Research Update

Alcohol is the most frequently used and abused substance in the United States. A recent national survey of substance use found that 46.6 percent of Americans ages 12 and older reported having consumed at least one drink in the prior month, 20.6 percent had five or more drinks on the same occasion at least once in the prior month, and 5.6 percent reported having five or more drinks on the same occasion at least five different days in the prior month.

There is a common societal belief that people are more likely to engage in sex while under the influence of alcohol than when sober because alcohol use reduces anxiety and sexual inhibition. Alcohol use can impair cognitive processes, including the ability to make clear judgments and decisions, and is therefore commonly thought to increase the likelihood of unprotected sex. However, some people frequently or always engage in unprotected sex regardless of whether or not they have consumed alcohol. Although some research supports the belief that alcohol use increases the likelihood of engaging in unprotected sexual behaviors, other studies have found no direct link between drinking and engaging in risky sex.

Alcohol and HIV Risk

Early in the AIDS epidemic, many researchers concluded that alcohol use increases the likelihood of HIV infection because of frequent associations between alcohol consumption and high-risk sexual behaviors among gay men. Recent research has challenged these observations. One important limitation of the early studies is that they failed to account for the fact that gay men often consume alcohol in conjunction with other drugs. When adjusting for these other co-factors, the association between alcohol use and unprotected sex becomes weaker and, in some studies, non-existent. In fact, researchers found that other co-factors—including the use of other drugs and situational factors such as the ability to discuss condom use—become stronger predictors than alcohol of unprotected sex.

A 1997 review of alcohol-related studies found no clear causal links between alcohol consumption and HIV infection. Of the 20 studies reviewed, 35 percent supported the hypothesis that alcohol increases the likelihood of unprotected sex, 25 percent found partial support for this hypothesis, and 40 percent found no support for it. Again, because many of the behavioral studies assessed the roles of other drug use in addition to alcohol use, it is difficult to distin-
guish the primary effects of alcohol on HIV-related risks. According to a 1996 review of studies examining the relationship between alcohol use and risky sexual behavior, the most effective studies are those that use “event analysis,” a method that focuses on specific sexual events, such as the first time a person had sex with a partner. Among 15 studies using event analysis, about half found a correlation between alcohol use and risky sex. In the case of a person’s first time having sex, three of four studies found a correlation between alcohol use and higher rates of unprotected sex. However, only one of eight studies examining the first sexual event with a new partner found a significant effect of alcohol on unprotected sex. In the nine studies that examined the most recent sexual event or sexual intercourse with partners who were not new, seven found no association between drinking and unprotected sex.

A 2001 study of 422 Midwestern men who have sex with men found consistent and strong associations between unsafe sexual behavior and use of alcohol and other drugs. Data analysis indicated that alcohol dependency was associated with a more than four-fold increase in risk behavior. The researchers stated that although it is not possible to determine from these data whether substance use is a cause or consequence of risk—or whether some other variables, such as personality traits, underlie both—it appears that the more a substance affects state of consciousness, the greater its association with increased sexual risk behavior: among participants who consumed five or more drinks in one sitting within the prior two weeks, those who did so on three or more occasions were more likely to engage in unprotected sex.

The effects of alcohol on unprotected sex may vary based on the relationship between the sex partners. A Boston study of 508 young gay and bisexual men found that alcohol use increased the likelihood of unprotected anal sex with “nonsteady” partners but decreased the likelihood of unprotected anal sex with “steady” partners. The overall rates of unprotected anal sex were 17 percent after drinking and 26 percent when sober. With steady partners, men had unprotected anal sex 22 percent of the time after drinking and 27 percent of the time when sober. With non-steady partners, the rates were 9 percent after drinking compared with 3 percent when sober. Participants who were more likely to have unprotected anal sex with non-steady partners were also significantly more likely to be alcohol dependent and had almost twice as many sex partners in the prior six months as participants who were less likely to have unprotected anal sex. These findings support the role of situational factors in sexual risk taking rather than the direct effect of alcohol’s pharmacologic properties on social behavior. The researchers emphasized the difficulty of making blanket statements about the effects of alcohol on sexual risk taking.

