

# Left alone to navigate HIV, distress and risk

## Redefining the prevention gap through community-led co-design

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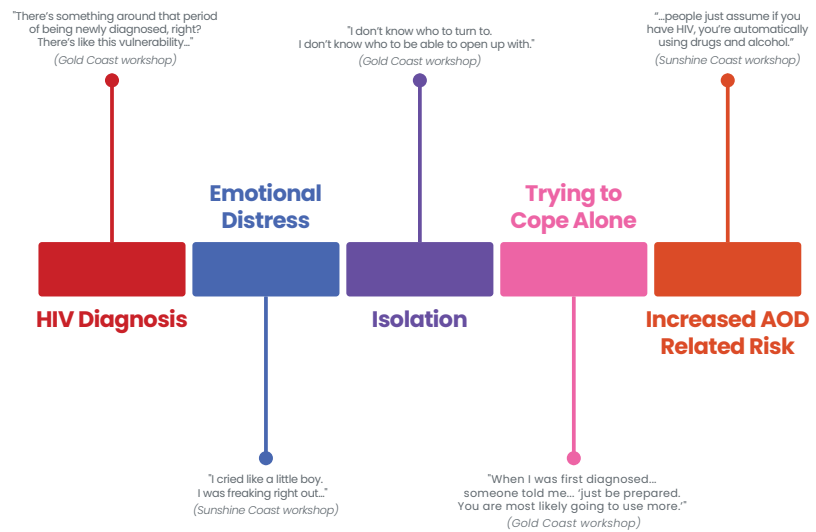
### The Challenge

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

### Workshops Snapshot

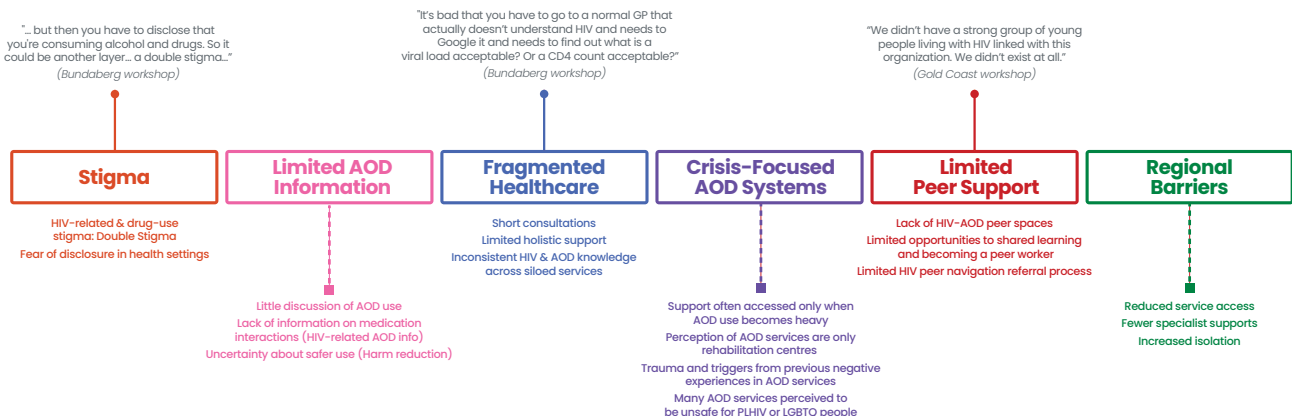
- 44 Participants
- 7 Peer-Led workshops
- Metropolitan and regional Queensland, Australia
- Spanish-language, and Transgender and gender-diverse workshops
- Indigenous and multicultural community members involved
- Peer-led co-design approach

### What People Living with HIV Told Us



Participants described using AOD to cope with distress, stigma, loneliness and uncertainty following diagnosis.

### What Creates the Prevention Gap



### Community Proposed Solutions

- Timely access to peer navigation**  
 Providing support, connection, and practical guidance from the point of HIV diagnosis.
- HIV-specific AOD harm reduction information**  
 Improving knowledge about safer use, medication interactions, and risk reduction.
- Integrated HIV, mental health and AOD support**  
 Moving away from siloed services towards holistic, person-centred care.
- Better education for health professionals**  
 Increasing confidence, reducing stigma, and supporting informed conversations about HIV and AOD use.
- Non-judgmental and stigma-free services**  
 Addressing the double stigma associated with HIV and substance use.
- Staged information following diagnosis**  
 Recognising diagnosis as a process and delivering information over time rather than all at once.
- Stronger community connections**  
 Creating opportunities for peer support, belonging, and shared learning.
- Improved regional access**  
 Ensuring equitable access to specialised HIV and AOD support regardless of location.

### What helps them

Participants consistently identified peer networks as sources of:

- Safety
- Trust in peers
- Lived experience knowledge
- Harm reduction strategies
- Connection and belonging
- Hope

"...I felt so alone and I didn't have an opportunity to... have that, like, non-judgmental kind of space to go through it."  
 (Sunshine Coast workshop)

### Key Message

People living with HIV did not identify alcohol and other drug use as the primary problem. They identified a fragmented system that leaves people to navigate diagnosis, distress and risk alone. Prevention begins at diagnosis and requires integrated, peer-led support.

