15. The Role of Social Work in the Prevention and Treatment of HIV/AIDS in Germany

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Driven by a commitment to eliminate new HIV infections, eradicate discrimination, and reduce AIDS-related deaths to zero, significant strides have been made worldwide in the fight against HIV/AIDS over the past 15 years (Henrickson et al. 2017, p. 11). Whereas two decades ago, the AIDS pandemic seemed unstoppable, claiming two million lives a year, today 29.8 million of the 39 million people living with HIV globally are receiving life-saving treatment (Joint United Nations Programme on HIV/AIDS [UNAIDS] 2023, p. 8).

Despite this incredible success in recent years, millions of people still miss out on treatment, including 43% of children living with HIV. Adolescent girls and young women in particular still have to contend with extraordinarily high risks of HIV infection in many parts of sub-Saharan Africa. Every week, 4,000 adolescent girls and young women acquire HIV. In 2022, women and girls in sub-Saharan Africa accounted for 63% of all new HIV infections. Beyond sub-Saharan Africa, numbers of new HIV infections have reduced modestly. 23% of new HIV infections were in Asia and the Pacific, where numbers of new HIV infections are rising alarmingly in some countries. Although the prevalence has decreased among injecting drug users in Central Asia and China due to implemented harm reduction measures such as needle/syringe provision and opiate substitution treatment (OST), since 2010 the numbers of new HIV infections have continued to increase steeply in Eastern Europe and Central Asia (a 49% increase) and the Middle East and North Africa (a 61% increase). The emergence of these trends can be attributed mainly to a lack of prevention services for people from marginalised and key populations and to the barriers posed by punitive laws, violence, and social stigma and discrimination (UNAIDS 2023, p. 7ff.).

Social work is a practice-based profession and academic discipline that 'engages people and structures to address life challenges and enhance wellbeing' (International Federation of Social Workers [IFSW] 2014), and therefore has a clear mandate to face the great challenges associated with

HIV/AIDS. In addition to being tasked with taking care of people affected by HIV/AIDS, social work is perhaps uniquely positioned to address the multifarious challenges presented by HIV/AIDS because of the interdisciplinary, transdisciplinary, and even intersectional nature of the work. Social work is interdisciplinary, with practitioners often collaborating with professionals from diverse fields, each contributing unique theories, perspectives, and research interests. It is transdisciplinary, as social workers routinely transcend traditional disciplinary boundaries for the well-being of clients, patients, or service users. Additionally, social work is intersectional, addressing individual and community-level experiences to advocate for individuals, families, and communities in policymaking (Henrickson et al. 2017, p. 8f.). Alongside these two points – having a clear mandate and being uniquely positioned – social workers frequently serve as the initial and, in certain cases, sole point of interaction with vulnerable populations, who are – at least in some cases – especially threatened by the potential negative consequences of HIV/AIDS. Vulnerable populations especially affected by HIV include men who have sex with men, women, commercial sex workers, injection drug users and children (Natale et al. 2010, p. 27f.). Therefore, in 2022, compared with adults in the general population, HIV prevalence was eleven times higher among gay men and other men who have sex with men, four times higher among sex workers, seven times higher among people who inject drugs, and 14 times higher among transgender people (UNAIDS 2023, p. 13). In particular, children whose parents are living with HIV but who were born free from HIV experience more health problems and deaths than children whose parents are not living with HIV (Henrickson et al. 2017, p. 5).

Therefore, it is not surprising that social work plays a prominent role in supporting people affected by HIV/AIDS. Subsequently, the history of social work and HIV/AIDS will be briefly described, followed by an overview of the current situation. Additionally, the situation as regards social work in Germany will be presented as an example of how Germany has dealt with HIV. From this, future challenges will be derived.

