

Alcohol Use, Gender-Based Violence and HIV/AIDS: A Public Health Syndemic

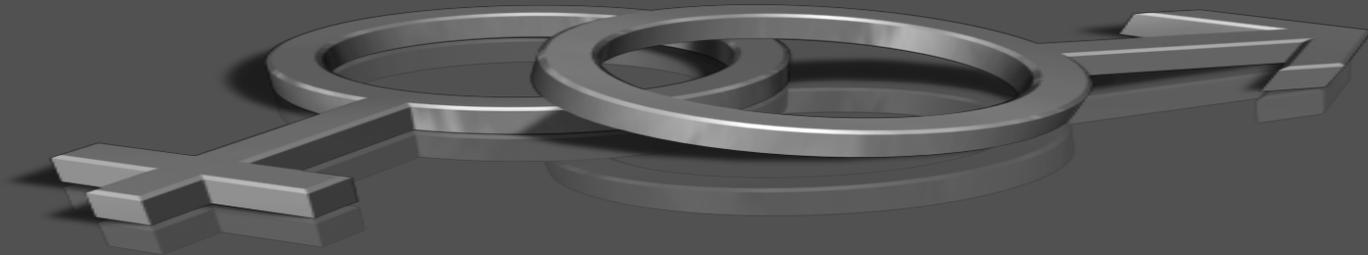
Monica H. Swahn, Ph.D.
Professor of Epidemiology
School of Public Health

IOGT 68th World Congress

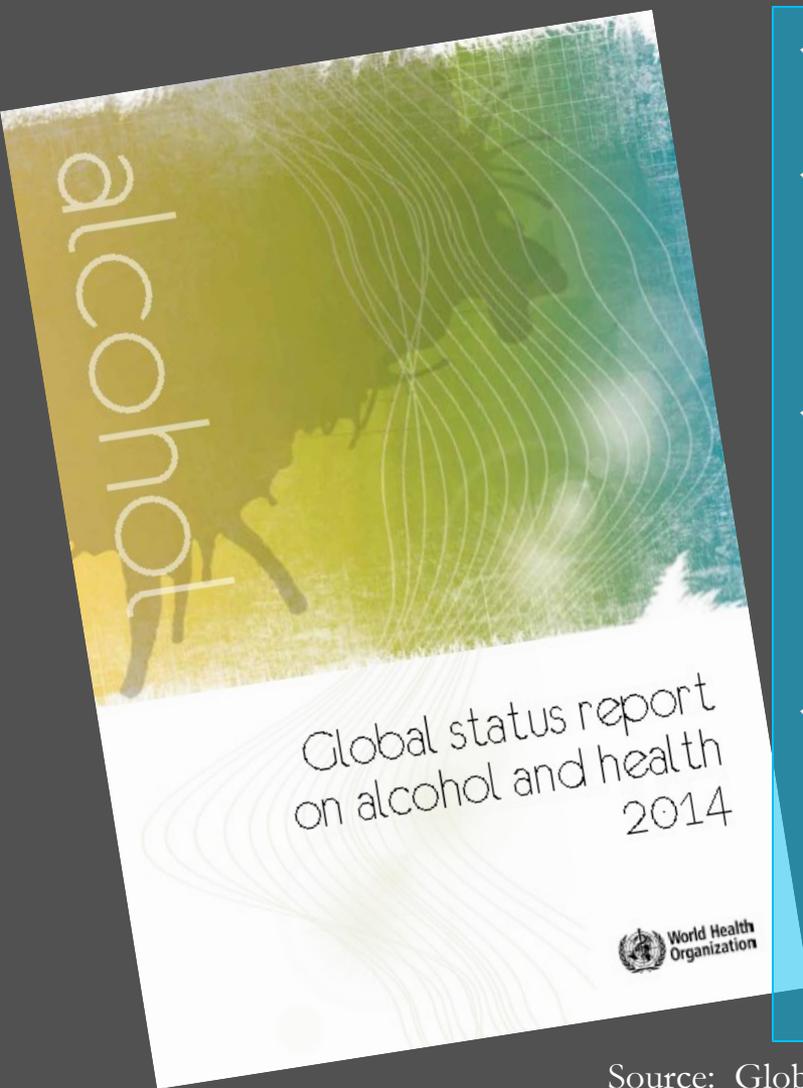
October 29th, 2014

Overview of Presentation

- Global Burden of Alcohol
- Alcohol Harm to Others: Gender-Based Violence & HIV/AIDS
- Alcohol, Gender-Based Violence & HIV/AIDS: A Syndemic
- Syndemic as Barrier to Development
- Next Steps and Call to Action
 - Looking to the Future: Sustainable Development Goals (SDGs)
 - Integrating Research, Policy & Action
 - The Key Roles of Civil Society/NGOs



