



# **HIV & Alcohol**

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## Foreword

**AFTER MANY YEARS** of the HIV/AIDS epidemic the number of people afflicted with the condition across the world remains staggering. Recent data on new infections paint a disturbing picture: more than 33 million people were living with HIV in 2007. Several factors are known to contribute to the HIV/AIDS epidemic in different countries. For example, injection drug use (IDU) is a direct cause of HIV infection when injectors share contaminated equipment. Social and economic factors, e.g., poverty, have been implicated though not in such a direct manner as intravenous drug use. Another factor, one that is becoming more recognized and the focus of this publication, is harmful use of alcohol.

It is easy to understand the association between IDU and HIV infection, but that is not the case with alcohol and HIV. Most people would agree that heavy drinking is a risk factor for many health and social problems and that people who drink heavily are more likely than moderate drinkers to engage in behaviours with high potential for harm, e.g., having sex without a condom. Yet it is only recently that scientists have been able to show with some degree of certainty the role that alcohol plays in the spread of HIV and AIDS. There is no conclusive evidence for a direct link between drinking and HIV (though drinkers are more likely to be infected than non-drinkers). But there is evidence that alcohol is an important factor in disease progression – it may accelerate the infection, affect adherence to medication, and decrease the chance of survival. Recent data also show that in some African countries with high

alcohol consumption, when infectious diseases like tuberculosis and HIV are added to the mix, the burden of disease attributable to alcohol doubles.

This available knowledge calls for an urgent public health response, especially in countries with high rates of both harmful alcohol consumption and HIV/AIDS. First is the need for increased awareness by policy makers and the public of how drinking is linked to HIV and why interventions need to address each side of the problem. A second public health imperative is for countries to implement policy measures that are cost-effective, in particular those options that reduce the availability of alcohol through price increases, and provide early identification and intervention services for harmful use of alcohol.

This book is a major contribution by an organization known for its commitment to alcohol and development issues and must be disseminated widely as an awareness tool. IOGT International and IOGT-NTO movement International Institute have taken an important and commendable step but this should be followed with capacity building activities around the adoption of effective policies. This is indeed a good time for concerted action to support ongoing World Health Organization efforts to develop an acceptable global alcohol control strategy.

**Professor Isidore S. Obot**

*Department of Psychology, University of Uyo & Director, Centre for Research and Information on Substance Abuse (CRISA) Uyo, NIGERIA*



KILIMANJARO

*it's kili time*



PHOTO: ASTRID WETTERSTROM

**...e! make the most of it.**

NOT FOR SALE TO PERSONS UNDER 18



**THERE ARE MANY** underlying causes for the spread of HIV, such as drug consumption, lack of equality and young people's attitude to sex. In prevention work, the fact that the spread of HIV is linked to injected drugs is well known and has received attention. The connection between HIV and alcohol has not in the same way been as visible in the debate. However, this connection has now been reiterated in new research concerning unprotected sex and the role of alcohol in the course of the disease.





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# A bitter cocktail

The world's nations have agreed about making a better life for the population of the Earth. One of the biggest challenges faced is to stop the spread of HIV – the virus that, above all, kills people and impairs living conditions in poor countries. The connection between alcohol and the spread of HIV is now beginning to get attention.

TEXT: HELENA WANNBERG

**THE UN MILLENNIUM** goals declare that before 2015, current trends must be reversed: the spread of HIV must be reversed and begin to go down, instead of increasing as it is, in fact, doing today.

Alcohol consumption has also increased enormously, not least in developing countries.

Despite extensive global efforts to prevent HIV, alcohol was not, for a long time acknowledged as a significant risk factor in the spread of HIV.

Gradually though, things have begun to change. At the international AIDS conference in Mexico City in 2008, a number of research studies were presented that pointed out that when intoxicated, people's sexual risk-taking behaviours increase.

According to participants in one Peruvian study »alcohol triggers and works as an excuse for sexual risk-taking behaviour.«



»Alcohol makes it easier to get customers,« say prostitutes in Mozambique.

»Alcohol makes you relax and gives you a better sexual experience – and it makes people have more unprotected sex,« declare homosexual men in a study from Miami, USA.

Research from all over the world shows similar results – that there is a connection between alcohol, sexual risk-taking and HIV. There is also research going on about how the immune system is affected by alcohol, which increases the risks of becoming infected with HIV and impairs treatment of the virus with anti-retroviral drugs (see separate article).

In the Cape Town, South Africa, scientists gathered in the summer of 2008 to present and discuss global studies regarding the connection between alcohol and HIV.

Research results are receiving more attention both among decision makers and within the world of international development cooperation. In the Swedish HIV and AIDS strategy, alcohol is given a significantly more important role than before. In the autumn of 2009, Sweden hosted a World Health Organisation conference about alcohol – a good time to put the connection between HIV and alcohol on the agenda.