History of Social Work and HIV/AIDS

When HIV/AIDS first became visible within healthcare systems in the early 1980s, social workers, like everyone else, were unprepared, knew little, and had to approach these events through the lens of their own

experiences working with clients. Therefore, the evidence bases for many interventions haven't been fully developed and social workers had to be adept at formulating best practices from what was available in their settings and communities (Linsk 2011, p. 219f.). Although, at that time, little could be done on a medical level, the need for social care was overwhelming (Linsk 2011, p. 220), which is why social workers – and especially self-help groups from the gay community and later from the drug user community – were at the forefront of the AIDS epidemic, providing support for those suffering in hospitals and hospices, and carrying out pioneering prevention work (Bowen 2013). Even though the persons carrying out these tasks were not always called social workers, the activities of those providing support fit squarely in the social work domain. The essential skills demonstrated by these individuals included crisis management, assisting with adjustment to illness, medical compliance, decision-making about disclosure, addressing family conflicts, legal-ethical issues, and linkage to the limited other available services (Linsk 2011, p. 220). Furthermore, social workers advocated for clients' rights, participated in policy and programme development, and ensured stakeholder engagement of people affected by HIV/AIDS (Hampton et al. 2017, p. 92). These social work skills and interventions had enormous applicability to HIV (Linsk 2011, p. 220). Even though the first decade of the HIV epidemic was characterised by overwhelm and helplessness, social workers became increasingly involved in the prevention and treatment of HIV across the globe (Natale et al. 2010, p. 28). Despite this positive role that social work played, there is also criticism of it: according to Bowen (2013), in the first decade of the epidemic, the profession fell short in preparing most social workers to address the crisis and there was a significant knowledge gap amongst social workers when it came to HIV/AIDS (Bowen 2013).

Significant medical advances during the second and third decades reshaped the role of social work in responding to HIV/AIDS. With the emergence of powerful new antiretroviral medications in 1995, changing the prognosis of HIV/AIDS from a terminal illness to a chronic health condition, social work with people living with HIV and their families was no longer centred on death and dying, although that continued to be an aspect of clinical work in some settings. Social workers began to focus on assisting HIV-positive people with complex psychosocial challenges, such as negotiating intimate relationships and partner notification, deciding whether to have children and following protocols to avoid maternal HIV transmission, and dealing with medical confidentiality in the workplace and personal

settings. Prevention remained a further challenge (Bowen 2013). Therefore, social work became active on two different levels. On one hand, it supported vulnerable populations and individuals through targeted interventions. On the other hand, social work became active on a structural level by contributing to the abolition of inequalities, stigmatisation, and discrimination, for example by improving the availability and accessibility of treatment (Stöver et al. 2017, p. 102). Within the social work profession, a stronger international networking within the social work profession began. Accordingly, the International Association of Schools of Social work (IASSW) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) declared in 2014 the goal of working together to achieve zero new HIV infections, zero discrimination, and zero AIDS-related deaths (Henrickson et al. 2017, p. 7).

Even though HIV/AIDS is now considered a treatable long-term chronic illness (Chandra/Shang 2021, p. 7), millions still miss out on treatment (UNAIDS 2023, p. 13). Especially amongst vulnerable populations and in specific regions, infection rates remain high (UNAIDS 2023, p. 13). Therefore, AIDS remains a life-threatening illness that requires timely, complex, costly, and at times difficult treatment (Natale et al. 2010, p. 29). Examples of social work interventions include helping people access therapy and supporting them to remain in treatment; assisting people to get access to condoms, opioid substitution therapy or sterile needles, food, housing and employment, and transport support for clinic appointments; protecting the rights of vulnerable people; and helping to prevent and treat gender- and sexual-based violence (Sidibé 2017, p. 5). Even though social workers are, in many countries and regions, a key part of this treatment (Natale et al. 2010, p. 28), social work differs tremendously around the globe. Therefore, using the example of Germany, strategies are presented that have helped to deal with HIV in support of two vulnerable groups disproportionately affected by HIV: gay men and other men who have sex with men, and people who use drugs.

Germany: A Case Study

In Germany, social work relating to HIV has mainly focused on gay men and other men who have sex with men, and people who use drugs, who have been supported on an individual and structural level (Stöver et al. 2017, p. 102). For both target groups, social work has contributed massively to the containment of the HIV epidemic (Stöver et al. 2017, p. 106).

In the early eighties, when HIV emerged, the German health system was divided between doctors and patients, with the latter excluded from planning, decision-making, and operational processes. This lack of a participatory approach hindered access to the target group of drug user, as the health system was built on patient exclusion in both operational and policy areas (Stöver et al. 2017, p. 107). Even with the release of the WHO Ottawa Charter in 1986 (World Health Organization [WHO] 1986), there was no shift within the health system. It took years until the health system began to change and a participatory approach came into force. HIV was one factor that substantially changed the system (Stöver et al. 2017, p. 108).

