

Hazardous drinking, readiness to change, and alcohol-related self-efficacy among people with HIV in Kinshasa, the Democratic Republic of Congo

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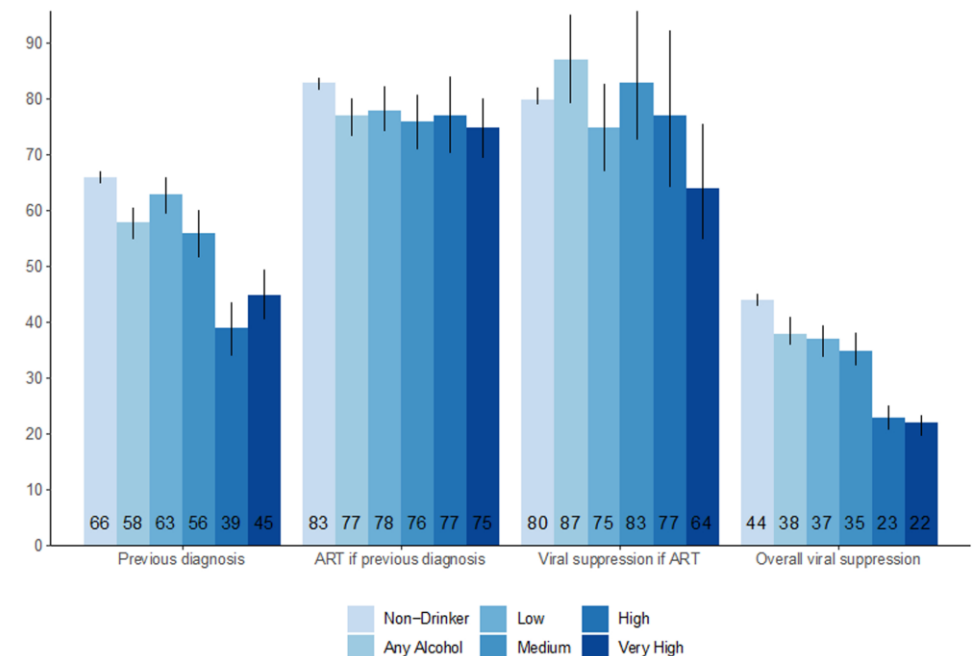
Hazardous drinking is common among people with HIV (PWH) in sub-Saharan Africa (SSA) and associated with suboptimal HIV care outcomes

- Estimates of hazardous drinking among PWH can exceed 40% in SSA^{1,2}
- Alcohol use has been associated with delayed HIV diagnosis, poor care engagement, suboptimal ART adherence, and viral non-suppression³

¹Nouaman et. al. JIAS. 2018.

²Duko et. al. Subs Abuse Treat, Prevent, & Policy. 2019.

³Puryear et. al. AIDS. 2020



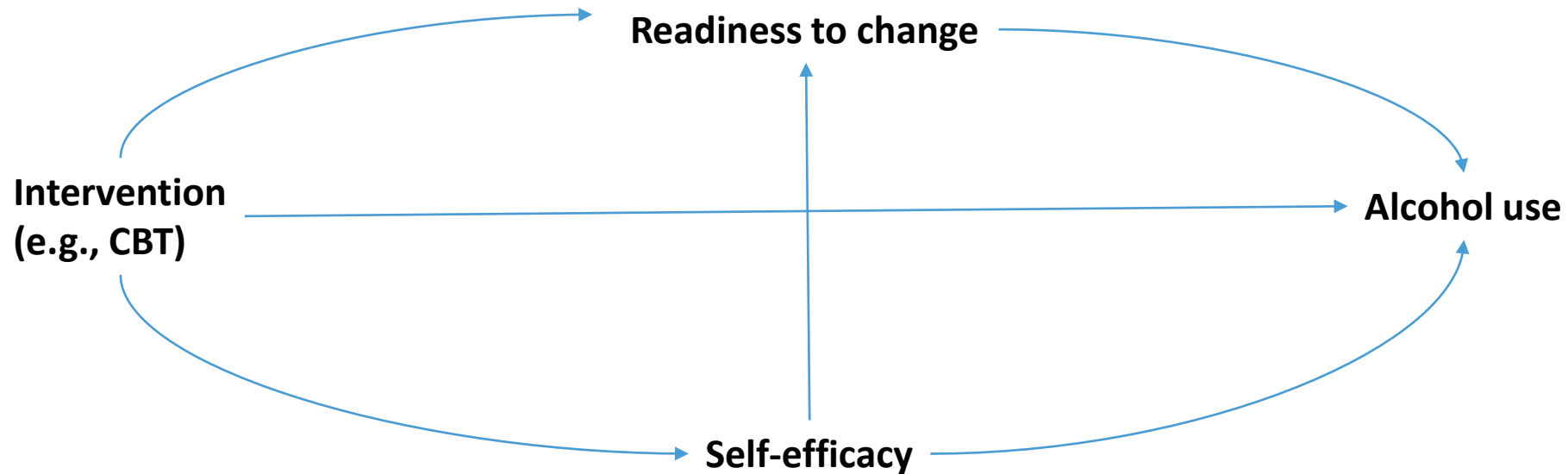
Puryear et. al. AIDS. 2020.