A 1999 study of 320 heterosexual college students found no direct relationship between the amount of alcohol consumed and condom use during their last sexual encounter. However, researchers found that participants who discussed HIV, sexually transmitted diseases (STDs), contraception, or emotional commitment were three to four times more likely to use condoms than those who did not communicate about these issues. Further, male participants who reported consuming five or more drinks before sex were 1.5 times less likely to discuss these issues with their partners than men who reported little or no alcohol use. There were no significant relationships between the amount of alcohol women had consumed and whether they had communicated with their partners about these issues.

In a 1999 study of 371 adolescent alcohol users, participants diagnosed with an alcohol use disorder were more than four times as likely to be sexually active and to have had an average of 50 percent more sex partners than “regular drinkers.” Ninety-one percent of participants with alcohol use disorders were sexually active, with an average of 9.7 lifetime sex partners, while 73 percent of regular drinkers were sexually active, with an average of 5.8 lifetime sex partners. However, there was no significant difference between the two groups in percentage of participants whose last sexual encounter was unprotected.

Research suggests that the association between alcohol and condom use may be related to a person’s ethnicity. A large national study comparing the effects of alcohol on condom use with new partners among Latino, African-American, and White men and women found that Latino men and women and African-American women were more likely to use condoms when they drank alcohol than when they did not drink. When drinking alcohol, Latino men used

Although some research supports the belief that alcohol use increases the likelihood of engaging in unprotected sexual behaviors, other studies have found no direct link.

Alcohol is one of many interrelated variables that affect whether or not people decide to use condoms with new sex partners.
condoms 62 percent of the time, but those who did not drink used condoms only 28 percent of the time. Latino women who drank before sex used condoms 64 percent of the time, while those who did not drink used condoms only 16 percent of the time. African-American women used condoms 48 percent of the time when they drank alcohol and 24 percent when they did not drink. For both African-American and White men, alcohol use had little effect on condom use rates, which were between 34 percent and 38 percent for both groups with or without alcohol use.10

The study also found that men who reported having more than five sex partners during the previous year were more likely than other men to use condoms with new partners, and older women were more likely than younger women to have unprotected sex with new partners. These findings suggest that alcohol is one of many interrelated variables that affect whether or not people decide to use condoms with new sex partners.10

Some research suggests that cultural beliefs about alcohol’s effects on promoting sex and sexual risk behavior, rather than the physical effects of alcohol, cause people to engage in high-risk sex, so that these cultural expectations act as self-fulfilling prophecies. A study of 907 adolescents found that participants were more likely to engage in unprotected sex if they believed that alcohol promotes sexual risk taking. Data analyses revealed that alcohol use was associated with greater risk taking primarily among participants who expected alcohol to have this effect. Based on study results, researchers speculated that prevention campaigns stating that alcohol leads to risky sex may paradoxically increase the likelihood of sexual risk taking after drinking.11

One of the difficulties of analyzing and drawing conclusions from research about alcohol’s effects on risk-taking is determining whether alcohol use causes unsafe behavior or whether people first have the intention to engage in unsafe behaviors and then use alcohol to justify or facilitate these behaviors.7 Some people drink so that they can avoid responsibility for negotiating condom use, providing a condom, or using a condom correctly. In light of this, alcohol-related interventions might increase safer sex by creating positive attitudes and expectancies toward condom use both generally and specifically when drinking, developing efficacy for condom negotiation and use when drinking, teaching that condom use is possible when drinking, and emphasizing that drinking does not decrease responsibility for protecting oneself and others from HIV and other STDs.12