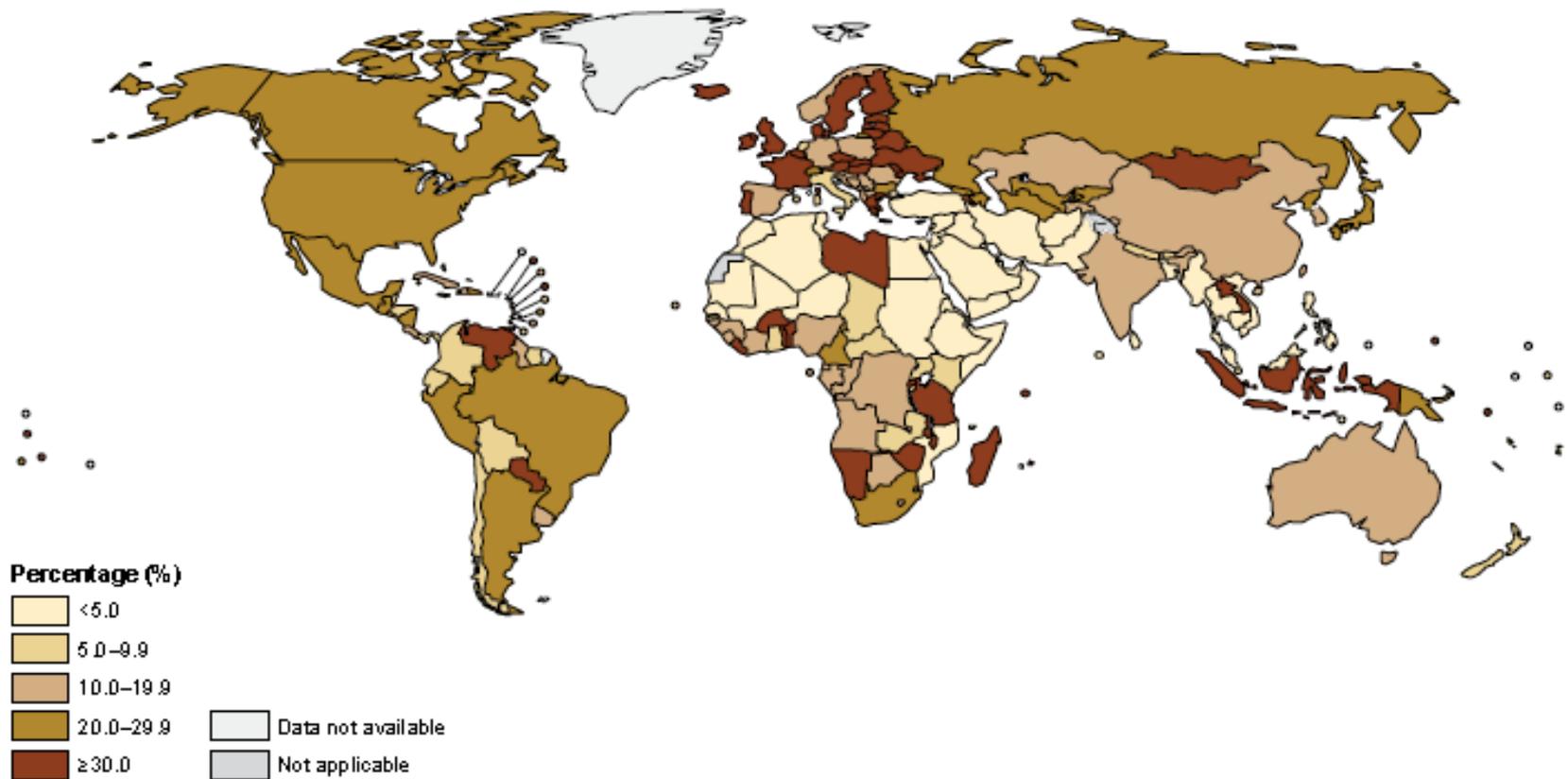
Global Burden of Alcohol



- ✓ Alcohol is the most commonly used psychoactive substance in the world.
- ✓ Globally, alcohol causes 3.3 million, or 5.9%, of all deaths and accounts for 5.1% of the disease burden. Alcohol misuse is a key public health issue and a barrier to development.
- ✓ Alcohol misuse is also a key contributor to both gender-based violence and HIV transmission, which are two related but additional substantial public health problems and barriers to development.
- ✓ Syndemic: A set of linked health problems involving two or more afflictions, interacting synergistically, and contributing to excess burden of disease in a population. Syndemics occur when health-related problems cluster by person, place, or time.

Source: Global status report on alcohol and health 2014. http://www.who.int/substance_abuse/publications/global_alcohol_report/en/

Figure 7. Prevalence of heavy episodic drinking among current drinkers (%; 15+ years), 2010



The disease burden related to alcohol use is especially great among low-income and middle-income populations and countries, where alcohol use and HIV transmission rates are high due to limited implementation of public health policies and prevention strategies

Reducing Harm from Alcohol

- “Despite clear evidence of the major contribution alcohol makes to the global burden of disease and to substantial economic costs, focus on alcohol control is inadequate...”
- “Expansion of industrial production and marketing of alcohol is driving alcohol use to rise...”
- “Cost-effective and affordable interventions to restrict harm exist, and are in urgent need of scaling up.”

Alcohol and Global Health 3

Reducing harm from alcohol: call to action

Sally Casswell, Thamarangsi Thamarangsi

Despite clear evidence of the major contribution alcohol makes to the global burden of disease and to substantial economic costs, focus on alcohol control is inadequate internationally and in most countries. Expansion of industrial production and marketing of alcohol is driving alcohol use to rise, both in emerging markets and in young people in mature alcohol markets. Cost-effective and affordable interventions to restrict harm exist, and are in urgent need of scaling up. Most countries do not have adequate policies in place. Factors impeding progress include a failure of political will, unhelpful participation of the alcohol industry in the policy process, and increasing difficulty in fine-tuning environments to respond adequately at a national level. An effective national and international response will need not only governments, but also non-governmental organisations to support and hold government agencies to account. International health policy, in the form of a Framework Convention on Alcohol Control, is needed to counterbalance the global conditions promoting alcohol-related harm and to support and encourage national action.

Alcohol: a global priority for action

The first report in this Series showed that consumption of alcohol contributes greatly to the burden of disease. Alcohol has an important effect on mental health and injury overall accounting for 4.6% of the global burden of disease and injury in 2004.¹

Present estimates of health effects probably underestimate the harm caused by alcohol, because the full

range of social costs are under-researched.² Estimates of economic costs associated with alcohol, which include measures of lost productivity and criminal justice costs, show that more than 1% of gross domestic product (GDP) in high-income and middle-income countries is attributable to alcohol consumption. A further gap, in which more research is needed, is on the drinker's associates and family and on victims of alcohol violence and traffic injury. Similar to passive smoking, these effects are relevant in debates about the public and political acceptability of effective alcohol policy.³

Alcohol is a determinant of health that contributes to health inequalities. Prevalence of drinking increases as income rises from very low amounts;⁴ however, heavy consumption and harm is associated with lower socioeconomic status and marginalisation.^{4,5} Furthermore, heavy alcohol consumption contributes to lowered human capital, emerging economic research suggests a negative effect of drinking on achievement in school and subsequent earnings.⁶ Household expenditure on alcohol exacerbates poverty, and resources directed to respond to social and health effects of alcohol impair community development.⁶ Strengthened regulatory controls on health-damaging commodities, such as alcohol are necessary for achievement of health equity.⁷

Although alcohol has been used for millennia in some parts of the world, the past few decades have seen striking changes in production and use of alcohol. Traditional and indigenous beverages, though still important in some countries, are increasingly commercialised and replaced by industrially produced branded beverages. Ethanol, the active agent, is delivered in an expanding range of beverage types—branded and unbranded—designed to meet the needs of all parts of the market. Alcohol producers have been consolidated and globalised such that the international market is now dominated by a few large corporations with enormous financial resources and sophisticated marketing

Key messages

- Alcohol is a major risk factor for burden of disease, and countries are estimated to spend more than 1% of their gross domestic product (adjusted by purchasing power parity) on economic costs attributable to alcohol.
- Relative to these harms, alcohol is not high on the global health agenda and, unlike tobacco and illicit drugs, no international policy is in place.
- The role of vested interests in subverting development of an effective public health response to alcohol-related harm is similar to that of tobacco.
- Cost-effective interventions exist and are focused on total populations; these interventions control availability, affordability, marketing of alcohol, and driving while under the influence of alcohol.
- Some national governments have implemented effective policy, but in most governments a strengthened response is urgently needed. Implementation needs multilateral activity driven by national governments, but also including local governments and community-level responses.
- WHO, other international agencies, and the non-governmental organisation sector are showing raised concern and engagement with alcohol harm and alcohol-control policy.
- An international health response to reduce harm from alcohol—a Framework Convention for Alcohol Control—is needed to pursue national action and enable collaboration and negotiation on international and regional issues.

www.thelancet.com Vol 373 June 27, 2009

Lancet 2009; 373: 2247-57
See Editorial page 2171
See Comment pages 2272, 2284, and 2286

See Perspective page 2151
See Series pages 2238 and 2239

This is the third in a Series of three papers about alcohol and global health

Centre for Social and Health Outcomes Research, University of Auckland, New Zealand (Prof S Casswell PhD) and International Health Policy Program, Ministry of Public Health, Bangkok, Thailand (T Thamarangsi PhD) Correspondence to: Prof Sally Casswell, Centre for Social and Health Outcomes Research and Brain Injury Memory University, PO Box 6322, Wellesley Street, Auckland, New Zealand s.casswell@cohsesya.ac.nz