HIV posed a significant societal health threat, and the absence of a convincing strategy, even with aim among doctors, prompted people living with HIV, along with their friends and families, to advocate for medicines, rights, and involvement. ACT UP groups, primarily from the gay movement, called for increased research, counselling, and treatment efforts, shedding light on stigma and discrimination. The emergence of HIV, affecting mainly young men, underscored the need for swift interventions such as free access to syringes, needles, and condoms, with the aim of reducing stigma, discrimination, and criminalisation of drug possession (Rosenbrock 1987; Stöver et al. 2017, p. 108).

When it came to addressing the HIV threat, the main dispute in Germany revolved around conflicting strategies. In Bavaria, politicians advocated for mandatory testing for 'risk groups', focusing on a search and control strategy. In contrast, other states supported an educational strategy emphasising inclusion and support, which ultimately proved successful (Stroh 2012; Wicht 2012). It was evident that a resource-oriented approach, rather than inducing panic, was more successful in reaching and maintaining contact with target groups. The integration of the power and expertise of the target groups became paramount for an adequate and successful response to the HIV threat, following the principle of 'nothing about us without us'. Social workers played a crucial role in creating supportive environments for improved access to testing services and effective prevention, treatment, and care, often providing the framework for communities to voice their demands (for example, by supporting court cases or confronting politicians and media with gaps in services or adequate healthcare delivery, etc.) (Stöver et al. 2017, p. 108f.). Therefore, social work has built up a structure of harm reduction services to empower vulnerable people to protect themselves from acquiring the virus. Six central interventions will be presented below.

1. Installing needle and syringe dispensing machines

Over the last 30 years, needle and syringe programmes (NSPs) have become an essential and integral part of the pragmatic public health response to the risk of HIV and hepatitis transmission among people who inject drugs and the general public, not only in Germany but also in many other countries (WHO et al. 2007). Extensive studies on their effectiveness show that providing sterile injection equipment is a crucial preventive health measure. NSPs have been implemented in 82 countries, with varying regional and national coverage (Mathers et al. 2010; Deimel et al. 2018).

In 1987, five years after the virus was first identified in Germany, an initiative began to enhance access to prevention materials and sterile injection equipment. Many pharmacies and drug counselling agencies faced moral and legal constraints that hindered them from providing sterile injection equipment to drug users. Consequently, activists and social workers initiated the early provision of clean injection equipment and condoms to ensure easy 24/7 access to prevention materials for around USD 1. Cigarette vending machines, abundant in Germany (340,000 of them across the country at the time), were repurposed and stocked with boxes of syringes and needles in various sizes, condoms, sterile water, ascorbic acid, bandages, etc. The diverse assortments were tailored to meet the specific needs of local drug users (Schuller/Stöver 1989). These packages are predominantly filled by drug users themselves, who utilise this opportunity to pay community fines or earn money. Social workers and activists in drug or HIV counselling agencies operate and maintain the dispensing machines (Stöver et al. 2017, p. 109). A significant number of machine users obtain their needles and syringes exclusively through this method due to the anonymity it provides; they might never seek assistance from a drug counselling agency or drop-in centre (Kaplan et al. 2014). Installing these dispensing machines is challenging, often facing opposition and occasional damage from local residents. Social workers organise discussions with neighbours to garner support and acceptance for the initiative (Deimel et al. 2020).

Today, many public needle- and syringe-dispensing machines have been installed. By 2013 there were more than 170 machines providing 400,000 packages annually (Die Drogenbeauftragte der Bundesregierung 2013, p. 156).

2. Prison-Based Needle Exchange Projects

In Germany, approximately 30%–40% of inmates use drugs, and many continue injecting drugs during incarceration (Stöver 2012). While injection frequency may decrease in prison, people who live in prisons often resort to using and sharing unsterile injecting equipment (Stöver 2016; Stöver et al. 2021). Imprisonment is associated with risk factors, primarily related to injecting drug use; unsafe needle use practices including injecting, tattooing, and piercing; and unprotected sexual contact (Stöver et al. 2017, p. 110).

Despite the clear link between injecting drug use and the spread of HIV and hepatitis C in prisons, effective prevention measures, such as prison-based needle and syringe programmes (PNSPs), are rarely implemented globally. Only about 60 out of over 10,000 prisons worldwide provide needle exchange services, limiting prevention efforts to verbal advice, leaflets, and cognitive-behavioural change strategies (Arain et al. 2014).

