

**Alcohol and AIDS: What we don't  
know may hurt us!**

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# Prevention Now

- **What is alcohol's role in the transmission of HIV within high-risk and general populations?;**
- **What are the effects of drinking on the clinical progression and treatment of AIDS disease? ; and**
- **What are the advantages of combining alcohol prevention and treatment with HIV prevention programs?**

# ALCOHOL AND HIV/AIDS

- **People with alcohol use disorders are more likely than the general population to contract HIV.**
- **Conversely, people with HIV are more likely to abuse alcohol at some time during their lives.**
- **Alcohol use directly and indirectly changes risky sexual behaviors and injection drug use (IDU), (the two major modes of HIV transmission.)**

# The Goals of my talk

- **The changing patterns of HIV transmission in the U.S. and abroad are influenced by drinking behavior of individuals and groups;**
- **Alcohol use changes the characteristics of short-term and long-term treatment for AIDS;**
- **Alcohol treatment and prevention should be an integral part of HIV programs**

# The Global Epidemic

- Primarily heterosexual transmission
- Rapid growth internationally in "heavy drinking" countries Africa, China, Russia, Caribbean
- Lack of access to medical care or treatment for HIV or alcoholism
- Problems in the introduction of Antiretrovirals

# Alcohol Treatment as HIV Prevention

- ***Alcoholism treatment not only can improve the quality of life for patients with HIV,***
- ***but also may significantly diminish the risk that they will transmit the infection to others.***

# *Alcohol Treatment as HIV Prevention (con't)*

- **Reduce Medical and Psychiatric Complications**
- **Decrease delays in seeking treatment**
- **Reduce difficulties with HIV medication compliance**
- **Improve outcomes related to other co-occurring disorders**

# HIV Risk Factors:

- People who abuse alcohol are more likely to engage in behaviors that place them at risk for contracting HIV
  - *Sexual Behavior - multiple partners, unprotected sex, higher risk partners*
  - *Injection Drug Use - needle sharing, needle cleaning, partner HIV status*

# Biomedical Consequences Alcohol and Persons Infected With HIV

- **Alcohol affects immune system function, possibly facilitating HIV infection in people exposed to the disease**
- **Alcohol is also known to increase susceptibility to some of the same infections that can occur as complications of AIDS**
- **More Tuberculosis; a type of pneumonia and liver disease (hepatitis C)**
- **May hasten the progression of AIDS-related brain damage**

# Does Alcohol Consumption Promote the Spread of HIV?

- **The alcohol and risky sexual is complex behavior does not imply that alcohol necessarily plays a role in causing such behavior**
- **Bars and drinking parties often serve as social settings where potential sexual partners are more readily encountered.**
- **Alcohol abuse may simply occur frequently among people whose lifestyle or personality predisposes them to high-risk behaviors in general**
- **Social and institutional norms, environmental characteristics related to alcohol access and availability promote spread of disease (density of liquor outlets)**

# Alcohol Treatment works as Prevention

- **Several studies have demonstrated the benefits of integrating HIV risk-reduction counseling with alcoholism treatment.**
  - **Avins and colleagues found a 50-percent reduction in risky sexual behavior with similar decreases in drug use behaviors, among heterosexual patients one year after treatment.**
  - **Participants who remained abstinent showed substantially greater improvement in both outcomes compared with those who continued to drink (Avins et al. 1997).**
  - **Stall and colleagues with gay men**

# Alcohol Prevention among Youth

- **Alcoholism prevention among youth is of particular importance. AIDS is one of the leading causes of death among people ages 15 to 24. Researchers have found that:**
  - **IDU initiation is usually associated with the use of alcohol in conjunction especially among adolescents with alcohol use disorders;**
  - **the prevalence of current, binge, and heavy drinking peaks between the ages of 18 and 25 and**
  - **high rates of risky sex practices have been reported among adolescents related to patterns of alcohol use.**
  - **prevention programs for youth should target alcohol use and the transition to IDU as well as sexual risk reduction**

# Linking Primary Medical Care Alcohol and HIV Services

- **drinking problems have often received too little attention during the course of drug and HIV treatment programs.**
- **both drug users and the clinical staff may focus on what is perceived as the main problem (typically heroin or cocaine use), and neglect or minimize the use of other drugs, including alcohol**
- **large proportion of patients in a residential drug treatment program reported daily or almost daily consumption of large quantities of alcohol**
- **Similarly almost 70% of HIV patients continue drinking after receiving antiretrovirals and being instructed in the dangers of alcohol interactions**

# Recommendations

- **The researchers recommended that efforts be made to develop and strengthen the assessment and treatment of drinking problems among people entering HIV or substance abuse treatment.**
- **Develop programs specific to the identification of alcohol/HIV problems that can be implemented in a variety of health care settings including HIV clinics, STD clinics,**

# Conclusions and Strategies: Prevention Forever

- **Increase alcohol treatment and prevention intervention research in “heavy drinking countries”**
- **Increase our understanding of the cultural context for “wet environments”**
- **Increase our understanding of gender dynamics related to alcohol use - such as sexual aggression**
- **Understand the toxicities and health outcomes of the use of HIV therapeutics and vaccines among alcohol users**
- **Address morbidity and mortality of comorbid illnesses such as TB, Hep C**
- **Improve pharmacological interventions to treat alcoholism**