Alcohol: Harm to Others

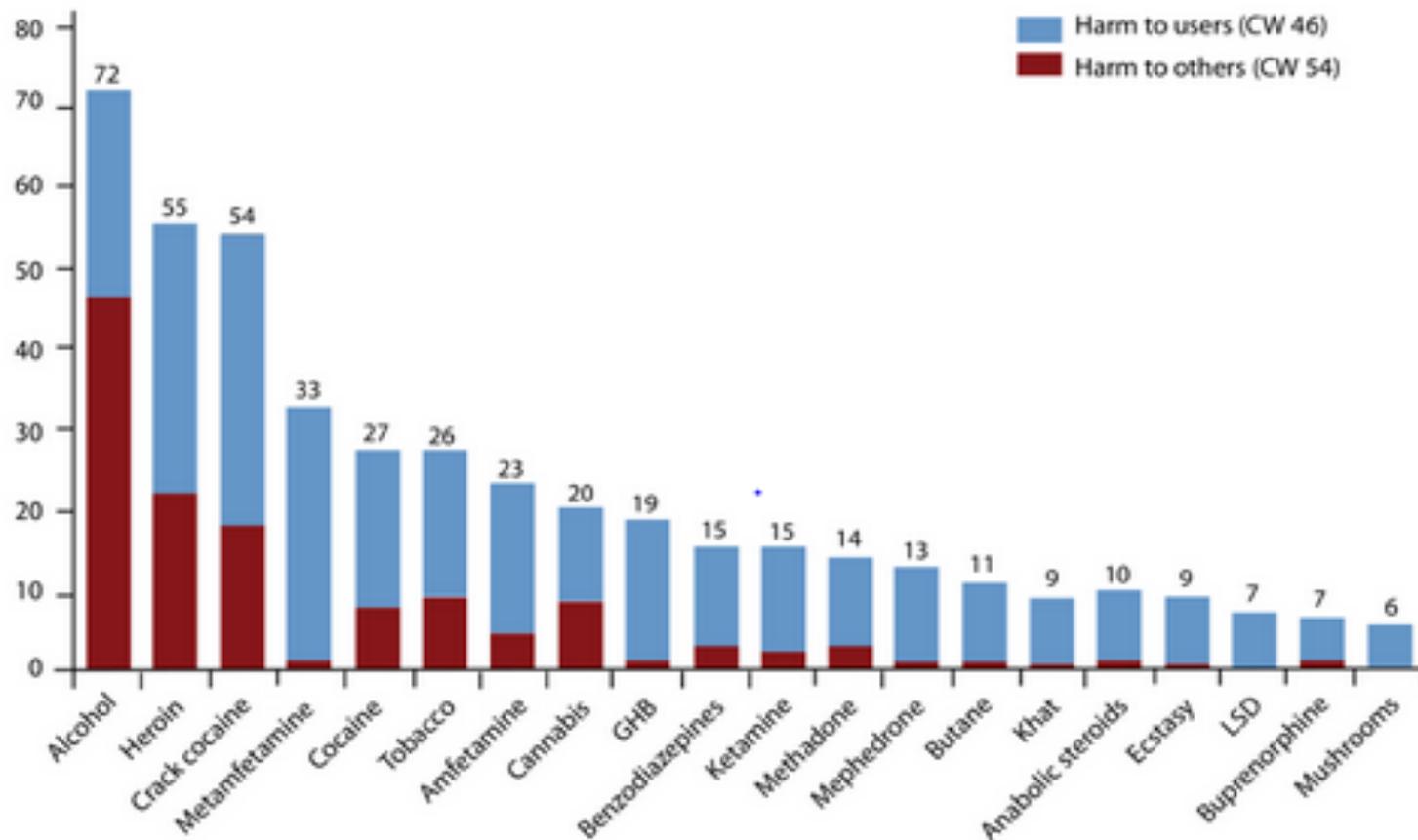


Figure 2

Drugs ordered by their overall harm scores, showing the separate contributions to each overall score of harm to users and harm to others. The cumulative weights (CWs) after normalization (potentially ranging from 0 to 100), as shown in the key, are 46 for sum of all normalized weights for all criteria related to harm to users and 54 for sum of all normalized weights for all criteria related to harm to others. GHB = γ -hydroxybutyric acid, LSD = lysergic acid diethylamide. Reprinted with kind permission of *The Lancet* from Nutt et al. (2010).⁴⁴

Alcohol Key Risk Factor: GBV and HIV

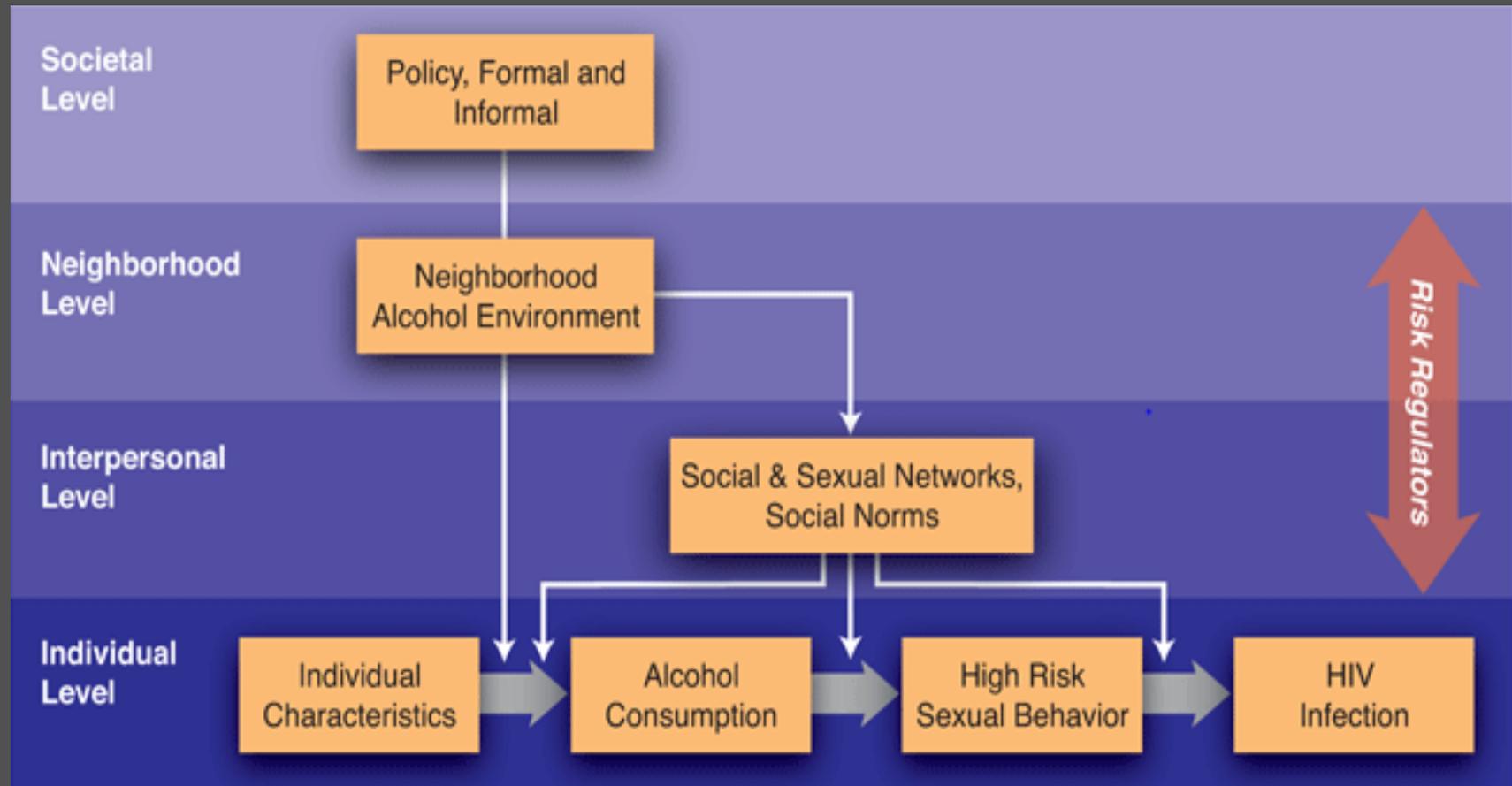


- ◎ Alcohol use is a consistent risk factor for GBV
- ◎ Alcohol use is also a risk factor for HIV transmission
- ◎ Alcohol availability is also a structural driver for both GBV and HIV

Source:<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3646073/pdf/nihms434470.pdf>

