Alcohol has two primary effects related to behavior: it is a central nervous system depressant and it can be disinhibiting. Alcohol depresses the central nervous system and in turn progressively slows the body’s motor and mental functioning. These effects can lead to diverse outcomes. For example, they may cause a person to be less stimulated or interested in engaging in sex, both when a person is under the immediate effects of alcohol and over the course of a person’s lifetime. In addition, during sex a person with slowed motor and mental functioning may be less skilled at putting on a condom and less able to determine whether behaviors are unsafe until after having engaged in them.

Chronic use of alcohol can also have psychological effects that can lead a person to engage in risky behaviors. For instance, chronic alcohol use can lead to low self-esteem, making a person less likely to be concerned about his or her safety. In addition, chronic alcohol use may exacerbate low self-esteem, leading to severe depression and even suicide. Alcohol can also reduce personal inhibitions, and, as a result, free a person to be sexual. Inhibitions arising from cultural and societal views toward sex often lead people to feel ashamed or secretive about their sexual expression. People may consciously choose to use alcohol to lessen their awareness of inhibiting thoughts, events, and concerns. Many choose not to engage in sex unless they have first consumed alcohol. These practices may lead to even greater alcohol consumption and to an increased reliance on alcohol.

**Alcohol and Risky Sex**

Research studying the relationship between alcohol and sexual risk-taking predated the HIV epidemic, partially in terms of unwanted pregnancy and infection with other sexually transmitted diseases (STDs). But, the HIV epidemic has prompted increased attention to and research on the subject.

Studies have found conflicting results and these have raised significant controversy. The debate has made it clear that there are inherent limitations in studying whether alcohol is the direct cause of a person engaging in unsafe sex instead of safer sex. There are several reasons for this. For one, there are many other factors related to one’s personality or level of self-esteem that can also lead to unsafe sex. People who use alcohol often have pleasure-seeking or high-risk personalities. These personality types in and of themselves can lead to unsafe activities regardless of whether a person is using alcohol.
at a specific time. Researchers, therefore, cannot isolate whether it is alcohol that has led to unsafe sex, or other factors that have done so. In addition, the study of substance use and sexual activity relies on recall and personal accounts, both of which are subject to error and to societal bias in which people often attribute maladaptive behaviors to alcohol use.4

Given these limitations, studies have, nevertheless, provided some useful, albeit sometimes conflicting, information. A study in 1986 found that male participants who completely abstained from alcohol and other drug use during sex were likely to be at much less risk for HIV infection compared to those who consumed alcohol and other drugs during sex.5

Studies using different groups of participants have found increased risks among those who consume alcohol. One large study that included heterosexual women found increased sexual risk-taking—specifically, less frequent condom use during vaginal or anal intercourse—among those who consumed alcohol before or during sex.6,7 This study did not, however, find a similar relationship between alcohol and unsafe sex among heterosexual men.

Another study of heterosexual men and women seeking alcohol treatment found the rate of HIV infection was several times higher among this group than among heterosexuals in the general population.8 The participants in this study reported unsafe behaviors such as not using condoms during sex with multiple partners. Sex was the probable mode of HIV transmission among subjects, most of whom reported not using injection drugs.

Some researchers have questioned the relationship between alcohol use and risky sex.9 And, some studies have found no association between alcohol use and unprotected sex.10 One study showed that subjects who reported having had sex under the influence of alcohol were no less likely than those without such experience to report consistent condom use.11

While the debate continues, what is known is that alcohol may predispose a person to engage in behaviors in which he or she might not otherwise engage. It is useful, therefore, to consider the risks of alcohol use as they relate to such factors as pleasure-seeking personality or low levels of self-esteem.

**Populations at Risk**

To determine the role of alcohol and sex in people’s lives, researchers have studied various groups of people and various conditions to determine risks for unsafe sex.

**Age.** Young people are more likely than older people to be poorly informed about the dangers of alcohol and unsafe sex, and young people generally have less experience dealing with both alcohol and sex. As a result, they are more likely to engage in unsafe behaviors while under the influence of alcohol.12 Interventions—particularly peer modeling and social support—that emphasize risky behaviors and ways to avoid them while intoxicat-
ed can be useful in reducing risks.

**Personality Type.** People with “risk-taking” or “sensation-seeking” personalities are often more likely than others to combine sex and alcohol use. Because they search for excitement and high levels of stimulation, sensation-seekers may, in some cases, have less acute anxiety about HIV infection risks at the time they are engaging in unsafe behaviors. They are more likely to associate with sexually “riskier” and therefore, more “exciting” partners. Similarly, some people begin engaging in unsafe behaviors, such as unsafe sex and drinking, without intending to develop a high-risk style of living. However, once a person adopts unsafe behaviors, these can become routine.

