

# What Support Services Providers Should Know About HIV Clinical Guidelines: Improving Health Outcomes Series\*

New York State Department of Health AIDS Institute

## ***TOPIC: Addressing Alcohol Use & Abuse Among People Living with HIV/AIDS***

### **BACKGROUND**

The rate of alcohol use among people living with HIV is high, with some studies showing levels of hazardous drinking to be almost twice those found in the non-HIV-infected population. The entire care team, including primary care providers, nurses, case managers, mental health counselors and other support services providers should be alert for all levels of alcohol use and abuse among people living with HIV. Study data shows that even intermittent use can complicate the clinical management of people living with HIV by:

- Decreasing adherence to medications;
- Increasing the client's risk of liver damage;
- Reducing the client's ability to practice safer sex;
- Increasing the risk of side effects from medications; and
- Changing how prescribed drugs may work in the body.

### **KEY POINT:**

Support services providers for people living with HIV should work with the client and the entire care team to:

- Screen clients for the problem of alcohol abuse or dependency;
- Help clients understand how alcohol abuse or dependency can effect their health;
- Work to engage and motivate clients with alcohol abuse or dependency to address the issue;
- Make appropriate referrals for self-help groups, support services and treatment; and
- Monitor treatment progress and be aware of signs of relapse.

The complete "Clinical Management of Alcohol Use and Abuse in HIV-Infected Patients" guidelines, including references, are available at:

<http://hivguidelines.org/GuidelineDocuments/s-alcohol.pdf>

\*The HIV Clinical Guidelines Program of the AIDS Institute's Office of the Medical Director coordinates development and dissemination of HIV clinical practice guidelines for the medical management of HIV in adults, adolescents and children. The ***Improving Health Outcomes Series*** is designed to give support services providers a brief summary of these HIV clinical guidelines and discuss the roles that they can play in supporting the efforts of clinical providers. These roles will vary based on the support services provider's level of training, job responsibilities and service delivery setting. For more information about the HIV Clinical Guidelines Program please visit [hivguidelines.org](http://hivguidelines.org)

## ALCOHOL CONSUMPTION: DEFINITIONS AND CRITERIA

People living with HIV may have a wide range of alcohol use disorders, including *alcohol abuse* and *alcohol dependence*. Many people who drink alcohol do not meet the criteria for abuse or dependence, but may drink enough to increase their risk of physical, mental health or social problems. Use of alcohol, like illegal substances and some prescription drugs, can lead to dependence. Dependence is a long term condition that does not end when a person stops drinking alcohol. As a result, recovery from alcohol dependence is a life-long process.

**Table 1: Terminology Used to Describe Alcohol Misuse**

**At-risk drinking:** Alcohol use that exceeds the recommended weekly or per-occasion amounts: More than 3 drinks per occasion (or >7 drinks per week) for women and more than 4 drinks per occasion (or >14 drinks per week) for men.

**Hazardous drinking:** Alcohol use that places the client at risk for medical and social complications.

**Alcohol abuse:** Unhealthy pattern of alcohol use associated with recurrent social, occupational, psychological, or physical consequences.

**Alcohol dependence:** Unhealthy pattern of alcohol use associated with tolerance (increased drinking to achieve same effect), physical withdrawal, and recurrent social, occupational, psychological, or physical consequences

**Binge drinking:** Pattern of drinking alcohol that brings blood alcohol concentration to 0.08 gram percent or above. For the typical adult, this means drinking 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.

## SCREENING FOR ALCOHOL USE

**Recommendation # 1:** Support services providers should screen for alcohol use during initial intake sessions, periodic reassessments and whenever the client may present behaviors that may indicate alcohol use or abuse.

Support services providers may observe certain behaviors or indicators of hazardous drinking or alcohol abuse including: smell of alcohol on the client's breath; change in sleep or grooming habits; flushed skin and broken capillaries on the face; trembling hands; blacking out or memory loss; missing work or school; arrest for DWI or disorderly conduct; and arguments with family or exacerbation of domestic violence, child abuse or neglect. The most straight forward approach to screening is to simply ask the client, "How many times in the past year have you had (4 or more drinks for women) (5 or more drinks for men) in one day?" (See table below that outlines a US standard drink)

**Table 2: A US standard drink contains about 14 grams (0.6 fluid oz.) of pure alcohol. Approximate standard drink equivalents are:**

12 oz. beer or cooler	8-9 oz. malt liquor	5 oz. table wine	3 oz. dessert wine, cordial, liqueur	1.5 oz. (one shot) 80 proof liquor such as whiskey, gin, vodka, rum
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Another screening tool that support services providers can use is called CAGE.