HIV Risk and the Alcohol Environment

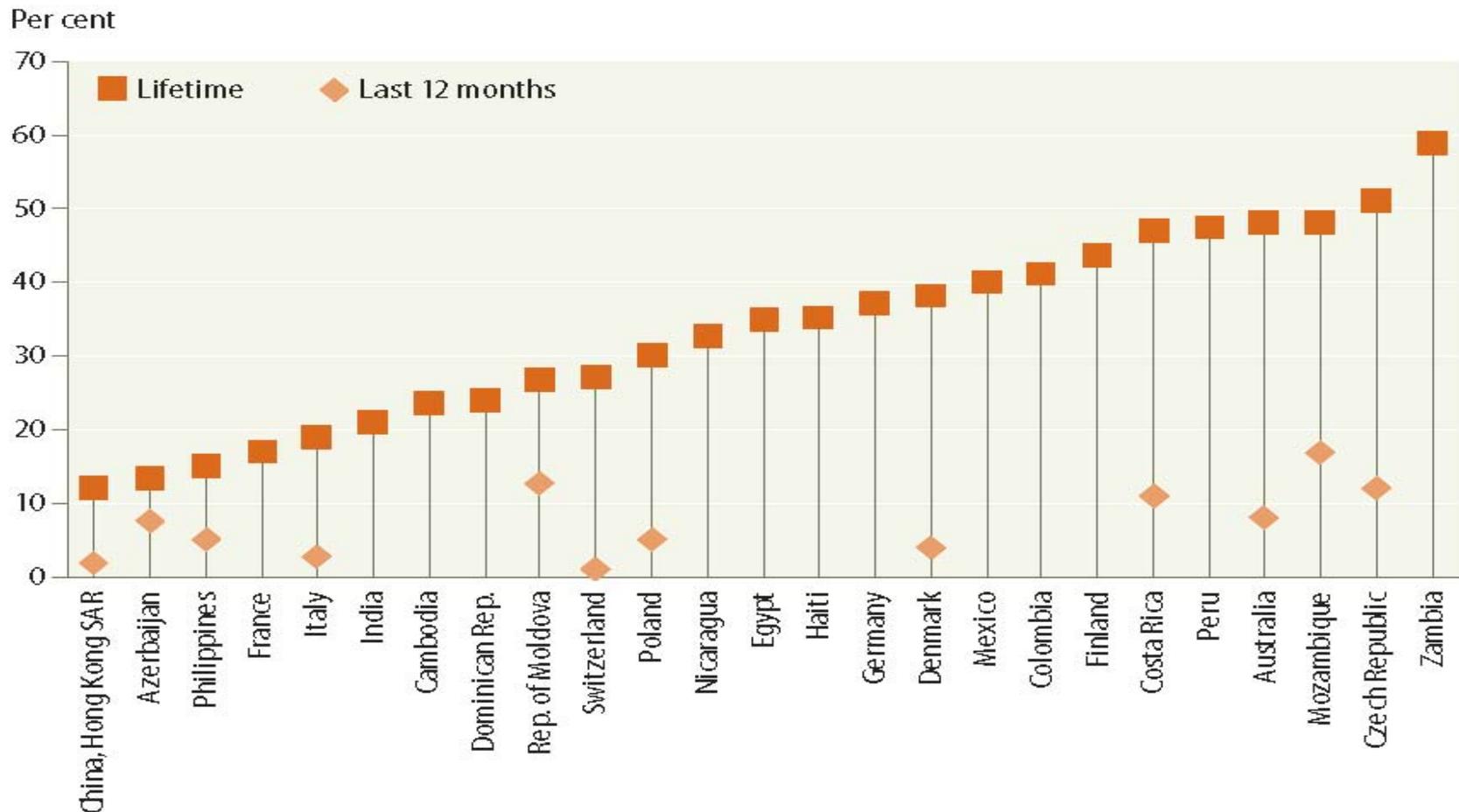
Theoretical Framework: An Ecological Perspective



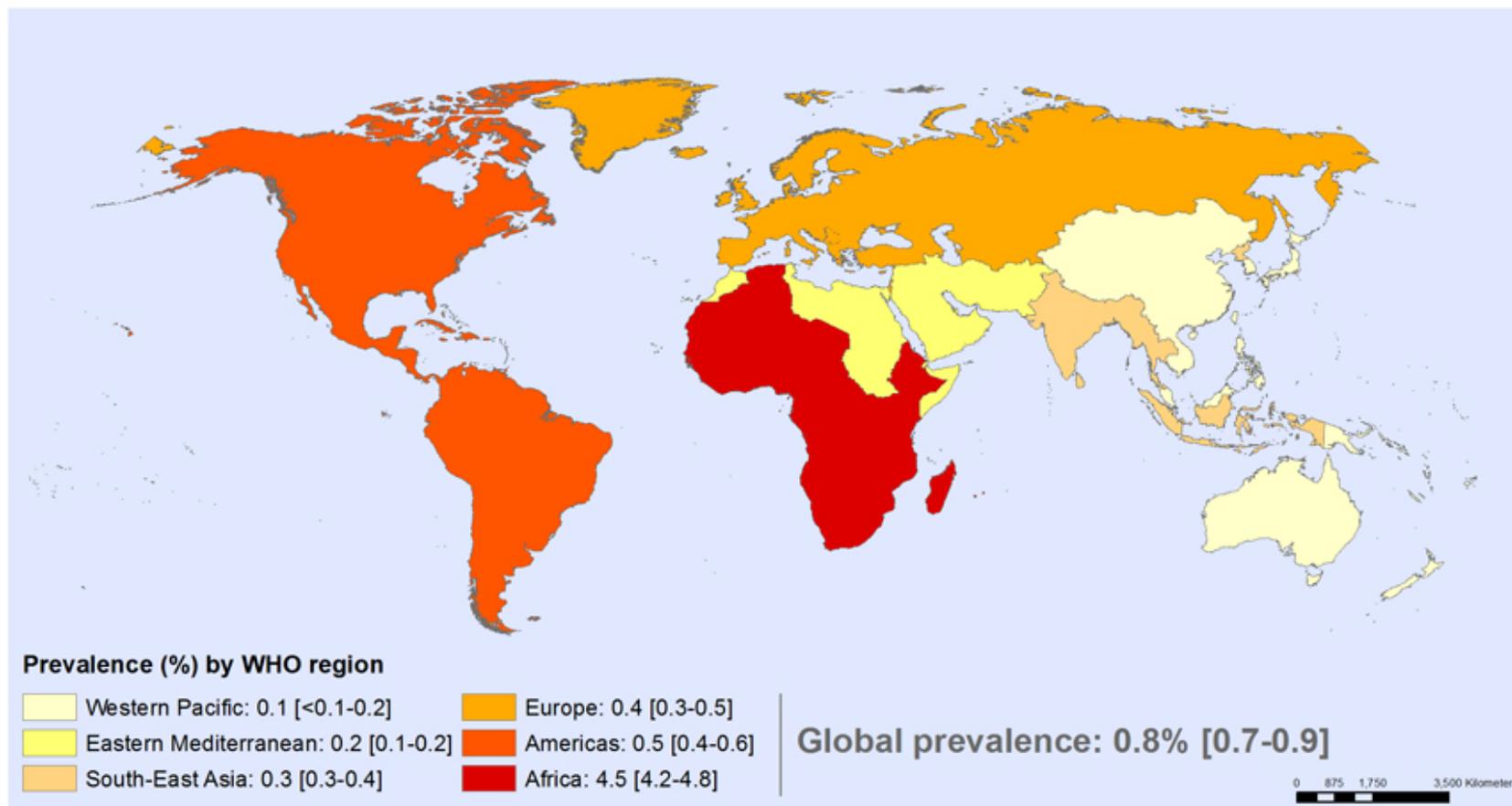
Gender-Based Violence Across countries

Figure 6.1

Proportion of women experiencing physical violence (irrespective of the perpetrator) at least once in their lifetime and in the last 12 months, 1995–2006 (latest available)