In Germany, PNSPs have been successfully implemented in both men's and women's prisons. Various methods of syringe distribution are utilised, tailored to the specific needs and environment of each institution. These methods range from automatic dispensing machines to hand-to-hand distribution by prison physicians/healthcare staff or external community health workers, along with programmes involving prisoners trained as peer outreach workers (Lines et al. 2006; Stöver et al. 2017, p. 111; Lazarus et al. 2018). Contrary to existing fears, PNSPs have not increased drug use or injecting drug use and are not misused, and disposal of used syringes is uncomplicated. Furthermore, the sharing of syringes among drug users has decreased (Stöver/Nelles 2003).

Therefore, clear evidence exists that these programmes are feasible and affordable in a wide range of prison settings, have been effective in reducing the risk of HIV transmission, have not been associated with increased attacks on prison staff or other prisoners, and have not led to an increase in injections. They can therefore contribute to workplace safety, can lead to reduced overdose risks and a decrease in abscesses, and facilitate referral to and utilisation of drug dependence treatment programmes. They can also employ any of several different methods of needle distribution successfully in response to staff and inmate needs and can coexist with other drug prevention and treatment programmes (Lines et al. 2006). For these programmes to be successful in prisons, people living in prison need to have easy, confidential access to syringes and equipment, and both prisoners and staff should be involved in the design and implementation of the PNSP.

Successful PNSPs also feature a rigorous mechanism for the safe disposal of syringes and good monitoring, evaluation, and quality control (Stöver et al. 2017, p. 112).

Apart from political challenges in implementing and legitimising prison-based needle and syringe programmes, a significant issue is the lack of guaranteed confidentiality for prisoners, which often hinders their participation. Furthermore, because of the decrease in HIV infections in many countries, including Western Europe, over the past 20 years, HIV and opioid consumption no longer represent the central debate in prisons in Germany, with new psychoactive substances and steroids now taking centre stage. Despite this, hepatitis C (HCV), the most prevalent infectious disease, has been overlooked by policymakers, making it difficult to mobilise concerted action for disease prevention (Stöver et al. 2017, p. 112f.). However, a nationwide manual for tackling the threats of HCV in closed settings has been drawn up by social workers, together with user groups, medical doctors, and lawyers, funded by the Federal Ministry of Health (Aktionsbündnis Hepatitis und Drogengebrauch 2019).

In Germany, activists and social workers have focused on introducing needle and syringe programmes in prisons. However, due to political reasons (Stöver 2018), six out of seven programmes have been shut down. Only one out of over 180 custodial institutions in Germany provides needles and syringes via dispensing machines to female prisoners (the Women's Prison in Berlin Lichtenberg), which has been running successfully for approximately 20 years without issues (Stöver/Knorr 2014). The stark contrast between the success of PNSPs and their low acceptance and implementation spread is noteworthy.

3. Drug Consumption Rooms

Drug consumption rooms (DCRs) facilitate a supervised hygienic intake of drugs with additional assistance in health and social matters (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA] 2018). Approximately 90 facilities have been set up in Europe to date (see Figure 1).

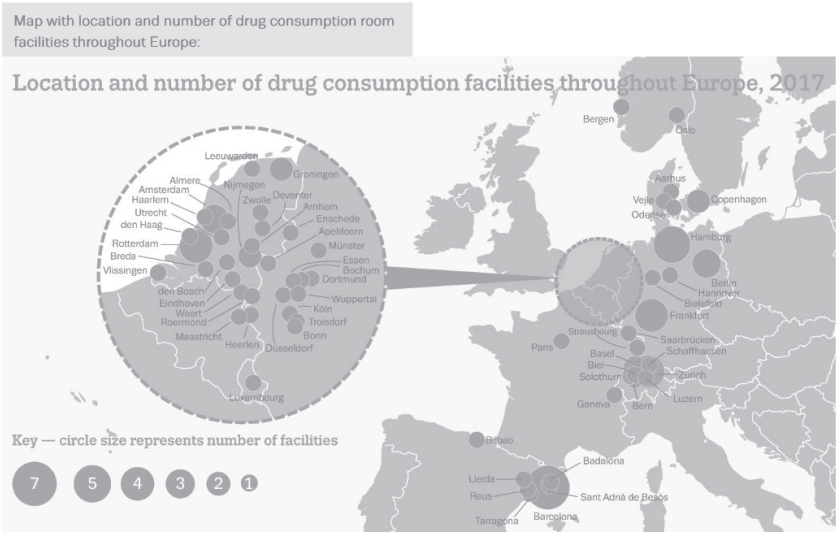

Figure 1: Location and number of DCRs throughout Europe (EMCDDA 2018)

