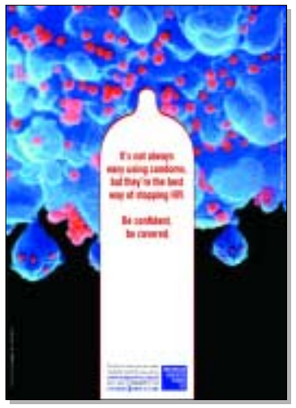
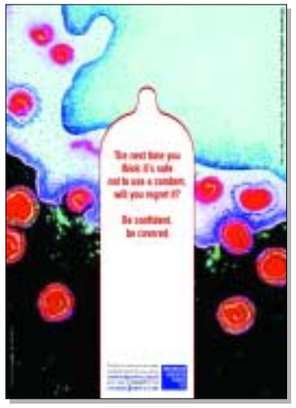
9542 Issue 28 275x210 6/5/05 4:52 PM Page 1

Up and running

Promoting condoms





The first CHAPS campaign of 2005 seeks to reinforce consistent condom use. Campaign materials are available, including posters, condom packs and a condom-themed edition of the Exposed! magazine. The campaign can be seen at **www.chapsonline.org** For details of how to order the accompanying materials contact **Marc Thompson** on **020 7816 4645** or email **marc.thompson@tht.org.uk**

New reports

Two sector summary reports can now be ordered free of charge. The first covers microbicides, the second lesbian, gay and bisexual victims of crime – the latter follows an expert think tank seminar on this subject hosted by Terrence Higgins Trust in March. Copies are available from **James Glavin** on **020 7816 4643** or on **james.glavin@tht.org.uk**

PEP goes national

After last year's limited release in London and Brighton, the CHAPS campaign raising awareness about Post Exposure Prophylaxis will be rolled out across England and Wales in early June. As well as national and regional gay press advertising, a range of support materials are available; contact **Marc Thompson** on **020 7816 4645** or email **marc.thompson @ tht.org.uk** The campaign itself can be seen at **www.chapsonline.org.uk/pep**

Young gay men's web site

Terrence Higgins Trust's web site for young gay men (and professionals working with them) was launched mid February and has attracted a lot of positive responses. See it for yourself at **www.ygm.org.uk**

Hepatitis web site

A reminder that Terrence Higgins Trust has a recently updated web site covering hepatitis A, B and C. The web address is **www.hepinfo.org**

Charity Reg No. 288572 Design **Felton Communication** 020 7405 0900 Ref: 9542

Terrence Higgins Trust

New prevention technologies

issue 28
May 05
Developing the gay men's health sector

ALSO IN THIS ISSUE > Crystal meth > **Lesbian, gay and bisexual victims of crime** > Health promotion debate

9542 Issue 28 275x210 6/5/05 4:52 PM Page 3

BRAVE NEW WORLD?
New prevention technologies

A major theme running through the eighth annual CHAPS conference in Bristol was 'new prevention technologies'. Here we look at this, the cutting edge of HIV prevention, and hear what key figures identify as the issues to watch out for.

The history of the HIV epidemic has seen few advances in prevention technology. The sheath, first recorded over 2000 years ago and refined into the rubber condom (first invented in the 1800s), remains the mainstay of HIV prevention. Variations on this concept were the introduction of the 'female condom' (Femidom®) in 1992 and the polyurethane male condom in 1994.

A major advance in HIV prevention came in the early 1990s with the realisation that anti-HIV drugs taken quickly enough after exposure could prevent infection. 'Post Exposure Prophylaxis' (PEP) had arrived, and has since become a largely accepted and widely known about (if not yet readily available) HIV prevention tool following sexual exposure.

What are 'new prevention technologies'?

The term covers some developments that are far from 'new', such as PEP (used for over a decade for occupational needle-stick injuries). It also covers technologies such as PREP, vaccines and microbicides that, as yet, do not exist but are in development. These are detailed in the boxes on the right.

Post Exposure Prophylaxis (PEP)

Four weeks of anti-HIV medication given as soon as possible (definitely within 72 hours) after exposure to HIV. Traditionally offered to health care workers, then victims of sexual assault, and increasingly used following sexual exposure and injecting drug use. Evidence suggests it can abort HIV infection.

