

Alcohol and other drugs and HIV

Alcohol and other drugs have been part of human culture for thousands of years. They are not going away, and we need to talk about them honestly and without judgement. For people living with HIV, the goal is not necessarily abstinence, it is safety, wellbeing, and informed choice. Knowing how to reduce harm can make a real difference to your health, your treatment, and your quality of life.

HIV and AOD in numbers

AOD use among people living with HIV

44% illicit drug use in the past year

27% participated in chemsex

Cannabis
most used substance

Alcohol use

51.4% drank alcohol at least once a week

57.1% ≥ 2 standard drinks/day (moderate use)

However - heavy drinking (6+ drinks in one session)

11.9% monthly 6+ drinks

10.3% weekly 6+ drinks

4.7% daily 6+ drinks

Wellbeing and support

66.2% worried about their drug use (recreational users)

Only 15% accessed support services in the past year

Source: HIV Futures 10 www.latrobe.edu.au/arcshs/work/blood-borne-viruses/hiv-futures-10



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Recreational drug use – People living with HIV vs HIV-negative

82.9%

recreational drug use in the previous 6 months

63.3%

HIV-negative participants

Most common substances

35.9%
Cannabis

35.3%
Amyl/poppers

21.1%
Viagra

19.3%
Ecstasy

17.5%
Cocaine

Injecting and polysubstance use

23.5% PLHIV injecting

3.8% HIV-negative injecting

37.8% 1-2 drugs

23.5% 2+ drugs (polysubstance)

Chemsex

15.4%

used drugs for sex in the previous 6 months (up from 11.9% in 2020)

40%

of chemsex participants also reported non-consensual sex or unsafe conditions

Wellbeing and treatment outcomes

2 in 3

drug users reported concerns about their drug use

97.1%

people living with HIV with undetectable viral load

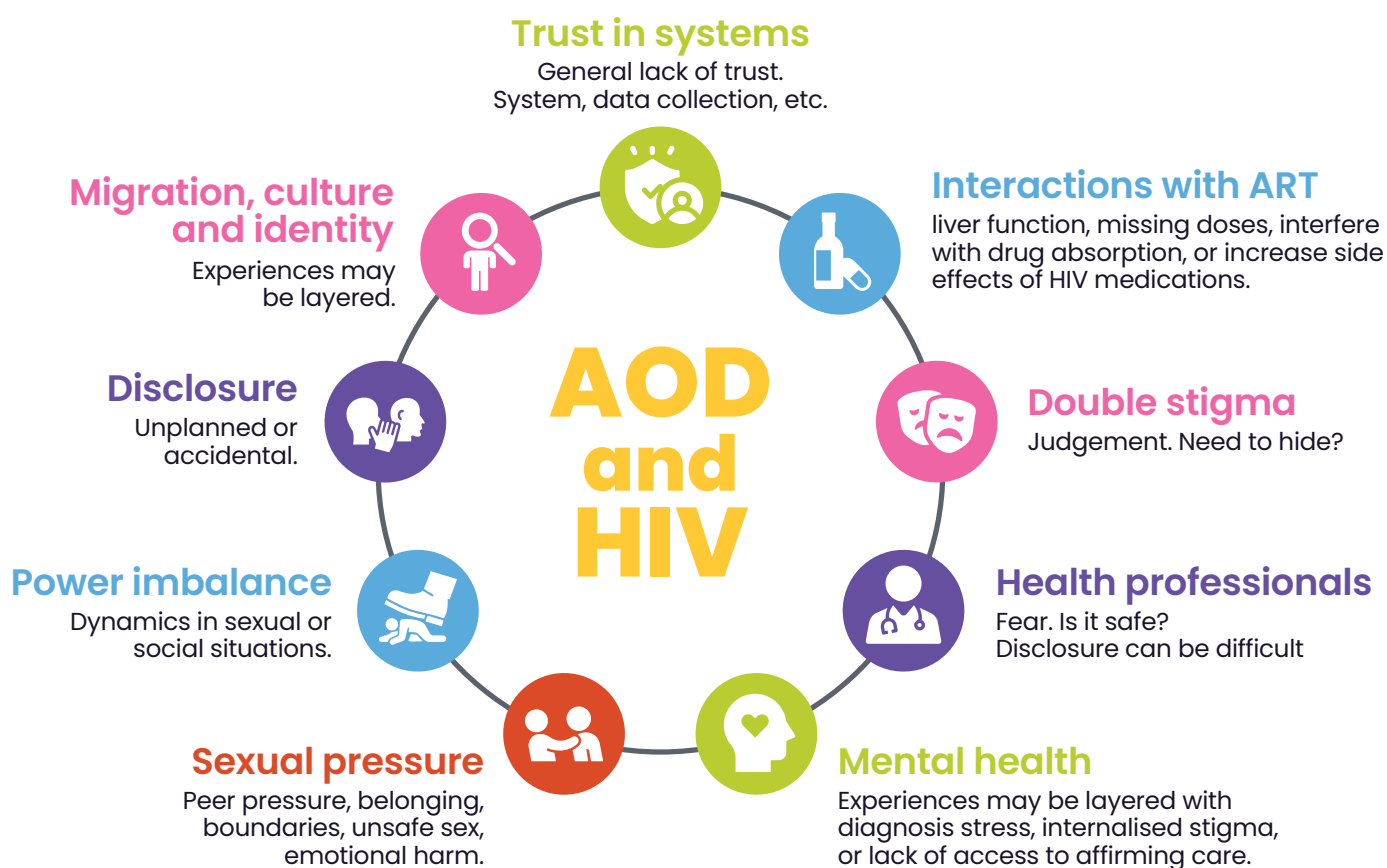
Source: Queensland GCPS www.unsw.edu.au/research/csrh/our-projects/gbq-community-periodic-surveys



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What ways does AOD use interact with HIV?