In Germany, DCRs were initially implemented in the late 1980s in a juridical grey area, without official permission, by social workers, medical doctors, and nurses, in order to get into contact with drug users and to provide low-threshold social and health services (Stöver 1991; Michels/Stöver 2012). Yet, due to sustained advocacy efforts by social workers and activists, Germany amended its national opium law in 2000, permitting the establishment of DCRs under specific conditions (Stöver 2002). DCRs have to be legally sanctioned by each of the 16 federal states in Germany, resulting in a diverse landscape, because only eight out of 16 permitted DCRs to be implemented. Despite resistance, DCRs have significantly reduced drug-related mortality in cities where they have been implemented (Stöver et al. 2017, p. 115).

4. Psychosocial Support for People Who Use Drugs

For nearly 40 years, social workers and activists have advocated for client-based opioid substitution therapy (OST) in Germany, which was first introduced in 1987. By 2022, approximately 81,200 patients, covering 40%–50% of people who inject drugs (PWID) in Germany, benefitted from OST (Bundesinstitut für Arzneimittel und Medizinprodukte [BfArM] 2023).

Even though there is still some controversy about the benefits of OST in some parts of Germany, results of studies and practical experiences clearly show significant improvements in physical and psychological health among individuals who have received OST (Michels et al. 2007). Methadone maintenance therapy (MMT) demonstrates high retention rates and plays a vital role in accessing and maintaining ongoing medical treatment for HIV and hepatitis (Zippel-Schultz et al. 2016).

Germany's regulations mandate patient participation in psychosocial care during OST, even though empirical evidence for the universal necessity of psychosocial support remains inconclusive (Haasen et al. 2007; Deimel 2013; Deimel/Stöver 2015b/2015d). These regulations lack guidance on the frequency, mode, and scope of psychosocial care, leading to nationwide variations in organisation, structure, and quality. Psychosocial care encompasses diverse services, such as legal advice, financial management, recreational activities, crisis intervention, group sessions, housing and job assistance, and education and vocational training. There are great variations in psychosocial provision between different federal states and communities, and variations in quality and funding (Deimel 2013; Deimel/Stöver 2015c).

Nevertheless, psychosocial counselling can assist patients in reconstructing their lives with changed values, alleviating the pressure to seek drugs. However, it may also uncover significant problems, leading to crises due to painful confrontations with past injuries and negative experiences. Patients may experience depression, often resorting to alcohol and benzodiazepines as self-medication, with limited family support complicating the situation. Professional psychological support is essential for understanding and addressing the family dynamics that are crucial to successful treatment (Deimel 2013).

5. Promoting a Change in Opiate Consumption Patterns: From Injecting to Inhaling

Historically, since the early 1970s when illegal heroin use emerged in Germany, the injecting of drugs has been the predominant consumption method. Social workers and activists have actively promoted a shift in opiate consumption patterns, encouraging clients to transition from injecting to inhaling to reduce the transmission risks of HIV and other diseases and lower the risk of overdose. Despite potential strain on the respiratory

system caused by smoking, inhaled use is therefore deemed less dangerous than injection.

The 'Smoke IT!' project (to support injecting drug users to change their injecting habit to smoke Heroin to avoid infectious diseases), with its accompanying evaluation study (Stöver/Schäffer 2014), aimed to influence consumption patterns by supplying smoking foils and tubes, along with informational materials. The study, conducted in five German cities, revealed that 82.5% of respondents favoured thick aluminium foils, with two thirds using them for inhaling instead of injecting. Participants cited perceived health benefits, reduced risk of hepatitis or HIV infection, and overdose prevention as reasons for the switch. Media and personal interventions, coupled with dispensing attractive drug use equipment, proved effective in motivating opiate users to change their consumption method. Smoking foils emerged as valuable additions to risk reduction strategies in drop-in centres. The survey results underscore the impact of providing new, high-quality prevention tools and a target-group-specific approach, showcasing users' interest in preserving their health (Stöver et al. 2017, p. 117).