Pre Exposure Prophylaxis (PREP or PreEP)

Anti-HIV medication given to uninfected individuals before exposure to HIV. Animal experiments are now being followed by human trials to gauge its effectiveness.

Vaccines

Vaccines could either protect from HIV infection or, in the case of therapeutic vaccines, provide treatment for those already infected and/or make them less infectious. Human trials of vaccines are underway but none have yet proved to be significantly effective. A wholly effective preventative vaccine may be unrealistic - more likely (albeit years away) are partially effective vaccines that could be used together with existing prevention and treatment methods.

Microbicides

Substances that prevent bacteria or viruses entering the body - applied inside the vagina and possibly rectum, before sex. The substance could kill HIV on contact, prevent it from attaching to cells or make the environment too hostile for the virus to survive. None are yet in existence but several promising products are currently being tested on humans for safety and effectiveness.

Gay men and new prevention technologies
Findings from the 2003 Gay Men's Sex Survey

Had heard of:		Would consider using:	
HIV vaccines and trials	**68.3%**	**anti-HIV vaccine**	**92.1%**
anti-HIV microbicides	**23.7%**	**microbicides**	**93.4%**
Post Exposure Prophylaxis	**23%**	**Post Exposure Prophylaxis**	**97.4%**

Respondents had each concept explained in the question. PEP data taken from *On the move - findings from the United Kingdom Gay Men's Sex Survey 2003.* Microbicide and vaccine findings are unpublished data from the same survey.

> Post Exposure Prophylaxis (PEP)

Following a successful pilot last year in London and Brighton, the CHAPS campaign promoting awareness of Post Exposure Prophylaxis will now be implemented across the rest of England and Wales from 1 June 2005.

The 2004 pilot ran initially for four months, using press and internet advertising specific to men in London and Brighton. These two sites were chosen as they have the highest prevalence of HIV among gay men in the UK. They also have GUM clinics with experience of prescribing PEP following sexual exposure - and are happy to have men referred to their services for assessment.

The earlier pilot was invaluable in preparing for a national PEP mass media campaign. Demand for PEP prescriptions could be tracked, and interest generated for helplines and outreach workers could be monitored. The reactions of GU and wider NHS stakeholders were also noted. Groundwork preparing the way for the campaign such as PEP training and liaison with GU services has proved valuable for the subsequent expansion of the campaign.

Extensive pre-testing during the campaign's development, and reactions to it once launched, meant that, come the national roll out, there could be confidence that the rest of the country was receiving a tried and tested intervention.

The roll out involves:

- **Key partners informed** (April 2005)
- **Local GU clinics given advance notice** (May 2005)
- **Key contacts in hospital A&E departments contacted** (May 2005)
- **Two 'training for trainers' sessions on PEP to be offered to gay men's health promoters (detached workers, helpline staff etc). One to be held in the North, one in the South (details to be announced). An on-line training package for health promoters can also be downloaded from www.chapsonline.org.uk/pep**
- **Three months of national and regional press advertising, including editorial and articles**
- **Wider internet advertising** (on Gaydar)
- **www.chapsonline.org.uk updated to include local clinics with PEP protocols who are willing to be listed.**

Improving PEP availability

At this year's CHAPS conference Alistair Gault of Manchester's Lesbian & Gay Foundation spoke about the challenges posed by local NHS services that are sceptical about PEP. Here are the key obstacles identified by Alistair, actions taken in Manchester to overcome them and the situation there to date.

Local concerns about PEP

- Extra strain on overstretched GU services
- High cost
- Training implications, especially for A&E staff
- Doubts over PEP's effectiveness and its 72 hour prescribing deadline
- Concern over side effects
- Fears PEP may undermine condom use
- More consultation wanted

Actions taken

- Ground prepared in NHS
- Task Group created
- PEP protocol drawn up by local GU consultant
- Protocol extended to other hospitals
- PEP articles placed in local gay and HIV press

Experience to date

- Inappropriate PEP referral by hospitals (e.g. back to GPs)
- Hospitals referring on to one particular hospital
- PEP protocol in place but not universally followed
- Task Group disbanded after departure of key member
- Key local stakeholders still sceptical about PEP

You can download more tips on establishing PEP availability in your area from **www.chapsonline.org.uk/pep**

For more information on the CHAPS PEP campaign visit **www.chapsonline.org.uk/pep** *or contact* **Marc Thompson**, *Senior Programme Development Officer, on* **marc.thompson@tht.org.uk** *or* **020 7816 4645**

> Vaccines

Despite the challenges, the search for a vaccine remains vital - even if none of the current candidates are likely to lead to licensed vaccines in the foreseeable future. In the eyes of many, the best we can hope for is a vaccine that is only partially effective. **Julian Meldrum,** a writer on HIV issues for twenty years, gives us a vaccine update.

