

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

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South Africa - HIV

ATTC

Addiction Technology Transfer Center Network

Funded by the President's Emergency Plan for AIDS Relief through the Substance Abuse and Mental Health Services Administration



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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**.

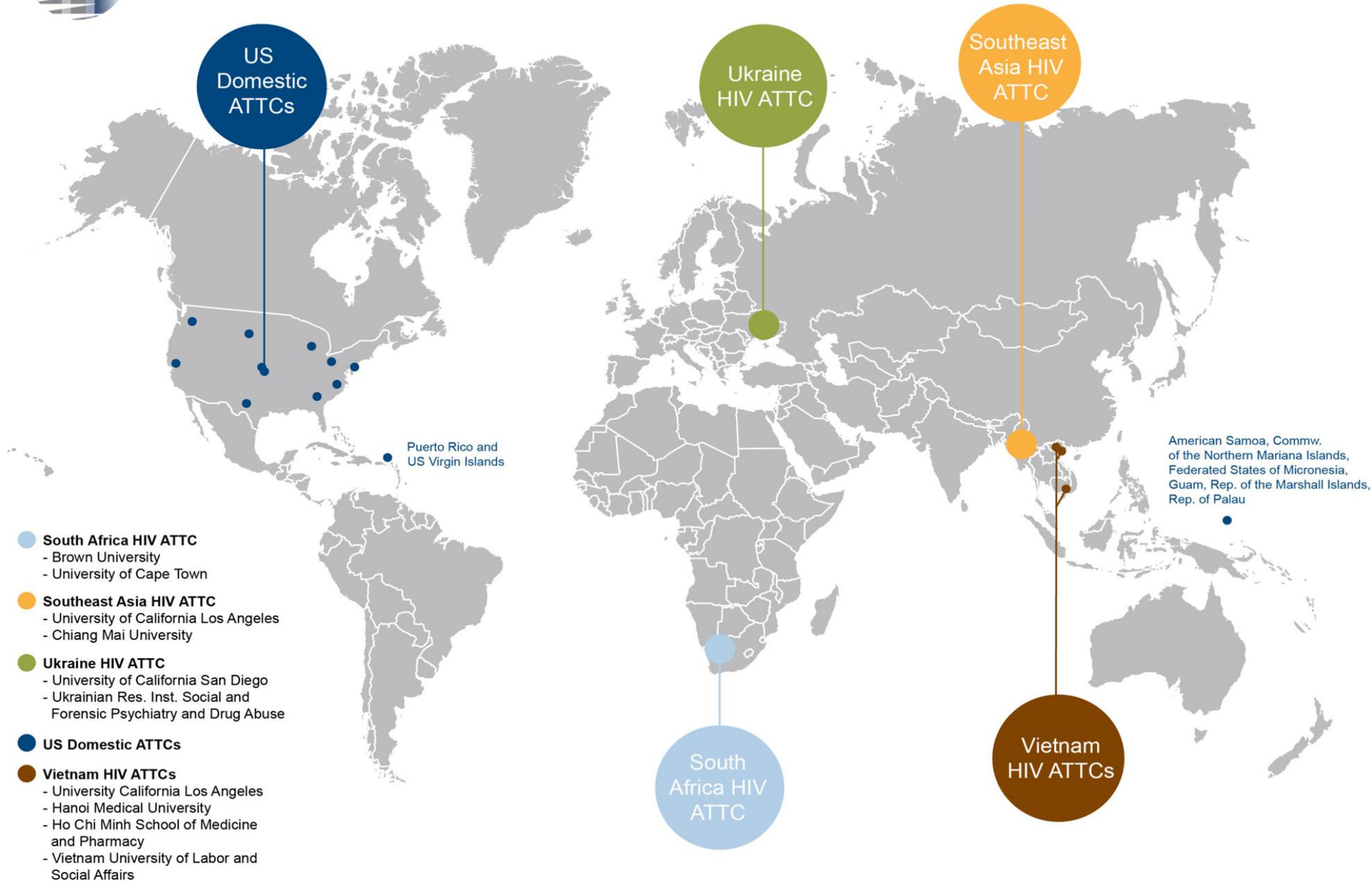
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International ATTC Network



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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)

Synergistic Pathways of Risk



- Alcohol consumption associated with greater intentions for unprotected sex
- Alcohol use associated with unprotected sex among people living with HIV
- Alcohol accelerates disease progression through increased viral replication and diminished immune function
- Alcohol use linked to poor adherence and lower use of health services

Scott-Sheldon, L. et al., 2016, AIDS Behav 20(Suppl 1):S19-39; Scott-Sheldon, L., 2013, Current HIV/AIDS Reports, 10:314-323; Azar, M. et al., 2010, Drug Alcohol Depend, 112:178-193.



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Accelerating diffusion of innovations