**Environment.** The setting in which alcohol is consumed can influence behavior. Often, drinking occurs in bars and dance clubs where potential sex partners are available. Some people view these environments as a place to meet people with whom they might have sex. The disinhibiting effects of alcohol might be intensified in such settings.

### Implications for Counseling

For many people—health care providers and clients alike—the topics of sex and alcohol are among the most challenging and emotionally charged subjects to discuss. Many people consider their sexual and alcohol-using behaviors to be private and they fear judgment from others if they talk about either of these subjects. Talking about both can provoke even greater discomfort. It is important for counselors to understand that clients may experience denial, embarrassment, or shame, or feel an invasion of their privacy when counselors raise the subjects of alcohol and sex together. Likewise, it is important for counselors to recognize similar feelings in themselves.

HIV counselors must address both subjects with clients and make clients aware of the behavioral connection between alcohol use and sex. It can be easier to do this if a counselor takes into account the nature of HIV counseling. For instance, in some test counseling settings, clients can feel free to disclose information without it being recorded in writing in a patient chart.

Throughout the counseling session, make sure clients have an opportunity to talk freely about alcohol use without judgment from the counselor. Express a genuine interest in learning more about both positive and negative experiences with alcohol. Many people will discuss the role of alcohol in their lives if they sense a safe opportunity to do so.

Be aware that while alcohol can lead to harm—particularly as it relates to HIV risk behaviors—it also offers numerous benefits. For many people, alcohol has an important role in helping them to enjoy life more or to feel better when they are sad. Alcohol is an important part of social rituals—from celebrating a sports victory or a wedding to relaxing after a day or a week of work or school. Acknowledge that alcohol use does not necessarily indicate a harmful dependence on alcohol.

When asking a client to talk about his or her alcohol use, do not use judgment-laden language, for example, stating a person’s alcohol use is a “problem,” unless a client does so first. Also, make sure questions are not set up to lead to a “right” or “wrong” answer. In discussions of alcohol use in particular, people often respond to questions in ways they think a counselor wants. Instead of asking clients, “You know not to drink and have unsafe sex, don’t you?” ask clients how they feel about various behaviors. For instance, if a client says he or she has sex while intoxicated, ask whether it is easier to have sex when he or she is intoxicated, and if so, what might make it that way. If a client feels a counselor is not being judgmental, he or she may feel more comfortable being direct.

Throughout the counseling session, be careful not to assume that a person’s use of alcohol is leading him or her to engage in unsafe behaviors: many people do not combine their alcohol use with sex, and many regularly use sex and alcohol together without increasing their HIV infection risks. Establish that there is a dangerous association between sex and alcohol for a particular client before moving into an extensive intervention on this topic. Gain this clarity by assessing the client’s experiences.

### Assessing Behaviors: Recognizing Problems with Alcohol and Sex

Begin a discussion of alcohol use in the risk assessment session.
After discussing a client’s reasons for testing and history of risks, ask a client to describe his or her patterns of alcohol use and the context of his or her use. Where does he or she drink? At parties? At bars? What feelings, if any, lead the client to drink? Anger? Happiness? Boredom? Be aware that some people avoid disclosing their alcohol use. For instance, someone under the legal age of drinking may be accustomed to hiding alcohol use because he or she fears legal repercussions and parental discipline. Someone with a drinking problem may underestimate the amount of alcohol he or she consumes, saying, for example, that he or she has a couple of drinks a day, when in fact his or her use is several times this amount.

Learn about the role of alcohol in a client’s sexual expression. Ask whether this person likes to drink before sex. For instance, does he or she encourage sexual partners to drink or not to drink? Does the client like to include alcohol as part of a pre-sex ritual?

Be attentive to words and phrases the client uses to describe alcohol and his or her alcohol consumption. Be sure to clarify phrases that are not clear. For instance, if a client refers to having “a couple of drinks” before sex, ask the client to be more specific about what he or she means by “a couple of drinks.” When a client says he or she always stops drinking before alcohol affects his or her behavior, ask how much drinking this involves and what he or she means by “being affected.” After getting an understanding of what the client is saying, use terms that the client uses, as appropriate. For instance, if a client talks about being “smashed,” ask for clarification and then incorporate this word into the session.