"HIV vaccine research in the next few years will be centred on one project sponsored by the US-government-backed HIV Vaccine Trials Network. It is set to test a Merck product based on a vaccine strain of adenovirus 5, Ad-5 for short, used as a 'vector' to carry HIV gene sequences. This can produce strong cellular immune responses - to kill virus-infected cells - against HIV proteins.

Animal studies suggest such vaccines can transform HIV infection into a slower-moving, much less easily transmitted condition. The big problem is that many people, especially in countries like South Africa and Thailand, have high levels of immunity to adenovirus 5. However, these trials may be able to show protection for gay men and others who do not have adenovirus 5 antibodies. If so, what happens next?

In the best-case scenario for Ad-5 vaccines, two things follow. Firstly, Ad-5 must be swapped for another vector - perhaps one of several much rarer adenoviruses. Secondly, individuals must be advised that vaccination will not prevent infection and they should continue to use other prevention methods, while encouraging them to get vaccinated.

There's no guarantee this will work, but if it does, gay men's health promotion will be in the front line of helping individuals and communities to decide how to use such a vaccine. Is the whole idea just a distraction, or could it be a way to focus more attention on the possibility of preventing HIV among gay men? I can only hope it becomes a real choice and, if so, I cannot see it as a hard one."

9542 Issue 28 275x210 6/5/05 4:52 PM Page 5

> Pre Exposure Prophylaxis

Early animal studies have shown that Pre Exposure Prophylaxis (PREP) could delay infection when taken orally and prevent it when injected. In many ways PREP is the most promising of the possible future prevention technologies as it is based on an existing technology (PEP) and uses licensed antiviral drugs (and could use drugs that will be developed in the future). **Gus Cairns** of the UK Coalition shares his thoughts on Pre Exposure Prophylaxis.

"The advantage of PREP is that we potentially have the means to do it now. The drug tenofovir (Viread®) is the one that's been studied, but some of the new generation entry-inhibitor drugs promised for the next few years might work better.

PREP could mean popping one pill a day or just one when going out to get laid ('disco dosing' as it's been called). We've no idea if it will work: two studies using tenofovir in monkeys produced contradictory results, preventing infection in one, delaying it by a few weeks in the other.

It's also controversial. Some PREP trials in the developing world were stopped due to activists' concerns about side effects and whether it will end in more, not fewer infections if people think they can ditch condoms. But a small trial is happening among gay men in the USA, with another being mooted in the UK.

Community activists are torn between two contradictory needs. With these new prevention ideas, advocacy is needed to ensure they are funded properly and tested ethically. But it's important not to raise expectations too high for interventions that may not work, be no more popular than condoms, or may do harm if used inappropriately.

And PREP, more than microbicides, raises issues of access. It'll never be suitable as an over-the-counter remedy because if you take it too late, when already infected, you'd end up with drug-resistant HIV. You'd need to take an HIV test first.

So who would prescribe it and who to? Would you have to prove to your doctor you're 'high risk', and will that lead to being stigmatised?

Will its use be regulated, like the contraceptive pill, or offered on dodgy websites, like Viagra?

All the same, after 25 years of HIV, don't we have a right to something other than a lifetime of rubber-insulated sex?"

The Aids Vaccine Advocacy Coalition (AVAC) has just produced a briefing paper on PREP, available at **http://avac.org/pdf/tenofovir.pdf**

The UK Campaign for Microbicides also includes PREP in its discussions. Organisations or individuals are welcome to join. Contact **Suzanne Church** *at Interact Worldwide for details:* **churchs@interactworldwide.org**

> Microbicides

An effective anti-HIV microbicide is no foregone conclusion, but hopes are high that such products are on their way. **Caroline Haworth**, Director of International Programmes at Interact Worldwide (hosts of the UK Campaign for Microbicides) considers how gay men might fit into the microbicide equation.

