Alcohol and HIV/AIDS

Studies estimate that more than 80 percent of HIV-infected individuals drink alcohol and that 30 to 60 percent have alcohol use disorders. Chronic alcohol consumption facilitates HIV infection in exposed individuals, accelerates the disease process and the death of people with AIDS, and may interfere with the metabolism of medications. Social factors influence the interaction between HIV and chronic alcohol consumption, and they may affect the progression to AIDS. For example, people with alcohol use disorders are less likely to be tested for HIV and to seek treatment, and are less compliant with treatment regimens than those without alcohol use disorders.

In the United States, HIV infection continues to grow most rapidly among minority populations: It is a leading killer of African American males ages 25 to 44, and it affects nearly seven times more African Americans and three times more Hispanics than Whites.

Yet HIV/AIDS not only is a problem for racial/ethnic populations in the United States, it affects people of color globally. More than 30 studies of alcohol and HIV/AIDS in sub-Saharan Africa found that drinking greater quantities of alcohol predicted greater sexual risks and higher levels of sexually transmitted diseases (STDs), including HIV/AIDS incidence. Examples of NIAAA research on alcohol, HIV infection, AIDS, and health disparities include:

Alcohol and HIV in Kenya: Stage I Trial of a Peer-Led Alcohol Behavioral Intervention— Approximately 68 percent of HIV-positive patients in clinical settings also engage in hazardous drinking. This pilot research project will test the feasibility of peer-led group cognitive-behavioral treatment (CBT). It will target heavy alcohol use among HIV-infected drinkers who are eligible to receive antiretroviral therapy for reducing the combined short-term and long-term toxicity and medication nonadherence related to alcohol– antiretroviral (ARV) interactions. The intervention is being conducted through the Kenya-U.S. HIV and Alcohol Research and Prevention Partnership (KHARPP) in collaboration with the Veterans Aging Cohort Study (an NIAAA cooperative agreement) and the Academic Model for Prevention and Treatment of HIV/AIDS (AMPATH). This represents a successful collaboration of experienced Kenyan and U.S. physicians, behavioral scientists, substance abuse counselors, and people with alcohol and HIV disease.

HIV Risk Reduction in Migrant Workers—A 5-year randomized trial of a cognitive-behavioral HIV prevention intervention (CBI) is being compared with a general health promotion program. It will expand on current "effective" behavioral interventions to include contextual components (e.g., peer counseling and motivational enhancement) that are likely to produce long-term maintenance of HIV risk reduction effects. The sample is a group of predominantly Hispanic and African American, low-income, sexually active, alcohol and other drug–using migrant workers disproportionately affected by HIV and other health disparities. This project addresses the problem of health disparities in HIV risks and the potential to adapt "effective" interventions to reach this new population.

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