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Integrating alcohol risk reduction into HTC services

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OR Summary

Integrating alcohol risk reduction into HTC services

Screening for alcohol abuse and hosting long-term support groups through HIV testing and counseling centers is one way to decrease high-risk sexual and alcohol behaviors among people who have tested for HIV

Background

HIV/AIDS remains a challenge in Kenya and heavy consumption of alcohol may be contributing to the epidemic by increasing rates of high-risk sexual behaviours and causing a faster disease progression among those already infected. Programs addressing increased rates of alcohol consumption may help curb the HIV epidemic and improve the well-being and adherence to treatment among those already infected. Research has demonstrated the potential of integrating alcohol counseling in HIV testing and counseling (HTC) centers. In addition, a strong referral system, support and counseling services will help HTC clients with a drinking problem decrease their high-risk behaviors and live healthier lives.

Population Council, Liverpool VCT and Support for Addiction Prevention and Treatment in Africa Center (SAPTA) worked together to implement the following program activities:

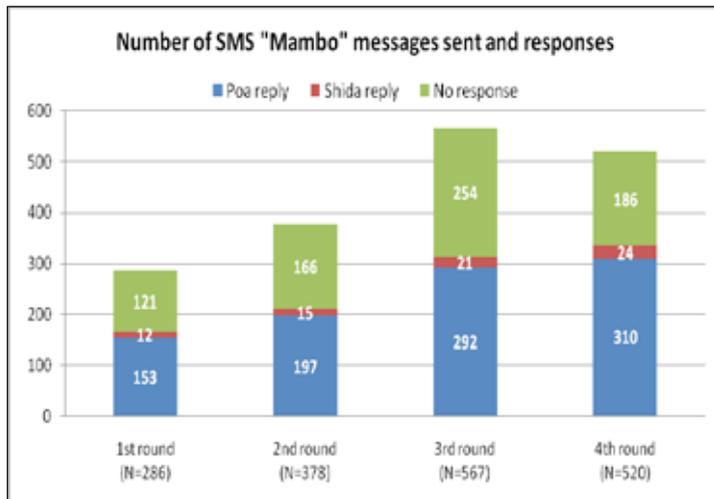
- An awareness-raising campaign,
- Alcohol and drug use screening at HTC centers
- Counseling at HTC centers
- Group and one-on-one counseling in support of individual alcohol reduction plans for clients in Post Test Clubs (PTCs)

Evaluation measured changes in HIV-related risk and alcohol abuse behaviors among participants before and after the 6-month intervention. Participants were HTC clients with an identified drinking problem, using CAGE screening¹. After receiving the intervention and referral to risk reduction counseling at Post Test Clubs, clients were followed up using SMS.

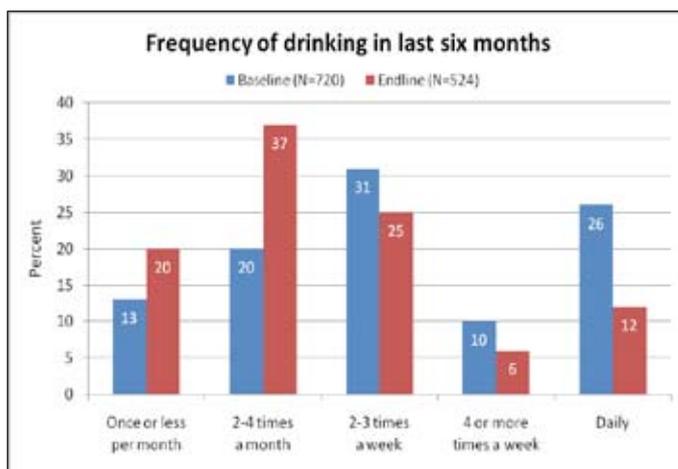
Findings

- In the 149 HCT sessions observed, 92% of clients were screened for alcohol abuse, and 86% were screened for partner's potential hazardous use of alcohol.
- 741 (10%) of the 7,357 HTC clients screened CAGE-positive, hence needing an alcohol risk reduction intervention. 84% of those identified to have alcohol use problems were referred for further counseling.
- Across the 15 HTC sites in the study, 56 Post Test Club sessions were hosted during the intervention period; each site hosted at least 3 PTC sessions. Approximately 20-24% of HTC clients from each site attended PTC sessions and each PTC session had an average of 10 participants.
- SMS messages were sent to clients to see their progress with the addiction reduction plans. "Mambo?" messages (a casual Swahili greeting for "What's

up?”) were sent out and clients replied “Poa” (meaning fine) or “Shida” (meaning there was a problem and provider then called). The number of messages sent and replied can be seen in the graph below. In round 1, 65% HCT clients were reached with an SMS message and round 4, nearly all (97%) were reached.



- The proportion of respondent reporting to seek treatment for their alcohol addiction increased from 13% to 34% between baseline and endline evaluations ($p < 0.001$).
- Heavy drinking behaviors generally declined and the proportion of people currently drinking fell from 98% to 74%. Fewer people



reported drinking 2 to 3 times a week or more (67% to 43%); and daily drinking declined from 26% to 12% during the intervention. The number of people reporting drinking 4 times a month or less increased (33% to 57%).

- At endline, there was an increase in the proportion of clients reporting a small number of sexual partners (i.e. 1 to 4 partners) in last 6 months and a reduction in the proportion reporting a high number (5 or more partners). The proportion reporting frequently having sex while drunk also reduced from 33% to 14%. These changes imply an overall reduction in risky sexual practices among those followed during the six month period.

The lack of control group in the evaluation design hindered the ability to draw direct causality between the intervention and changes observed in drinking and sexual behaviors. Nonetheless, findings are most likely associated with implementation of this program, as treatment and counseling services were not widely available beforehand.

Conclusions

- Screening of HTC clients for alcohol abuse and referral to active support and counseling services is feasible
- Using SMS is a successful methodology to follow-up and check in with such a high-risk population.

April, 2011

1 CAGE is an acronym of four questions in a screening tool that focus on Cutting down, Annoyance by criticism, Guilty feelings, and Eye-opener. Two or more “yes” responses on the CAGE screening tool indicated that one has problems with alcohol (i.e., Cage-positive).

For more information, contact:

Harriet Birungi, Project Director, APHIA II OR Project in Kenya/Population Council,
 hbirungi@popcouncil.org, www.popcouncil.org

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