"Peter Piot, UNAIDS Director, stated that a safe, effective vaginal microbicide is, in the most optimistic scenario, three to four years away. It is estimated that these first generation products will be 50-60% effective. Rectal microbicide development lags far behind and, although changing, to date it has received a fraction of the attention.

The problem is an astonishing silence about anal sex (male-male and male-female). Anal sex also presents a more challenging environment for a microbicide due to greater vulnerability to abrasion, inflammation and infection, the size and open-endedness of the cavity, and because the rectal mucosa is possibly more vulnerable to microbicide toxicity. A better understanding of the biology of anal sex remains a precursor to the development of safe and effective products.

With political will, second and third generation microbicides may well include rectal products and according to the Microbicide Initiative of the Rockerfeller Foundation they could be 70-80% and 85-97% effective respectively. However, such products are not likely until 2012 and 2017. This level of effectiveness would make them a great adjunct and backup to condoms and good user-controlled harm-reduction products where condoms aren't an option.

But there is no rectal product now - will there ever be? We have PEP and PREP - should we prioritise them? Products may be unattractive or messy eg. large quantities of lube may be required. And how effective would be effective enough? And the biggest issue - would they undermine condom use?

More choice and personal control for gay men is highly desirable. But researchers need to involve them in developing microbicide lubes, mouth rinses and wipes to ensure gay men find them attractive and user friendly. The gay community need to demand a rectal microbicide and press for rectal research, clinical trials and the development of product features geared to user pleasure etc. Otherwise, it just may never happen."

More information:
www.thebody.com/treat/microbicides.html
research updates
www.lifelube.org/index.html
Advocacy (US) for rectal microbicides
www.global-campaign.org/rectal.htm
www.interactworldwide.org
Join the UK Campaign Lobby now for more action on microbicides at **www.advocacyonline.net/tht/22march/content_camp_micro.jsp**

New microbicides report

A new sector summary report on microbicides is now available. The briefing explains the theory behind how they might work and explores the challenges around developing microbicidal products (especially for rectal use). It looks at what products are currently being developed and when they might be launched. The report also examines the relevance such products could have for preventing HIV among homosexually active men. It also asks what the gay men's health sector can do to lobby for microbicide research and prepare for the day when microbicides might become available.

Copies are available from **James Glavin**, *Health Promotion Office Manager, on* **020 7816 4643** *or email* **james.glavin@tht.org.uk**

ANDY HUNT: UP CLOSE AND PERSONAL

Andy joined The Eddystone Trust, South and West Devon's HIV prevention agency in 2001. As Gay Men's Health Co-ordinator, Andy's work includes the delivery of training to police and schools on sexuality issues and one-to-one support for gay men around issues such as rape, domestic violence and safer sex. Issue caught up with Andy to find out more about his work in South and West Devon.

Would you say that there is such a thing as 'gay community' in your area?
Gay Community means different things to different people. In my role at Eddystone I cover a large geographical area, including the town of Torquay and the city of Plymouth, both of which have a gay scene. From my point of view I would say there is more of a sense of community in Torquay rather than Plymouth. Torquay is smaller and everybody knows your name which for some can be a blessing or a curse. In saying that, Plymouth has a bigger scene, an LGB youth group, Plymouth Pride Forum and a couple of gay social groups, so the two are very different.

And what are the particular challenges of working with gay men in Devon?
One of the biggest challenges is reaching out to men in rural areas. Eddystone is a small organisation with limited capacity, so we can't do outreach work at Public Sex Environments (PSEs). South and West Devon has many busy PSEs, so we have to rely on sending condoms by post.

Do you think the gay men living in South and West Devon differ from gay men who live in big cities?
No, not really. The difference is mainly one of access to services and gay specific venues. I'm aware of gay men, particularly young gay men, who leave for the 'big gay metropolis' in search of services and a life that can't be found down here. As more gay men leave it is harder to argue for gay support services here.