Related Issue: Alcohol in the Gay Community

Gay men and lesbians are often thought to be at higher risk for alcohol abuse than people in the general population, largely because of the effects of social stigma, the central role of bars in gay and lesbian communities, and relatively few normative pressures against alcohol consumption in the gay community. Research in the 1970s and early 1980s supported assumptions about elevated alcohol abuse among gay men, finding that about one-third of men sampled in gay bars abused alcohol. This early research, however, suffered from methodological flaws, most notably the recruitment of participants primarily or exclusively from gay bars. By contrast, according to a review of the literature, most recent research suggests that men who have sex with men are not at higher risk than heterosexual men for alcohol abuse and that rates of drinking and drinking problems in the gay community have decreased over the past 15 years.18

In a study based on data from a national survey on substance use, homosexually active men did not differ significantly from heterosexual active men in patterns of alcohol use, both in terms of amount and frequency of consumption and indicators of problematic use. But the study also found that homosexually active women were more likely than heterosexually active women to consume alcohol and to drink more frequently and in larger quantities. Homosexually active women were also more likely to have begun drinking at a younger age than women who reported only opposite gender sex partners in the prior year.19

However, research suggests that rates of drug use other than alcohol may be higher among gay men than among the general population. In a Pittsburgh study of alcohol and other drug use among 187 gay men recruited through various advertisements, groups, and programs in the local gay community, 41 percent of study participants had substance use disorders at some time in their lives, compared to 20 percent among similarly aged men in the general population. In addition, 58 percent of participants who met criteria for alcohol dependence also met criteria for other drug dependence. But the study also found no direct correlation between alcohol use alone and increased risk for HIV infection. Among HIV-negative participants, HIV risk was highest among men with histories of both alcohol and other drug problems.5
Personality Traits

Several researchers have suggested that sexual risk behaviors and substance use are both related to underlying personality traits: people who take sexual risks are more likely to seek stimulation from alcohol and other drugs; on the other hand, people who are generally cautious are less likely to take risks, including engaging in substance use and unprotected sex. The personality trait that seems to be most closely associated with risk taking is sensation seeking.13

Sensation seeking is characterized by the tendency to seek novel, varied, complex, and intense sensations and experiences and the willingness to take risks for the sake of these experiences. Research indicates that the sensation-seeking personality is associated with both substance use and sexual behavior. Sensation seekers are more likely to have used drugs, to have done so earlier in their lives, and to have used a greater amount of drugs. Sensation seekers have also been found to have a lifetime history of more sex partners, more permissive attitudes about sex, a greater variety of sexual practices, and a greater likelihood of having unprotected sex.13

A 1996 study of 99 homosexually active men found that sexual sensation seeking significantly predicted both alcohol and other drug use and unprotected anal sex. Use of alcohol and other drugs, however, did not directly affect frequency of unprotected anal sex.14

A 1997 study of 117 gay men also found that sensation seeking was a significant predictor of unprotected anal sex and that substance use was only a marginally significant predictor of unprotected anal sex. The authors of this study postulated that interventions emphasizing the dangers of unprotected sex may not be effective for sensation seekers because they are to some extent drawn to risky behavior and may take risks for the sake of excitement. They suggested instead that it may be more effective to associate safer sexual behaviors with concepts such as sexual variety and experimentation and that safer sex is more likely to appeal to sensation seekers if it appears exciting, novel, and erotic.13

Another personality trait that appears to be related to both alcohol use and sexual risk behavior is self-esteem. A study of college students in Georgia found that low levels of alcohol consumption and high levels of self-esteem were associated with greater rates of condom use. “Low drinkers” were defined as consuming between one and 14 drinks per week, and “high drinkers” were defined as consuming 15 or more drinks per week. Low drinkers reported greater frequency of past condom use than high drinkers, and high drinkers reported greater frequency of having sex after drinking. Among low drinkers, those with high self-esteem reported greater condom use. The findings suggest that alcohol use is not a solitary risk factor but that the interaction between alcohol use and low self-esteem may influence the frequency of unsafe sex and perception of risk.15