Rakai is a countryside district in southwest Uganda. Here, the level of education is low and the level of HIV infection is high. Around 16 per cent of the population carry the virus. Twenty years ago, an extensive research project was started to try to understand how HIV is spread and to find solutions to how transmission of the infection can be reduced. In the study, 14,800 men and women between the ages of 15 and 49 who were HIV tested were asked to





answer questions about their alcohol consumption in the weeks before they had sex. Among the men who had been drinking alcohol, the risk of getting infected with HIV increased by 67 per cent. Among women the risk increased by 40 per cent. If both the men and the women had been drunk, the risk of HIV infection for the women increased by as much as 82 per cent.

It was also found that slightly more than every third person who drank alcohol in connection with sex also neglected to use a condom. Among those who drank alcohol it was also more common to have a higher number of sexual partners.

In similar studies in Cape Town, South Africa, scientists also found that alcohol consumption contributes to increased risk of spreading of HIV. They found that it was, above all, the amount of

alcohol at a certain event mattered most, not how often a person drank. The results also showed clear differences between men's and women's risk behaviours: men drink a lot on their own and expose themselves to sexual risks, while the women's risk of being hit by, for instance, HIV was related to their male sex partner's drinking.

South Africa has been hit hard by the HIV epidemic; almost 11 per cent of the population over age two are carriers of the virus. In addition, the country's alcohol consumption per capita is one of the highest in the world. These two factors should be seen as interrelated, according to the scientists behind the study:

»If HIV prevention programmes are to be effective, efforts relating to alcohol consumption must be included in the programmes.«



Among those who drank alcohol it was also more common to have a higher number of sexual partners.



Violence toward women is a way to exert power and sexual violence is one further way to consolidate your superiority as a male

However, it is difficult to say if it is the alcohol itself that increases risk behaviours. The excitement-seeking personality may make some people to drink more – and also to have sex in riskier ways.

Neo Morojele, an alcohol researcher and psychologist from South Africa, says that changes in African drinking patterns also have an impact on the spread of HIV. Before the colonial era, alcohol was mostly connected to ceremonies. Today, drinking behaviours are different – above all, people drink more.

»What's more, hazardous drinking, binge drinking to extreme intoxication, has increased dramatically.« says Neo Morojele in an interview in the book *Global Hangover*.

»More than half of those killed in traffic accidents are under the influence of alcohol. And in our research, we see a direct correlation between how much people drink and how often they are exposed to violence,« continues Neo Morojele who works at the Medical Research Council in Cape Town.

South Africa leads the world in rape frequency – a rather unflattering first position. Every year at least 500,000 women are raped. At the same time, HIV in South Africa is increasing rapidly. According to the Human Sciences Research Council of South Africa (HSRC), there are 1,500 new cases of HIV infection every day, especially among young women between 15 and 24 years old. The UN body UNAIDS points out that many of these women have been infected in connection to forced sex. In Africa, AIDS is starting to become a women's disease; for instance, in Zambia and Zimbabwe three quarters

of HIV positive people are women. Many researchers claim that, in order to restrain this development, it will be necessary to deal with the issue of sexual violence.

Violence toward women is a way to exert power and sexual violence is one further way to consolidate your superiority as a male. Sexual violence, in its turn, has a connection to alcohol consumption.

Back to the Rakai district in Uganda, where another study shows that women whose partners had been drinking alcohol before having sex were five times more likely to suffer violence than those women who had men that were sober. Scientists also saw a connection between HIV and violence toward women. The women that suspected that their men had HIV or were at risk of getting the infection, were at a three times higher risk of being exposed to violence. This could, among other things, be due to the women refusing to have sex and men reacting to this with violence.

»Putting efforts in place to reduce the alcohol consumption can have a significant impact when it comes to reducing violence against women and their vulnerability to HIV«, the American and Ugandan scientists behind the study point out.

**THE AIDS EPIDEMIC** is most alarming in Africa, but HIV is on the increase in Asia too. Vietnam has had a relatively low number of HIV infected people, but in recent years the patterns have changed. Today, HIV is most commonly spread to women whose men have been visiting prostitutes.



In Asia, sexual relations outside of marriage are common. Here, alcohol has a clear role as many men go out and drink together in order to then carry on to visit brothels.

A survey from Vietnam confirms this. In the report »Behind the pleasure« 222 Vietnamese men were interviewed. In Vietnam it is traditional for men to do things together with like-minded friends, a so-called »ban chôi«.

A common place to go for your ban chôi is karaoke bars, that can offer so called »special services«, i.e. there are prostitutes. 90 per cent of the men interviewed said that in the cases where they have visited prostitutes the evening started with drinking. Alcohol plays a central role in increasing the libido while also reducing self-control.

»Alcohol makes you make decisions faster, it starts the whole thing«, says a married man in Hanoi.