**SCREENING TOOL: CAGE-AID (CAGE - Adapted to Include Drugs)  
Target Population: Adults and Adolescents >16**

- C** - Have you ever felt the need to *cut down* on your use of alcohol or drugs?  
**A** - Has anyone *annoyed* you by criticizing your use of alcohol or drugs?  
**G** - Have you ever felt *guilty* because of something you've done while drinking or using drugs?  
**E** - Have you ever taken a drink or used drugs to steady your nerves or get over a hangover (*eye-opener*)?

**A total of  $\geq 2$  "yes" answers may suggest a problem**

**ALCOHOL USE AND HIV TREATMENT ADHERENCE**

**Recommendation # 2:** Support Services Providers should routinely ask about alcohol consumption when assessing adherence to HAART.

Alcohol use has been associated with decreased adherence to Highly Active Anti-retroviral Therapy (HAART). Hazardous or risky alcohol use may cause clients to miss doses or take medications off schedule. In one study, hazardous and binge drinkers were more likely to have detectable viral loads which may be the result of decreased adherence.

**ALCOHOL AND HIV/HEPATITIS C CO-INFECTION**

**Recommendation # 3:** Support services providers should help clients who are living with HIV/HCV co-infection understand the importance of avoiding even small amounts of alcohol. Clients who are candidates for HCV treatment should be referred for whatever level of support is needed to help them completely abstain from alcohol use during the course of treatment.

Clients with hepatitis C infection (HCV) and heavy alcohol intake have increased progression of liver disease, liver cancer and death. Some studies suggest that even light to moderate drinking may contribute to increased disease progression but this has not been clearly proven.

**ALCOHOL AND SAFER SEX PRACTICES**

**Recommendation # 4:** Support services providers should address safer sex practices in the context of alcohol use. The discussion should include: the importance of using barrier protection and other harm reduction methods; the circumstances under which high-risk sexual behavior might occur; and how to speak with partners about safer sex.

Individuals under the influence of alcohol may be more likely to place themselves at risk for sexually transmitted diseases and transmitting HIV due to loss of inhibitions and

diminished risk perception. Alcohol use at any level can increase sexual risk-taking among people living with HIV, and studies show that binge drinking among HIV-infected women can lead to increased sexual risk behavior.

### REFERRAL FOR ALCOHOL TREATMENT SERVICES

**Recommendation # 5:** Support services providers should work with the entire care team to refer clients with active alcohol use/abuse problems for assessment and treatment at a professional alcohol treatment program. Clients who require more intensive management for alcohol withdrawal should be referred to an addiction specialist or to an in-patient treatment program.

The short-term goals for treatment of alcohol disorders include reducing or stopping alcohol use. Long-term goals include improved self-esteem, improved health and social outcomes and reduction or stopping alcohol use. Clients who are willing to change their level of alcohol consumption should be supported and referred for assessment and treatment. Support services providers should be familiar with the resources available in the community for alcohol treatment programs and services. Sources of care can be found on the Office of Alcoholism and Substance Abuse Services website at [www.oasas.state.ny.us](http://www.oasas.state.ny.us).

If the client is not willing or able to accept a referral for alcohol treatment, support services providers should suggest harm reduction methods to reduce alcohol intake and work to keep the client engaged in health care and supportive services.

### FOLLOW-UP ON HAZARDOUS DRINKERS & CLIENT REFERRALS

**Recommendation # 6:** Support services providers should identify on-going opportunities to assist clients with issues related to alcohol use, including:

- Reinforcing safe drinking levels and supporting the client's efforts to reduce or eliminate alcohol use;
- Arranging follow-up appointments to monitor the client's progress;
- Providing supportive feedback to clients who are engaged in recovery;
- Informing clients that relapse is a common part of the recovery process;
- Asking clients about the date of last use of alcohol at every visit; and
- Supporting the client's continued efforts to maintain sobriety.

For at-risk or hazardous drinkers, support services provider should evaluate alcohol use frequently. Given the high rate of relapse after alcohol treatment, it is important to follow-up with clients who have been referred for treatment to ensure that it was received, that the client has access to additional supports and to assist with maintenance of sobriety when the treatment is completed.