Mixing Alcohol with Other Drugs

According to a national survey of substance use, level of alcohol use was strongly associated with illegal drug use. Illegal drugs were used in the prior month by 30 percent of people who reported “heavy alcohol use” (five or more drinks on the same occasion at least five different days in the prior month), by 13.9 percent who reported “binge drinking” (five or more drinks on the same occasion between one and four times in the prior month), by 4.6 percent who reported alcohol use but not binge drinking in the prior month, and by 2.5 percent who did not drink alcohol in the prior month.2

A study of alcohol use and HIV risk among 495 African-American crack users who did not inject drugs found that participants who reported frequent use of both alcohol and crack were at higher risk for HIV infection than participants who reported frequent use of only one of these substances. Among participants who engaged in more than 10 unprotected sex acts during the prior 30 days, 36 percent of men and 54 percent of women reported frequent use of both crack and alcohol, significantly higher percentages than those reporting frequent use of only crack (21 percent of men and 39 percent of women), frequent use of only alcohol (28 percent of men and 32 percent of women), and less than frequent use of both substances (26 percent of men and 19 percent of women). In addition, despite high levels of reported alcohol use, two-thirds of participants believed that their drinking behavior was normal.16

Based on limited research, alcohol use appears to be associated with high-risk HIV behaviors among injection drug users. A recent study of injection drug users found that increased alcohol use was significantly associated with more frequent sharing of needles and other injecting equipment. Among the 196 study participants, 28 percent met diagnostic criteria for alcohol abuse in the prior six months, a rate four to five times higher than among the general population, and 14 percent met criteria for “at-risk” alcohol use (greater than 14 drinks a week for men, and greater than seven drinks a week for women). Sixty-nine percent of at-risk drinkers reported needle sharing, compared to 55 percent of low-risk drinkers and 38 percent of non-drinkers. Similarly, 65 percent of alcohol abusers reported needle sharing, compared to 45 percent of non-abusers. Researchers also determined that the odds of needle sharing among at-risk drinkers and people diagnosed with alcohol abuse was 2.3 to 2.5 times the odds for non-drinkers or low-risk drinkers.17
Implications for Counseling

Although the body of research about the effects of alcohol on HIV risk behavior is in many ways inconclusive, there is reason to believe that alcohol use combined with other factors may affect HIV risk. It is, therefore, important for HIV test counselors to consider the role of alcohol in contributing to their clients’ risks.

Alcohol is a common feature at bars, night clubs, parties, and other social functions. Going to clubs and bars with friends is a central part of many people’s social structure, and people often meet potential sex partners in this way. Alcohol acts as a “social lubricant,” helping people to relax so they can mingle more freely. Many people believe that alcohol facilitates sexual situations by lowering inhibitions and increasing confidence. For example, someone who is shy may find it easier to flirt and initiate conversations after a few drinks than when sober.

Because bars are among the only safe public place for many gay men and lesbians to meet and be openly affectionate, they may be particularly important to gay and lesbian social life. To the effect that gay bars play an important role in gay culture, alcohol may be a significant factor in the lives of gay and lesbian clients.

Alcohol and Risk Behavior

Because alcohol is so commonly used, it is good practice with all clients to assess for alcohol use and whether it affects risk behavior. One way to begin this assessment is to ask an open-ended question such as, “How do you meet your sex partners?” If appropriate, ask other open-ended questions, for example: “What role do you think alcohol plays for you when you meet sex partners?”; “What is the relationship between your drinking and your sex life?”; and “How does alcohol influence your sexual behavior?” Also ask what kind of alcohol clients use, how they use it, and how much they use.

It is important to assess whether a client’s risk behaviors are directly related to alcohol use, or whether the client also engages in risk behaviors when not drinking. If alcohol appears to affect client risk behavior, help clients acknowledge the connections between drinking and risk, and invite clients to explore what they could realistically do to lower their risk. If there is no apparent relationship between alcohol use and risk behavior, steer the discussion away from alcohol to explore other possible co-factors that may influence risk. Remember that many people use alcohol responsibly, and even if alcohol plays a role in a client’s risk behaviors, it is important to also explore other possible co-factors.