»I don't know about others, but I always want to have sex after I've been drinking alcohol«, declares an unmarried man in Hanoi.

Using a condom when having sex with a prostitute is common, according to the men that were interviewed. When being together with your wife or girlfriend, however, it was not as common, as you trust each other. Using a condom when buying sex is an important way of protecting yourself against venereal diseases such as HIV, the men say. Despite the understanding of this, there are still occasions when condoms are not being used. One of these is when you are drunk.



Alcohol is also often a key factor for the prostitutes

»Everyone knows that it is very risky not using a condom. But, when you have been drinking alcohol you don't think clearly anymore and you are afraid that if you use a condom it will affect the sexual pleasure«, says one of the men in the study.

Prostitution in Asia has found new ways, outside of the brothels and the streets, which is a growing problem when it comes to combating the spread of HIV. Women in this new form of prostitution are doubly affected, as many Asian countries today have good government programmes to help women that work in brothels, but there is no support for those who work in bars and karaoke places.

Alcohol is also often a key factor for the prostitutes. It can make it easier to find customers – and it can make life feel at least a little bit brighter. Over two thirds of the 350 female prostitutes interviewed in Andhra Pradesh, India, reported that they had been drinking alcohol during the previous six months. They drank with their customers and with their friends – the main cause for drinking was to get rid of mental and physical stress.

The women who drank alcohol had more customers per day, compared with the ones who didn't drink. Not using condoms with regular customers was much more common for those who drank alcohol. The women who drank also had more frequent experiences of physical and sexual violence.

**INDIA, MIAMI, VIETNAM** – wherever research has been done, the results point in the same direction; there is a connection between alcohol and the spread of HIV and it is an issue that must be taken seriously. Not least because it is a fact that alcohol

## Rehabilitation reduces the spread of HIV

**ACCORDING TO** research focused on HIV infected substance abusers, treatment of addiction to or the abuse of alcohol can also help to prevent the spread of HIV. Many HIV infected people consume large amounts of alcohol and many also inject narcotics, which is one of the key reasons behind the spread of HIV. Alcohol rehabilitation of HIV patients not only reduces the negative impact of the actual alcohol consumption. In a group of HIV infected people that received treatment for their alcohol abuse, the abuse of narcotics also went down by 58 per cent, as did other types of risk behaviours.

Lowered alcohol consumption leads to a reduction in the consumption of other drugs too – and thereby to a limitation of the spread of HIV.

consumption is common and often increasing in many developing countries and in countries in the former Soviet Union and Eastern Europe. At the same time, the number of HIV infected people is increasing. With this in mind, the challenge should be to act based on the recommendations of the scientists in the Rakai study in Uganda: Programmes to prevent HIV should also contain efforts to reduce the alcohol consumption. ◀



## Children have a right to knowledge

**IN COUNTRIES WHERE** HIV is common, a majority of children are affected by the disease in some way. The child may be infected with HIV, parents or guardians can be sick with AIDS leaving children with the responsibility of caring for the sick person and caring for the family's livelihood which often means they must finish school. Education and medical care can also be impaired, when HIV hits teachers and medical staff.

In families hit by HIV, poverty deepens as resources are directed to medical care and working parents can no longer work. This increased poverty, of course, affects the children.

Drugs of various kinds also play a major role in the spread of HIV among young people. Drugs impair a person's judgement and thereby increase the risk of unprotected sex. When young people are unemployed and don't see much hope in their future, the use of drugs increases.

**IT IS ESSENTIAL** that *all* children have access to education, medical care and preventative measures and that the work is not done on a project basis. Governments must assume a larger responsibility in the development of long-term solutions in the form of social security systems that reduce poverty and reach out to everyone. <

**Eva Nordfjell**

*Global Advisor on HIV and Children's Rights  
at Save the Children Sweden*

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The image features five test tubes in a black rack, each containing a red liquid. The background is a bright, warm yellow. The text "Alcohol impairs the immune system" is overlaid in white, bold, sans-serif font, centered over the test tubes.

**Alcohol  
impairs the  
immune  
system**

Alcohol affects the mind and can lead to increased sexual risk behaviours – there is now also research going on around the world into the extent that human cells are impacted by alcohol. The results may ultimately impact prevention efforts as well as treatments.

**TEXT: HELENA WANNBERG**

**ONE STUDY** from the University of California, Los Angeles (UCLA), has shown that people under the influence of alcohol are at a three times higher risk of being infected by HIV. Cells from human mouths were exposed to alcohol at a strength equivalent to that found in beer and were then exposed to the HIV virus. The cells were found to be three to six times more receptive to the virus. Research also indicates that large amounts of alcohol can disturb the creation of the so-called T-cells (or CD4 cells) that are important for the immune system. The thymus gland (located behind

the breastbone) produces significantly fewer T-cells when high levels of alcohol are consumed. As early as 1993, a scientist at Jefferson Medical College in the USA discovered that consumption of three beers in two days made the amount of HIV virus increase three times faster than normal.

