesn't tell us what someone is navigating.

HIV treatment outcomes can look excellent while people are still navigating alcohol and other drug use, distress, stigma, disclosure, relationships and fragmented systems of care. **Adherence does not happen in a vacuum.**

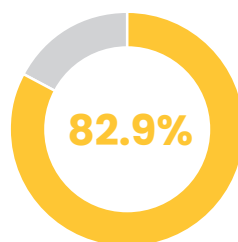
01 – The Paradox



of people living with HIV participants were on HIV treatment



of those on treatment reported an undetectable viral load



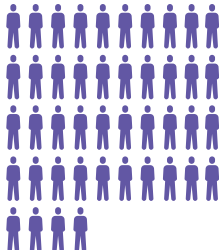
reported recreational drug use in the previous six months

Queensland GBQ+ Community Periodic Survey 2024.

Clinical success and AOD use can coexist. Viral suppression alone cannot tell us whether someone needs harm reduction information, feels safe discussing AOD use, or is struggling to maintain treatment during difficult periods.

02 – We Listened

44 people living with HIV.



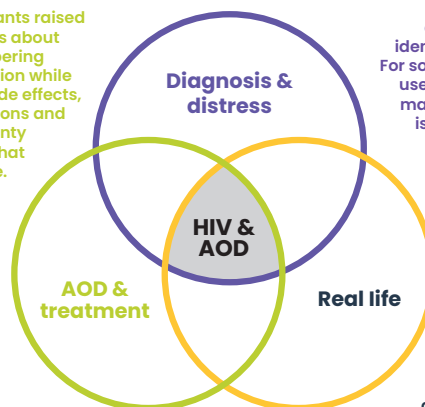
7 peer-led workshops.



One consistent message: Life around medication matters.

Workshop participants explored how HIV, AOD use and treatment interact in everyday life. What emerged was not a simple story of “drug use = poor adherence”. Instead, participants described a web of influences:

Participants raised concerns about remembering medication while using, side effects, interactions and uncertainty about what was safe.



A diagnosis can disrupt routines, identity and coping. For some people, AOD use became part of managing distress, isolation or social connection.

AOD use, relationships, mental health, disclosure and access to care all sit around the medication.

03 – Change the conversation

Instead of only asking:

“Are you taking your medication?”

Also ask:

“What is happening around your medication?”

A harm reduction approach creates space for honest conversations about AOD, adherence and what support would actually help.

04 – Why peer-led?

Peers can go where a clinical question sometimes can't.



Build trust

Safer conversations without judgement.



Make it real

Turn health information into practical strategies for everyday life.



Connect

Bridge HIV care, AOD support, mental health and community.

Peer work helps connect clinical care to real life.

05 – The shift we need

From
AOD is somebody else's service.
To
AOD harm reduction as part of routine HIV support.

That means:

- 01 Introduce AOD conversations early, including around diagnosis and other periods of vulnerability.
- 02 Equip peer workers with HIV-specific AOD harm reduction knowledge and practical resources.
- 03 Make conversations about AOD routine, voluntary, non-judgemental and relevant to the person's goals.
- 04 Strengthen warm referral pathways between HIV, AOD and mental health services.
- 05 Build HIV competency within mainstream AOD services and AOD confidence within HIV services.

AOD harm reduction is not separate from adherence support.

It is part of it.

We need to support more than the medication.

We need to support the life happening around it.