Integration of alcohol reduction interventions into HIV care is a promising strategy to reduce alcohol use and improve HIV treatment outcomes

However, only 36% of 129 HIV clinics surveyed in SSA and 37% of 19 HIV clinics surveyed in Central Africa provided screening or treatment for alcohol or substance use at their facilities in 2017

Parcesepe, et al. PLoS One, 2020

Understanding readiness to change and alcohol-related self-efficacy can facilitate identification of appropriate alcohol reduction interventions for PWH and may increase adoption and effectiveness



The Transtheoretical model identifies five stages of readiness to change

Precontemplation

No mention of changing behavior



Contemplation

Aware a problem exists but not committed to change



Preparation

Intends to change



Action

Is executing change



Maintenance

Is sustaining change

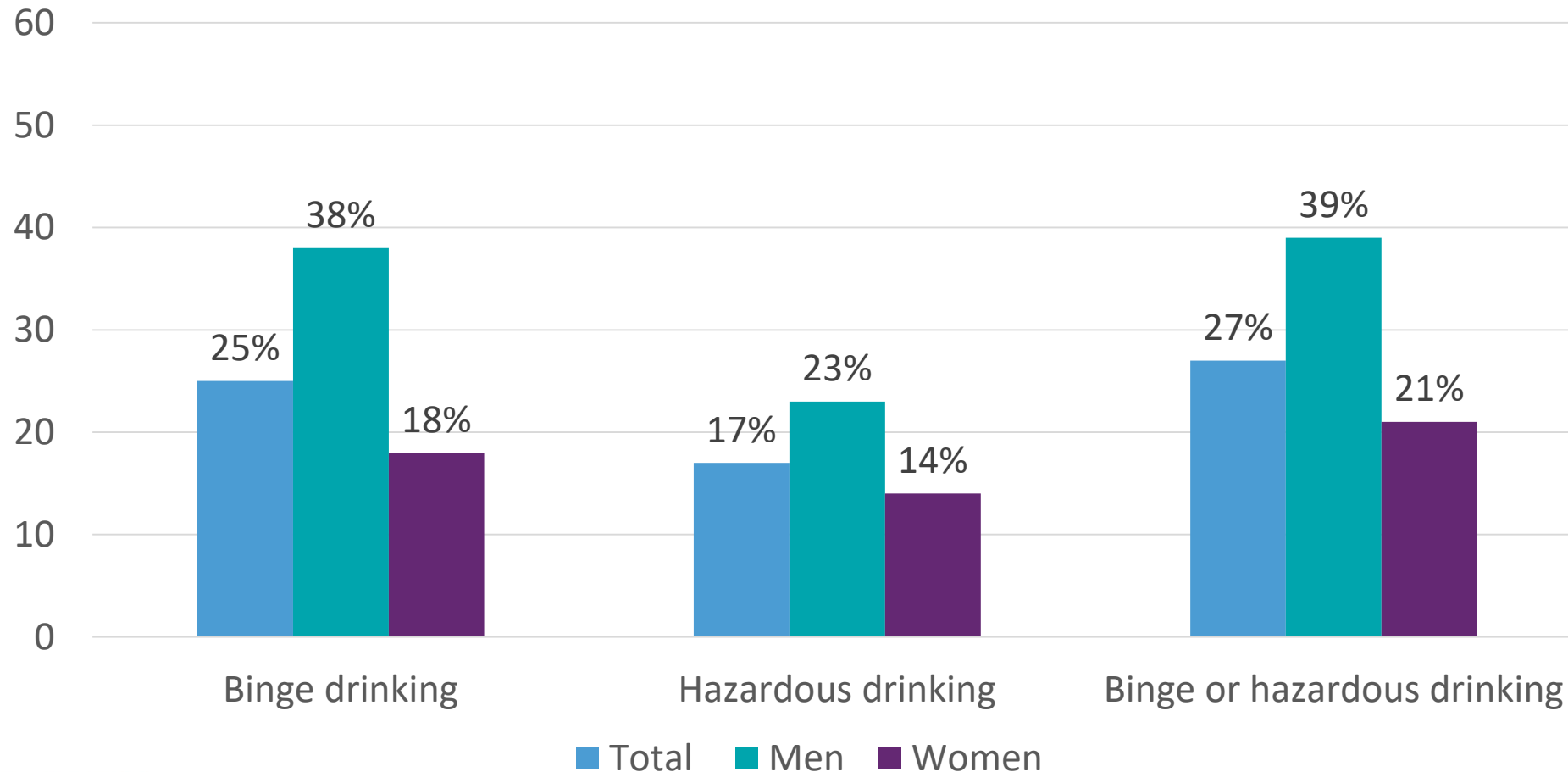
We surveyed 203 PWH receiving HIV care in Kinshasa to better understand alcohol use, alcohol-related self-efficacy, readiness to change, and ART adherence