When people combine alcohol with sex, they may place themselves at risk by engaging in behaviors in which they otherwise might not engage. A relatively common risk scenario among clients involves meeting someone at a bar or club while under the influence of alcohol and then having unprotected sex with that person. Although many people find it easier to meet sex partners when they are drinking, they may also find that without alcohol, they communicate more with their partners before having sex and are more discriminating about the people they choose as sex partners. In addition, when people have sex after drinking, they may be less sensitive to pain and may, therefore, engage in rougher sex, during which they may not notice tearing or bleeding, thereby increasing risk of HIV transmission by providing additional avenues for the virus to enter and exit the body.

People may use alcohol as a way to avoid responsibility for their behaviors. In this way, alcohol helps to enable people to engage in behaviors that they desire on some level, but about which they may also feel conflicted. The challenge for counselors is to help such clients figure out how to satisfy their sexual desires in safer ways. Explain to clients that they have the ability and responsibility to protect themselves and other people even when they drink. For example, a counselor might say, “Each time you’ve talked about having unprotected sex you mentioned alcohol was involved. I’m wondering if you can drink alcohol and be safe. What do you think?”

Reducing Risk

If alcohol appears to be a co-factor in a client’s HIV risk, explore what he or she can do to reduce future risk. To initiate this discussion, use an open-ended question or statement, for instance, “You seem to be saying that you have unprotected sex when you drink, and yet you also seem to have no desire to limit your drinking. I’m wondering what you can do to reduce your risks.”

Work with clients to develop a risk-reduction plan that is both effective and feasible. For example,
if a male client promises to limit his drinking in social settings, ask how feasible he thinks this is given that many people cannot predict how much they will drink. If counselor and client decide that limiting alcohol intake is feasible, ask the client how he thinks this will reduce his HIV risk. If he says it will make it easier for him to use a condom, ask him how this could happen. When he is drinking less, what can he do to make using condoms easier?

Return the conversation to asking him how he would reduce his drinking. What would he do if a friend wants to buy him a drink? What will be his drink limit? What can he drink instead of alcohol? Where can he socialize other than bars? Discuss these and other strategies for reducing his drinking. For example, can he get into the habit of using more ice in his drink and less alcohol? Or can he drink beer instead of hard liquor? Also, when he goes to clubs or bars with friends, the group can use the “buddy system” by designating one person to remain relatively sober and monitor the friends who drink more to prevent them from going home with strangers or placing themselves in other situations that may lead to high-risk behaviors.

Summarize the results of this conversation: “You said you will limit yourself to three drinks because you feel you would have more control over using condoms this way. You said you will always have a few condoms with you when you go out. If your chances for sex look promising, you will go into a bathroom and open the condom package so you don’t have to fumble with it later.”

For some people, alcohol use inhibits communication with sex partners, and communicating with partners about condom use or about engaging only in low-risk behaviors such as oral sex is an important aspect of reducing HIV risk. Although alcohol may impair clients’ ability to communicate verbally, they may still be able to communicate in other ways. For example, a client may hand a partner a condom or apply the condom to his penis without speaking. Ask clients to consider various ways they can let their sex partners know that they want to use condoms or that they want to engage only in oral sex.

Some people drink alcohol to “self-medicate” intense or unpleasant feelings. For example, a client might recount an instance in which a conflict with a primary partner caused the client to get drunk at a bar with the unintended result of having unprotected sex with a new sex partner. In such cases, clients often express guilt or remorse. After establishing safety and rapport with clients, it is important for counselors to help clients explore realistic ways to lower risk in similar future situations. Often, clients may not want to accept the possibility that a similar situation could occur again and may be reluctant to explore ways to prepare for it. An important issue for

References
Help clients explore what they can risk for HIV infection. If the client’s drinking has no relationship to HIV risk, shift the focus of the discussion to explore relevant ways to reduce risk.