Adult HIV prevalence (15-49 years), 2012 By WHO region



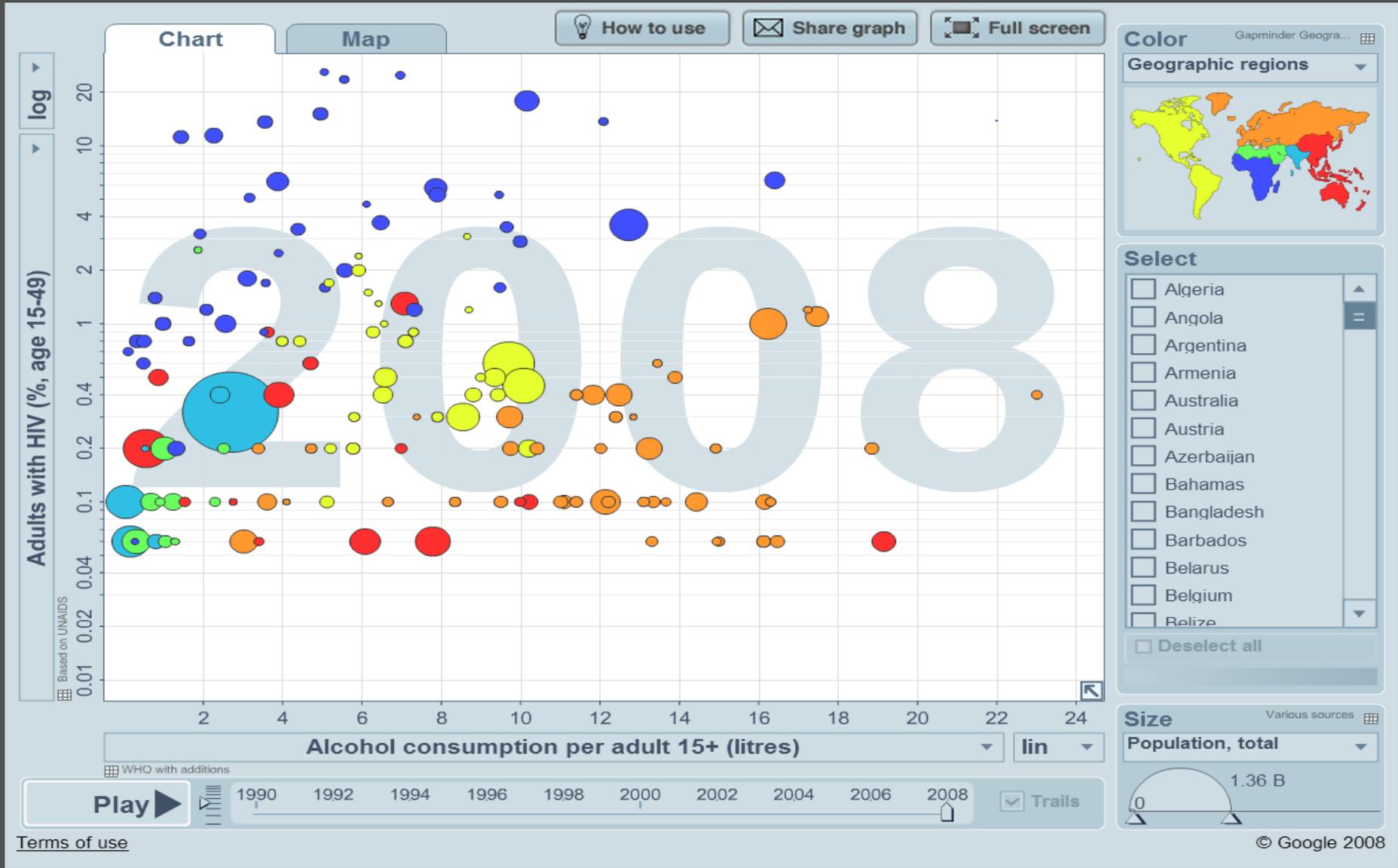
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and
Information Systems (HSI)
World Health Organization

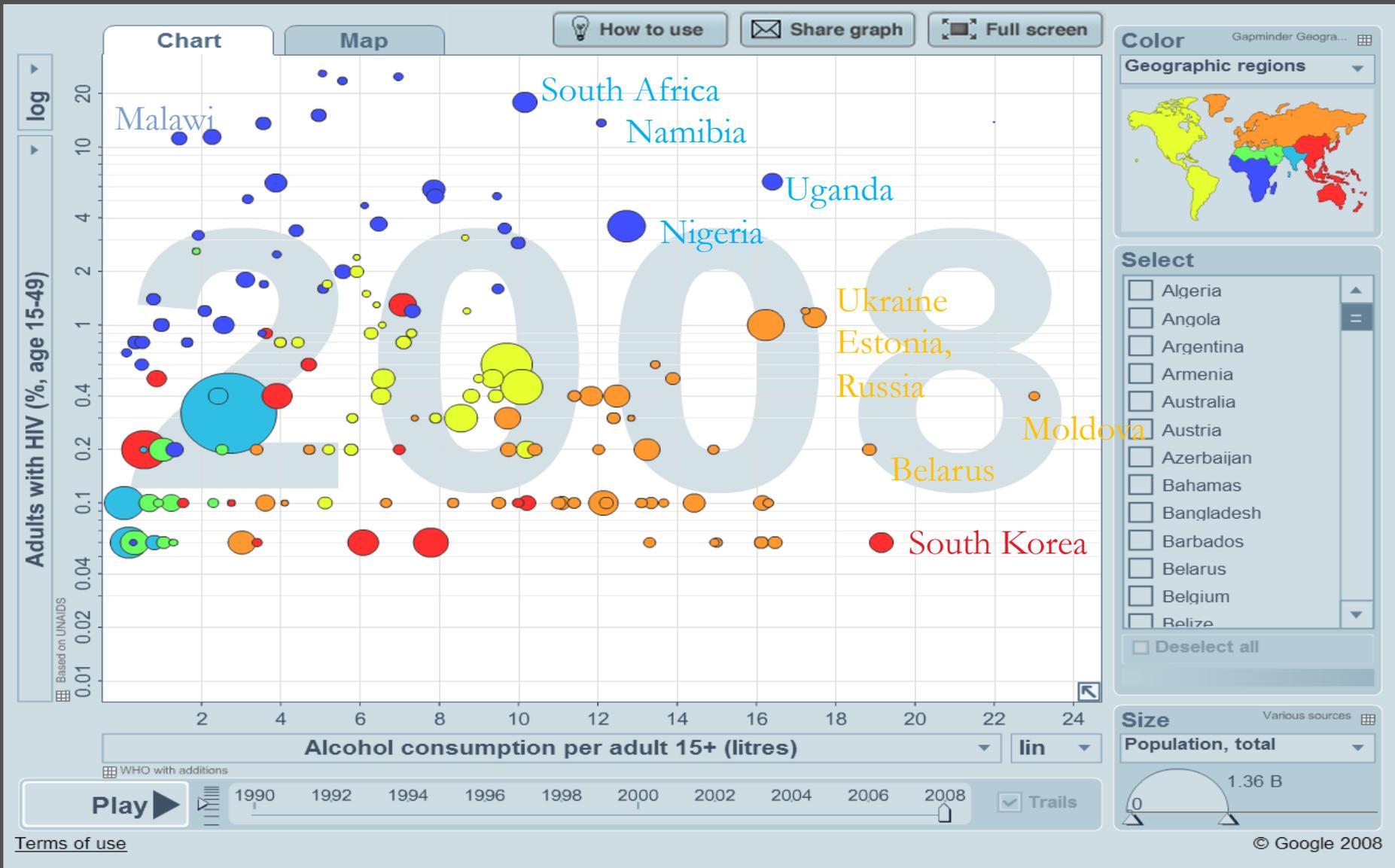


© WHO 2013. All rights reserved.