Learn whether clients believe that alcohol use affects their behaviors or attitudes. For instance, does a client believe his or her drinking leads to risk behaviors in which he or she might not otherwise engage? Does the client feel vulnerable when not drinking? Alternately, does he or she feel invincible or exceptionally self-assured when drinking?

In addition, after having sobered up, does the client regret behaviors he or she engaged in when intoxicated? If the answer to this question is yes, learn more about this discomfort. In order to understand the circumstances of the alcohol use and risk behaviors, return to exploring the context in which these risk behaviors occurred. If the client answers no to this question, it may mean the relationship between drinking and unsafe sex is indirect. In this case, it might be more useful to talk about what is attractive about unsafe sex for this client, and then discuss the association between risks and alcohol use.

Helping Clients Make Connections

Discussions about the effects of alcohol on behavior are often most productive when clients, rather than counselors, make the connection between their alcohol use and risk behavior. When this occurs, clients are likely to feel greater personal control, to be willing to continue a discussion on the subject, and perhaps to be more open to changing unsafe behaviors.

When the counselor observes a connection between alcohol use and unsafe sex that the client does not make, the counselor can help the client recognize this relationship. The counselor might do this by exploring the events or feelings that have led to the client’s unsafe sex and how these feelings might relate to alcohol use. For instance, if a client says he or she incorrectly trusted that a partner was not infected, the counselor might ask whether drinking before sex could have influenced these misplaced feelings of trust.

Expand the discussion to explore areas in clients’ lives that feel troubling or unmanageable to them, and help them explore whether these problems are related to alcohol use. Help clients consider occasions when they have not necessarily made healthy choices while under the influence of alcohol.

Recognize that there are many reasons a person might not connect his or her alcohol use to unsafe behaviors, even when such a relationship is clear to the counselor. Some people may not want to make this connection because doing so could imply that they are somehow personally weak. People may think that if alcohol is affecting the safety of their sexual behaviors, they’ll have to stop using alcohol or having sex. This is not often an option people wish to consider. Those who have only started consuming alcohol in recent months or years—especially young people—may be the most
likely to defend against this interpretation. Make it clear that a connection between a person’s alcohol use and sexual activity does not necessarily mean this person has a problem with alcohol or must stop using alcohol or having sex. Explain that for many people, reducing risks can involve making only small changes.

There may be times when a counselor sees that a client’s alcohol use is clearly affecting risk behaviors, but, even after a thorough discussion, the client does not perceive this connection. It is important to continue to use principles of counselor neutrality and to make these observations in a non-judgmental, straightforward manner. For example, the counselor may say, “I can see that you and I have a different sense of the risks of combining alcohol and sex. I want to acknowledge that I see a connection for you and it concerns me.” In this way, the counselor can relate the client’s alcohol use to unsafe sex, express concern about the client’s behaviors, and outline options for reducing risks.

Follow up by asking the client about his or her feelings upon hearing the counselor’s concern. Some clients may become defensive or express alienation, while others might begin to acknowledge a problem with various aspects of their behaviors and ask for help. If a client remains defensive, end this discussion and follow the client’s lead in returning to other topics.

Intervention Strategies

In presenting interventions to deal with alcohol use when it appears related to unsafe sex, counselors can apply the Stages of Behavior Change model, assessing the client’s willingness to either consider changes, make changes, or maintain changes. Determine what, if anything, a client wants to do to reduce HIV infection risks.

In response to this, clients may focus on techniques not directly related to changing patterns of substance use. For instance, a client may say that he or she will carry condoms. Acknowledge that such changes are important and can be helpful, and ask if there are any alcohol-using behaviors the client might consider changing. If so, explore these. If not, present some options and assess his or her willingness to pursue these.

Recognize that some clients whose alcohol use is clearly related to unsafe sex may not be willing to change or to even consider changing their alcohol-using behaviors. When this occurs, acknowledge it, and restate the importance of dealing with these areas. Help the client in any way he or she is willing to make changes in sexual behavior. Clarify by asking the client what he or she is willing to do. At the end of the discussion, acknowledge the relationship between the client’s alcohol use and unsafe sex and the importance of addressing this subject, and validate the steps the client is willing to take or has already taken to engage in safer sex.

Keep in mind that clients may express eagerness in the test counseling session to change their behaviors, but these changes may appear more difficult to make in their daily lives. Help clients prepare for this kind of situation by discussing this possibility in advance. It may be useful to say, “Some people have good intentions and are eager to make changes, but on some occasions—perhaps after they have had a drink—they find themselves struggling to keep their resolve. If that should happen to you, how might you deal with it?” Continue this discussion and offer referrals for outside support.