- In-person interviews with 203 PWH ≥ 18 years receiving HIV care at one HIV care clinic in Kinshasa from July to August 2021
- **Alcohol Use Disorder Identification Test (AUDIT)¹**
 - > Hazardous drinking: AUDIT scores ≥ 8 for men, ≥ 7 for women
 - > Binge drinking: 6+ drinks on one occasion
- **Readiness to Change Scale²**
 - > Pre-contemplation, Contemplation, or Action stages of change
- **Brief Alcohol Abstinence Self-Efficacy Scale³**
- **ART adherence in past week**

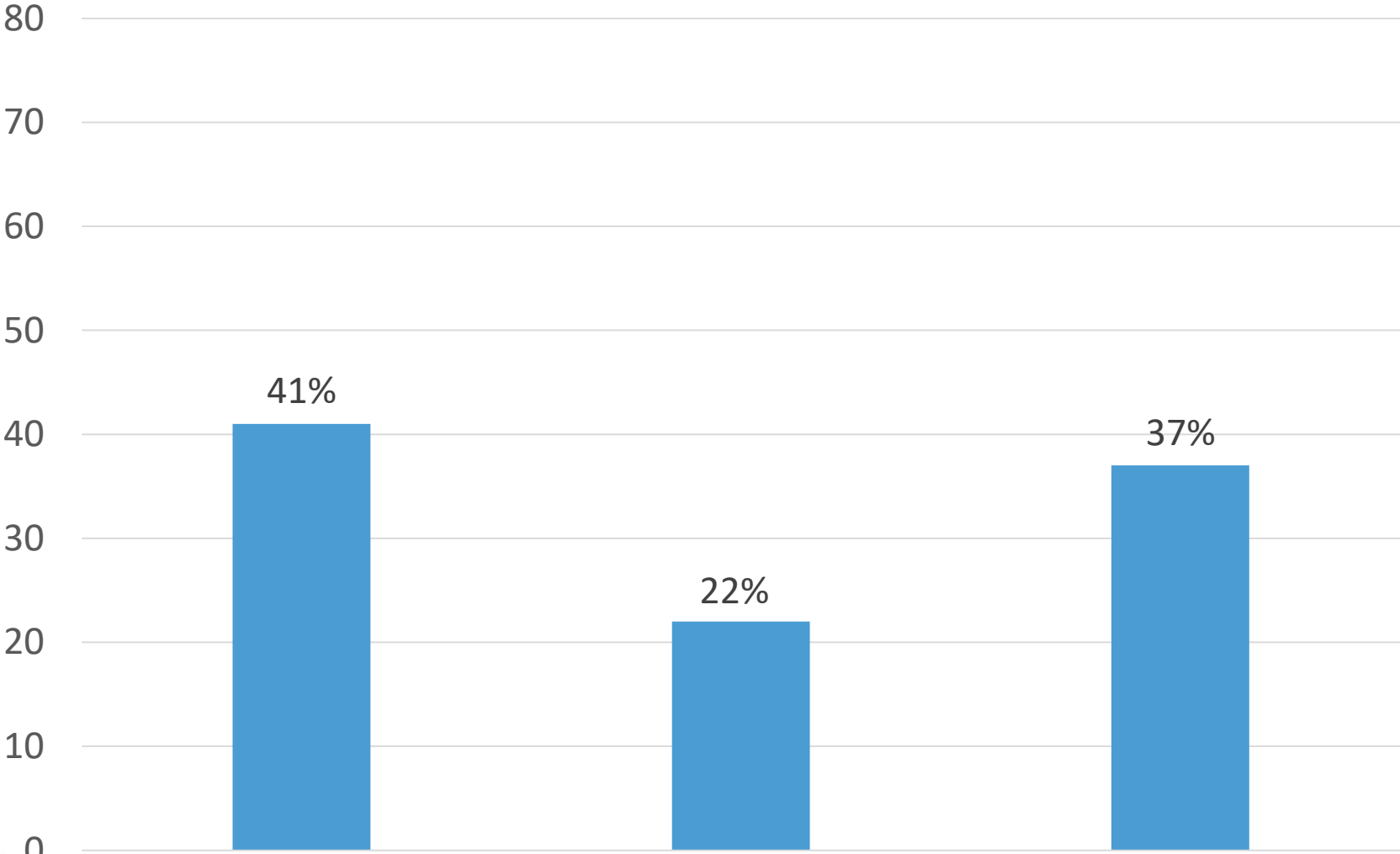
Sociodemographic characteristics

- Most participants were **female** (67%) and had a **high school or greater** level of education (68%)
- The **median age was 41** (IQR: 25, 48)

Unhealthy drinking was commonly reported and more commonly reported among men than women



Among people who reported hazardous drinking, most reported some readiness to change



Almost all participants had initiated ART, but suboptimal adherence was common

- 98% initiated ART
- 32% missed ≥ 1 dose in past week
- Hazardous drinking was not associated with ART adherence (PR 1.02 [95% CI 0.58, 1.79])

Internalized social pressure and emotional well-being were important factors in influencing individuals' alcohol-related self-efficacy

How tempted would you be to drink when..	Moderately to extremely tempted N (%)
you are emotionally upset?	23 (71.9)
around others who are drinking?	24 (75.0)
you experience physical pain?	17 (53.1)
you have thoughts of drinking?	18 (56.3)
you are feeling a physical need or craving for alcohol?	16 (50.0)
