

The importance of social work, family dynamics and employment to the HIV positive intravenous drug user

This article concerns the important role that family support and relationships, as well as employment, play in the case of an HIV positive intravenous drug user. The social work input is also considered, as together with family and employment, it would also assist the individual to keep healthy and continue living in the community as long as his/her condition allows for this. The information herein is based upon the practical experience of working with a group of patients in Edinburgh, Scotland and Newcastle upon Tyne in the North East of England, between 1984 and 1995.

Although based on facts originating from a foreign country, the information may be relevant to similar situations that would arise locally. While hoping that the figures of HIV positive Intravenous drug-abusers will be kept at a low number, nevertheless, there is no room for complacency, and heads should not be buried in the sand, as tragically happened in Edinburgh, Scotland, and other countries. There, denial that HIV could effect intravenous drug users was proved wrong, and eventually tests showed that at one point 64%¹ of intravenous drug users in Edinburgh were positive for HIV as a direct result of sharing syringes.

Support Systems

One of the major issues when working with an intravenous, HIV positive drug user is support. In fact "support network" is a priority subject discussed in pre and post-test counselling. For this reason it is important to know who, within the family, the individual relates well to, and who they can count upon for support. This would highlight to whom the individual could disclose or tell about their HIV status. Obviously, if there were no support from within the family it would be inappropriate and hard for the person to disclose their status. If, however, the individual feels they can get support from their parents and/or siblings, this would be invaluable to the infected person, enabling them to cope with living in the community.

¹ Scottish Centre for Infections and Environmental Health, **AIDS News Supplement to Weekly Report**, 1997, Glasgow.

Another important type of support is that offered by the worker when the client tells the family about his/her HIV positive status. By offering support to the client at this critical time, the worker can help lessen the negative responses to the diagnosis. Giving the family accurate information about the condition and reassuring them by addressing their fears would appease the acceptance of the new diagnosis. This may be necessary since the family may be quite devastated initially, and would need help in coming to terms with the situation.

In the case of intravenous drug users, where the virus is transmitted through the culture of needle sharing among them, the family may already have had to adjust to the fact that their son or daughter has a drug problem. This would have been accompanied with stigma, family shame and suffering. Now they would need to adjust to a greater stigma and the possibility of losing their son or daughter as a result of the virus.

The worker could also extend support to the family, apart from the individual who is HIV positive. This may take the form of worker-to-family support, or as happens in other countries, the worker may assist the family in gaining access to a support group for relatives of HIV positive individuals. Both these arrangements may provide the parents with space to express their feelings of anger, shame and guilt, as well as their feelings of hopelessness.

The anger may not necessarily be directed towards their son or daughter, but rather originate in reaction to being stigmatised as a consequence of their offspring's condition. The anger may also arise from a deep sense of loss, as opposed to earlier expectations of having their children to look after them in their old age. Now their children could possibly die before they do.

Another situation of particular importance to social workers would be when children of the patient are involved. In such circumstances there would arise the issue of child welfare and where this could be best met. Usually the options would include the extended family, such as grandparents or an adoptive family. Here again the role of

the social worker is to support the family in making the decisions, and these would have to be in the best interest of the child.

Providing a social work service is a delicate matter. The vulnerability of the persons involved may make them susceptible to dependence. Service provision thus calls for sensitivity to client needs, balanced by the support they required for their life to go on. The latter would include the transmission of enough positive energy to help them assist the patient. Of utmost importance in this regard is striking a balance between supporting and allowing the family their privacy.

Employment

The stigma attached to an HIV positive status calls for education about this condition, addressed to employers. Through lack of education, as experience has shown in the past, employers tend to act negatively towards individuals who are HIV positive. Such conduct usually reveals itself in the immediate dismissal of the infected person from their employment, as soon as their status becomes known. Furthermore, assumptions may be made about a person's sexuality, possibly unjustly concluding that they must be homosexual. Such conjecture may then result in fear that the individual may infect others including oneself through touch or sharing a cup, a pen or an office.

The routes of transmission of the virus are an important subject to be discussed in employers' education. It has to be made clear to employers that sex between homosexuals is only one of the routes of transmission, while the main route of transmission world-wide is from men to women. Another route of possible transmission of the virus is sharing injecting equipment.

The belief that the HIV positive person presents a risk to others in everyday situations is unfounded, thus such person should not be discriminated against on this premise. The only actual risk of infection would be of a consensual nature, where unprotected sexual intercourse is engaged in or needles are shared.

The HIV positive individual should be allowed to continue in employment until such time as they feel able to cope with their job, unless they are unable to perform the job they were employed to do. Being dismissed from work, as has happened in the past, can effect the well being of the HIV positive person. The effects on the individual himself may be both physical and psychological. Social effects may also arise from such action by influencing society's perception of persons infected with the virus.

In Conclusion

Having looked at important aspects of an HIV positive person's life, a mention of confidentiality is now due. The importance of keeping the information about somebody's HIV status confidential can never be over stressed. Only if there is a risk of an HIV infected persons deliberately infecting others is confidentiality to be broken.