

16<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

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Sussex Beacon

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# Addressing alcohol use among people living with HIV/AIDS

Catherine Jones  
The Sussex Beacon



# Outline

- Context & Background
- Key Issues
- Current service provision
- Assessing population needs
- Proposed programme framework to address needs
- Summary & Recommendations



# The Sussex Beacon

- Specialist care for people living with HIV/AIDS in Sussex
- **In-patient Unit**
  - Treatment Support
  - Medical convalescence
  - Monitoring and maintenance of health
  - Palliative and terminal care
- **Out-Patient Department**
  - Day Services
  - Anxiety management
  - Sleep management
  - Treatment Support
  - Mindfulness Based Cognitive Therapy
  - Women's & families service



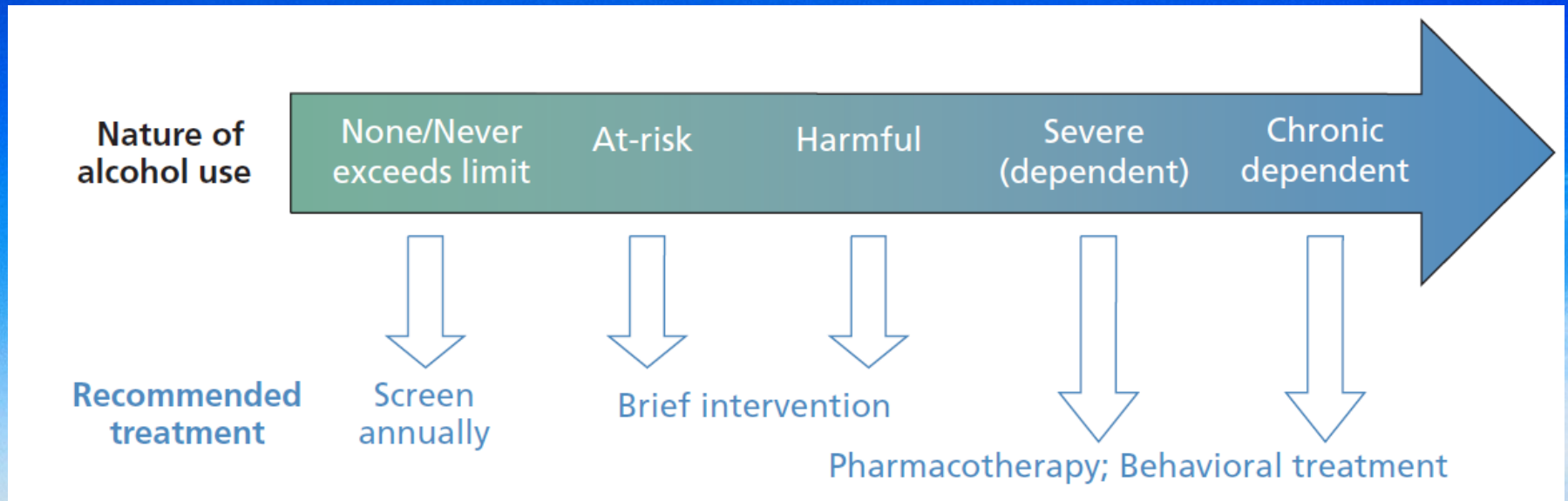
# Background

- *“We are not here to wag fingers at bars or people who drink. We are here to provide information and resources so that everyone has the knowledge to make the best possible decisions about their health.”*

—Neil Giuliano

CEO, San Francisco AIDS Foundation

# How do we define & recognise problematic alcohol use?



Adapted from Willenbring et al., 2007



# Psychosocial Interventions

- Brief Interventions
- Motivational Interviewing
- Cognitive-behavioural Therapy
  - Behavioural self management
  - Coping skills training
  - Cue exposure
  - Behavioural couples therapy



Community specialist teams/Psychological services/Mental health services/GPs/housing