High alcohol consumption speeds up the course of the disease among people infected with HIV, despite the fact that they are taking anti-retroviral drugs, according to research at several American universities participating in a study presented at the 17th international AIDS conference in Mexico in 2008. Among the 13 per cent of patients that had high alcohol consumption (more than one drink per day) the risk of having a substantially lower number of T-cells nearly tripled.

Scientists also found lower T-cell counts in HIV infected drug addicts in Miami among patients with high alcohol consumption (Addiction Biology, March 2003). One possible explanation might be an apparent relationship between the impact of alcohol and malnutrition on patients. People who consume large amounts of alcohol are more likely to be malnourished, which affects the speed and course of the disease. The conclusion is that high alcohol consumption can block the impact of medications and it is thus important to look at the HIV patient's drug habits.

Many people infected with HIV consume high levels of alcohol and also inject narcotics, which is, itself, an important factor in the spread of HIV. Studies show

that alcohol rehabilitation for HIV patients not only reduces the negative impact of the actual alcohol consumption, but that reduced alcohol consumption also leads to reduced use of other drugs and of the spread of HIV.

Scientists now see a need for more studies to clarify the role of alcohol. The results are mostly contradictory – as there is also research showing no difference in the impact of anti-retroviral drugs among those drinking alcohol and those who don't drink at all.

»Future studies must determine to what extent this connection can be explained by patient behaviour, to what extent they respond to anti-retroviral drugs and to what extent it can be as a direct result of the alcohol's influence on the immune system of HIV infected people,« says Dr Amy Justice at the Pittsburgh School of Medicine who is one of the researchers that have found that high consumers of alcohol had a lower T-cell count than the patients that were moderate drinkers, or didn't drink at all.

Reports that alcohol can increase the risk of becoming infected with HIV and that it can impair sensitivity to anti-retroviral drugs are discouraging for poor countries, according to the African Journal of Drug & Alcohol Studies. At the same time as countries are being hard hit by the HIV epidemic, there is, often, also a lack of well thought-out alcohol policies and opportunities for the rehabilitation of addicts. ◀

# To survive – to live

Benitha Nyanzi is one of the many Ugandan children whose lives were changed by AIDS. When her parents died she was left vulnerable and alone in the slums of Kampala. She eventually turned to prostitution and alcohol abuse – in the name of survival.

**TEXT: SARA HEINE**

**SHE INTERRUPTS HER WORK** braiding hair, a job that will take the rest of the day. The neighbour girl's short hair will be extended with black wool yarn and every braid will be attached closely to the scalp. Benitha doesn't want to talk to us when the children are close by and we find a quieter place a bit away from the house. She sits down heavily and leans back with her head against the brick wall. Her hands smooth the yellow cotton dress and down over her belly, the fabric has a pattern of drums and bows with a teddy bear border at the hem. Benitha is expecting her first baby in a month. She is 19 years old and lives with her husband in what are commonly called the slums of Kampala.





PHOTO: SARA HEINE

We sit on the veranda of one of the organisation UYDEL's outposts – one of the starting points for the organisation's outreach activities. This is where the organisation meets the slightly more than 1,000 young people who participate in their activities every year; this is where they first met Benitha.

Geofrey Ssimbwa, one of UYDEL's 14 social workers, sits in as an interpreter. He grew-up in this area and he knows the people living here and he understands their problems. Benitha's problems started when she was little and lost her mother to AIDS. Her father met a new woman, but after a couple of years, he too died from AIDS. Benitha stayed with her stepmother for a little while, but when she could no longer afford to

pay her school fees, Benitha was more and more drawn to her friends, who made their livings selling sex.

She says: »I was looking for a way to survive.«

They met their customers evenings and nights on the streets or in bars. Sometimes everything went well, but sometimes they got beaten up.

»But I hit them back whenever I could,« she says and pounds her hand against her hip. »It was mainly the drunk ones that were violent. They didn't want to pay, or they demanded sex without a condom.«

**BENITHA STARTED TO DRINK** too, to try to cope with her life and her customers.



I was looking for a way to survive



Benitha's life changed completely when she met a woman in the area who told her about UYDEL.

»I didn't take any other drugs,« she says, »but my friends used khat and marijuana. I drank. Sometimes I was so drunk I didn't know if the customers used protection or not.«

She was afraid of getting HIV and Geoffrey asks her why she, in that case, kept selling her body.

»I needed the money,« she answers. »I needed food.«

**BENITHA'S LIFE CHANGED** completely when she met a woman in the area who told her about UYDEL. It was their vocational training that attracted her. She had understood that she couldn't keep on with her life the same way as before and saw her chance to find a new source of income. At Masooli she got both vocational training and rehabilitation and after six months, she took her exam as a hairdresser. Today she is married to a man who is an engineer. She smiles proudly when telling us about him.