A Counselor’s Perspective

“I have a tendency to assume that people who drink and have a substance abuse problem need treatment. It’s important that I recognize a lot of people who drink don’t have a problem. As an HIV counselor, I check in with my supervisor and colleagues to make sure I’m staying objective.”

Unless a client expresses a desire to stop consuming alcohol, the counselor’s job is to focus on alcohol use as it relates to risk behavior and not on eliminating alcohol use. When clients do express interest in alcohol recovery programs or abstinence, refer them to 12-step and community-based substance abuse programs.

Options for Eliminating Risks or Reducing Harm

Three approaches may be particularly effective for reducing risk: communication, adaptive behaviors, and changes in drinking behaviors.

Communication. Clients might be able to talk to and negotiate with partners before beginning to have sex, or, even better, before drinking. Depending on the nature of a relationship and the level of trust in it, a client might acknowledge to a partner that, after drinking, he or she is vulnerable to engaging in unprotected sex and needs a partner’s commitment to help them both be safer. If partners can talk while not intoxicated, they may be
able to make a pact at this time to avoid having sex after drinking or to be more committed in their efforts to have safer sex if they become intoxicated.

Emphasize that while efforts to be safer when intoxicated may help reduce risks, once a person is intoxicated, it is much more difficult to maintain a commitment to safer behaviors. Ask clients about their experiences of making commitments to certain behaviors and adhering to or breaking these when they have become intoxicated.

Adaptive Behaviors. When a client is not willing to make changes in his or her substance-using behaviors, determine what other strategies he or she might be willing to use. For instance, if a client identifies as a person who sometimes engages in unplanned sex, and does not usually carry a condom, this client could focus on keeping a condom handy at all times. Ask clients to discuss instances such as this where they have been successful in applying adaptive behaviors.

Changes in Drinking Behaviors. Explore whether clients need to drink before sex. Some people find themselves in social settings where they feel bound to drink because their friends are drinking. Is it possible for the client not to drink, or to reduce the amount he or she drinks before sex? If appropriate, focus on building a client’s skills in saying to him or herself or to friends, “I’ve had enough. I’m not going to drink anymore today.”

Clients might involve friends or those who serve them alcohol. If drinking with friends, clients may ask the friends to reinforce to them the dangers of unprotected sex when drunk. Depending on the nature of the relationship between the client and someone serving alcohol, a client might make a pact with this person to avoid engaging in unprotected sex, and for this person to stop serving him or her alcohol at a given point. Clients might benefit from alternating drinks of alcohol with glasses of water. They might also telephone friends before they drink or have sex.

Make sure clients are aware that risk-reduction efforts they are willing to pursue may still leave them facing some HIV risks. Determine their level of awareness of this fact and comfort in accepting these risks. If the client is uncomfortable, explore the client’s willingness to reduce risks further.

Someone who is dependent on alcohol—that is, someone who is an alcoholic—is far less likely to be successful in controlling alcohol consumption. Help clients understand that if their initial strategies to control behaviors do not work, there are other interventions they can explore. Ask clients to make a commitment to return to the test site or to seek other counseling services if this happens. State that seeking help is not an admission of failure, but a step toward using other options that counselors and others can offer.

Taking away alcohol does not necessarily lead a person to cease unsafe behaviors. People in recovery from substance abuse, for example, may be more aware of their behaviors and their desire to remain uninfected, but may still feel unable to communicate this desire to partners. For instance, a client might feel more vulnerable than ever when having sex without alcohol and, therefore, less confident of his or her commitment to safer sex. Discuss these concerns with those who have stopped using alcohol, and assess whether they feel they have someone—a “sponsor” for those in recovery, or a role model who does not drink—with whom they can talk if they engage in unsafe sex.

Counselor Limitations: Counselors’ Attitudes toward Alcohol Use

Personal attitudes toward alcohol use can affect a counselor’s views about client behavior. For instance, one counselor may see alcohol as inherently unhealthy. Another, with a history of alcohol addiction who completely abstains from using alcohol, may be troubled by the fact that others consume any alcohol. These counselors may be excessively sensitive to patterns of alcohol use and overly vigilant in urging clients to stop their use. Alternately, a counselor may have a problem with his or her own alcohol use, but not recognize the problem, and may extend this lack of recognition to the problem behavior of others.