Psychological/Social needs

**Beacon  
HIV**

Physical health needs

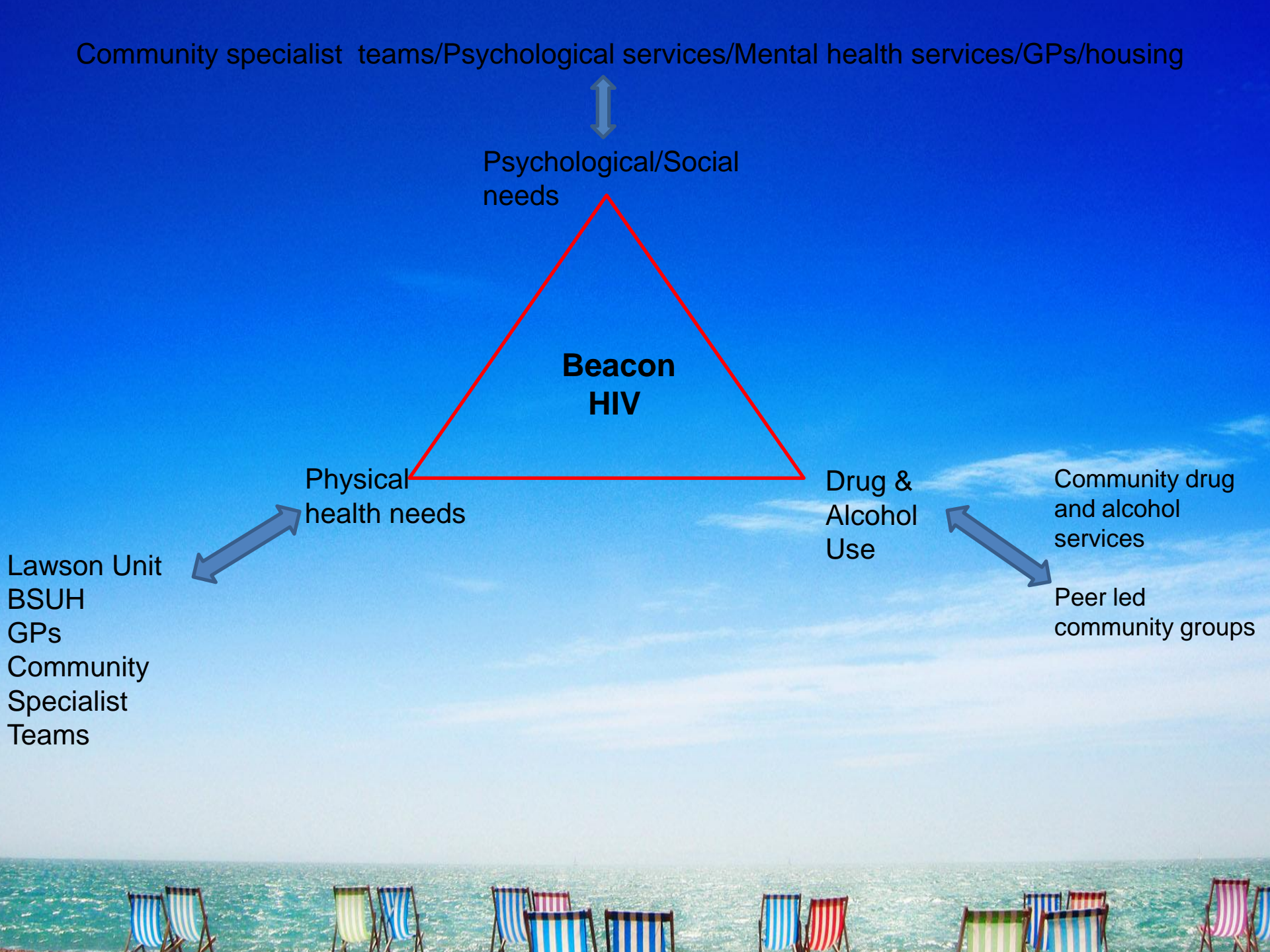
Drug & Alcohol Use

Community drug and alcohol services

Peer led community groups



Lawson Unit  
BSUH  
GPs  
Community Specialist Teams





# Alcohol Use & HIV Health

- **Reduced adherence to medication regimens for treatment of HIV infection** (Chander et al. 2006; Conen et al. 2009; Cook et al. 2001; Golin et al. 2002; Halkitis et al. 2003; Samet et al. 2004);
- **Lack of a health care provider for HIV management** (Metsch et al. 2009);
- **Delayed linkage to HIV medical care** (Samet et al. 1998);
- **Increase in risky sexual behaviours** (Kalichman et al. 2002; Metsch et al. 2009);
- **Increased transmission of sexually transmitted infections** (Kalichman et al. 2000);
- **Progression of HIV disease** (Conigliaro et al. 2003; Miguez et al. 2003; Samet et al. 2007)
- **Co-morbid Hepatitis C – implications for liver functioning**
- **Engagement with health-care services**
- **Impact on mental health and wellbeng**