What activities of Eddystone are you particularly proud of?
The training work we do in schools on sexuality and the effect of homophobic bullying on lives of younger people, and also our training with the police. I'm very proud of The Rainbow Ball, Torbay Pride Support's annual event for World Aids Week. It gets bigger and better every year.

Now that the CHAPS conference is over for another year, did you get what you wanted out of it?
This was my 4th CHAPS conference. I still get a buzz from being in the same venue as hundreds of people who work in and around the gay men's health sector. My hope for every CHAPS conference is to learn something new, like in the PEP Programme review session, and to meet knowledgeable people from other agencies. I haven't been let down yet!

Speaking of the PEP session at C8, how do you see the national roll-out of the CHAPS PEP campaign going down in your area?
I think this will present challenges to our organisation and our PCTs. I've already facilitated three training sessions on PEP for staff at Eddystone, GUM staff, sexual health nurses and rape suite police in the knowledge that the campaign would go national. It's important to challenge the homophobic attitudes that still exist and to challenge the idea that PEP is the morning-after pill for gay men.

And what about other prevention technologies like PREP and microbicides?
The more tools we have to prevent HIV the better, so bring them on!

If the sexual health fairy presented you with a cheque for £250,000 what would you do with it?
Well it would be a shock if that ever happened, but I would definitely employ more staff to work in schools around homophobia and sexuality. We have hundreds of schools in our area but can only access a few due to capacity. An outreach team would be great as well!

Finally, what do you think of gay dating services like Gaydar?
Go for it if that's what you want but just look after yourself in the process. I think the Internet can be a fantastic resource for gay men.

9542 Issue 28 275x210 6/5/05 4:52 PM Page 7

Crystal

Is crystal meth the menace that the press are portraying? Has it finally reached the shores of Britain and will it have the same affect on communities of gay men here as it has in the USA?

The image on the poster stares at you – his half destroyed face reminding the viewer that Meth equals Death. Such an approach to dealing with the rise in use of crystal meth isn't uncommon in the USA – last year posters appeared across the Chelsea district of New York stating "*Buy Crystal – Get HIV for Free*".

In the UK, the absence of much discourse on crystal meth has seen similar scare approaches being used by the creators of *lifeormeth.com* – a website that uses extreme accounts of the impact of crystal meth –(an approach that Nancy Reagan with her 'just say no' mantra would be likely to support).

This approach couldn't contrast more sharply with that in Australia. ACON (Aids Council of New South Wales) in Sydney have typically taken a far less fear-based approach and have issued harm reduction tips to gay men, balanced alongside information on how to 'prepare and repair' for men intending to party with crystal meth.

Undoubtedly gay men in the UK are using crystal meth. Outreach workers have been reporting an increasing awareness of the drug amongst gay men on the London club scene for sometime. Whether this reflects a growing awareness of crystal meth amongst workers (and therefore a willingness to discuss it with gay men) or a genuine increase in the availability of the drug is unclear.

What is clear is that crystal meth use is an issue being increasingly reported within the mainstream press. Even Rufus Wainwright launched his latest album on the back of tales of his debauched adventures whilst on crystal meth, and the impact it had on his life, relationships and sex. Crystal meth is increasingly, and simplistically, being linked, in the eyes of the mainstream (and parts of the gay) press, to unsafe sexual behaviour amongst gay men. Just as with the Internet in 2004, a bunch of "couldn't-care-less bug chasers" the year before, and bathhouses in the 1980s, crystal meth has become the causal explanation for HIV infections amongst gay men.

Crystal meth is increasingly, and simplistically, being linked, in the eyes of the mainstream press, to unsafe sexual behaviour amongst gay men.

It's undeniable that crystal meth use amongst gay men in the USA has had often considerable effects on both individual gay men and communities of gay men. Health projects in San Francisco talk of men ostracised from their peers when their crystal meth use gets 'messy', and of men losing their jobs, homes and friends when crystal meth becomes the centre of their world.

Until recently there has been little evidence of the extent of crystal meth use in the UK. Some commentators believe that the availability of fairly cheap and high quality cocaine might have played a part in keeping crystal meth use in the UK at a lower level than the USA or Australia. Others have commented that the recent attention given to GHB, especially on the London club scene, has taken attention away from efforts to inform and educate gay men about crystal meth and, in the rush to implement zero-tolerance policies for GHB in clubs, crystal meth might come in 'though the back door'.

