



MEETING ABSTRACT

Open Access

Project ART-ED: alcohol reduction and HIV testing in the emergency department

E Jennifer Edelman^{1*}, An Dinh², Lucian Radu-Radulescu³, Bonnie Lurie², Jeanette Tetrault², Gail D'Onofrio², David Fiellin², Lynn Fiellin²

From International Network on Brief Interventions for Alcohol and Other Drugs (INEBRIA) Meeting 2011
Boston, MA, USA. 21-23 September 2011

Unhealthy alcohol use and HIV risk often co-occur. To intervene on this association, we are conducting a pilot study to determine the feasibility and impact of providing brief alcohol- and sexual-risk reduction counseling with rapid HIV testing in a large urban emergency department (ED). We are recruiting ED patients aged 18-40 years who 1) meet National Institute on Alcohol Abuse and Alcoholism criteria for at-risk drinking, 2) have >1 sexual-risk behavior, 3) have negative or unknown HIV status, and 4) are willing to undergo HIV testing. We are conducting a brief, manual-guided intervention combining an alcohol- and sexual-risk reduction counseling session with rapid HIV testing followed by a booster telephone call at two weeks. At baseline and eight weeks, we assess alcohol consumption with the Timeline Follow-Back for alcohol consumption and a modified HIV Risk Behavior Scale to characterize sexual risk behaviors. Statistical analyses include Wilcoxon Signed Rank test, McNemar test, and two-way ANOVA. Of the 82 participants enrolled to date, 60% are male, the mean age is 25 years, 63% are white, 83% are unmarried, 59% are college-educated, 41% are without primary care, and 79% have an AUDIT score of >8. All tested HIV negative. Among the 62 with follow-up data so far, alcohol consumption decreased with fewer average weekly drinks (25.5 versus 10.4, $p < 0.0001$) and binge drinking episodes (2.03 versus 0.99, $p < 0.0001$). This decrease was greater in men than women ($p < 0.0002$). Post-intervention, participants endorsed increased condom use (median change = 3 points on a 5-point scale, $W = 275$, $p < 0.0001$) and decreased episodes of sex while intoxicated ($RR = 0.14$, $p < 0.0001$). Mean intervention duration was 44 minutes. Preliminary analyses demonstrate that a brief intervention combining alcohol- and

sexual-risk reduction counseling with rapid HIV testing in the ED is feasible and effective for reducing alcohol use and HIV risk behaviors among young unhealthy drinkers.

Author details

¹Veterans Affairs Connecticut Healthcare System Clinical Scholar's Program and Yale University, New Haven, CT, USA. ²Yale University School of Medicine, New Haven, CT, USA. ³Substance Abuse Treatment Program, Veterans Affairs Central Western Massachusetts, Pittsfield, MA, USA.

Published: 9 October 2012

doi:10.1186/1940-0640-7-S1-A35

Cite this article as: Edelman et al.: Project ART-ED: alcohol reduction and HIV testing in the emergency department. *Addiction Science & Clinical Practice* 2012 7(Suppl 1):A35.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit



¹Veterans Affairs Connecticut Healthcare System Clinical Scholar's Program and Yale University, New Haven, CT, USA
Full list of author information is available at the end of the article