# Alcohol Use & HIV Risk

- Alcohol use associated with increased sexual risk taking among people with HIV (Stein, Herman , Trivsan et al., 2005)
- Binge drinking among women with HIV correlated with increased sexual risk taking (Theall, Clark, Powell et al.,2007)
- More likely to engage in at-risk practices due to:
  - Alcohol induced disinhibition
  - Diminished risk perception
  - Belief that alcohol enhances sexual arousal and performance (Davis, Hendershot, George et al.,2007; Koblin, Chesney & Coates, 2004)



# Alcohol Project: Needs Assessment

- Review current service provision
- Discussions with staff including staff training needs
- Discussions with service users
- Meet with external agencies
- Develop pathways



# Alcohol Use Support: Current Service Provision

- Referrals from NHS consultants & Community Teams for alcohol detox as part of HIV care
- 2 week in-patient unit stay
- Pre-assessment agreement to abstain from alcohol for first week and remain on the unit
- Withdrawal managed with benzodiazepines & acamprosate
- Signposting to existing services
- Work closely with LGBT drug & alcohol worker



# IPU Admissions (2013)

N=266

Alcohol Unit Intake per week				
	22-50 (hazardous)	50-100 (harmful)	100+ (dependent?)	Total
HIV care including detox	0	2	20	22
HIV care not including detox	2	8	6	16
				<b>38 (15%)</b>



# Case Example

*“It was then that I took to the bottle of Vodka. Short neat shots that burned the back of my throat as it travelled into my tummy. Then my tummy warmed, and my head rushed, and then my brain, my emotions were numbed – I felt a sense of relief that everything would be alright, as long as I had that feeling that Vodka gave me – an intense warm, sensuous thrill that would capture my mind and start to destroy my body.”*

*“The principal reason of my visit to the Beacon was to help detox me from my addiction to alcohol. This was achieved within about 4 days, with carefully administered vitamin treatments, injections, and a rigorous adherence to my ARV’s. This coupled with full body and cranio-sacral body massages quickly made me feel amazing, happy and relaxed.” – service user*