At the eighth CHAPS conference Graham Bolding from City University London presented some of the first available research on the extent to which gay men in London are using crystal meth. Recruiting 749 gay and bisexual men through central London gyms in February 2004 and using self-completion questionnaires, the research found that 21% of men had used crystal meth in the previous year. As with previous research on gay men and drugs, most of these men were poly drug users and the vast majority of the men who reported using crystal meth had also used ecstasy, cocaine or ketamine in the previous 12 months. Just 15 of the 749 men had only used crystal meth. Indeed, most of the men who had reported using crystal meth had done so infrequently – 15% of the men in the survey had used crystal meth only once or twice in the last year.

Alongside this paper, Perry Halkitis from New York University was able to offer insights into the experience of undertaking crystal meth awareness in the USA. His recommendations, reinforced by many of the conference session participants, were to avoid screaming at gay men 'do meth and die' and to avoid seeing crystal meth as the 'X' factor that will explain the HIV dilemma. He warned that whilst media campaigns could contribute to awareness about crystal meth, they are not enough.

So, how should gay men's health promoters and policy makers respond to crystal meth use amongst gay men in the UK? Terrence Higgins Trust, in part spurred on by the anecdotal evidence from outreach workers about increasing club chatter on crystal meth, have produced a small information booklet about the drug. This sits alongside the recent THT booklet on GHB.

Accepting that media methods alone are not the solution, THT is working on an action plan that will outline a range of areas of collaborative development, including the need to build closer relationships between gay health agencies and drug agencies. There is the need to generate further information about the needs of gay men who might be considering or are currently using crystal meth, and the needs of men who are using it and identify their use as problematic, especially for gay men who already have HIV.

The action plan accepts that crystal meth interventions should not be seen in isolation from men's other drug use, given that research for over a decade has shown that gay men who use Class A drugs are one target group of men who have greater HIV vulnerability.

For copies of the THT leaflets on crystal and GHB contact **Richard Scholey, Resources Officer**, *on* **richard.scholey@tht.org.uk** *or* **020 7816 4644**. *THT's draft action plan on crystal meth will be available for consultation in June 2005.*

Crystal tips

1. *Crystal meth is 'methamphetamine', a powerful stimulant*
2. *It's usually snorted in its white powder form*
3. *But can also be smoked or mixed with water and injected*
4. *It's taken to increase stamina and lower inhibitions*
5. *It can lead to depression, suicidal feelings, paranoia and psychosis – especially with long term use*
6. *It puts the heart under strain and can cause a dangerous rise in body temperature*
7. *Long term users usually need to keep increasing the dose to get the same effect*
8. *Some appear able to be occasional users without problems – others quickly become addicted*
9. *It is a Class B drug with up to 5 years' prison for possession, up to 14 for intending to supply to others.*
10. *When prepared for injecting it becomes a Class A drug with up to 7 years' prison for possession, up to life for intending to supply to others*

The new wallet sized leaflet on crystal meth

9542 Issue 28 275x210 6/5/05 4:52 PM Page 9

"talkingheads"

Holistically speaking

With HIV transmission continuing at a high level within the UK, is it time for support agencies to reconsider HIV prevention initiatives and embrace a more holistic approach to gay men's health? Are we being held back by the constraints of an HIV policy ghetto? **Carl Burnell** and **Tom Doyle** consider the future for gay men's health promotion.

ISSUE: Tom and Carl, with more gay men than ever before living with HIV, are gay men just switching off when presented with traditional safer sex health promotion messages?

Carl: No, not at all. The safer sex message is still vital to our work, and we should remember that around the country campaigns address so much more than condom use. There are a variety of messages. I think it is also really important to remember that the majority of gay men do practice safer sex, so we must be doing something right.

Tom: I agree, but I think that the information does need to go further than safer sex. We could do more about helping men to develop skills to negotiate safer sex.

Carl: And trying to reach men to make their condom use consistent.

ISSUE: But isn't having such an emphasis on HIV prevention creating an artificial 'single issue' environment for gay men?

