





# Alcohol and HIV: Concerns and Challenges for HIV prevention and treatment programs in India

ICRW, ARO

## Broad objectives

- ❁ To conduct a review of existing policies and programs to understand the status of alcohol as a risk factor in HIV programs
- ❁ To undertake a stakeholder analysis to identify concerns, priorities and evidence needs of NACO and other stakeholders to integrate alcohol in HIV programs

# mapping stakeholders

-  Ministries that house alcohol
-  NACO
-  WHO
-  CBOs/NGOs/Providers

# Alcohol-Big Picture

- GOI adopts a two-pronged strategy viz. supply reduction (supply reduction is under the purview of the enforcement agencies with the Department of Revenue, MoFPI) and demand reduction (MoSJE)
- Alcohol is a state subject
- 7<sup>th</sup> draft of the Alcohol Policy under discussion-guided by the WHO Global alcohol strategy-MoFPI, NACO not at the table to discuss the draft
- India contributes to 65% of production in the South East Asia Region and nearly 7% of imports into the Region.

# Status of alcohol in NACO Programs

- Review of NACO operational guidelines, reports, training modules, forms used for history taking
- Interviews with NACO officials
- Review of WHO-SEARO website, documents, reports etc
- Identification and interviews of WHO officials

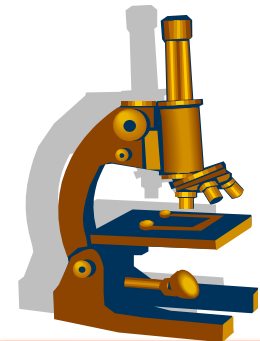
# Looking for alcohol in HIV programs...

Alcohol is addressed as a risk factor in various training manuals:

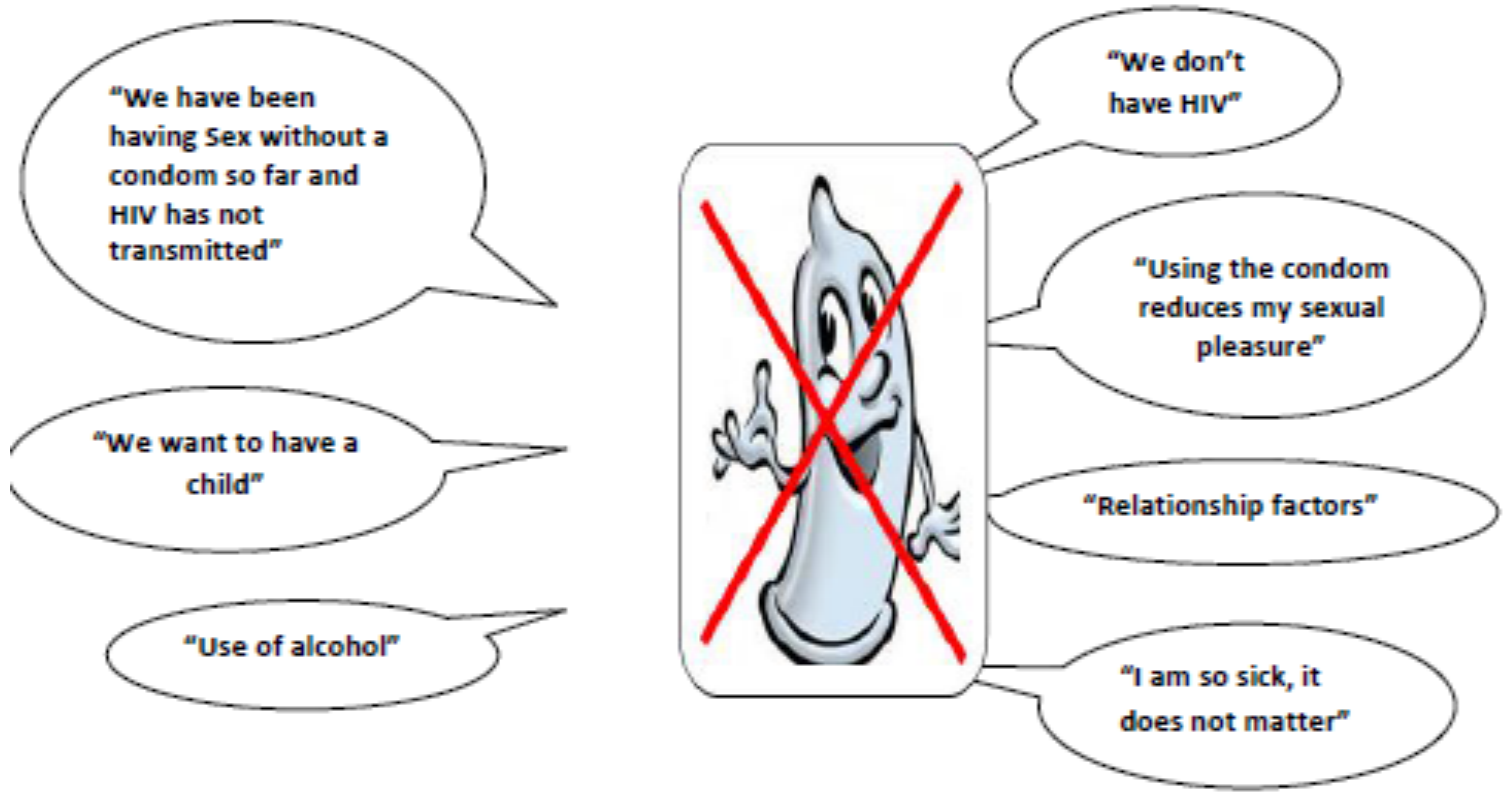
- ICCTC counselors-training on assessing alcohol use, harmful use, dependence, motivational interviewing like relapse, maintenance etc..