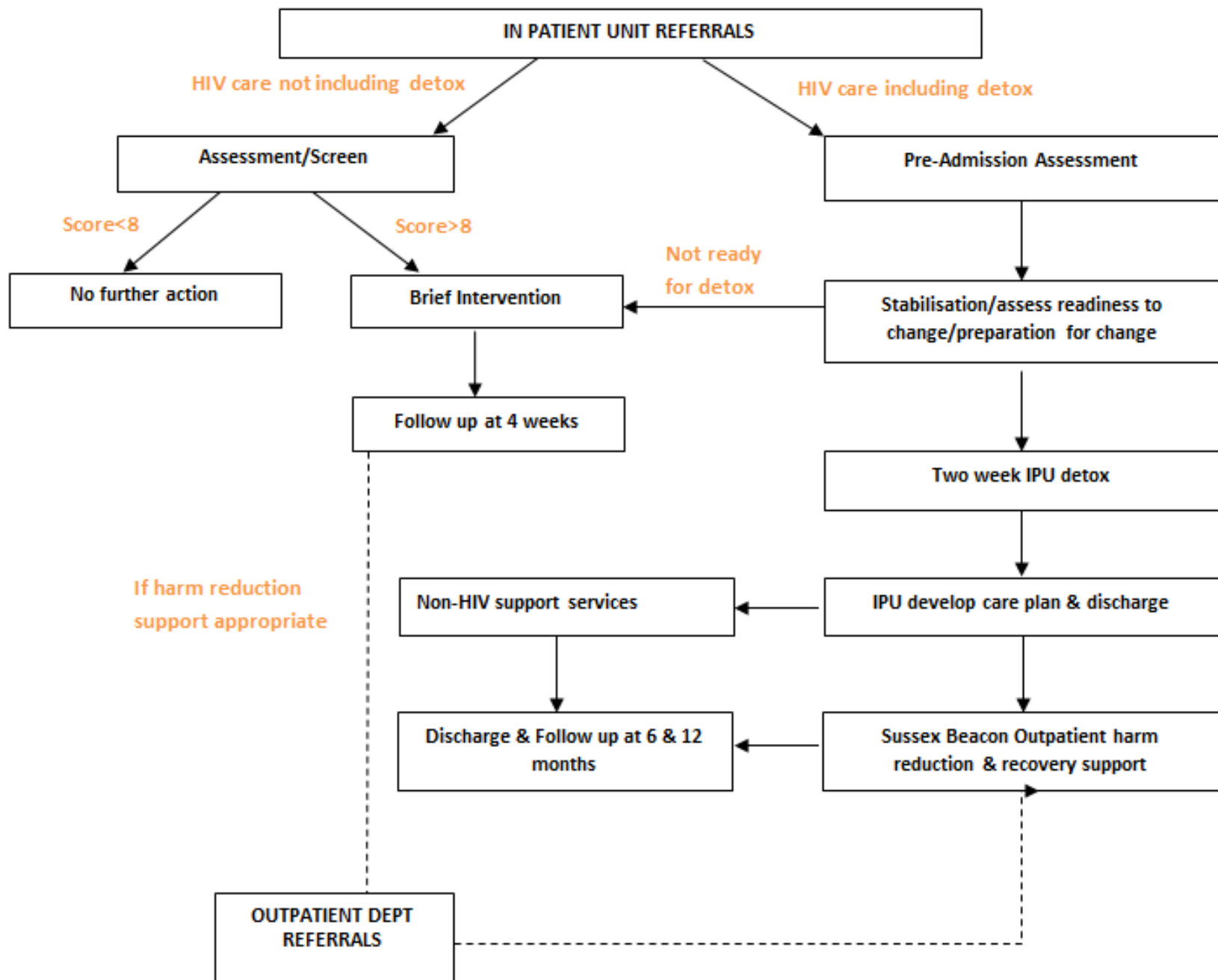


# Key Issues for our Clients

- Difficulties accessing non-HIV drug & alcohol services, fear of stigma & talking about HIV.
- Reluctance to talk very honestly about some of these issues for fear of being labelled as an alcoholic/addict
- More relapse prevention and aftercare
- Social Isolation – withdrawing from family & friends
- Support for family/carers
- Abstinence vs harm reduction – exploring the options
- Specialist LGBT support



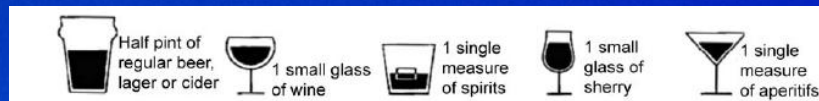
# ALCOHOL SUPPORT PROGRAMME (pilot)





# Screening for Alcohol Use

**This is one unit of alcohol...**



**...and each of these is more than one unit**



<b>FAST</b>	<b>Scoring system</b>					<b>Your score</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).</b>						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

**Scoring:**

If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.

