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Evaluating the Association Between Alcohol Misuse and Alcohol Treatment Utilization in the New Orleans Alcohol Use in HIV (NOAH) Study

Alcohol misuse is common among people with HIV (PWH) and is associated with poor health outcomes, including decreased adherence to antiretroviral therapy and increased disease progression. Although effective alcohol treatment programs are available, many people with alcohol use disorder do not receive treatment. Our study objective was to determine the prevalence of hazardous alcohol use among people with and without HIV and the utilization of alcohol treatment programs. A cross-sectional analysis of the New Orleans Alcohol Use in HIV (NOAH) Study was conducted (N=460). Alcohol use was measured by the Alcohol Use Disorders Identification Test (AUDIT) score, phosphatidyl ethanol (PEth) levels, and 30-Day Timeline Followback (TLFB) drinks reported during the past 30 days. Alcohol treatment history was defined as self-reported receipt of any alcohol-related treatment, including Alcoholics Anonymous (AA), detoxification, outpatient treatment, residential rehabilitation, psychiatric inpatient treatment, and the number of previous alcohol treatment episodes. Alcohol-related outcomes were compared between participants with and without a history of alcohol treatment by HIV status using Chi-square, Student's T-test, correlations, and logistic regression. 86.7% of participants were PWH and 13.3% of participants were HIV negative. Most participants were African American (81.1%), male (67.4%), and had an annual income of below $20,000 (84.4%). 131 (28.4%) reported a history of alcohol-related treatment. Mean AUDIT scores among PWH and those without HIV were 8.2±8.2 and 7.2±8.5, respectively. PEth scores were different between PWH and those without (178.3±462 and 52.6±123.4, respectively). Among PWH, 25.1% reported prior alcohol treatment compared with 3.3% of HIV-negative participants. People who had been to treatment more times also tended to have higher AUDIT scores ($p < 0.0001$). People who had been to treatment more times also tended to have higher PEth levels ($p = 0.0357$). There was no meaningful relationship between the number of times someone had been in treatment and how many drinks they reported in the last 30 days ($p = 0.3323$). Participants who reported a history of alcohol treatment tended to have higher alcohol use measures. This may be because people with more severe alcohol misuse are more likely to seek treatment. Future research should follow participants over time to better understand how alcohol treatment affects sustained reductions in alcohol use and to identify ways to improve treatment and support for those who need it. Understanding treatment utilization and its relationship with alcohol use may help identify opportunities to improve care.