Recovery, HIV/AIDS, and the Origins of Harm Reduction

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Land Acknowledgement:

Oregon State University in Corvallis, Oregon, is located within the traditional homelands of the Mary’s River or Ampinefu Band of Kalapuya. Following the Willamette Valley Treaty of 1855, Kalapuya people were forcibly removed to reservations in Western Oregon. Today, living descendants of these people are a part of the Confederated Tribes of Grand Ronde Community of Oregon (grandronde.org) and the Confederated Tribes of the Siletz Indians (ctsi.nsn.us)
About Me

Education:
Oregon State University
BS Public Health: Health Promotion & Health Behavior, Queer Studies (Minor) & Medical Humanities (Certificate)

MAIS: Women, Gender, Sexuality Studies + Adult Higher Education
MPH: Health Promotion & Health Behavior

HIV Advocacy:
Harm Reductionist

Valley AIDS Information Network Inc., Board of Directors 2016-2020
Community Outreach and Education
About Me

- Personal and Cultural Background:
  - Queer
  - Trans Femme & Khawaja Sira (Pakistani Third Gender)
  - HIV Positive
  - Former Sex Worker and IV Drug User
Poll:

Yes

No
Poll:
I am aware of the difference between HIV and AIDS?
Poll:
If I were asked today, I would know where to refer a student/peer/colleague to get tested for HIV on my campus/in my community?

Yes

No
Poll:
If I needed to help to a student/colleague/friend find treatment for HIV I would know where to refer them?
Poll:
I would feel confident talking to a student/colleague/peer about their HIV status and how it impacts their recovery?
HIV ≠ AIDS

HIV (Human Immunodeficiency Virus)

- A virus that attacks the human immune system and reducing our ability to fight off infections and disease.
- HIV is a sexually transmitted infection and can be also be spread through needle sharing, vertical transmission (pregnancy & breast feeding), and formerly through blood transfusions.
- HIV is not curable, but can be treated with Anti-Retroviral Therapy (ART)

AIDS (Acquired Immunodeficiency Syndrome)

- The result of untreated HIV infection
- Considered the late-stage of HIV infection.
- What warrants and AIDS diagnosis:
  - CD4 Cell count falls below a certain level
  - The development of one or more opportunistic infections (i.e. Tuberculosis, HSV-1, certain Cancers, etc.)
HIV/AIDS Disparities.

- MSMTW (Men who have sex with men & transgender women)
  - MSM Men who sex with men

- BIPOC
  - Increasing in North American Indigenous and Pacific Islander communities

- IV Drug Users

- Survival Sex Workers
Stigma Kills, HIV Is preventable and treatable!

HIV Stigma:
- Dating & Sex
- Social Discrimination
- Disclosure Laws & HIV criminalization
- Employment, Immigration & Medical Discrimination
- HIV is not a “queer disease”.
- U=U, Undetectable = Untransmittable
  - The HIV virus can be suppressed via medication to a point where it is no longer detectable in the blood.
  - When you are adherent to medication and undetectable due to viral suppression you are **NOT ABLE** to transmit the virus.
Harm Reduction models stem from the need for alternative models for treatment, care, and prevention among IV drug users during the early AIDS crisis.

We must incorporate awareness of HIV prevention issues into our recovery communities and honor the legacy of AIDS activists, those we have lost to HIV/AIDS, and communities still affected by/living with HIV/AIDS.

Harm Reduction = Being HIV Aware!
Know your status

MY STATUS IS NOT A SECRET

You deserve to know your HIV status. Positive or negative, knowing your status gives you the power to act with confidence and care for yourself and your community. The choice of whether to share your status with others is yours, but knowing it ensures you have one.*
PrEP and PEP

- **PrEP: Pre-Exposure Prophylaxis**
  - Daily medication that can prevent HIV infection from unprotected sex/needle sharing.
  - Near 100% effective if taken as directed.

- **PEP: Post-Exposure Prophylaxis**
  - Taken with 72 hours of potential exposure to HIV (i.e. needle prick/unprotected sex).
  - Can reduce transmission/infection by around 80% or higher.
HIV/AIDS & Recovery

- HIV-Positive individuals often face stigma and difficulty in accessing inpatient and residential treatment.

- Students living with HIV are less likely to seek recovery or harm reduction services due to stigma.

- Emerging HIV risk behaviors among collegiate health populations include:
  - increased substance use (and polysubstance use) among college students, post-quarantine
  - Sexualized drug use among young adult MSMTW

- Our HIV Status can play a big role in our recovery, and it is often difficult to discuss HIV, sex-related addictions, and stigma in collegiate recovery communities.
About 25% of all new HIV infections are among youth ages 13-24 and the highest rates are among young adults ages 25-34.

Young People are the mostly likely to be unaware of their HIV Status. About half of adolescents/young adults living with HIV are unaware of their status.

HIV prevention is a lower priority in collegiate and school-based health programs than it has been historically.

HIV risk is increasing among PWUD with an increase in IV opioid and methamphetamine across the US.

HRC, 2018
## What my CRC/CRP can do?

### Prevention:
- Offer condoms and Harm Reduction supplies
  - Variety of condoms (internal & external) & lubricant
- Needle Safety
  - Offer Syringe Exchange
  - Sharps Disposal (not just for IVDU!!)
    - Hormone needles, insulin.
- Rapid HIV Testing Events

### Support People Living with HIV (PLWH):
- Advocate for Campus based HIV treatment
- Advocate for access to ART & PrEP through campus pharmacies
- Consider hosting Recovery meetings for PLWH
- Talk about HIV stigma in your CRC
- Identify HIV support services on your campus/in your community
COVID Prevention is HIV Justice

► Respect Health Guidelines to protect HIV-positive and other immunocompromised students and people in your communities.
  ► Wear a Mask
  ► Social Distance
  ► Get vaccinated for COVID-19, if possible.

► Advocate for safe policies for the return of students and faculty at your institution!

► Keep CRC members/residents accountable for COVID safety precautions.

► Check in on students living with HIV during quarantine.
Group Discussion:

What questions do you have about HIV and Recovery?

What programs have you seen to support PLWH in recovery or students with HIV?

What concerns do you have about implementing HIV programs and supports at your CRC?

This is your opportunity to ask those burning/lingering questions you may have wanted to ask about HIV/AIDS & Recovery that you haven’t in the past!
This pledge requires more than just gaining awareness. It requires action to prevent HIV/AIDS and your students’ lives and wellbeing are at stake.

HIV is preventable!
Together we can be a part of the solution

S- know your status
H- HIV Awareness
A- Access to Care
R- Recovery from HIV through treatment
P- Prophylaxis

STUDENT HIV AWARENESS & REDUCTION PLEDGE (SHARP)

I am making a commitment to:

#1 Know my HIV Status, and to get tested regularly if needed.

#2 Understand the difference between HIV & AIDS and U=U.

#3 Identify where students can get tested for HIV on my campus or in my community.

#4 Identify where students can get treatment or support for HIV on my campus or in my community.

#5 Distribute safer sex supplies at my CRC/CRP or locate where students can get these supplies on my campus or in my community.
ARHE Equity & Justice Discussion Series

May cancel for June to accommodate for the ARHE/ARS/AAPG Conference. Make sure to register for the conference at https://collegiaterecovery.org/2021conference/

Follow Future ARHE Equity & Justice Discussion Series Events at: https://collegiaterecovery.org/equityandjusticeseries/

Ideas for an EJ Series presentation or want to connect more with me/ARHE: dharma.mirza@collegiaterecovery.org