**An overall total score of 3 or more is FAST positive.**

**What to do next?**

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

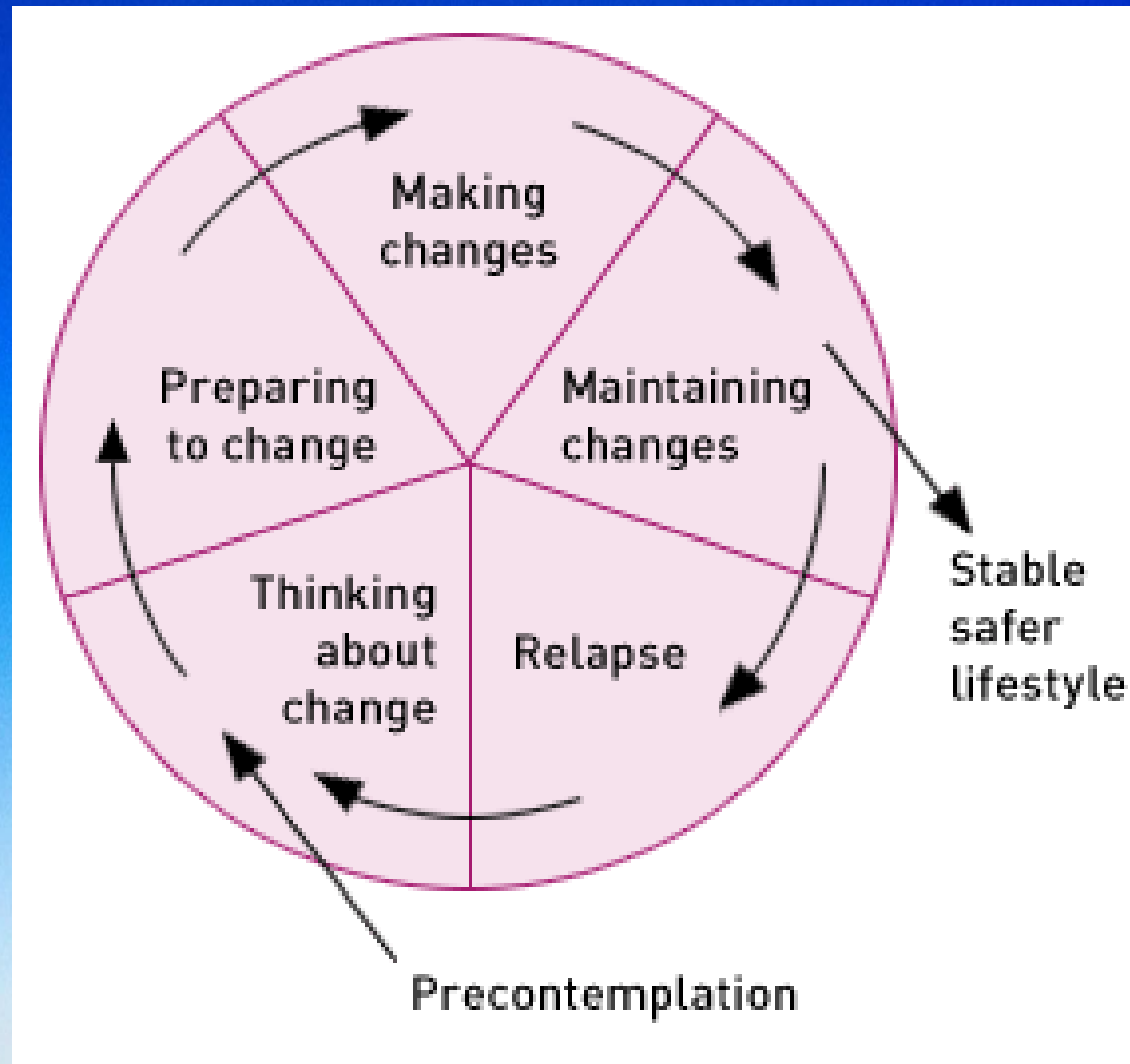


## Brief Interventions (1-4 sessions)

- Information about the nature and effects of alcohol and its potential for harm
- Personalised feedback on risk and harm
- Emphasis on individuals personal responsibility for change
- Attempts to increase the patients confidence in being able to reduce their alcohol consumption
- Goal setting
- Signposting to appropriate community services
- Arrangements for after care and follow up monitoring



# Assessing Readiness for Change



Prochaska & Diclemente 1982

# Outpatient Harm Reduction Support

- **Group (8 – 12 week)**
  - Peer support/peer mentor involvement
  - Personal goals for harm reduction e.g. Re-discovering sober sex, improving adherence, connecting with others
  - Triggers and relapse prevention
  - Building coping strategies
  - Motivational interviewing techniques
  - Mindfulness “surfing the urge”



# Follow Up

- Reinforcing safe drinking levels and supporting the clients efforts to reduce or eliminate alcohol use
- Arranging follow-up appointments (perhaps joint if other services involved) to monitor clients progress
- Providing support feedback to clients engaged in recovery
- Informing clients that relapse is a common part of the recovery process



# Outcomes

Provisional Outcomes	
<b>Reduction in alcohol consumption</b>	Number of people reducing their weekly alcohol intake
<b>Cessation of alcohol consumption</b>	Number of people ceasing their alcohol use
<b>Amelioration of alcohol related health problems</b>	<ul style="list-style-type: none"><li>○ Improved HIV medication adherence</li><li>○ Improvement in physical health</li><li>○ Improvement in psychological / mental health</li><li>○ Improvement in attendance to appointments</li><li>○ Reduction of emergency admissions to other health services</li></ul>
<b>Amelioration of alcohol related social problems</b>	<ul style="list-style-type: none"><li>○ Increase in family and interpersonal relationships</li><li>○ Increase to perform effectively at work</li></ul>

# Summary

- Alcohol socially acceptable, services often not prioritised
- Alcohol use for people living with HIV can impact on health and wellbeing & accessing services
- Psychosocial interventions available but only usually helpful where there is some level of want to change the behaviour.
- Is integrated HIV & alcohol/drug services which offer assessment, treatment and follow up going to improve overall engagement & outcomes? - discuss
- Recovery in communities



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- Specialist services (psychology)
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- Antidote (London)
- GOAL (Brighton)





*Thank you!*

