Men who have sex with men

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Epidemiology

New HIV diagnosis in 2012

<table>
<thead>
<tr>
<th>Geographical areas</th>
<th>WHO European Region</th>
<th>West</th>
<th>Centre</th>
<th>East</th>
<th>EU/EEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting countries/number of countries</td>
<td>51/53</td>
<td>23/23</td>
<td>15/15</td>
<td>13/15</td>
<td>30/31</td>
</tr>
<tr>
<td>Number of HIV diagnoses</td>
<td>55494</td>
<td>27315</td>
<td>3715</td>
<td>24464</td>
<td>29381</td>
</tr>
<tr>
<td>Rate of diagnoses per 100 000 population</td>
<td>7.8</td>
<td>6.6</td>
<td>1.9</td>
<td>22</td>
<td>5.8</td>
</tr>
<tr>
<td>Percentage age 15-24 years</td>
<td>10.3%</td>
<td>9.8%</td>
<td>15.4%</td>
<td>10.1%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Male-to-female ratio</td>
<td>2.1</td>
<td>3.1</td>
<td>4.5</td>
<td>1.4</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Transmission mode</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>45.6%</td>
<td>35.3%</td>
<td>24.6%</td>
<td>60.2%</td>
<td>33.8%*</td>
</tr>
<tr>
<td>Men having sex with men</td>
<td><strong>22.8%</strong></td>
<td><strong>41.7%</strong></td>
<td><strong>26.2%</strong></td>
<td><strong>1.2%</strong></td>
<td><strong>40.4%</strong></td>
</tr>
<tr>
<td>Injecting drug use</td>
<td>17.8%</td>
<td>5.1%</td>
<td>7.3%</td>
<td>33.6%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>12.3%</td>
<td>17%</td>
<td>36.9%</td>
<td>3.2%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

No data from: Russia and Uzbekistan; countries with no data on age and transmission mode are excluded
* includes individuals (12%) originating from sub-Saharan African countries
Case Study

• John 32 year old man from Liverpool

• He has always had difficulty accepting his sexuality - his parents were openly homophobic (they were not aware of his sexuality)

• Started to go out on the gay scene – he would only have sex if he was using drugs “doesn't make it real”

• Often thrown out of bars and clubs for unsocial behavior
• Attended sexual health clinic as gonorrhoea contact – point of care HIV test positive
• Did not attend clinic appointments for over 12 months
• Admitted to the local hospital following overdose of GBL
• Whilst in hospital he also diagnosed with Hepatitis C
• Seen by counselors – discloses that he has been on gay apps looking for casual partners, he was invited to Chemsex parties where he was injected by other guys

• Following discharge has only attended once and is failing to respond to contact
What are the challenges for nurses working with MSM and HIV?

- Stigma
- Technology (Apps / social media)
- Chemsex
- Co-infection
- Sexual unhappiness
Stigma

• The HIV epidemic has affected MSM since the epidemic began. They became known as part of the so called “4H Club”
  – Homosexuals
  – Heroin Addicts
  – Haitians
  – Hemophiliacs
• As the disease spread primarily amongst marginalised groups, who already faced stigma and discrimination, these groups were often perceived as “guilty” of immoral behavior.

• Today this stigma is still affecting MSM
Stigma

• Whilst homosexuality is not illegal in any European country, some countries have laws against “gay propaganda”
  • **Russia**, which enacted an anti-gay propaganda law in 2013 prohibiting any positive mention of homosexuality in the presence of minors, including online;
  • **Kyrgyzstan**, which on June 17, 2014, was on the verge of adopting an anti-gay propaganda law similar to that in Russia. If that bill becomes law, any type of distribution of information on same-sex relations would become a crime punishable by fines and a jail sentence.
  • **Ukraine**, which has considered, but so far has not adopted a similar law against “gay propaganda.”
  • **Moldova**, which adopted and then repealed such a law in 2013.
• The EU’s largest LGBT hate crime and discrimination online survey ever conducted shows that many lesbian, gay, bisexual and transgender (LGBT) people cannot be themselves in their daily lives. Many hide their identity and live in isolation or even fear. Others experience discrimination, and even violence, when being themselves.

• The survey was carried out by the European Union Agency for Fundamental Rights (FRA). The results underline the need to promote and protect fundamental rights for LGBT people so they too can live their lives with dignity.
• **Schooling:** 2 out of 3 LGBT respondents were hiding or disguising being LGBT at school. At least 60% personally experienced negative comments or conduct at school because they were LGBT while over 80% in every EU Member State recall negative comments or bullying of LGBT youth at school.

• **Work:** 19% of respondents felt discriminated against at work or when looking for a job, despite legal protection under EU law.

• **Fear:** 26% of LGBT people who answered the survey had been attacked or threatened with violence in the last five years. 66% of respondents across all EU Member States were scared of holding hands in public with a same-sex partner. For gay and bisexual men respondents it was about 75%.
Technology

• Although “dating” technology is not new, the way in which it is used allows people to meet easier

• More socially acceptable and accessible
• From 2009 geosocial networking applications (GSN apps) including Grindr, Scruff and Recon have been used increasingly among the MSM community to meet anonymous partners.