A variety of technology transfer strategies are used

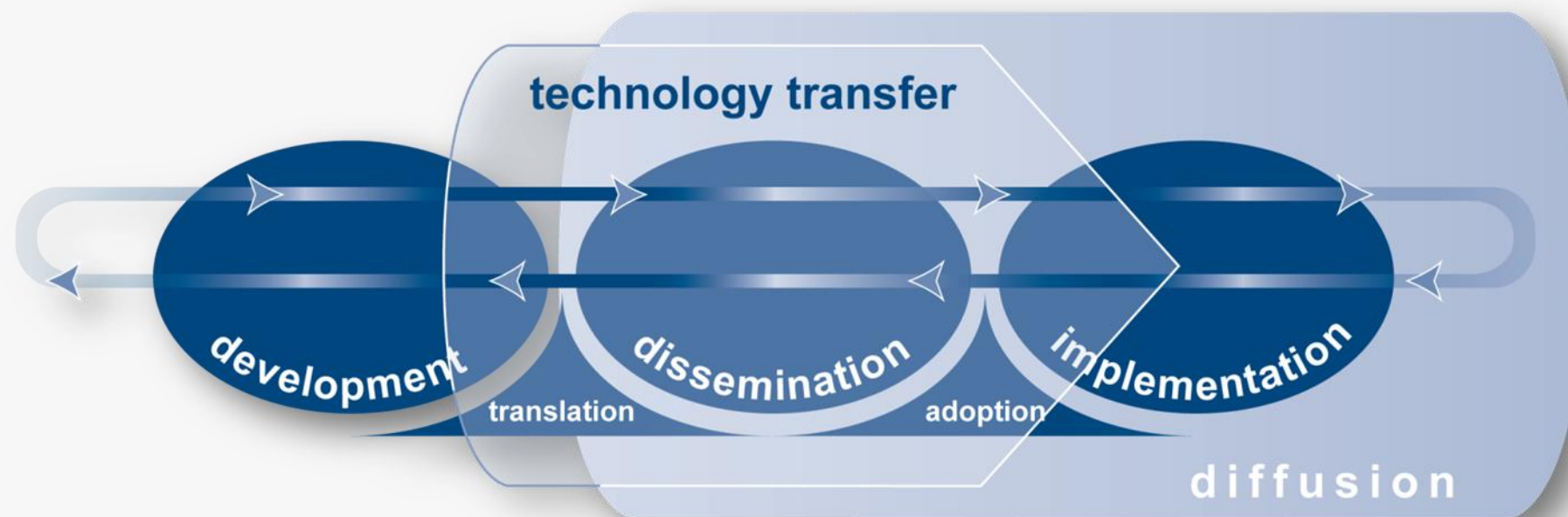


Figure from SAMHSA and the ATTC network



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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

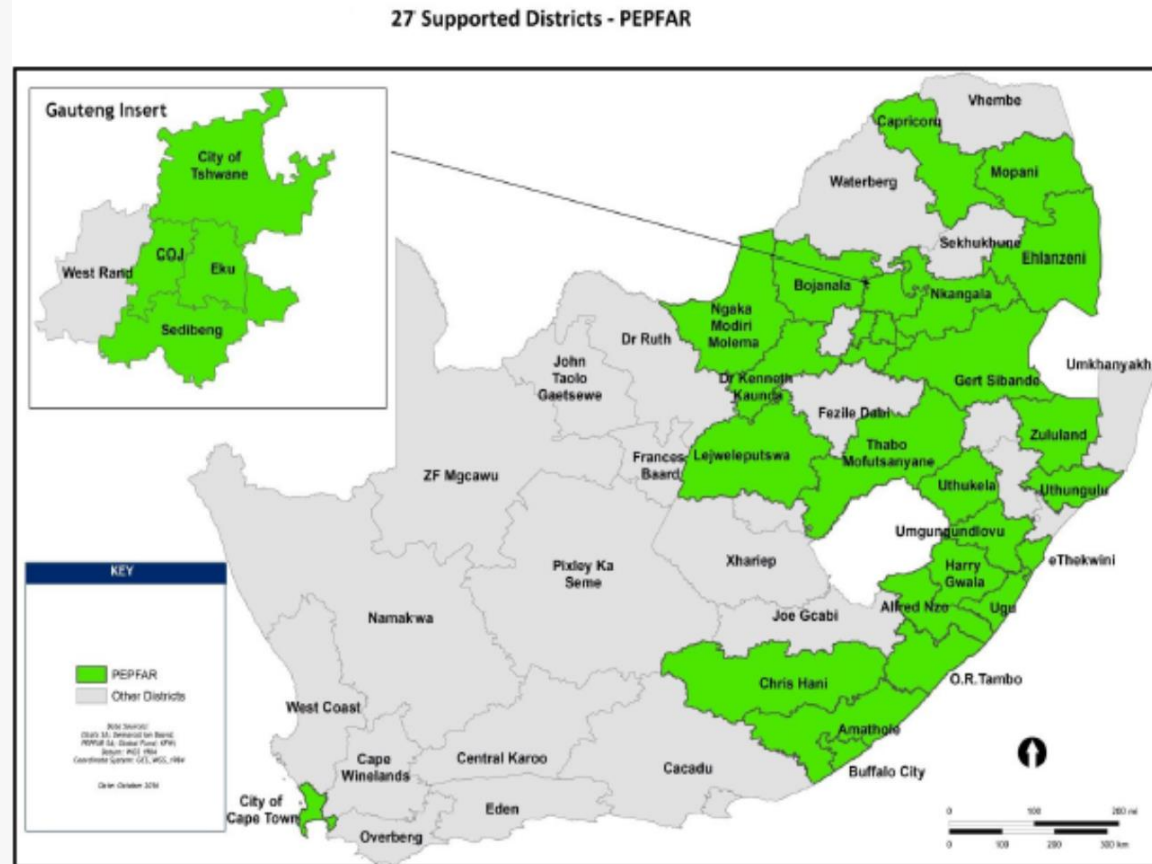
- Train the trainer modules with a focus on task-shifting to meet the current service gap
- Assist individuals such as policy-makers, government stakeholders, managers and other leaders in methods for evaluating their environments including whether policies may need to be changed to encourage the recruitment and retention of a skilled alcohol-HIV workforce

Targets

Year 1:
550 individuals

Year 2:
750 individuals

Years 3-5:
1000 individuals
each year



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NIH: Pushing the Science Forward

- Innovative pipeline of science needed for implementation to succeed
- Geographic bias in evidence generation
 - 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)



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Questions

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