Tom: Well, I think there is the potential for that, but we have scarcely enough money to meet the HIV prevention needs with the monies available.

Carl: We have to remember that it is one of the biggest health issues affecting gay men. We shouldn't be diverting HIV monies into other programmes. It is frustrating. I mean the health equality agenda coming from the government encourages holistic health promotion, but doesn't put the resources in place to make such work a reality.

Tom: But that shouldn't stop us from accessing other pots of money to take forward other health issues. Our valuable youth work initiatives at Yorkshire MESMAC are funded by Connexions, so it is possible to take forward other health programmes to address more health issues than just HIV.

ISSUE: Do you think that if we start focusing on other health issues, that more men will become HIV positive?

Carl: I have no doubt about that. Rates of infection would rise. We have to remember that the sector has been successful at keeping rates of infection well below the levels predicted in the 1980s. If we lose sight of this type of work, infection rates will rise. The debate about the future of gay men's health promotion shouldn't be about having to choose between HIV prevention and wider health promotion.

> "The debate about the future of gay men's health promotion shouldn't be about having to choose between HIV prevention and wider health promotion"

The two should go hand-in-hand. It's about maintaining our level of work on HIV and also providing additional support for things like mental health, which is a real health concern for so many gay men. So, if more holistic approaches are used without undermining our focussed work on HIV, then this could help to reduce rates of infection.

Tom: Yes, we shouldn't have to choose between one type of health promotion over the other, but some work is going on under the banner of HIV prevention where the outcomes may be very different. Look at group work as a support mechanism for example.

ISSUE: Do you think that HIV prevention is an unrealistic outcome from group work, then?

Carl: Well, at GMFA all of our group work has to focus on HIV prevention, underpinned by aims that include those from *Making it Count*. HIV monies should be used to prevent HIV.

Tom: I agree that HIV prevention should be at the heart of group work interventions, but we should ask ourselves if some agencies are addressing other needs, or even if there can be pitfalls. Groups can be valuable at breaking down social isolation and building self-esteem and identity, but what about groups where those men attending haven't met other gay men before. These groups have the potential to introduce men to sexual partners, and these men may not have the skills to negotiate safer sex.

ISSUE: If we had enough money in the sector to take the holistic agenda forward, would the sector be up to this challenge in terms of current skills?

Carl: Yes, absolutely. The skills of people working in the sector are all about communicating information based on the needs of gay men that are identified by research. The processes of health promotion, regardless of the issue or the message, will be the same.

Tom: It's not just about skills within the sector though. I think we would need to consider buying in skills from generic health services. There would need to be a cross-transference of skills. A generic health service can inform us about their particular area of expertise, and we can inform them about our areas of expertise.

ISSUE: And do the organisations you represent take a holistic approach to gay men's health promotion?

Tom and Carl: We try to!

> "What does 'holistic' actually mean? I don't think there is a consensus within the sector about what an adoption of this style of health promotion would entail"

Carl: For a number of years GMFA has been doing work around smoking, a major health concern for gay men. Twice as many gay men smoke as heterosexual men and the rate is three times more for HIV positive gay men. We have used the standard government model for smoking cessation and tailored it to the needs of gay men wishing to give up, like the temptation to smoke in gay social spaces.

Tom: I agree with Carl. We try to be as 'need-led' as possible. There is a real need for support in our area for gay victims of domestic violence as this is also health issue and not simply about criminal victimisation. If we are to be 'Jacks of all Trades' in terms of gay men's health promotion, we can't do it without the money. Also, what does 'holistic' actually mean? I don't think there is a consensus within the sector about what an adoption of this style of health promotion would entail. I think there needs to be much more debate and education about this, before we start to change our methods of working.

Carl Burnell *is Chief Executive of GMFA.* **Tom Doyle** *is director of Yorkshire MESMAC.*

9542 Issue 28 275x210 6/5/05 4:53 PM Page 11

SEXUAL ASSAULT AND HIV

the hidden route of transmission

A new CHAPS sector summary report on Lesbian, Gay and Bisexual Victims of Crime has just been published. Following a recent CHAPS Expert Think Tank Seminar on this subject, **David Hiles, Sector Development Officer – Gay Men's Health** at Terrence Higgins Trust, explores issues around sexual assault, one of the key areas addressed by both the report and the seminar.

