



Coalition to Promote Research

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and Fundamental Knowledge Through Scientific Research

Information on studies funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) on Venue-Based Interventions for HIV/AIDS and Alcohol Use

Overall, these studies take information gained over years of research on general AIDS transmission intervention methods and test or modify them to improve effectiveness in high risk settings around the world since HIV/AIDS is a global epidemic. It is hoped the research will identify more successful interventions than currently available to address the global need in high risk populations. If these interventions can disrupt the normal course of events and produce a different outcome, namely one that does not lead to a behavior that spreads the HIV/AIDS infection, there could be significant benefit to both the immediate setting being studied, and similar situations and settings, in other cultures and settings, including the United States.

- AIDS affects virtually every country and every region of the world, and new prevention strategies are still needed. Specifically, interventions in settings that contribute to the spread of disease in U.S. populations and throughout the world are critically important in responding to the global HIV/AIDS epidemic.
- Research has provided evidence linking alcohol-related, high risk sexual behavior with HIV and other sexually-transmitted infections. Research has also provided rich descriptions of social, cultural, and economic contexts in which people engage in alcohol-related sexual risk behaviors. More specifically, alcohol use characteristics (e.g., binge drinking) have been linked with sexual risk-taking that occurs in a range of high risk environments.
- To ensure a comprehensive approach to this worldwide public health problem, NIAAA sought input from experts in this country and abroad in identifying the most pressing priorities for research support.¹
- Based on the 2006 recommendations of the NIAAA Extramural Advisory Board that were reviewed and accepted by the National Advisory Council on Alcohol Abuse and Alcoholism, the Institute issued a pair of Requests for Applications (RFA), entitled, "International Research on Venue-Based Interventions for HIV/AIDS and Alcohol Use" in February 2008.
- RFA-AA-08-11 <<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-08-011.html>> utilized the regular research grant mechanism and ran in parallel with a RFA of identical scientific scope, RFA-AA-08-012 <<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-08-012.html>>, that solicited applications under the exploratory/developmental grant mechanism. A total of 6 grant awards were made based on these RFAs.

¹ In 2004, NIAAA established the Extramural Advisory Board (EAB), a subcommittee of the National Advisory Council on Alcohol Abuse and Alcoholism, to review all extramural research portfolios and develop recommendations for future research based on scientific opportunities and public health needs. Council members are non-NIH employees and are appointed by the Secretary of HHS.

With regard to the research in question, the EAB met to review the Epidemiology and Prevention Research Portfolio on August 16-17, 2006, and among its recommendations were to:

- Replicate and generalize evidence based environmental strategies developed in successful community trials and undertake pilot studies to develop new community strategies to address health and social outcomes.
- Encourage culturally and developmentally appropriate screening, assessment, and interventions, especially brief interventions, and use creative technologies to maximize their reach, impact, and efficiency.

The EAB also met on October 4-5, 2006, to discuss, "Developing an NIAAA Plan for HIV-related Biomedical Research." That EAB yielded recommendations, including to:

- Characterize unique aspects of alcohol/HIV interactions among women, children, adolescents and older adults in domestic and international settings and how these are moderated by racial, ethnic, and environmental factors.

- The primary focus of these RFAs was to develop and test new interventions that lead to the development of venue-based interventions. Locations where high risk sexual behaviors are initiated (high risk venues) include formal and informal drinking establishments in both urban and rural areas. They often exist along frequently traveled routes or near borders where populations mix. These locations may include bars, “shabeens” (homebrew or unlicensed sales points); migrant worker settlements; commercial sex establishments such as brothels or massage parlors; circuit parties; bathhouses (the latter two venues are increasingly common in SE Asia and are contributing to the growing epidemic among Men Having Sex with Men there); truck stops; bus terminals or ports; border towns; and high risk work settings, in particular those which involve alcohol production. Bars and other drinking venues where alcohol is consumed and sexual mixing occurs are ideal settings in which to implement HIV prevention programs. Such programs may deliver a range of evidence-based, low-cost, feasible, public health interventions that can reach persons and social networks engaged in high risk sexual behaviors.
- Examples of Awarded Activities:
 - Argentina Award:
 - Investigators are studying whether the effectiveness of typical approaches to HIV prevention can be improved by also manipulating the physical characteristics of drinking establishments such as existence of private areas, lighting, presence of HIV fliers and posters, and density of wait staff to customers.
 - China Award:
 - Research has shown that female sex workers who reported using alcohol prior to having sex with clients also reported less consistent use of condoms and higher rates of sexually transmitted diseases. Investigators in this study are designing interventions to increase the likelihood that sex workers will adhere to safe sex practices with respect to the transmission of HIV.
 - Other Examples:
 - In another study, investigators are testing an intervention that tries to simultaneously enhance safer sex practices, better adherence to anti-retroviral therapy regimens, and reduce alcohol and other drug use.
 - A different project is developing an intervention that targets five underlying factors thought to be driving unsafe sex in tourist locations: tourist-vacation escapism, social inequality between tourists and locals, availability and affordability of alcohol, social isolation, and business practices at bars and restaurants.
 - Researchers are also developing interventions specifically designed to be effective among women who drink at taverns and liquor stores. The interventions are incorporating a number of factors, including: AIDS stigma beliefs, correcting misperceptions among women on drinking norms, experience of sexual coercion, and belief that one can alter one’s degree of risk.
 - Interventions in another study are being delivered by mobile units outside of common drinking venues. These interventions will combine both rapid HIV testing and one of the following: gender specific HIV-risk counseling or both gender-specific HIV-risk counseling and couples HIV-risk counseling.
- It is important to note that NIH support for studies of human behavior and disease transmission are key to the development of realistic prevention strategies and interventions against global health problems. In 2004, prompted by a similar question, the NIH Director directed NIH officials to conduct a comprehensive review of human sexuality research supported by NIH. The 2004 review found such research to be scientifically defensible and appropriate, a viewpoint that has been validated repeatedly by the knowledge gained from such studies.
- NIH remains stalwart in supporting our basic mandate from the Public Health Service Act which requires the agency to conduct and support “research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man.”