Professionalism is crucial in addressing safer-use issues within drug consumption rooms and other services, with social workers using new mediums, such as thicker foils, to engage with users during their daily routines. The thicker foils not only allow for the reinforcement of prevention messages but also provide an opportunity to reconnect with users who were previously unreachable or with whom contact had been lost. This approach demonstrates the effectiveness of innovative harm reduction strategies in influencing drug use patterns positively (Stöver et al. 2017, p. 116f.).

6. Campaigns and Support for and with Gay Men and Other Men Who Have Sex with Men

Men who have sex with men (MSM) have faced heightened vulnerability since the onset of the HIV epidemic, constituting the group with the highest proportion of new HIV infections in Germany, with 55,100 of the estimated 90,800 people living with HIV belonging to this group (an der Heiden et al. 2022). In addition to higher HIV infection rates, MSM suffer from discrimination and exclusion, and report significantly higher psychological burdens and experiences of violence than the general population (Drewes/Kruspe 2016). In Germany, sex between men was a punishable offence

between 1935 and 1994, which has contributed to the stigma against MSM both in the past and today (Steinke 2005).

At the beginning of the AIDS epidemic in Germany in 1983, HIV was synonymously called 'gay disease'. At about the same time, local AIDS self-help groups emerged, leading to the creation of the national umbrella organisation 'Deutsche AIDS Hilfe', focusing on anti-discrimination efforts and providing direct support. Unique in Europe, this organisation – which developed within self-help groups – is financed by and collaborates closely with the Federal Centre for Health Education (BZgA) and the Federal Ministry of Health (Stöver et al. 2017, p. 118f.).

Social workers in local AIDS assistance centres play a crucial role, by educating people on HIV and other sexually transmitted infections (STIs), supporting HIV testing and antiretroviral therapy, conducting crisis interventions, and supporting individuals applying for benefits and assistance. They offer face-to-face and anonymous counselling via phone and online; assist self-help groups; collaborate with MSM on HIV prevention; conduct prevention events in schools; help reduce stigma within the society; assist with 'coming out'; offer advice regarding legal issues, social assistance, and employment law; support elderly individuals and male sex workers living with HIV; and closely collaborate with other professionals on prevention and intervention concepts (Stöver et al. 2017; Deimel/Stöver 2023, p. 119).

This nationwide support structure has been established over the past 30 years, but challenges persist in reaching specific groups, such as drug-using MSM. Drug consumption in the context of sex is of increasing importance (Deimel/Stöver 2015a; Deimel et al. 2016; Schecke et al. 2019; Bohn et al. 2020; Brunt et al. 2024), which corresponds with experiences in other European countries such as the UK and Sweden (Bourne et al. 2015; Petersson et al. 2016). Because MSM often do not identify themselves as drug-dependent, they do not show up in the institutions of drug services. In response, Deutsche AIDS Hilfe initiated the QUADROS project in 2015, aiming to connect local counselling agencies in AIDS and addiction services. Besides a transfer of knowledge, counsellors have been trained in motivational interviewing and living-environment-oriented counselling (Dichtl et al. 2016) (also see Chapter 12).

Conclusions and Future Challenges

The current goal of the UNAIDS is to end AIDS as a public health threat by 2030 (UNAIDS 2023). Even though a lot of progress has been made, this does not apply to all regions and groups. Therefore, HIV is likely to still be with us for quite some time, and even if progress continues in terms of developing a vaccine and finding a cure, there will still be people who are already infected and living with HIV (Linsk 2011, p. 227).

Social work continues to play a central role in dealing with HIV/AIDS. Substantial efforts are still needed, on an individual as well as on a structural and political level. There are certain challenges for social work that we believe are particularly relevant:

(1) Reducing stigma

With the introduction of antiretroviral treatments, there was optimism that stigma and discrimination could be addressed (Chambers et al. 2015, p. 1). However, HIV-related stigma remains a common social phenomenon all over the world (Hossain et al. 2022, p. 1), even though progress has been made over the past years (Stangl et al. 2013, p. 11).

