Impact of HHRP adapted to HIV+ alcohol users on self-efficacy, unprotected sex and alcohol use

Objective: To assess the evidence-based Holistic Health Recovery Program (HHRP) adapted to alcohol-using HIV-positive individuals in a controlled trial that examined impact on sexual risk behaviors, condom assertiveness, and heavy drinking in a high-risk sample in Miami.

Background: A disproportionate number of HIV-infected persons engage in heavy alcohol use, with heavy usage two to four times more prevalent compared to the general population. Among those living with HIV, heavy alcohol use may weaken the immune system and attenuate HIV viral suppression. Behaviorally, heavy alcohol use leads to poorer decision-making and higher engagement in transmission risk behaviors. There is a critical need for interventions that address the high rates of alcohol use among HIV-infected alcohol abusers. This study developed and tested an alcohol-targeted adaptation of HHRP, which was originally designed for HIV+ injection drug users and was among the few evidence-based interventions to have demonstrated efficacy in HIV+ substance abusers.

Methods: A two-arm randomized controlled design was utilized with a Health Promotion Comparison (HPC) condition. While the original HHRP had 12 weekly group sessions, our adaptation (HHRP-A) included eight, two-hour sessions, delivered twice a week, for four weeks, combining risk reduction, relapse prevention and building positive support, adherence to antiretroviral treatment, coping with stigma, stress and grief, and cognitive remediation strategies. Assessments were conducted pre-intervention and 3- 6-, and 12-months post-intervention with 267 HIV-infected individuals who had a history of alcohol abuse or dependence. The analysis used structural equation modeling with latent variables.

Results: Participation in the intervention predicted more condom self-efficacy and greater intentions to use condoms. In addition, intervention participants reported fewer heavy drinking days compared to those who were in the control group. Unprotected sexual behavior was highly associated with heavy alcohol use (p≤.001).

Conclusions: The intervention had a direct effect on heavy alcohol use and there was a significant association between alcohol use and unprotected sex. These findings suggest the importance of reducing alcohol consumption in controlling HIV transmission rates, and the value of advancing behavioral HIV prevention.

**Remember: Total word count for the full abstract is no more than 350 words.**

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This abstract reports on a study directly related to SHARC’s mission to improve health outcomes among populations affected by HIV/alcohol. We present significant outcomes on risk reduction and demonstrate the relationship between alcohol and risky behaviors, providing evidence that a behavioral intervention may be an effective approach to reducing HIV transmission risk in HIV+ alcohol users.