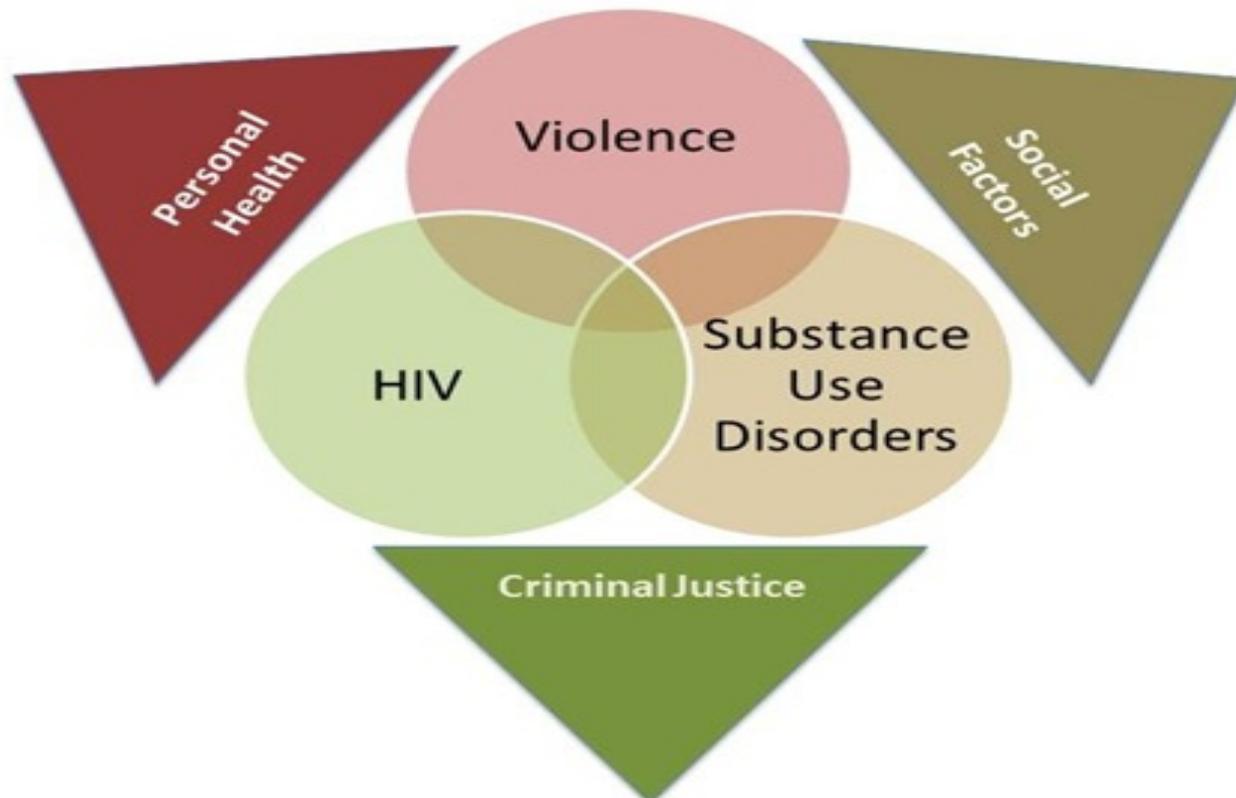
Alcohol & HIV by Region and Country Population



Alcohol & HIV by Region and Country Population



Integrating Alcohol Misuse, Violence, & HIV/AIDS (SAVA Syndemic)



Source: Meyer, J.P., S.A. Springer, F.L. Altice. (2011). Substance abuse, violence, and HIV in women: A literature review of the syndemic. *Journal of Women's Health*, 20(7):991-1006.

GBV & HIV: Cross-cutting Issues for Development



... the global HIV/AIDS epidemic has long exceeded being a serious health challenge, and has become a critical threat to sustainable development.

“It is time to end tolerance and complicity. We cannot make poverty history unless we make violence against women history. We cannot stop the spread of HIV unless we stop discrimination and violence against women and girls. We cannot build a world of peace, development and security until we end violence against women and girls.”

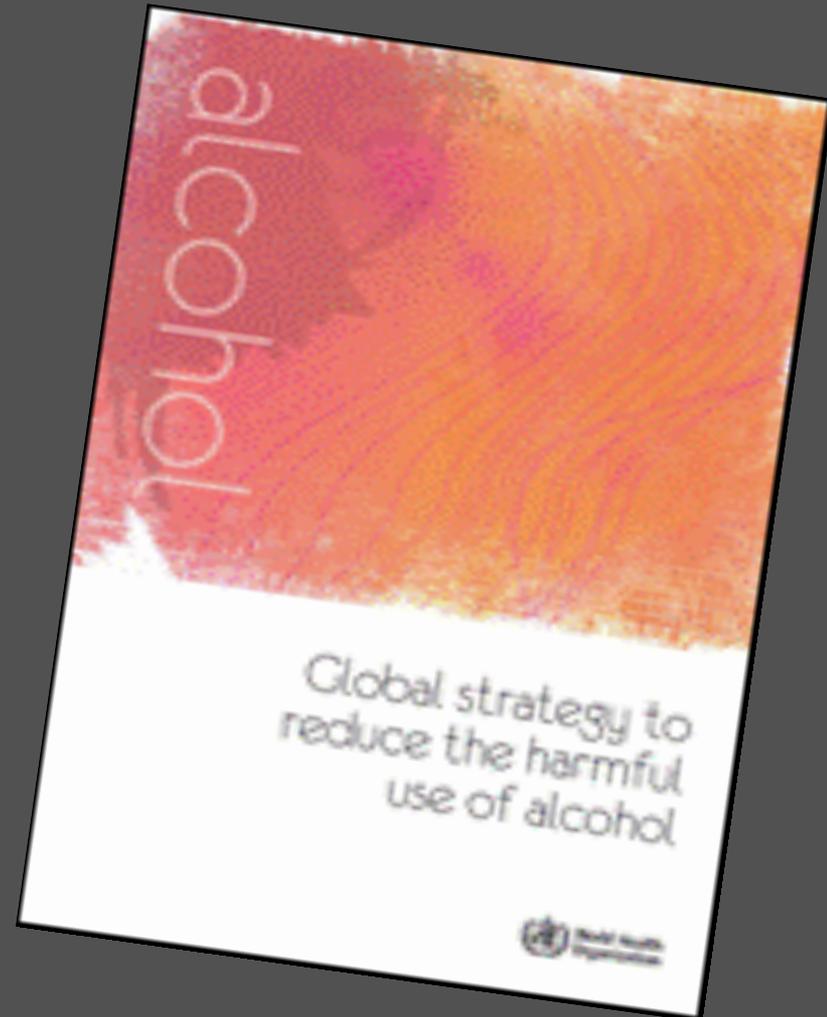
*—Statement of Thoraya Ahmed Obaid,
Executive Director, UNFPA, 10 October 2006*

Historic World Health Assembly Resolution Addressing GBV

- ◎ On 24 May 2014, the 67th World Health Assembly (WHA) adopted a resolution, co-sponsored by 24 governments entitled “Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children”.
 - Member States voiced strong commitment to increase the health sector's response to all forms of violence and in particular violence against women and children.
 - They stressed the need to improve data collection and services for those affected, but also strengthen the focus on prevention and advocacy.

