BEYOND VIRAL SUPPRESSION: INTEGRATING ALCOHOL AND OTHER DRUG HARM REDUCTION INTO PEER-LED HIV SERVICES TO SUPPORT TREATMENT ADHERENCE

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Background/Purpose
Sustained antiretroviral therapy (ART) adherence remains central to HIV outcomes, yet adherence is shaped by more than biomedical factors. Alcohol and other drug (AOD) use can influence adherence, engagement in care, and overall wellbeing for people living with HIV (PLHIV). Despite this, AOD harm reduction is rarely embedded within routine HIV services and is often addressed only when use becomes problematic. This project explored how peer-led HIV services can integrate AOD harm reduction to better support adherence and long-term engagement in care.

Approach
Queensland Positive People delivered seven peer-led co-design workshops with PLHIV across Queensland, including targeted groups for migrants and trans and gender diverse communities. Participatory methods explored HIV care, AOD use, stigma, and adherence. Data sources included workshop artefacts, facilitator debriefs, and participant surveys. Use of thematic analysis to identify the community gaps/challenges but also the strategies for AOD harm reductions withing peer-led HIV services.

Outcomes/Impact
Participants described adherence as closely linked to emotional wellbeing, stability, and trust in care, rather than medication management. HIV diagnosis emerged as a critical turning point, where distress, stigma, and lack of timely AOD information increased vulnerability and disrupted early adherence. Ongoing factors such as fear of disclosure, judgment from health professionals, and fragmented care pathways further affected adherence. Peer networks supported decision-making, helping participants manage ART alongside AOD use and maintain routines during periods of instability. Peer-led spaces were identified as safer environments to discuss AOD openly and develop practical adherence strategies without fear of judgment.

Innovation and Significance
These findings highlight that adherence cannot be separated from the social and emotional realities of living with HIV. Integrating AOD harm reduction into peer-led HIV services offers a practical, person-centred approach to improving adherence by addressing stigma, distress, and real-world contexts of medication use. This model strengthens holistic, peer-informed care and supports sustained engagement beyond viral suppression.

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