Can we engage the alcohol industry to help combat sexually transmitted disease?

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The meta-analysis by Baliunas et al. (2009) is the latest review article to summarize and quantify a growing body of scientific evidence implicating alcohol use as a significant risk factor for HIV and other sexually transmitted disease (STD) infections. Previously published meta-analyses and comprehensive literature reviews have shown alcohol consumption is related to increased prevalence of HIV infection in Africa (Fisher et al. 2007), to other STD infections (Cook and Clark 2005) and to HIV and STD risk factors and sexual risk taking (Kalichman et al. 2007). The Baliunas et al. (2009) study is perhaps the most persuasive study of this sort since it looks at alcohol use and incident HIV infection.

It is difficult in the face of such evidence to dispute that alcohol use is a major social determinant amplifying the epidemic.

And yet while the public health community associates alcohol use and HIV infection with a set of health risks, the industry has its own risk calculus when it comes to this issue. In particular, the industry is reticent to accept a presumption of causality between the use of their products and the epidemic since such a connection can only represent a potential financial exposure and hence a business risk.

Imagine, if you will, the Government of Kenya demanding that the alcohol manufacturers contribute tens of millions of dollars annually to support anti-retroviral therapy based on the association between alcohol use and HIV infection that has been demonstrated scientifically. Haunted by this kind of possibility, the industry sees only

downside in admitting a causal role for alcohol use or getting involved, even minimally, in programs designed to mitigate the damage from the use of its products since that too would be an acknowledgement of the connection.

In response the industry tends to shift the debate away from populations at risk to the realm of individual behavior, from product liability to personal responsibility. The argument is: alcohol used in moderation is not associated with harm; instead it is abnormal drinking behavior that is to blame. “Responsible Drinking” campaigns and industry trade groups such as the International Center for Alcohol Policy (ICAP) attempt to head off criticism by focusing on individual responsibility inherent in personal drinking patterns.

Given these two opposing world views and the disincentives for involvement how then might the alcohol industry be constructively engaged to become an active participant in addressing the role of alcohol use as a risk factor for HIV infection specifically and more generally all sexually transmitted diseases?

First, we should recognize that the alcohol industry has learned through experience to be wary of public health professionals who call for greater corporate social responsibility. Too often this translates into proposed changes in corporate action or government policy that restrict business or increase costs, recommendations that are made without fully comprehending the impact of such measures on the industry’s business. Conversely the industry should recognize that the most important form of corporate social responsibility is mitigating the harm caused by the use of its products. Collaboration will depend on striking a balance then between economic and health risks.

Second, we need to appreciate that causality does not automatically equate to responsibility. There is merit in the

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industry's argument that the debilitating effects of alcohol use are mediated through the prism of personal behavior. Certainly behaviors such as excessive consumption, problem (symptomatic) drinking and bingeing increase risk. If we accept this premise, it should be possible to work with the industry on implementing proven targeted interventions such as social norms marketing or Brief Interventions, to address aberrant forms of drinking. Given the industry's emphasis on personal responsibility and responsible drinking initiatives, it is not unreasonable to expect that they would lead this effort and contribute funding for it at least in the demonstration phases.

Lastly, we might expect industry trade associations and advocacy groups to take a leadership role in bringing interested parties, e.g., subject matter experts, practitioners, scientists, and industry representatives, etc., together to flesh out constructive measures that can be taken in concert and then act on the recommendations when practical. To its credit, the industry made at least one attempt in this direction under the auspices of ICAP. This needs to be a sustained process with each side working to find common ground and effective solutions.

The alcohol industry has enormous resources, not simply financial, that can be brought to bear. There are places in Africa where the population cannot get a drink of safe water but a cold beer is close at hand. One very important contribution the industry could make would be to allow its

vast distribution resources to be used to deliver not just alcohol products but also condoms and educational materials to the drinking establishments they serve; in short, at the point of greatest vulnerability to infection due to the influence of alcohol use. This is not a new idea and was suggested to industry representatives several years ago but has yet to be adopted by any manufacturer.

Perhaps by adopting a tone which avoids liability for the alcohol industry, public health practitioners may be able to leverage the industry's considerable resources towards the fight against sexually transmitted disease in Africa.

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