Harmful Use of Alcohol as a Development Issue

“Indeed, it is a development issue, since the level of risk associated with the harmful use of alcohol in developing countries is much higher than that in high income countries where people are increasingly protected by comprehensive laws and interventions – and by mechanisms to ensure that these are implemented. “



Addressing Alcohol, GBV and HIV through Integration: Alcohol in All Policies

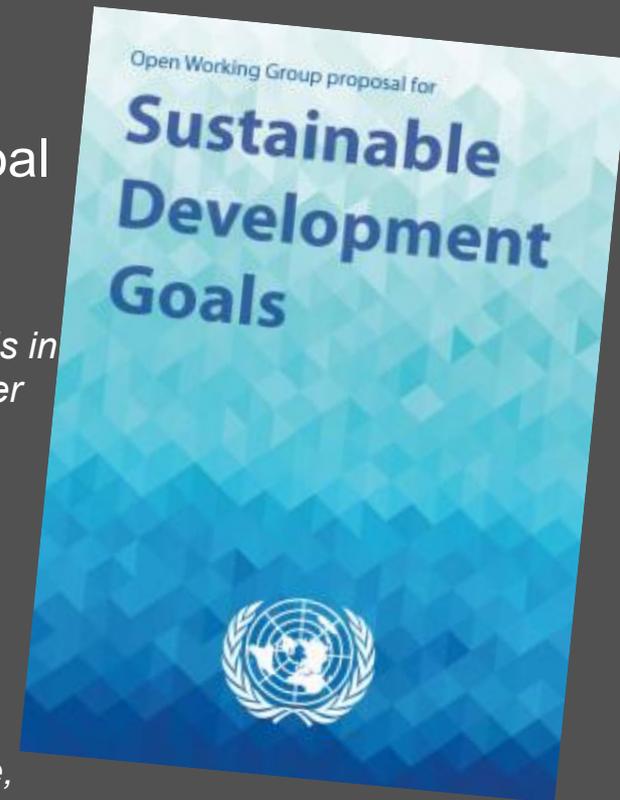
- ◎ WHO and the United Nations Development Program (UNDP) are exploring how to link and integrate national policies and programmes addressing harmful use of alcohol, gender-based violence, and HIV prevention, treatment and care.
- ◎ *“A multi-sectoral approach is needed, where alcohol use, GBV and HIV/AIDS are addressed in a concrete, integrated and systematic manner”*

-- Musinga T. Bandora, UNDP, WHO/UNDP Meeting, Namibia, June 2014

The SDGs for the future: Integrating Alcohol, GBV, HIV

The Post 2015 Development Agenda outlines 17 goals with targets for achieving development through the Sustainable Development Goals by 2030.

- Combatting GBV is outlined as a key target for Goal 5 - Achieve gender equality and empower all women and girls
 - *Target 5.2 eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation*
- HIV/AIDS and harmful use of alcohol are key targets for achieving Goal 3
 - *Target 3.3 by 2030 end the epidemics of AIDS, TB, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases*
 - *Target 3.5 strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*



Key Messages: Great Progress in 2014!

- WHO Alcohol Global Status Report
- WHO Resolution: *Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children.*
- WHO/UNDP integrating national policies and programs addressing harmful use of alcohol, GBV, and HIV prevention, treatment and care.
- Incorporating alcohol and GBV in SDGs
- IOGT 68th World Congress!

Key Messages: Maintaining the Momentum!

- ⦿ Push alcohol policy development, implementation and enforcement (alcohol in all policies!)
- ⦿ Promote alcohol prevention and treatment in communities
- ⦿ Serve as the community voice on alcohol harm
- ⦿ Integrate strategies to address alcohol, GBV and HIV/AIDS
- ⦿ Consider alcohol as structural driver for GBV and HIV
- ⦿ Conduct research, describe the magnitude of the problem and “what works” to address it (Monitor & Evaluate)
- ⦿ Publish reports, share best practices, demonstrate impact
- ⦿ Partner with others to achieve more with less!

Thank you!



Monica Swahn, Ph.D.
Professor of Epidemiology,
School of Public Health,
Georgia State University
Director for Research,
Emory Center for Injury Control
Atlanta, GA, USA

Mswahn@gsu.edu

404-413-1148

Questions ?

EXTRA SLIDES

Addressing GBV, HIV: The MDGs

- The 8 United Nations Millennium Development Goals (MDGs) provided a blueprint for achievement of development globally by 2015.
- GBV was recognized as key to achieving all 8 of the goals including:
 - MDG1 - To eliminate poverty
 - MDG 3 – To promote gender equality and empower women
 - MDG 4 & 5 - To reduce maternal and infant health
 - MDG Goal 6 - To combat HIV/AIDS, Malaria and other diseases
 - There was no mention of harmful alcohol use in any of the goals or targets.



Overall Impact of Alcohol on HIV

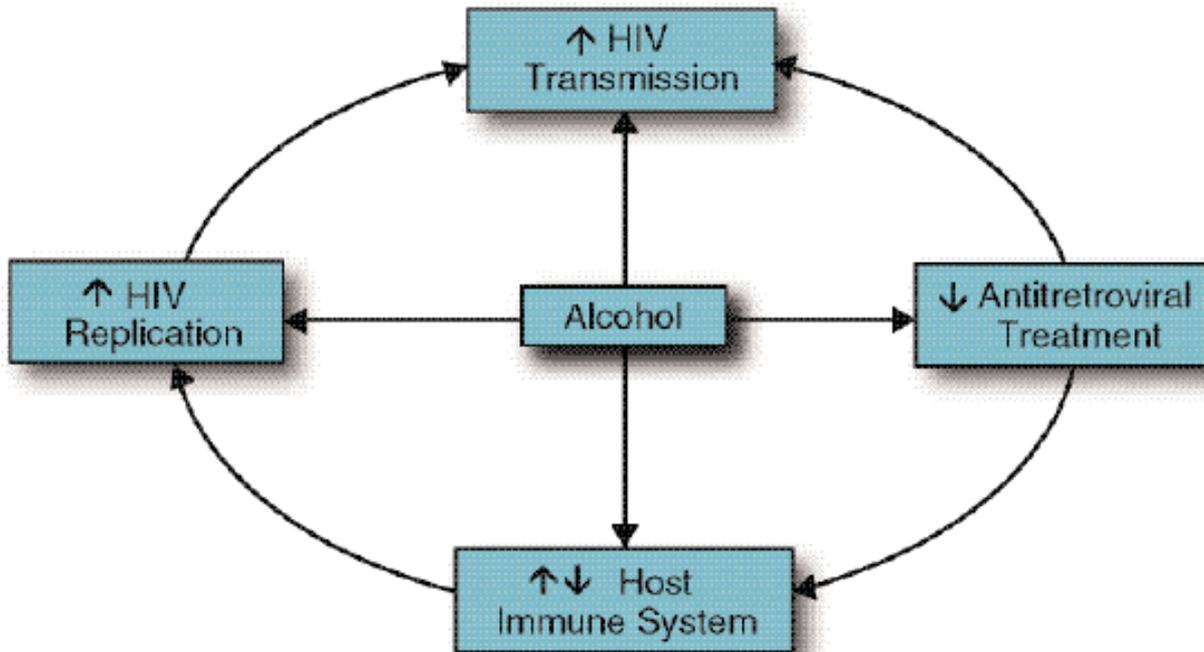


Figure 1 Overall impact of alcohol consumption on human immunodeficiency virus (HIV) pathogenesis.

Source: Pandrea, I., Happel, K. I., Amedee, A. M., Bagby, G. J., & Nelson, S. (2010). Alcohol's role in HIV transmission and disease progression. *Alcohol Health & Research World*, 33(3), 203.