you have an urge to try just one drink to see what happens?	12 (37.5)

Internalized social pressure was important in influencing individuals' alcohol-related self-efficacy

How confident would you be not to drink when...	Not at all/not very confident N (%)
you are emotionally upset?	11 (34.4)
around or seeing others who are drinking?	11 (34.4)
when you experience physical pain?	9 (28.1)
you have thoughts of drinking?	13 (40.6)
you are feeling a physical need or craving for drugs or alcohol?	16 (50.0)
you have an urge to try just one drink to see what happens?	16 (50.0)
in a work situation where drinking is occurring?	14 (43.8)
you feel pressured to drink by friends in a social situation?	15 (46.9)
you are concerned about offending someone who offered you a drink?	20 (62.5)

Limitations

Convenience sample of PWH engaged in care at one HIV care facility in Kinshasa

All measures were self-reported

AUDIT has not been formally validated in Lingala or in DRC

In summary

- Hazardous drinking and suboptimal ART adherence were common in this group of PWH in Kinshasa
- Most individuals who reported hazardous drinking endorsed readiness to change
- Alcohol reduction interventions that consider the social and emotional context of drinking are needed
- Intervention components should be enhanced to build self-efficacy to cope with social pressure to drink and reduce drinking to cope with emotional distress
- Greater understanding of barriers to ART adherence is needed in this setting

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Questions?

Thank you