Stigma can be enacted, anticipated, or internalised and can be followed by awkward social interactions, avoidance, exclusion, rejection, isolation, social ostracism, blaming, violence, service denial, physical distance, and indifference (Hossain et al. 2022, p. 1). People living with HIV and AIDS encounter tangible stigmatisation on both personal and community fronts. Therefore, stigma and discrimination against people living with HIV/AIDS, and patients' related fears around disclosure, are the key barriers to effective care, treatment, and prevention (Chandra/Shang 2021, p. 7). According to Hossain (2022), research suggests that people living with HIV/AIDS also encounter discrimination from healthcare staff. This is reflected in care providers paying less attention to HIV/AIDS-positive people, skipping physical examinations, or making unnecessary referrals, which makes them even more vulnerable (Hossain et al. 2022, p. 2). Therefore, one of the most important tasks of social work with people living with HIV is to address stigma on different levels (also see Chapter 7).

(2) Educating social workers

According to Labra et al. (2023) who conducted a quantitative cross-sectional study with 674 university students enrolled in social work programmes in Belgium, Canada, Chile, and Switzerland, the results indicate low levels of knowledge on HIV/AIDS, which is why we argue that social work education and training programmes should more comprehensively address HIV/AIDS within their curricula. Future social workers need to be better equipped to challenge stigmatising and exclusionary practices rooted in a long-standing lack of knowledge and erroneous beliefs about the disease (Labra et al. 2023, p. 1030f.). Both current and future social workers need to be prepared and have the necessary skills to assist those infected with and affected by HIV (Natale et al. 2010, p. 27). Special training is required to be able to work with vulnerable populations (Natale et al. 2010, p. 33).

(3) Contributing to the evidence base

Evidence-informed research and monitoring are crucial for making informed political decisions (Stöver et al. 2017, p. 122). Social workers need to contribute to the evidence base through applied research projects so that we may demonstrate which psychosocial interventions are valuable and effective and can be successfully targeted at specific populations (Linsk 2011, p. 228; Deimel 2019). One example is a study by Eaton et al. (2017), surveying and interviewing people living with HIV who were over the age of 50 about their cognitive concerns and recommendations for social work intervention development. A larger evidence base would contribute to a stronger focus on the 'social aspects' of the disease within a biopsychosocial understanding of health. Furthermore, evidence-based interventions would contribute to better support for people with HIV and also strengthen the legitimacy of social work interventions.

(4) Addressing HIV/AIDS on an Institutional and Political Level

Until now, social work with people affected by HIV/AIDS has largely focused on micro interventions, such as providing medical care, prevention, and support to clients and their families and linking them with relevant

service providers, such as health, social support, and educational service providers (Chandra/Shang 2021, p. 7). However, according to Chandra and Shang (2021), a macro-level perspective is also needed to not only focus on caring for and treating clients but also on employing multi-sectoral strategies to create favourable conditions and institutions to deliver innovative and sustainable solutions (Chandra/Shang 2021, p. 7).

Services for people from key populations are scarce, inaccessible, or entirely absent in many countries. Furthermore, despite some positive changes, laws that criminalise people from key groups or their behaviour are still in force in many parts of the world (UNAIDS 2023, p. 13). For example, the vast majority of countries still criminalise the use or possession of small amounts of illicit psychoactive substances. Additionally, 168 countries criminalise some aspect of sex work, 67 countries criminalise consensual same-sex intercourse, 20 countries criminalise transgender people, and 143 countries criminalise or otherwise prosecute HIV exposure, non-disclosure, or transmission (UNAIDS 2023, p. 13). Furthermore, funding for prevention programmes, especially among key populations, is badly needed (UNAIDS 2023, p. 14). Moreover, even though studies show the effectiveness of harm reduction services like needle and syringe programmes opioid substitution treatment (OST), and drug consumption rooms (DCRs), these services often face insufficient, patchy, or non-existent coverage, often due to lacking political will, ideological barriers, and inadequate funds allocation for vulnerable populations (Stöver et al. 2017, p. 122).

In some settings, harm reduction measures are hardly available, for example in custodial settings (Stöver et al. 2021). Social work is called upon to draw attention to these structural problems. The groups affected by these problems are often not in a position to advocate for change on their own, which is why social workers can engage in a participatory process with vulnerable groups, partners, and families. The future approach should embrace the motto 'Nothing about us without us' to ensure inclusive decision-making (Stöver et al. 2017, p. 122)

All in all, social workers play an important role in the prevention and treatment of HIV. However, social problems are rarely purely a national or regional phenomenon. HIV/AIDS is a social problem with obvious global scope and effect (Bowen 2013). To properly address the challenges – to reduce stigma, educate social workers, and address HIV/AIDS on an institutional and political level – social work is well advised to take an international perspective, by cooperating with and learning from different countries.

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