GBV and HIV: The Gender Issue

- ◎ At least half of the 40 million people infected with HIV in the world are women.
- ◎ Women who have experienced GBV are up to three times more likely to be infected with HIV than those who have not.
- ◎ Victims of violence are at a greater risk of engaging in high risk sexual behaviors including unprotected sex
 - Proposing condom use may increase women's risk of violence
 - Victims of GBV may feel less able to negotiate condom use with partners
 - Disclosing HIV status may increase risk of violence



SAFE COMMUNITIES

FREE FROM VIOLENCE AGAINST WOMEN AND GIRLS



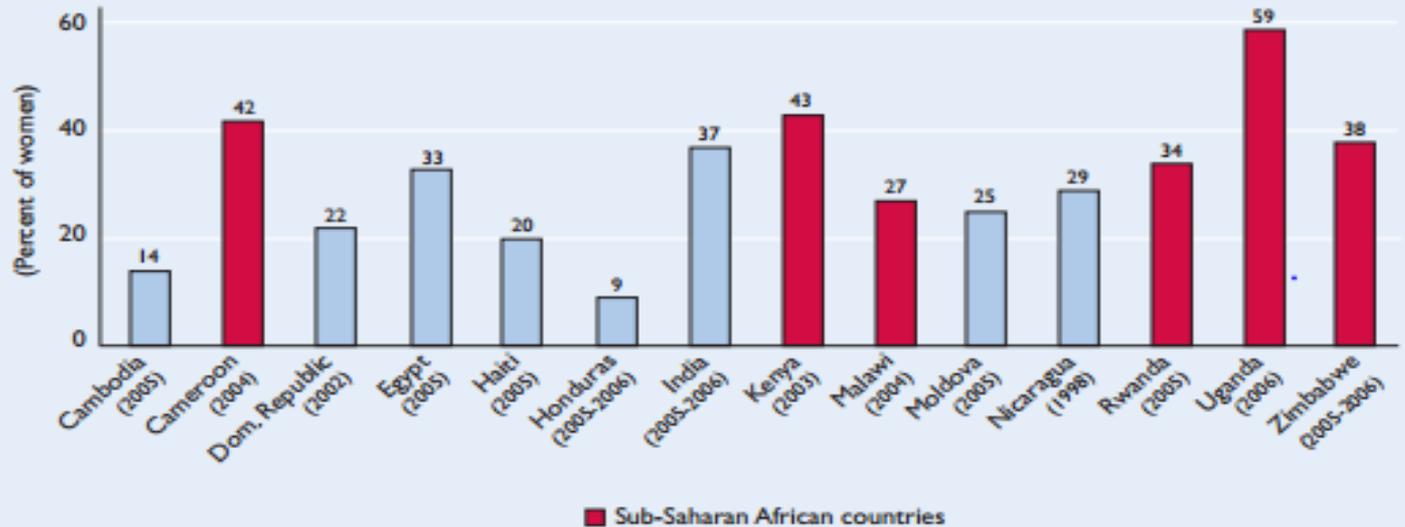
3 Reasons Why “Gender” & “Violence” are Important!

- ❑ The patterns of violence against men and against women are different
- ❑ In many settings, society justifies, tolerates or ignores violence against women because of traditional gender roles and prejudices
- ❑ In many countries, there are laws and forms of implementing these laws, that minimize the seriousness of acts of violence against women



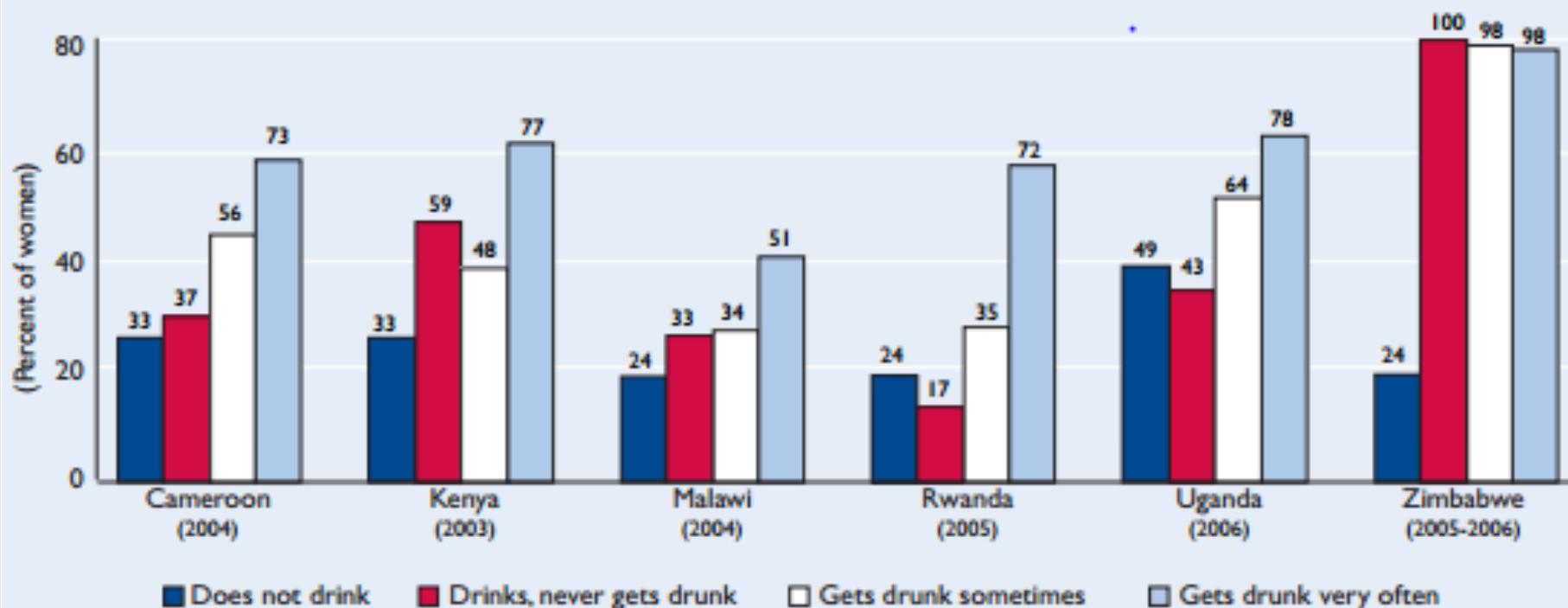
GBV Prevalence: Comparison of Select Countries

Figure 3.1 Among married women, the percentage who ever experienced physical and/or sexual violence by their husband—selected DHS results



Created by: Africa's Health in 2010

Figure 3.16 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to the husband's use of alcohol



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. Based on information from DHS country reports.

Created by: Africa's Health in 2010

Progress: Requiring Specific GBV Indicator

- ❑ For the first time ever, the 2012 UNAIDS Global AIDS Response Progress Reporting Guidelines include a GBV indicator, one of 30 core indicators that countries will be asked to report on.
- ❑ The new indicator is the “proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.” This will generate important evidence in its own right, but will also serve as a proxy for gender equality. –



GBV: Existing Recommendations for National Governments Related to HIV and NCDs

The national GBV response should be multisectoral both at the policy and program levels involving at least health (including HIV/AIDS, reproductive health, and mental health), education, legal, criminal justice, human rights, social welfare and gender sectors.

HIV/AIDS is a government priority in all national planning documents, but much remains to be done to emphasize links between HIV/AIDS and GBV and the need to integrate GBV into HIV/AIDS efforts, rather than as an "add-on". Specifically, clear policy frameworks should address GBV across the HIV/AIDS prevention, treatment, and care and support spectrum.

Key to Progress: Action and Integration

- ❑ Need accountability for action
 - Measuring impact and reduced levels of violence
- ❑ Need addressing the structural drivers (underlying factors) of violence
 - Norms/Attitudes
 - Recognition and response to violence
- ❑ Need integration of co-occurring health and social concerns
 - NCDs (*alcohol use in particular*)
 - HIV/AIDS (risk and consequence of violence)

Definition of Violence Against Women

The UN defines VAW as:

“Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life.”

United Nations General Assembly 1993

Structural Drivers for HIV



The main factors that shape risk behavior and the environmental factors:

- Location
- Age
- Poverty
- Social network
- Political/ cultural practices

Workshop Questions

- ⦿ Does your country's health system address alcohol, GBV and HIV in an integrated way?
 - If no, what can your NGO do to promote such integration?
- ⦿ Does your NGO educate citizens, particularly boys and men, on harmful effects of Alcohol, GBV and HIV?
 - If yes, in what ways?
- ⦿ Is alcohol use a consistent risk factor for gender-based violence in your communities?
- ⦿ Do you conduct research on structural drivers of Alcohol, GBV and HIV to inform advocacy and policy e.g. poverty, political, cultural? Please give examples.