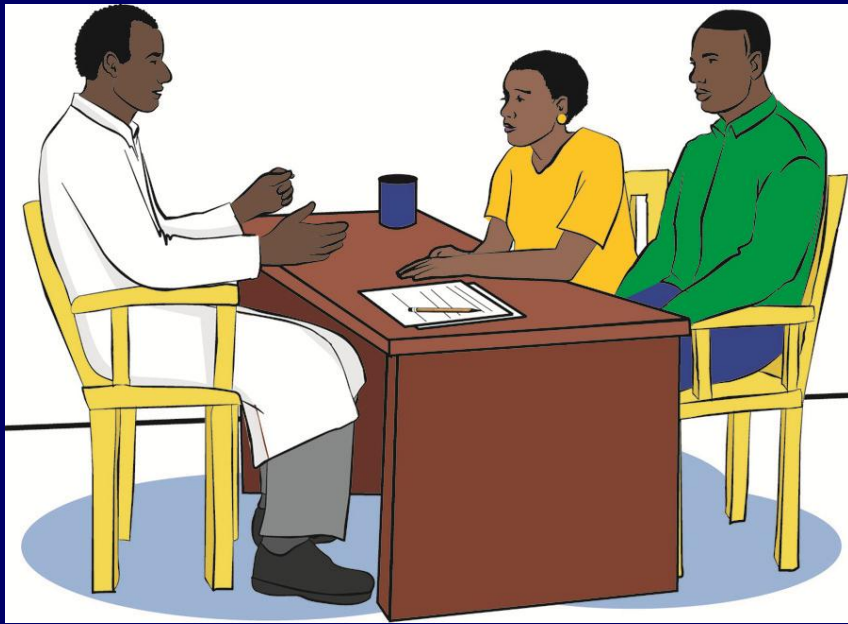


Importance of Limiting Alcohol Use among People Living with HIV



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Outline

- Prevention with People Living with HIV (PwP) in clinic settings
- Risk of Alcohol Use among People Living with HIV (PLHIV)
- Present data from a recent study documenting frequency of alcohol use among PLHIV and providers assessment of alcohol use



Prevention with People Living with HIV (PwP)

- Prevention interventions with people living with HIV (PLHIV) improve their health and reduce the risk of transmission to partners/children
- Prevention is becoming a critical part of care of PLHIV



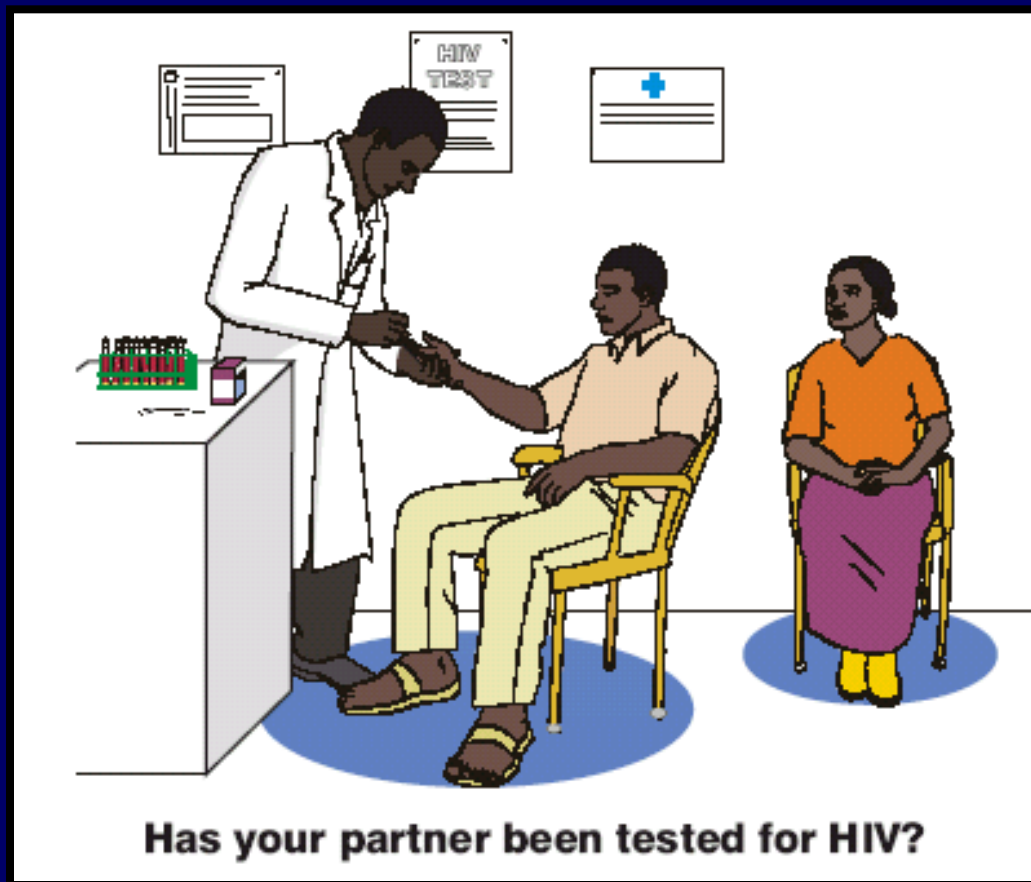
PwP in Clinic Settings

- Health care providers meet with patients regularly
 - Can deliver consistent, targeted prevention messages and strategies during routine visits
- Health care providers are considered authority figures and trusted sources of health information