»Right now he is in India on a work trip,« she says.

Right next to the house is the turquoise hair saloon that she has started and runs together with Juliet.

**BENITHA STARTED HER** new life by taking a HIV test, which showed that, despite her previous high-risk life, she was free from the disease.

We stand up and walk toward the hair salon. A woman sits in the chair in front of Juliet; she has come in to get her hair combed and all the knots out. The next customer waits on a bench surrounded by posters advertising Angels Hair collection and Dark & Lovely Shampoo. ◀

## Uganda

**UGANDA HAS** a population growth of 3.2 per cent a year, which is one of the highest in the world. 13.2 per cent of all children die before their fifth birthday and 13 per cent of children under age 18 are orphans. One of the reasons for this is AIDS.

During the 1980s, Uganda had a rapid increase in the number of people infected with HIV. The numbers peaked the beginning of the 1990s, when about 18 per cent of the rural population and 27 per cent of the urban population were infected. On the political level, the country took a stand for a powerful action programme and early on, spoke openly about the disease and how to prevent it. This had an impact. Up until the year 2000, the number of newly infected people decreased significantly. Since then the number of HIV infected has been a constant 6–7 per cent, with some increase over the past year.

According to the World Health Organisation (WHO) the country also has the world's highest level of alcohol consumption. One reason is cheap, home distilled liquor. Another one is the alcohol industry's massive marketing efforts. One of the main causes, however, is that people drink to forget. Poverty creates a sense of hopelessness, and the alcohol becomes a way to dull the problems you have to combat. Men drink in bars; women drink at home.



PHOTO: THOMAS JÄRVET

## »Drunk and crazy«

**Geoffrey Ssimbwa is 28 years old and for the past three years he has worked for the UYDEL organisation. He grew up in the slums of Kampala and saw his friends end up in addiction and sex trade – a situation he wanted to change.**

*What would you say is the most common reason for the spreading of HIV in Uganda?*

»I would say that curiosity and love of adventure are the main drivers of HIV, together with risk behaviours like drug and alcohol abuse. Another contributing factor is sex for money, something that has become more and more common among young people. It is not, strictly speaking, a matter of conventional prostitution – instead it is called »friendly matches«, which means that you have sex


with someone now and then in return for favours or money. The person in the relationship who has the highest financial status is also the one who sets the rules for unprotected or safe sex. These relationships exist because many older men want a young, good looking girl to show off with and the girls want to reach up to a so called '3c class' relationship. That is: 'Car, Cell phone and Cash.'

In our culture we, unfortunately, teach the girls to be humble and submissive

which leaves them with no experience to argue for safe sex. I meet young people that instead say things such as »But I trust him« or »Sweet wo mukavela tewoma« (»Eating candy with the paper on doesn't taste as sweet«).

*Can you see any connection between alcohol consumption and HIV?*

»Absolutely. Young people who drink lose their judgement and become worse at negotiating for safe sex. Many also believe they will become braver about trying new things. One common expression is that 'when I am drunk I am crazy in bed', which is an attitude that contributes to the spread of HIV. <

A photograph of a person from behind, wearing a white t-shirt with a public health message. The person's arms are crossed behind their back. They are wearing a patterned skirt with floral designs. The background is an outdoor setting with other people and a blue plastic chair.

**Stay alive say No  
to drug Abuse and  
Aids**

UNAIDS:

# The link between alcohol and AIDS

UNAIDS is the UN body in charge of issues concerning HIV and aids and a launching pad for prevention and rehabilitation all over the world. It also plays an important role to push national strategies and activities round HIV/AIDS. But what are UNAIDS' priorities for the future and how about the link between HIV and alcohol?

**THE FIGHT AGAINST AIDS** *has been going on for more than two decades now. What are the current most urgent issues in this fight today? What are the challenges? Does the fight require different strategies today compared with 10 years ago?*

We should never lose sight that in the AIDS response we must do more to prevent further transmission of the virus, provide antiretroviral treatment and support to those who need it, and to mitigate the consequences of the epidemic.

HIV prevention is paramount because all other HIV-related consequences stem from its success or failure. We have some good news on prevention however, even today only 40 per cent of young people globally have basic knowledge about HIV and how to prevent it.

A major challenge for prevention is that it is complex: no one or two activities will work for everyone, and programmes need to deal with biological, social and structural factors that increase or decrease risk.

An additional challenge is to maintain the response and to empower national programmes and affected communities to own, monitor and adapt their prevention strategies accordingly.

We also need to work harder to build the demand for effective prevention by strengthening vulnerable communities and by removing regulatory barriers that prevent marginalized groups from accessing their health rights as human rights.

