Risky Sex Behaviors Seen With Continued Drinking

BY KERRI WACHTER
Senior Writer

WASHINGTON — Drug-using heavy drinkers who continue to get drunk at least weekly after alcohol treatment are more than four times as likely to engage in HIV-related sexual behaviors as are those who abstain after treatment, a study of more than 200 patients shows.

Among participants who got drunk at least weekly before treatment, those who continued to get drunk on a weekly basis were 4.3 times as likely to engage in risky sexual behaviors at 12-month follow-up as were abstainers, after adjustment for pretreatment levels of risky sex and alcohol treatment duration.

Using the same model, researchers found that those who got drunk on a less-than-weekly basis were almost three times as likely to engage in risky sexual behaviors at 12-month follow-up as were abstainers, according to a poster presented at a joint meeting sponsored by the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism.

Even after additional controlling for changes in illicit drug use, receipt of HIV services, mental health counseling, and demographics, those who continued to get drunk on a weekly basis after treatment were three times as likely to engage in risky sexual behaviors at 12-month follow-up as were abstainers.

"Heavy drinkers with comorbid drug abuse problems who enter treatment maintain lower HIV risk behavior involvement 12 months post treatment. Continued heavy drinking substantially increased the likelihood of HIV risk behavior," wrote Robert C. Freeman, Ph.D., and Daniel E. Falk, Ph.D., of the National Institute on Alcohol Abuse and Alcoholism in Bethesda, Md.

The data come from the National Institute of Drug Abuse's Drug Abuse Treatment Outcome Studies, which involved more than 10,000 adults who were entering drug abuse treatment programs in 11 U.S. cities between 1991 and 1993.

This subsample includes 236 individuals who received treatment and who got drunk at least weekly during the 12 months before treatment. They were also available for reinterview 12 months after treatment. These individuals also used drug such as marijuana/hashish/THC, crack/cocaine, heroin, narcotics/opiates, sedatives/tranquilizers, amphetamines/stimulants, hallucinogens, or inhalants.

Individuals were asked about risky sexual behavior associated with HIV exposure during the 12-month periods before and after treatment. Risky sexual behavior included sex for money/drugs, sex with a needle user, sex with an HIV-positive partner, sex with a partner who had sex with a prostitute, sex with a partner who exchanged money/drugs for sex, or sex with two or more partners with no or inconsistent condom use.

Based on reported drinking status and frequency of drunkenness (before and after treatment), individuals were categorized as abstainers, drinkers but without drunkenness, drinking 1-51 days per year (less than weekly), and drinking at least 52 times per year (weekly). Almost three-quarters of the participants were male (72%). Slightly more than half of the participants were white (55%), followed by African American (33%), Hispanic (10%), and other (2%). Almost three-quarters (73%) participated in alcohol treatment lasting 2 months or less.

After treatment, 43% were abstinent, 31% drank less than weekly, 13% drank at least weekly, and 13% drank but not to drunkenness. In terms of drug use, half (49%) decreased their drug use from weekly to less than weekly. However, 31% continued to use drugs weekly, 18% continued to use drugs on a less-than-weekly basis, and 2% increased their use from less than weekly to weekly. Three-quarters (74%) received HIV-related services, which could include scheduled services for HIV infection/AIDS or services concerning how to reduce the risk of spreading HIV.

Slightly more than half (53%) received non–mental health–related counseling.

The prevalence of risky sexual behavior before and after alcohol treatment was 59% and 37%, respectively. Among individuals who reported weekly drunkenness prior to treatment, those who reported abstaining post treatment had a 33% decrease in the prevalence of risky sexual behavior, followed by those who drank without drunkenness (31%), those who drank less than weekly (12%), and those who drank at least weekly (1%). ■