Tackling HIV-Alcohol Use Prevention and Treatment in a Global Priority Setting through Collaborative Training and Training Assistance

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A center network that provides technical assistance and training in evidence-based programs to facilitate best-practices in integrated treatment of alcohol and HIV.
At a glance: Alcohol in South Africa

- 41.5% of men and 17.1% of women reported current alcohol use
- 9% engaged in risky or hazardous or harmful drinking
- Alcohol use disorders: Top three most prevalent lifetime mental disorders in South Africa, at 11.4%.
- Fetal Alcohol Spectrum Disorders are alarmingly high, at 135-207 cases per 1000 people in certain high risk communities

At a glance: HIV in South Africa

- **Largest country epidemic** in the world
  - 19% of the global total of people living with HIV
  - 15% of all new global infections
  - 11% of all AIDS related deaths

- **In South Africa**
  - 7.1 million people living with HIV (44% not yet receiving treatment) (1.1 million in USA)
  - 270,000 new HIV infections each year (37,600 in USA)
  - 110,000 AIDS related deaths each year (6,721 in USA)

UNAIDS 2016 Country Report for South Africa
(http://www.unaids.org/en/regionscountries/countries/southafrica)
**Synergistic Pathways of Risk**

- All people living with HIV will know their status (90)
- Alcohol consumption associated with greater intentions for unprotected sex

- All people diagnosed HIV will receive HIV treatment (90)
- Alcohol use associated with unprotected sex among people living with HIV

- All people receiving treatment will have viral suppression (90)
- Alcohol accelerates disease progression through increased viral replication and diminished immune function
- Alcohol use linked to poor adherence and lower use of health services

Accelerating diffusion of innovations

A variety of technology transfer strategies are used

Figure from SAMHSA and the ATTC network
Objective #1: Develop and deliver evidence-based training

• **Focus on evidence-based training:** Motivational interviewing, etc.

• **Target audience:** front-line treatment providers, supervisors, administrators, policy makers build capacity of alcohol-HIV workforce around integrated alcohol-HIV prevention, treatment, and care

• **Tailored curriculum:** targeting priority populations at high risk for HIV and alcohol use (men who have sex with men, sex workers, adolescents and young people, etc.)
Objective #2: Develop standards of professional practice

• Provide technical assistance to help individuals and organizations develop best practices for integrated alcohol-HIV prevention, treatment (e.g. screening for problem alcohol use in HIV settings)

• Expand and bolster curriculum around alcohol-HIV prevention and treatment in educational settings to prepare the next generation of providers
Objective #3: Develop a cadre of trained providers

• Train the trainer modules with a focus on task-shifting to meet the current service gap

• Assist individuals such as policy-makers, government stakeholders, managers and other leaders in methods for evaluating their environments including whether policies may need to be changed to encourage the recruitment and retention of a skilled alcohol-HIV workforce
Targets

Year 1: 550 individuals
Year 2: 750 individuals
Years 3-5: 1000 individuals each year
NIH: Pushing the Science Forward

• Innovative pipeline of science needed for implementation to succeed
• Geographic bias in evidence generation
  o For example, in a 2016 global meta-analysis of 144 RCTs that examined the efficacy of CBT for four common mental disorders (major depression, generalized anxiety disorder, panic disorder, and social anxiety disorder), only 8 RCTs (0.05%) occurred outside of North America, European countries, Australia, East Asia, and the United Kingdom (Cuijpers et al., 2016).

Major doubts regarding transportability for different racial and ethnic populations, and differing socioeconomic and contextual factors
NIH Scientific Cross-fertilization

New England ATTC (Project Director: Becker)
Alcohol and HIV (PI: Monti, P01)
Interventions for HIV-infected men in Primary care (PI: Kahler, P01)
Immune activation, HIV and heavy drinking (PI: Monnig, K23)
Acute alcohol use and HIV risk (PI: Celio, K08)
Alcohol interventions in HIV care contexts (PI: Wray, R34)
HIV-Violence prevention involving alcohol (PI: Kuo, R34)
Integrated HIV-depression prevention for youth (PI: Kuo, R01)
Behavioral economic incentives for adherence (PI: Galarraga)
Questions

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