



Substance Use, Addictions & HIV Care

“I work with people who use drugs, not drug users.” This video offers an understanding of ways to engage in a client-centred philosophy of care to support people living with HIV who may also be living with substance use; it includes the voices of people living with HIV, medical professionals, experts in the area of substance use and harm reduction and Long Term Care providers.

Harm reduction and HIV

- People who use drugs, in particular injection drugs, are at an increased risk of contracting HIV. As of 2011, people who use injection drugs are 46 times more likely to contract HIV than people who do not (www.catie.ca, 2015). Working from a harm reduction perspective can lead to better health outcomes for people living with HIV, and decrease the risk of contracting the virus for people who use substances.
- Harm reduction refers to policies and practices that aim to reduce the negative consequences that may result from the use of both legal and illegal drugs. A harm reduction approach can mean working with clients who have goals of stopping or reducing use, as well as with people who plan on continued substance use.
- Examples of harm reduction include needle distribution and exchange programs, methadone maintenance for people who use opiates, and safer sex education. Access to clean needles, for example, can decrease the risk of transmitting HIV between people who use injection drugs, as well as lowering the risk of contracting other infections that could seriously impact the health of someone living with HIV.
- Someone using substances and taking HIV medication should be aware that their body may process drugs differently than before they were being treated for HIV, potentially raising the risk of overdose or negative consequences to the body.

Substance use and stigma

- Societal fears and stigma surrounding substance use can lead to feelings of guilt and shame, and people may hide their substance use from care providers; stigma can be compounded when someone is also living with HIV. People may avoid seeking treatment, which can affect physical and mental health outcomes, as well as increase the risk of transmission.
- There are many reasons why people use substances. Drugs or alcohol can be used for recreational or social reasons and be a manageable part of someone’s life. Substances are sometimes used on a regular basis, and stopping use abruptly can result in symptoms of withdrawal. Sometimes, substances are also used as a way to cope with painful or difficult events, including the ongoing effects of stigma, mental health concerns, poverty and other psycho-social factors that disproportionately affect people living with HIV.
- The client’s personal history and current goals should be central in the plan of care, even if those goals and values differ from those of the care provider. Client-centred care means meeting a client where they are at in their care, which is not necessarily where the care provider may want them to be.

Sources and links

CATIE offers information and links on HIV and substance use for clients and care providers, including harm reduction and infection prevention strategies: www.catie.ca/en/prevention/substance-use