*The relation between drug abuse and HIV is well known – injecting drug users belong to populations most at risk. Alcohol is a substance that has not received the same attention even if there was evidence in the early 1990s of the relationship between alcohol, HIV and risky behaviour. How come?*

Globally, alcohol misuse as a behavioral risk factor for HIV has not been adequately addressed. A significant problem is our failure to examine HIV prevention in a more comprehensive way. But we now know that implementing HIV prevention



Our approach would be to encourage public education and dissemination of information about the linkages between alcohol and HIV, and to help disseminate information about responsible alcohol consumption.

in a piecemeal manner will give piecemeal results. So as part of a comprehensive approach to risk reduction, the role of alcohol misuse is becoming more recognized.

*How does UNAIDS today look at how alcohol affects the AIDS epidemic?*

UNAIDS believes that alcohol risk reduction should be part of HIV prevention and treatment information and service delivery. It should be addressed just as other risk factors are addressed—that is, it should be talked about publicly, and included in one-on-one counseling, whether in the context of counseling and testing, peer education, or antiretroviral treatment.

According to the U.S. National Institute on Alcohol Abuse and Alcoholism (NIAAA), there is increasing evidence that there is no »safe level« of alcohol consumption for persons receiving treatment. WHO has developed tools to assess unsafe alcohol use and these should be used with patients and clients in order to determine counseling and treatment needs. There are procedures to build the capacity of healthcare workers and others who may encounter clients and patients needing alcohol risk reduction advice.

At UNAIDS, as part of our »know your epidemic and know your response« framework, we recommend that alcohol misuse risk reduction should be addressed in countries where it is deemed a particularly important factor in HIV transmission.

*Alcohol may induce increased prevalence of risk behaviour and affects the immunology of the cell. Would UNAIDS advise developing countries in*



PHOTO: UNAIDS

*particular to pass legislation to control the use and abuse of alcohol or on how alcohol induced effects can be reduced?*


The relationship between alcohol as an »inducer« of risk behaviour is not always straightforward. Some evidence suggests that certain personalities who would engage in risky sex may also have the propensity to abuse alcohol and vice versa.

The data also show the link between venues that serve alcohol and the availability of sex workers and prevalence of casual and transactional sex. Thus, there is the availability of higher risk partners and more sexual encounters. However, it is not clear that condom use necessarily declines with casual sex linked with alcohol; some studies have found higher condom use linked with alcohol consumption, e.g. among men who have sex with men in North America. There is also

research about morphological changes in cells challenged with alcohol *in vitro*, and it appears that alcohol may facilitate viral entry, replication and exit. This is ongoing research that we are following closely.

Our approach would be to encourage public education and dissemination of information about the linkages between alcohol and HIV, and to help disseminate information about responsible alcohol consumption. Finally, it is important to build the capacity of service delivery personnel to identify and respond to clients who need relevant alcohol risk reduction advice and treatment. We would encourage national, regional and local dialogue about alcohol misuse as it relates to HIV risk behaviour, but also as it is detrimentally associated with numerous other health outcomes. ◀

*In vitro means that the cell is outside the body, often in a test tube.*

The background of the page features a silhouette of a person riding a bicycle on the left and two people walking on the right, all on a bridge. The sky is a gradient of light to dark, with several power lines crisscrossing the upper portion of the image.

## Eastern Europe – a growing concern

**HIV INFECTION** is spreading rapidly in Russia, Eastern Europe and Central Asia. According to UNAIDS estimates by number of people living with HIV in Eastern Europe and Central Asia rose to 1.5 million in 2007 with almost 90 per cent of those infected living in either the Russian Federation (69 per cent) or Ukraine (29 per cent). It is estimated that 110 000 people in this region became infected with HIV in 2007, while some 58 000 died of AIDS.


According to research, alcohol use is highly pervasive in Russia, and has been associated with sexual HIV risk-taking behavior. Jeffrey Samet, MD, chief of the Section of General Internal Medicine at BMC and BUMS states that »a behavioral intervention to reduce unsafe sex is an essential component to HIV prevention, and is critical in the absence of a cure or vaccine.«

»We believe that the interaction of alcohol use and sexual behaviour requires sustained work and has the potential to contribute substantially to decreasing the burden associated with these behaviours.« (Benedetto Saraceno and Jim Yong Kim at WHO in Alcohol use and sexual risk behaviour: a cross-cultural study in eight countries.)

The dominating mode of HIV-transmission in this region is injecting drug abuse. However, alcohol abuse or dependence is co-varyating with injecting which supports the need to address alcohol use in HIV-infected populations.

As in many other aids-stricken countries it appears that a multi-pronged strategy to fight the spread of HIV in Eastern Europe and Central Asia should include measures and methods to control and reduce drinking. Disregarding alcohol will jeopardize the effect of other inputs. ◀

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# The myth of the Macho man



Attitudes and myths play a decisive role when it comes to how the work against HIV and AIDS can be carried out. Around the world there seems to be one quality that again and again throws a spanner in the works – the myth of the macho man.

