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To:

UN AIDS

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IOGT International Consultation Contribution UN AIDS Strategy 2016 – 2021

20.08.15

IOGT International is the premier global network for effective policy interventions and community mobilization to prevent and reduce harm caused by alcohol and other drugs.

Therefore IOGT International and our Member Organizations have closely followed the consultation rounds to draft a new UN AIDS Strategy 2016 – 2021.

We are thankful for this opportunity – referring to the draft UN AIDS strategy 2016 – 2021 – to contribute with our perspectives and expertise.

In our submission, IOGT International on behalf of our Member Organizations, provides a detailed response to how best, most cost-effectively and with highest impact prevent HIV/ AIDS.

Better HIV/AIDS prevention with alcohol policy measures as part of the toolbox

Alcohol is a major structural driver for the HIV/AIDS epidemic. There is a growing body of evidence on the linkages between alcohol use and the HIV/AIDS epidemic. Therefore, addressing alcohol use as a risk factor enhances the results of both new and already existing HIV/AIDS programmes. Utilizing alcohol policy measures in the response to the HIV/ AIDS epidemic means a more comprehensive approach to the epidemic and increases the potential long-term impact of attempts to tackle, reduce and prevent HIV/ AIDS.

IOGT International underlines the scientific evidence showing that alcohol use is a key risk factor for HIV transmission and disease progression.

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In this context, we are critical of the fact that the current draft UN AIDS Strategy 2016 – 2021 only mentions “alcohol” one time.

IOGT International notes that the current draft outlines a number of so-called game-changers for accelerating progress, for every region of the world. This is a commendable approach. However, we do miss the mentioning of evidence-based alcohol policy measures as one such game-changer.

With regard to the body of evidence generated by independent science concerning the linkages between alcohol use and the HIV/ AIDS epidemic, the new UN AIDS Strategy needs to address alcohol in a much more comprehensive way – in order to foster the most sustainable and impactful response to the on-going HIV/ AIDS epidemic.

Therefore, we urge to include in the strategy a paragraph discussing the impact of alcohol on the epidemic.

We have also suggested some amendments and made some comments directly in the draft strategy paper (attached).

Pioneering work addressing the links to alcohol is already being undertaken by the STRIVE research project.

Another pioneering approach to tackling global health and development issues comprehensively is the joint UNDP-WHO project “Strengthening and integrating national policies and programmes addressing gender-based violence, harmful use of alcohol and infectious diseases”.

Four connections between alcohol and HIV/AIDS need to be considered:

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- The role of alcohol use in the transmission of HIV/ AIDS and in the spread of the epidemic;
- The role of alcohol consumption and HIV/AIDS progression;
- The effects of alcohol use on the course of medical treatment, such as adherence to medication regimes;
- Alcohol use being a major risk factor for violence against women and girls.

The role of alcohol use in the transmission of HIV/ AIDS and in the spread of the epidemic

A growing body of research in Sub-Saharan Africa has revealed consistent evidence of a strong correlation between alcohol use and high-risk sexual practices (e.g. violent intercourse, sex without a condom, or sex with multiple partners) and increased risk of HIV infection. Evidence to suggest that there are causal pathways between alcohol, sex, and HIV is growing.

Alcohol's impairment of the body's immune system is a well-recognized condition, and its negative effects increase with the level of alcohol consumption further increasing susceptibility to HIV infections.

The role of alcohol consumption and HIV/AIDS progression

Alcohol's effect on the immune system plays a role in worsening the course of existing infections. In addition, the combination of heavy alcohol use and HIV may be associated with increased medical and psychiatric complications leading to delays in HIV-testing and provision of treatment.

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Heavy alcohol users also tend to have a generally unhealthy lifestyle that includes an insufficient diet and higher exposure to opportunistic infections.

The effects of alcohol use on the course of medical treatment, such as adherence to medication regimes

Alcohol use has detrimental effects on HIV/AIDS patients' adherence to antiretroviral and other forms of treatment. This lack of adherence compounds any negative effects that alcohol use may have on the immune systems of those patients and the harmful lifestyle often accompanying heavy alcohol use.

While more research is necessary, it is important to state that the already existing knowledge is sufficient to warrant addressing alcohol use as part of HIV/AIDS prevention.

Alcohol use – a major risk factor for violence against women and girls

In 2011, 35% of women worldwide experienced intimate partner violence and non-partner sexual violence. Up to 80% of cases of gender-based violence can be alcohol-related. Alcohol use is a major risk factor for gender-based violence. Violence against women, such as intimate partner violence or sexual violence are in turn causes of HIV transmission.

Utilizing evidence-based alcohol policy measures thus is a promising way to comprehensively address both the epidemic of violence against women, as well as the HIV/ AIDS epidemic – and in doing so finding most sustainable solutions.

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Disregarded game-changer: No more

The UN AIDS Strategy 2016 – 2021 cannot miss what both science, UN agencies and civil society are starting to address systematically: alcohol policy is a game changer for some of the major global health and sustainable development burdens we are facing, such as NCDs, infectious diseases, gender-based violence.

As mentioned above, UNDP and WHO have launched a joint program to empower and support national governments to address alcohol, infectious diseases and violence against women together in a comprehensive way.

Georgia State University as well as the STRIVE project, to name just two, are conducting groundbreaking scientific work on the effects of alcohol policy measures on the HIV/ AIDS epidemic.

We know that when alcohol consumption decreases in communities and societies, alcohol-related harm, such as violence and HIV transmission also decrease.

In this context IOGT International urges the inclusion of alcohol policy measures into the section of the UN AIDS Strategy dealing with game-changers.

Other Recommendations:

1) Integrated counselling and programming:

Providing screening and brief interventions for alcohol use is a cost-effective measure to reduce alcohol harm. Testing and counselling is a key strategy for HIV/AIDS prevention. Combined interventions and programming in both alcohol and HIV may improve the outcomes for both.

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2) Three best buys – Evidence-based alcohol policy measures:

Steps should also be taken to address alcohol use in the wider societal context through the implementation of proven alcohol control policies. They include cost-effective measures such as addressing alcohol availability (hours of sale, age limits, outlet density, etc.), price (taxation), and restrictions on alcohol marketing.

3) Avoiding conflict of interest to promote and strengthen health and development

Alcohol policies must be protected from distortion by commercial or vested interests. They need to be firmly based in promoting public health and sustainable development. The interest of the alcohol industry is in ever expanding sale of their products, supported by aggressive marketing and political lobbying. HIV/AIDS programmes, policies and agencies should not engage in partnerships with the alcohol industry. Such relationships may compromise the integrity and independence of the organisations and do undermine the effectiveness of the response to the HIV/ AIDS epidemic.

Yours sincerely,



Kristina Sperkova
International President IOGT International,

Stockholm, 20 August 2015

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