Goal: Partner Testing and Assistance with Disclosure

- Increasing disclosure of HIV status to partners
- Testing partners (and children/family) of HIV+ patients
- Identifying discordant couples



Goal: Sexual Risk Reduction

- Using condoms during sexual encounters
- Reducing number of sex partners
- Address alcohol related to sexual risk taking behavior



Goal: STI Management

- Syndromic screening for STIs at each visit and provision of treatment in ARV setting
- Reduce patient's risk of acquiring new infections - STIs and new strains of HIV



Goal: Family Planning Services and Safer Pregnancy Counseling

- Reduce unintended pregnancy and MTCT
- Provide FP services in the ARV clinic



Goal: ARV Adherence Counseling

- Reduce viral load through increased adherence
- Assess for alcohol use related to adherence



PWP Study

- RCT in 3 countries (Namibia, Kenya, Tanzania)
- Evaluation of the impact of the clinic-based HIV prevention intervention for PLHIV
- Randomization at the clinic level
 - 3 intervention clinics/ country
 - 3 comparison clinics/country
- Cohort of 200 HIV+ patients/site (n=3600)
- Assessment sequence
 - Baseline, 6 months and 12 months



HIV Prevention for People Living with HIV/AIDS: Intervention Activities for HIV Care and Treatment Settings

Health Care Providers

1. **Give basic prevention recommendations**
(disclosure, partner testing, safer sex, and alcohol reduction)
2. **Assess and support adherence**
3. **Provide family planning and safer pregnancy counseling**
4. **Assess and treat STI symptoms**
5. **Distribute condoms**

Refer for behavioral counseling on prevention, positive living, adherence, and alcohol reduction.



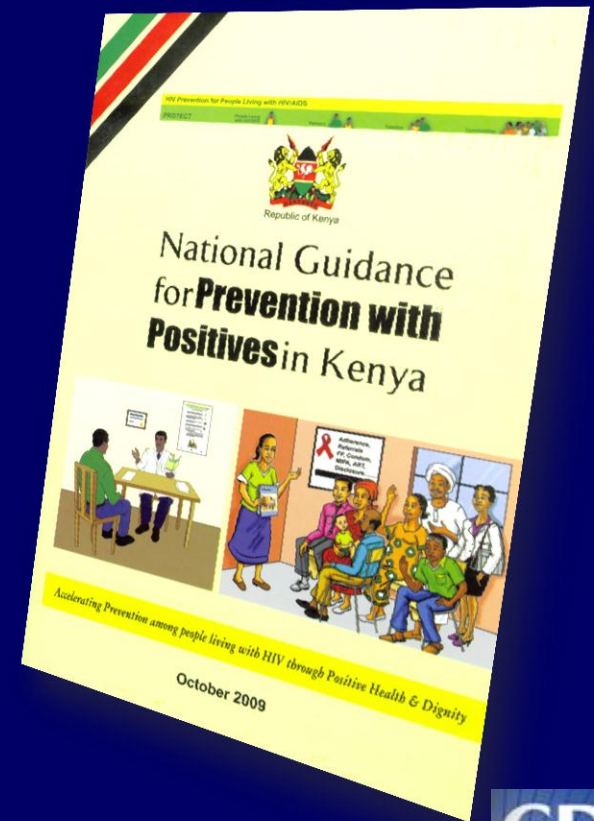
Refer for provision of family planning, pregnancy advice, and STI management.

Lay Counselors

1. **Conduct Group Education**
 - Basic Education on HIV/AIDS
 - Protecting Your Partner
 - Protecting Your Children
 - Treatment Adherence
 - Positive Living
2. **Provide Individual Counseling**
3. **Provide HIV Counseling and Testing, where permitted**
 - Individuals: Walk-in and partner(s) of clinic patients
 - Couples: Concordant and discordant)

Country PwP Activities

- Many countries developing and/or strengthening national policies and guidelines for PwP activities
- Integrating prevention services into routine care of PLHIV so prevention becomes a part of the continuum of care
 - Part of National Care and Treatment guidelines
 - National Prevention Strategies or Frameworks include PwP activities and services
 - Example countries include Ethiopia, Kenya, Namibia, Nigeria, Rwanda, Zambia



PP Toolkit: The Concept

Interaction



Longer, in-depth training sessions
(Based on PV methodologies)



Flipchart based information sessions

Key facts one-pagers as take away



Fact sheets as resource material

Information



Health Risks Associated with Alcohol Use for PLWHIV

- Faster HIV disease progression (higher viral loads) ¹⁻²
- Toxicity due to mixing alcohol with ARVs or other medications³
- Non-adherence to ARVs and other medications³
- Increased risk for HIV transmission and acquisition of STIs due to impaired decision-making and risky sexual behavior⁴⁻⁵
- Increased levels of depression²

1 Baum et al., 2010

2 Ghebremichael et al., 2009

3. Palepu et al., 2004

4. Shuper et al., 2009

5. Fisher et al., 2007



Brief Assessment for Alcohol Use

Providers should conduct a brief assessment for alcohol use with their HIV-positive patients.