TEXT: ERIK WINNFORS WANNBERG

ADAPTION: HELENA WANNBERG

**MANTO TSHABALALA-MSIMANG**, a one-time health minister in South Africa, was called »Dr Beetroot«. She stubbornly claimed that healthy food such as beetroots, garlic and lemon are better than anti-retroviral drugs when treating AIDS. Thabo Mbeki, who was president at that same time, was known too, for his sceptical attitude about the link between HIV and AIDS.

By contrast, President Yoweri Museveni of Uganda has played a key role in Uganda's struggle against HIV and AIDS. His ministers preach safe sex; they hand out condoms, and talk about fidelity and abstaining from sex before marriage.

It might seem that HIV and AIDS should be easy to deal with – it is a sexually transmitted virus where the carrier eventually develops into AIDS. AIDS leads to death if anti-retroviral drugs are not used.

Medical doctor, Jan-Olof Morfeldt, was a pioneer in HIV work in Sweden:

»Many people contribute to mystifying the HIV virus. What complicates the whole thing is that it is about sex,« says Jan-Olof Morfeldt, who is the founder of the HIV organisation Noaks Ark (Noah's ark).

»That this deadly virus is sexually transmitted, that the first well-known cases occurred among homosexual men, that the virus has hit different parts of the world in different ways – all of this provides a breeding ground for myths and conspiracy theories that make the work of combating the spread of the disease more difficult.«

Myths about AIDS look different in different parts of the world. In the Western world, the myths can be linked to homophobia. In Swedish advice columns (in magazines etc), people still occasionally ask if you can get HIV through anal sex even though none of the partners are infected. In Africa, the myths look a bit different. In Nigeria for instance, it is said that HIV is being spread consciously in Africa by the Western world, through polio vaccinations. The result has been that in Nigeria and in several other countries, polio is growing again, because fewer people have their children vaccinated.

Another nasty and hard-to-kill myth in large parts of Africa is the idea of purifying sex. Sex with a healthy virgin is then supposed to cure the infected person. In reality though, this idea leads to rapes of young women and children, which, on top of everything else, often passes the infection on to them too.

Jan-Olof Morfeldt also sees a connection to alcohol traditions:

– Men drink, which impairs their judgement and increases the risk of rape and other types of sexual violence.

The male gender role, all over the world, is one of the keys to slowing the

spread of AIDS. For a man to have many sexual relationships is often regarded as something natural and admirable.

In parts of Africa there are traditions of polygamy and even if a man only has one wife, it is still often accepted that there are also several girlfriends. In that way, one single infected man can pass on the epidemic to several new women and children, all on his own.

In many Asian countries too, it is accepted that married men have other sexual relationships – with prostitutes. In many countries prostitution is an established part of society and women often accept that their men go to prostitutes to satisfy their needs. In Thailand however, the authorities have managed to increase the use of condoms, which is decreasing the spread of HIV.

Also in South America, you find the macho man. Here, masculine values in society encourage the man to have more than one partner and to buy sex. This is a norm in sharp contrast to the dominant catholic religion, which also regards the condom as an encouragement to immorality and promiscuity.

Uganda's successful struggle shows how essential it is that authorities in a country are open and transparent and that AIDS and HIV are not being mystified. In Uganda, infected people went public at an early stage and told people about the disease. In the example of South Africa, a certain positive development is starting to be seen. Today, the country has a new president and a new health minister – a minister that started by clarifying that HIV causes AIDS. This statement, more than anything else, shows the level of denial of the previous government. It is a beginning and it gives hope. The development can be steered in the right direction – but there is a long way to go. ◀



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# Research with focus on HIV and alcohol

Last few years, not the least in Africa and North America, more and more research has emphasized the link between alcohol and HIV. This goes for research on transmission as well as immunology.

**IN SUMMER 2008** 25 scientists from eight countries participated in a research symposium in Cape town, RSA, on alcohol and infectious diseases. Focus was on the role of alcohol in transmission and in the course of disease of TB and HIV.

The scientists concluded that there is a clear causal linkage between alcohol consumption and the incidence of active TB. There is also convincing evidence for a causal effect of alcohol consumption on worsening the course of infection for both TB and HIV. Heavy drinking impacts both the innate and the adaptive immune system and also decreases the adherence to therapeutic schedules. For instance, a recent meta-analysis showed that alcohol drinkers were approximately 50–60 per

cent as likely to be classified as adherent compared with abstainers.

However there is still not sufficient evidence to prove conclusively that alcohol use increases the risk to acquire HIV. While there are many associations between alcohol and risky sex, the linkage between these two behaviours is complex and requires further research before it can be concluded that the strict conditions for causality have been met. Currently, it can not be excluded that personality traits such as sensation seeking or sexual compulsivity, and psychiatric disorders such as antisocial personality disorder, impact both alcohol consumption and risky sex, subsequently creating an association between both behaviors. ◀

# Risky hunt for security

In Chiang Mai, the number of youth gangs has grown as the structures of families and society have changed. Gangs offer security to young people who cannot find it at home. It is a security accompanied by vulnerability, drugs, sex trade and HIV/AIDS.

