

Alcohol: The forgotten drug in HIV/AIDS

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A Comment The Lancet Series on HIV highlights the forgotten drug in the HIV/AIDS epidemic: alcohol. The Comment, by Dr Katherine Fritz, International Center for Research on Women, Washington, DC, USA, and colleagues, says that patterns of hazardous alcohol consumption exist in countries with the worst HIV epidemics, most notably Southern and Eastern Africa.

The authors say: "Many studies in southern and eastern Africa have shown that alcohol use is associated with prevalent and incident [HIV infection](#) as well as with the behaviours that lead to infection, including unprotected sex, multiple partnering, and commercial sex. Drinking venues themselves are, not surprisingly, associated with risk of HIV infection.

The pharmacological properties of alcohol help to explain a portion of the widely observed association between alcohol use and sexual-risk behaviour."

The authors point out that venue-based interventions can be a great driver for behaviour change, such as those implemented in US gay bars throughout the 1990s. They say: "More successful interventions have infused HIV-infection prevention services into high-risk drinking venues, with use of multilevel models that attempt to simultaneously change individual behaviour, shift social norms, and change HIV-infection prevention policies. One example of a multilevel venue-based intervention was tested in the Philippines with sex workers in bars, discos, and night clubs. Peer counselling, focused on [condom use](#) and

sexual negotiation skills, formed the basis for change in individual and social norms. Changes to the bar environment were achieved by working with bar managers to implement HIV-infection prevention practices."

They also highlight the risk to women who sell and serve alcohol in bars, hotels and other venues who are "at increased risk of [drinking alcohol](#) themselves, engaging in unprotected sex with their clients, and HIV infection". They add: "Women's risk of gender-based and [sexual violence](#) is also increased by their partner's [alcohol consumption](#). Without addressing gender, efforts to reduce alcohol-related sexual-risk behaviour might only be partly successful."

They conclude: "More research, by gender and alcohol researchers jointly, is needed to determine methods of integrating gender into programmes that are focused on reducing alcohol-related sexual-risk behaviour, and might offer valuable lessons for the wider field of HIV and substance-use research."

Provided by Lancet

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