It involves three steps:

1. **Assessing** patients' alcohol use and screening for how much patients drink
2. **Advising** patients on the health risks associated with alcohol use and recommending that patients abstain or reduce alcohol use, and
3. **Referring** patients who drink more than one drink per week for more intensive counseling



Assess for Alcohol Use

- Do you sometimes drink beer, wine, or other alcoholic beverages?
- How many times in the past 3 months have you had X or more drinks in one day?

X = 5 drinks for men

X = 4 drinks for women

- On how many days a week do you drink?
- When you drink, how many drinks do you usually have?



What is the Frequency of Alcohol Use among PLHIV?

- Data presented from baseline
- AUDIT score used to categorize levels of drinking:
 - Non-drinkers (zero)
 - Non-problem drinkers (less than 8)
 - Harmful drinker (8 or more)
 - Likely dependent on alcohol (13 or more women; 15 or more in men)



What is the Frequency of Alcohol Use among PLHIV?

AUDIT scores

- Non-drinkers: 80%
- Non-problem drinker: 15%
- Harmful drinker: 3%
- Likely dependent on alcohol: 2%

Frequency of use

- Never: 80%
- Monthly or less 12%
- 2-4 times per month: 4%
- 2-3 times per week: 3%
- >4 times a week: 1%



Frequency of Provider Discussions About Alcohol Use with HIV-Positive Patients

Provider Self-Report

- Assess Alcohol Use
 - Always: 43%
 - Most of the time: 29%
 - Sometimes: 20%
 - Rarely: 5%
 - Never: 3%
- Discuss Risk of Alcohol Use
 - Always: 57%
 - Most of the time: 25%
 - Sometimes: 10%
 - Rarely: 7%
 - Never: <1%

Patients Report

- HCP discussed alcohol:
 - Yes: 79%
 - No: 21%
- Lowered alcohol use as a result of discussion with provider:
 - Yes: 79%
 - No: 21%



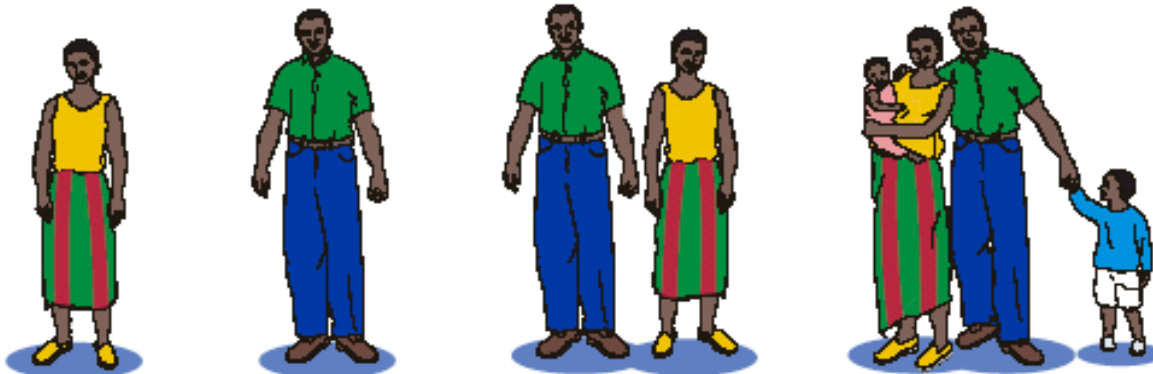
Conclusions

- Assessing alcohol use among PLWHIV in care and treatment settings is important
- Baseline data from PWP Study indicate relatively low levels of alcohol use among PLWHIV
- Providers appear to be addressing alcohol use with some frequency
- Patients report that they change their behaviors based on provider recommendations



Thank you!

Protect your health, protect your partner, protect your family.



Citations

1. Baum MK, Rafie C, Lai S, Sales S, Page JB, Campa A. (2010). Alcohol use accelerates HIV disease progression. *AIDS Res Hum Retroviruses.*, 26(5):511-8
2. Ghebremichael M, Paintsil E, Ickovics JR, Vlahov D, Schuman P, Boland R, et al. (2009). Longitudinal association of alcohol use with HIV disease progression and psychological health of women with HIV. *AIDS Care*, 21(7):834-41
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4. Shuper PA, Joharchi N, Irving H, Rehm J. (2009). Alcohol as a correlate of unprotected sexual behavior among people living with HIV/AIDS: review and meta-analysis. *AIDS Behav.*, 13(6):1021-36.
5. Fisher JC, Bang H, Kapiga SH. (2007). The association between HIV infection and alcohol use: a systematic review and meta-analysis of African studies. *Sex Transm Dis.*, 34(11):856-863.