Being aware of these biases is an important step in separating personal viewpoints from counseling messages. Counselors will not entirely rid themselves of these attitudes; they are expected, however, to recognize them and to make sure these attitudes do not interfere with their counseling. Counselors can do this by focusing on two questions: does the client’s alcohol use appear to affect his or her behavioral risks; and does a client see that his or her alcohol use is creating problems in his or her life?
Case Study

Celeste has a history of engaging in unprotected sex with male partners. She says she is seeking a test primarily because she has recently learned that a previous sexual partner has a history of injecting drugs.

During an assessment of her risks, the counselor learns that Celeste has used condoms during sex on several occasions, but more often she has not. Upon further exploration, the counselor learns that she is less likely to use condoms when she has been drinking. When the counselor inquires whether alcohol use may have an effect on her behavior, Celeste becomes angry and says, “I came here to take a test, not to talk about drinking.”

Counseling Intervention

Celeste is clearly showing resistance to discussing the relationship between her alcohol use and unsafe sex. She has, however, showed interest in the test counseling session by expressing concern about having been at risk for HIV.

In order for Celeste to have a reason to consider the role of alcohol in her unsafe behavior, learn how drinking functions positively for her and learn what feelings or situations she may be interested in avoiding when she drinks. Gauge her level of motivation to change her behaviors.

Step back from Celeste’s anger, ask her what she wants to address, and clarify the role of the counseling session. Explain that by asking about her drinking, the counselor is assessing many different behaviors, and that, for some, alcohol can affect HIV risks.

Because Celeste is concerned about her HIV risks, return to this concern. Ask her more about the partner she has learned injects drugs and how this knowledge has affected her. Learn how she has expressed her fear or anxiety. Follow Celeste’s lead: at the outset, she has not been interested in talking about her drinking, certainly not from a negative perspective. But, she may be willing to talk about how she enjoys drinking or what she believes drinking does for her. Give her an opportunity to talk about these aspects of her drinking and being sexual.

Validate that Celeste has come for a test and views alcohol as unrelated to why she is here. Let her know that many factors may contribute to a person putting him or herself at risk for HIV infection, and part of the counselor’s job is to help clients understand their risks.

With a negative test result, Celeste has a new opportunity to avoid this particular anxiety. With a positive test result, she may need to consider other behavior changes. In the risk assessment session, acknowledge that, prior to testing, it is not possible to know whether her fear of having been infected reflects a clinical reality. However, the prospect of continued anxiety may be sufficient to motivate her to begin to take a different view of her behavior.

Keep in mind the Stages of Behavior Change model. At the beginning of the session, Celeste appears to be at the stage of “not thinking about” changing her drinking behavior. By addressing her specific concerns, for instance her anxiety and the harm it may be causing, she may begin to think about change.

References

Test Yourself

Review Questions

1. People might consume alcohol for which of the following reasons a) to help them relax after a difficult day, b) to be able to be sexual, c) to celebrate a good event, or d) all of the above. Reasons people might consume alcohol.

2. Alcohol acts as: a) disinhibitor, b) a depressant, c) neither of the above, or d) both a and b.

3. True or False: Young people are more likely than older people to be poorly informed about the dangers of alcohol and sex.

4. True or False: Alcohol has no harmful effect on a person’s motor skills for such things as applying condoms.

5. True or False: A large study that included heterosexual women found increased sexual risk-taking, specifically, less frequent condom use during vaginal or anal intercourse among those who had been drinking before engaging in sex.

6. True or False: People with risk-taking or sensation-seeking personality traits are often more likely to combine sex and alcohol use than those without these personality types.

7. True or False: The environment in which a person consumes alcohol may intensify the effects of alcohol.

8. True or False: Someone who regularly consumes alcohol automatically has a dependence on it and needs treatment.

Discussion Questions

1. What referrals are useful for clients who combine alcohol use and sex and are engaging in unsafe sex?

2. How can counselors respond to clients who do not wish to acknowledge that their alcohol use clearly appears to be leading them to engage in unsafe sex?

3. Consider your own feelings and experiences about alcohol use. How might these affect your response to or assessment of a client’s alcohol use?

4. What might counselors learn from people who do combine alcohol and sex without engaging in unsafe behaviors? Can counselors apply any of this to working with other clients who have a problem engaging in safer behaviors when they have been drinking?

5. What referrals are available for people to talk about their concerns about alcohol use and sex?

6. How can counselors determine whether a drinking pattern is problematic related to a client’s HIV-risk behaviors?

Answers

1. d.

2. d.

3. True.

4. False. Alcohol does impair a person’s motor skills and can affect such things as applying a condom.

5. True.

6. True.

7. True.

8. False. Many people consume alcohol regularly without having a dependence, and therefore, do not need treatment intervention.
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