**Case Study**

Sandy is a 24-year-old lesbian who has a history of engaging in unprotected vaginal sex with men when she drinks alcohol. She says that she often goes to gay bars with her friends, but sometimes—usually after an argument with her friend, Karen, to whom she is attracted but who is dating another woman—she goes to a “straight” bar to meet men for sex. Sandy says the only time she picks up men is after an argument with Karen, when she is upset and has been drinking.

**Counseling Intervention**

Support Sandy for being able to identify the role of alcohol in her HIV risks related to unprotected vaginal sex with men. Also support her for having the self-awareness to recognize what triggers her to go to drink and meet men for sex. Invite her to talk about what goes through her mind when she has been drinking and gets into an argument with Karen. Help Sandy discuss what she argues with Karen about, her feelings for Karen, her feelings about Karen dating another woman, and how Sandy feels after the argument.

Ask Sandy how she feels after she has unprotected sex with men and if she would like to continue having sex with men. If she expresses a desire to continue having sex with men, help her find ways to reduce her risk for HIV and other sexually transmitted diseases (STDs). If Sandy no longer wants to have sex with men, help her explore what she might do instead of drinking alcohol and placing herself at risk when she becomes upset. Support her in examining options to reduce her risks, and help her to concretize her plans after checking to see if they are feasible.

Summarize Sandy’s co-factors for HIV risk, including drinking alcohol and her jealousy about Karen. Then reiterate her plan to reduce her risk. A referral to further counseling could help Sandy learn to avoid acting out self-destructive responses to her feelings. Finally, provide Sandy with some counseling referrals to lesbian-friendly agencies or therapists who are also knowledgeable about substance use.

**Mixing Alcohol with Other Drugs**

It is important to remember that alcohol is commonly used with other drugs. Combining alcohol with drugs such as marijuana, cocaine, amyl nitrate (“poppers”) or methamphetamine may be important co-factors to address with clients. Using alcohol with other drugs may increase the likelihood of complete or partial memory loss (“black-outs” or “brown-outs,” respectively) of what happened while the person was intoxicated. The inability to remember one’s behaviors is often a frightening experience, particularly for clients who are anxious about their risk for HIV infection.

After having a conversation with clients about how their alcohol and other drug use affects their HIV risks, ask open-ended questions to help clients explore what they can do to reduce their risks. Clients may talk about reducing the amount of drugs they use with alcohol or not mixing alcohol with other drugs as a way to reduce their risks. Keep in mind that reducing or eliminating alcohol use may have no effect on lowering HIV risk behaviors, especially if clients compensate by increasing their use of other drugs, and some drugs are more closely associated than alcohol with HIV risk. Help clients develop a feasible plan for reducing alcohol and other drug use, explore the details involved, and provide referrals that may help them achieve these goals. Support clients for taking even what may appear to be small steps in reducing their risk behaviors.

**Remaining Non-Judgmental**

It is important for counselors to be non-judgmental when talking with clients about their alcohol use and the role it may play in their HIV risk. Even when it may seem that clients have problems with drinking, counselors should never try to diagnose clients as alcoholics or substance abusers. A useful guideline is to discuss alcohol use only as it relates to a client’s risk behaviors. Avoid using judgmental terms such as “alcohol abuse,” “dependency,” “alcoholic,” “heavy drinking,” and “drunk.” If clients use such terms to describe their drinking, use open-ended questions or statements to prompt them to clarify their meaning, for example, “When you say you were drunk, what do you mean?” or, “What do you mean by heavy drinking.”

When clients use terms that imply that they have substance use problems in general, it may be appropriate to ask which specific substances are problematic. If a client acknowledges alcohol to be a problem, provide an appropriate referral for treatment. However, it is important for HIV counselors to remember their limited role and to keep sessions focused on the client’s risks for HIV infection. If the client’s drinking has no relationship to HIV risk, shift the focus of the discussion to explore relevant ways to reduce risk.

Such clients is how they can experience intense or unpleasant feelings without placing themselves at risk. Refer clients for supportive counseling to help them learn to do this.