**TEXT: SARA HEINE AND CHAIYA ASSAWAPISANBOON**

**NEW IS 19 YEARS OLD** and works at a restaurant in Chiang Mai in northern Thailand. She was born about 20 kilometres outside of the city. When her parents died, she quit school and moved to an apartment in Chiang Mai. For New, that move also meant an introduction to a life centred on alcohol and drugs: she ended up in a gang that used amphetamines and soon she too became an addict. She consumed around ten pills a day, finally became a dealer and sold drugs to others.

There are 23 youth gangs in Chiang Mai today with a total membership of slightly more than 4000 young people. Two gangs consist of girls only. One reason for the increase in the number of young people going astray is the rapid change that the area has gone through in recent years. Chiang Mai has gone from being countryside to being a big



PHOTO: MALIN WESTERGRÉN

## Thailand

**AROUND FIVE MILLION PEOPLE** in Asia live with HIV. In 2007, 380,000 new cases were discovered and the same number of people died from the disease. Over all, the number of people carrying the infection has gone down, with the exception of Indonesia, Pakistan and Vietnam where the numbers are going the opposite direction.

There are many reasons behind the spread of the disease in Asia. Among the underlying reasons are: injected drugs, the sex trade and unprotected sex. The big risk groups are drug addicts and their partners, sex workers, youths, and men who have sex with men. In Thailand, forty three per cent of all new cases in 2007 were women. Most of them had been infected when their men have had unprotected sex with prostitutes or had injected drugs.

city, which has led to increasing urbanisation, with people moving to the city from villages all over northern Thailand; there is hope for work and higher wages in the city. The hunt for a better standard of living has also increased the pressure in familial relationships. Parents send their children to schools in the city with high hopes and expectations and the students that can't live up to expectations have a hard time. If they don't receive any support from home they must find it somewhere else and the sense of community in the youth gangs creates a feeling of security, even though the environment they are in is characterized by vulnerability.

For New, the drugs gave her the comfort she needed. She got her energy back and didn't feel the hunger, but her addiction became increas-



Teenagers today  
don't use condoms

ingly intense and her consumption increased. To finance her addiction she started to sell drugs and prostitute herself. She tells us that it was common among the girl gangs. It wasn't a matter of selling sex for money – it was about trading sex for drugs. Within the gangs, sex finally became a challenge and the girls competed about who could have the highest number of men during a weekend – most often without any protection.

»Teenagers today don't use condoms,« says New. »They don't bring any. It did happen that we got venereal diseases, but it wasn't anything we talked openly about. If we became pregnant we had an abortion.«

Thailand has been successful in its prevention work regarding HIV and AIDS and the number of new cases has been reduced to a tenth of what it was ten years ago. Despite this, the infection rate is increasing among three groups: sex workers, homosexual men, and young people. 90 per cent of all new cases are spread through unprotected sex.

»It feels like young people don't care about HIV,« says New. »They just have sex. There are Sakoy (editors note: girls belonging to motor cycle gangs) behind the shopping centre – they have sex with many different men. They have HIV and their children have HIV. They know about AIDS, but they still don't protect themselves.

Today, New is drug free and belongs to the local organisation No Drug Rules (NDR). They work to reduce violence and drugs among the youth gangs and to get parents and other adults in society to become involved in the youths' situation. ◀



PHOTO: PIERRE ANDERSSON

## Young people as a risk group

**AROUND HALF** of the world's population is under 25 years of age, which means they have grown up in a world where AIDS is a reality. Youths between age 15 to 24 also account for around half of all new cases of HIV. This means that they constitute a major risk group, with early sexual debut, multiple partners, often unprotected sex and experimenting with alcohol and other drugs. Unfortunately, many young women are also subject to sexual excesses and rape, which also increases the risk for HIV – both because the rapes often happens without a condom and because the violence involved in such activities increases the risk for wounds and injuries and thereby increases the risk of the infection spreading.

Therefore, young people are a very important target group for prevention efforts – both when it comes to sex education and attitudes to sex, relationships and consumption of alcohol and other drugs.

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Read more about the global IOGT network and how to become a member on

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**THERE IS CONVINCING** scientific evidence that alcohol consumption causes a worsening of the course of both TB and HIV. There is also a large body of evidence linking drinking and risky sexual behaviours, which contribute to the spread of HIV. However, more research within this area is still needed.

This booklet aims to draw attention to the role of alcohol in the AIDS epidemic. By understanding the impact of alcohol, new strategies can be adopted to make the battle against this plague more effective.



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