- training medical personnel involved in treatment of HIV with emphasis on history taking, drug interactions and medical complications due to alcohol use

No mention of alcohol in the various NACIV plan nor in the research priorities of NACO !



- ⊗ Data on alcohol use is collected from person who access prevention and treatment services
- ⊗ Data is collected by counselors, but is not reported in the SIMS
- ⊗ Measurement of alcohol is limited to one tick in the box
- ⊗ History taking for HIV risks does not ask for alcohol use prior to sexual activity and condom use



Source: *NACO (2011) Refresher training program for ICTC counselors*



# Stakeholder opinions

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- ⊗ Alcohol is unequivocally recognized as an important driver of risky behaviors by stakeholders
- ⊗ Greater concern about finding “solid evidence” that causally link alcohol use to risky-behavior/transmission.
- ⊗ NACO and the relevant ministries stand divided over the stance of harm reduction vis-à-vis abstinence.
- ⊗ Narrow view of what affects risks.... Factors beyond immediate risky behaviors are not seen as a prevention mandate
- ⊗ Greater openness to talk about alcohol as an important issue on the treatment side-to ensure better adherence and decrease complications

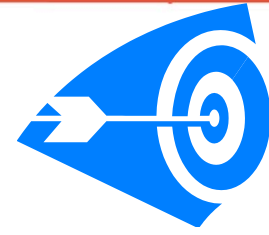
- ❁ Similar thoughts echoed by non-NACO stakeholders who felt that NACO refrains itself from engaging in any dialogue that will shift their attention to factors beyond immediate causes
- ❁ Other stakeholders could not identify any champions within NACO who think of alcohol as an issue to address in prevention
- ❁ NACO priorities have shifted to scaling up of programs and saturation of prevention service, unlikely of them to address a new area... provided evidence is provided to convince them.
- ❁ Stakeholders felt that there are available resources like brief screening and counseling tools like SAMSHA's SBIRT model which have been tried in India and can be easily transferred to a counseling setting-

# WHO-NACO Engagement

- ❁ WHO 8 country study on understanding alcohol use and sexual risks in 2005 was seminal...but no similar studies followed
- ❁ More involvement from Geneva office on the 8 country study, dissemination to NACO not well documented
- ❁ NACO interacts with WHO funded substance use treatment providers for advise on OST and needle exchange
- ❁ Within WHO there are silos of working on communicable diseases and non communicable diseases –looking for a champion ...

# Innovations to integrate alcohol and HIV...

- Camp approach to treat alcohol and talk about HIV risk (Dr. Shanti Ranganathan)
- School based approach to prevent alcohol and HIV (STEP Program)
- integrating alcohol intervention within TI (SMS, Bangalore)
- Venue based intervention-(YRG Care)
- violence-HIV risk (RHANI)



## Next steps ???

- ❁ Need to continue engaging with NACO
- ❁ Need to build evidence-How do we produce “solid” evidence...
- ❁ How do we get NACO interested to continue engagement on alcohol issue
- ❁ Window of opportunity exists with the upcoming Alcohol-ART adherence grant, but what about addressing alcohol on the prevention side?