• Grindr was the first of these GSN apps, allowing registered users to use their smart phone’s global positioning system (GPS) to locate and network with other users who are physically nearby.

• In 2013, Grindr reported that it had six million users in 192 different countries around the world with 2.5 million users added in 2012
• MSM using GSN apps were 25 percent more likely to be infected with gonorrhea and 37 percent more likely to be infected with chlamydia according to Beymer et al 2014.

• However, there was no difference in their likelihood of infection with either HIV or syphilis.
@davidastuart

Glad we’re hooking up finally. Fancied you for ages. See you when you get here.

Me too. This’ll be hot. I’ll bring Chems. Do you BB?

HELP YOUR CLIENT/PATIENT PHRASE THEIR RESPONSE HERE

Bored/unhappy
HIV
Never tested; don’t want to
Loneliness
Impulse
REJECTION
Hep C
Isolation
Horny
HIV
Intoxicated

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Chemsex

• Chemsex is commonly understood to describe sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session.

• Drugs most commonly associated with chemsex are crystal methamphetamine (hereafter referred to as ‘crystal meth’), GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine
The association between drug use and HIV transmission risk has been the subject of intense research for 25 years, and the relationship is complex. While it is not possible to say that using drugs causes sexual risk-taking behavior, it is possible to say that there is an association between the two: men who use a range of drugs during sex are more likely to report engaging in HIV transmission risk behaviors than men who do not.
• Numerous studies have suggested that the use of methamphetamine causes high-risk sexual behaviour (perhaps via a myopic mechanism (i.e. people become cognitively blind or blinkered to the possible consequences of their actions) or by the removal of sexual inhibitions.

• The potential for HIV transmission to occur is increased when having sex with large numbers of partners, as is the transmission of other STIs including hepatitis C, syphilis and shigella. Fisher et al, 2011; Forrest et al, 2010)

• Men who reported polydrug use in the recent past (up to three months) are more likely to report HIV risk behaviours than men who took only one drug (Halkitis & Parsons, 2002; Fernandez et al, 2005).
Data collected by the CODE clinic (London, UK) in early 2013 shows that 36% of respondents to their in-clinic, cross-sectional survey said they were more likely to engage in unprotected anal intercourse while under the influence of drugs.

In addition, concern has been raised as to whether men with diagnosed HIV are sufficiently adherent to anti-retroviral therapy (ART) while engaging in chemsex. Data collected by the Antidote service (Stuart, 2013) show that 60% of their gay male clients with diagnosed HIV said they have not been completely adherent to their medication while engaging in drug use during sex. ART non-adherence, and a potential increase in viral load, could be a factor in onward HIV transmission.

Men generally felt comfortable accessing drug information and harm reduction services in sexual health settings (both clinical and community based), or would prefer to do so in the future (Bourne et al, 2013).
Co-infection

- HIV accelerates the course of liver disease associated with hepatitis C virus (HCV), particularly in patients who are more severely immune deficient.
  - Patients co-infected with HCV/HIV have a more rapid fibrosis progression than HCV mono-infected patients. They are also more likely to have quantitative and/or qualitative deficiencies in their immune responses to HCV, resulting in a significant decrease in spontaneous clearance.
  - Liver failure in HIV/HCV co-infected patients is one of several top causes of death

WHO
National AIDS Trust, UK, launched a report which looks at Hepatitis C co-infection among HIV positive gay men, and the response so this growing health challenge

“Hep C is not yet owned by the gay community like HIV, and if it isn’t owned, then it is outside and more stigmatised ... Even within the gay community, and the HIV community too, it has created a ‘them’ and ‘us’ ” type situation”

“The failure to prioritise the risk associated with fisting and other sexual activities likely to involve trauma and contact with blood may mean that men are not been sufficiently alerted to what is consistently emerging as ” a highly important risk factor”
“The fact that a significant proportion of individuals successfully treated for hepatitis C are rapidly re-infected suggests that there are needs, recognised or not, which are long-term and which are not receiving appropriate intervention and support”.

“Addressing HIV / Hepatitis C Co-infection must become a strategic priority within health promotion for, and the health care of, those groups most at risk”.

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Sexual Happiness

• Among all EMIS respondents, 38.6% indicated that they were not happy with their sex life, suggesting that sexual unhappiness is very common among MSM.

• HIV testing
  Men who had never tested for HIV were most likely to be unhappy with their sex life.
  Compared with men who had tested positive, those who had never tested were significantly more likely to be unhappy and those who had tested negative were significantly less likely to be unhappy.
Sexual unhappiness is more common among MSM whose sexual attraction is unknown to the people in daily contact with them; MSM who do not identify as gay or bisexual; MSM who live in smaller settlements; MSM who have never tested for HIV, MSM with a medium level of education and among younger and older MSM. Therefore programmes intended to reduce sexual unhappiness among MSM should ensure that some of their activities engage with men who do not take part in the gay and bisexual scenes; those who live in smaller communities, and those who have not had contact with sexual health services. The internet may prove invaluable for contacting and interacting with these men.
Thank you

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