**Remaining Non-Judgmental**

It is important for counselors to be non-judgmental when talking with clients about their alcohol use and the role it may play in their HIV risk. Even when it may seem that clients have problems with drinking, counselors should never try to diagnose clients as alcoholics or substance abusers. A useful guideline is to discuss alcohol use only as it relates to a client’s risk behaviors. Avoid using judgmental terms such as “alcohol abuse,” “dependency,” “alcoholic,” “heavy drinking,” and “drunk.” If clients use such terms to describe their drinking, use open-ended questions or statements to prompt them to clarify their meaning, for example, “When you say you were drunk, what do you mean?” or, “What do you mean by heavy drinking.”

When clients use terms that imply that they have substance use problems in general, it may be appropriate to ask which specific substances are problematic. If a client acknowledges alcohol to be a problem, provide an appropriate referral for treatment. However, it is important for HIV counselors to remember their limited role and to keep sessions focused on the client’s risks for HIV infection. If the client’s drinking has no relationship to HIV risk, shift the focus of the discussion to explore relevant ways to reduce risk.
Test Yourself

Review Questions

1. True or False: Research has proven that alcohol use increases the likelihood of engaging in unprotected sex.

2. A recent national survey of substance use found which of the following results? a) 46.6 percent of Americans reported having consumed at least one drink in the prior 30 days; b) 20.6 percent had five or more drinks on the same occasion at least once in the prior 30 days; c) 5.6 percent reported having five or more drinks on the same occasion at least five different days in the prior 30 days; d) all of the above.

3. True or False: A study of alcohol use and HIV risk found that participants who reported frequent use of both alcohol and crack were at higher risk for HIV infection than participants who reported frequent use of only one of these substances.

4. True or False: Some researchers suggest that cultural beliefs about alcohol’s effects on promoting sex and sexual risk behavior, rather than the physical effects of alcohol, lead people to engage in high-risk sex.

5. Research has found that sensation seeking is associated with which of the following? a) alcohol use; b) illegal drug use; c) unprotected sex; d) all of the above.

6. True or False: Research suggests that low levels of alcohol consumption combined with high levels of self-esteem are associated with greater rates of condom use.

7. True or False: Recent research suggests that first men are at higher risk than heterosexual men for alcohol abuse.

8. True or False: A recent study of injection drug users found that increased alcohol use was significantly associated with more frequent sharing of needles and other injecting equipment.

Discussion Questions

1. How can alcohol use be a co-factor in HIV risk?

2. In which ways can it be difficult to determine if alcohol increases a client’s HIV risk-taking behaviors?

3. What are some useful questions for a counselor to ask when assessing the role of alcohol use in a client’s HIV risk?

4. How can HIV counselors stay neutral when discussing alcohol use with clients?

5. How can counselors effectively work with clients who appear to have a drinking problem but deny that this is the case?

6. What are some appropriate referrals for clients who believe that alcohol use increases their risk for HIV infection?

7. Why might frequenting gay bars be an important part of a gay man’s or lesbian’s life?

Answers

1. False. Although some research supports the belief that alcohol use increases the likelihood of engaging in unprotected sexual behaviors, other studies have found no direct link between drinking and engaging in risky sex.

2. d.

3. True.

4. True.

5. d.

6. True.

7. False. Recent research suggests that rates of alcohol abuse among gay men are similar to that of heterosexual men and that rates of drinking and drinking problems in the gay community have decreased over the past 15 years.

8. True.
DID YOU KNOW?

You can access a FREE searchable archive of back issues of this publication online! Visit http://www.ucsf-ahp.org/HTML2/archivesearch.html.

You can also receive this and other AHP journals FREE, at the moment of publication, by becoming an e-subscriber. Visit http://ucsf-ahp.org/epubs_registration.php for more information and to register!

ABOUT UCSF AIDS HEALTH PROJECT PUBLICATIONS

The AIDS Health Project produces periodicals and books that blend research and practice to help front-line mental health and health care providers deliver the highest quality HIV-related counseling and mental health care. For more information about this program, visit http://ucsf-ahp.org/HTML2/services_providers_publications.html.