For people living with HIV (PLHIV), the relationship between alcohol and other drug (AOD) use and HIV is complex, deeply personal, and often misunderstood. Substance use does not exist in isolation. It intersects with mental health, stigma, relationships, cultural identity, and access to care in ways that can significantly impact wellbeing and treatment outcomes. This resource explores those intersections honestly and without judgement, from ART interactions and double stigma, to disclosure, cultural identity, and mental health. It is written through a peer lens, because we believe that understanding these realities is the first step toward better support.



**You are not alone in navigating this.
The complexity is real and should never be underestimated.**



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Interactions with ART

Some substances can impact liver function, interfere with drug absorption, or increase side effects of HIV medications. Using while forgetting or delaying ART doses may also impact treatment effectiveness, especially if patterns continue.

Double Stigma

People who use drugs often face judgement. Add HIV, and that stigma is multiplied, in healthcare settings, dating, workplaces, and even within LGBTQ+ communities. People living with HIV have shared experiences of feeling like they need to 'hide' both identities, which can create further shame and isolation.

Conversations with General Practitioners

Disclosure is difficult when fear of judgement or poor treatment exists. You may feel unsure whether it is safe to tell a doctor about your substance use, especially if you have had a poor experience in the past. It is important to know that you are not locked in – if a GP or clinic does not feel right for you, you have every right to find one that does. Seeking a doctor who understands your needs, respects your experiences, and makes you feel safe is not asking too much. You deserve care that fits.

It can also help to look for an S100 prescriber. These are doctors who have been specifically authorised to prescribe HIV medications in the community setting, meaning they tend to have a deeper understanding of HIV care and are more likely to provide informed, non-judgmental support around the full picture of your health, including AOD use. You can find an S100 prescriber near you here.

Mental Health

Substance use can be tied to trauma, anxiety, or depression. For people living with HIV, these experiences may be layered with diagnosis stress, internalised stigma, or lack of access to affirming care. Data from Futures10 found that 35% of people living with HIV reported high or very high psychological distress, with distress strongly associated with recent AOD use – a reminder that these experiences are far more common than they may feel in the moment.

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If you are struggling with your mental health, you do not have to wait until things feel unmanageable to reach out. Medicare Mental Health Centres offer free, walk-in mental health support – and importantly, you do not need a Medicare card to access them. You can find your nearest centre here.



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Pressure, Power, and Sexual Relationships

In chemsex settings or emotionally coercive relationships, people living with HIV may feel pressure to use substances to be accepted, to keep a partner, or to participate in specific sexual acts. Substance use can also shift the dynamics of a sexual or social situation. When one person is sober and another is not, power becomes uneven, and it can feel harder to say no even when you want to. This is especially risky when HIV status has not been discussed or disclosed. These situations can lead to boundaries being crossed, unsafe sex, or emotional harm and it is important to name that this is not okay, and that you are not alone if this has happened to you.

Unwanted Disclosure

Community members often mention disclosing their HIV status while under the influence, sometimes accidentally, or in ways they later regretted. Planning disclosure ahead of time, or having scripts/supports ready, can help protect wellbeing.

Migration and Cultural Identity

For many people living with HIV who are migrants, settling in a new country can deeply shape their relationship with alcohol and other drugs. Navigating a new language, legal system, and cultural norms while also managing HIV can feel overwhelming. When HIV status and substance use intersect with migration experiences, social pressure, community expectations, and fear of judgement can all compound that burden, sometimes making it feel inescapable. For some, there may also be additional stigma from within their own community if substance use falls outside usual cultural practice.

Impact on Treatment and Health

For some people living with HIV, AOD use can directly affect how consistently they are able to manage their HIV treatment. Data from Futures10 highlights a link between illicit drug use and high alcohol use with challenges in ART adherence and increased hospitalisations. Some people have also shared that when using substances such as methamphetamine or GHB, they sometimes skip HIV medication – and even occasional missed doses can reduce how effectively ART works overtime.

Life is complex

Some may use substances to cope with loneliness, homesickness, or the trauma of forced migration or displacement. Others might engage in AOD use to feel connected in social or sexual spaces, especially where community or belonging is hard to find. Fear of visa implications, medical mistrust, or lack of Medicare access can also limit how openly someone can talk about their substance use with health professionals, adding another layer of risk. These complex realities deserve care and validation, not judgment.



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You deserve support that fits your whole life

Whatever your situation looks like – whether you are navigating AOD use, managing your HIV treatment, dealing with mental health pressures, or facing the added complexities of migration and cultural identity – you do not have to figure it out alone. The experiences described in this resource are real, and so are the challenges that come with them. Support that understands the full picture of your life is available, and you have every right to access it.

You can also explore harm reduction strategies to help you make informed decisions that protect your health and wellbeing. If you are not sure where to start, Queensland Positive People (QPP) is here to help you find the right fit. Self-refer here and we will work with you from there.