Despite recognition that male rape does happen, the subject remains taboo for many gay men. Notions of emasculation and shame often prevent the survivor of sexual coercion or assault from reporting the incident to the police or removing themselves from the domestic situation in which the sexual violence takes place. The survivors of these attacks are not only victims of criminal acts but they may also be vulnerable to HIV exposure.

What is the actual definition of sexual assault?

Sexual assault can be defined as forced intercourse or sexual contact without consent as a result of actual or threatened force.

How prevalent is the problem?

The true extent of sexual assault and coercion on gay men is not known. Due to the nature of the attacks and to perceptions of homophobia within police services, gay men may feel reluctant to go to the police for help.

Police figures relating to male rape cannot be relied upon to gauge the extent of these types of attack. Instead the best indicator is research, although reaching gay men who have been attacked in this way is fraught with difficulties as men may not feel comfortable completing questionnaires or talking to someone about their traumatic experiences.

Even when sexual assault is reported, many gay men are dissatisfied with the police response. National Advisory Group figures highlight that 59% of lesbian, gay and bisexual (LGB) people who report rape rate the police response as poor or very poor.

However, the available evidence does suggest that many gay men have experienced sexual assault. Findings from the 2003 Gay Men's Sex Survey show that many gay men experienced sexual assault ranging from 'stranger rape' to being coerced into sexual practices that were not wanted. As the assaults were associated with receptive and insertive sero-discordant unprotected anal intercourse, this means that victims of assault are vulnerable to HIV exposure. Furthermore the risk of transmission may increase with further assaults - men who have experienced sexual assault may be more at risk during any future encounters.

12.5% of men who had been forced into having sex reported that they had unprotected receptive anal intercourse with a partner with a different HIV status in the preceding year. Contrary to this, fewer than 6% of men who had not been abused reported having unprotected receptive anal intercourse, suggesting that men who have experienced sexual assault are more vulnerable to involvement with HIV transmission.

These figures support other findings. For example, Kalichman et al. showed that in relation to adult sexual contact, men experiencing sexual assault were more likely to have had unprotected anal intercourse in the proceeding six months compared to those who had not[1]. Moreover, these men were significantly less likely to ask their partners to use condoms.

A sense of disempowerment caused by past experiences may be contributing to HIV exposure. In order for men to make informed decisions about sexual health and sexual behaviour they need to have personal control over their own bodies. Rape and assault can deprive men of this control and thus the psychological impact of rape can have far-reaching consequences beyond the actual assault.

The eroticisation of sexual abuse and assault poses a particular problem within gay men's health promotion. Images suggesting different levels of abuse can be found across the gay media and gay literature. Does such a portrayal contribute to a sense that this is the norm for gay men and so abuse and rape is normal or part of gay sexuality? Such factors need to be addressed in health promotion literature around sexual assault and exposure to HIV and other STIs.

Within domestic partnerships, research from the USA suggests that domestic physical violence within a gay relationship may be accompanied by sexual violence, with the perpetrator being the insertive partner and not using a condom. Over a quarter of the men within this study reported that they had experienced sexual violence. Therefore, sexual abuse is not confined to rape by a stranger but can occur within relationships and constitutes another way to wield power over an abused partner in domestic violence situations.

What needs to change?

- Police officers and agencies with a remit to support victims of sexual assault should be trained on best practice in terms of HIV prevention needs
- GUM clinics should ensure that victims of sexual assault are offered PEP
- Community information on sexual assault should include information about access to PEP
- Terrence Higgins Trust and CHAPS should continue to promote the availability of PEP for victims of sexual assault.

It is perhaps difficult for gay men's health agencies to support victims of sexual assault given the dearth of skills that are required to do so. However, a number of organisations are currently working to help male (including gay male) victims of sexual assault.

It is imperative that generic support agencies, rape suites, police officers, GUM staff and LGB support agencies provide the survivor of sexual assault with information about the availability of Post Exposure Prophylaxis (PEP), especially for those men who were coerced or forced into unprotected receptive anal intercourse. In cases where the assault has been violent this may have caused anal trauma thereby increasing the chances of exposure to HIV.

For information on PEP see **www.chapsonline.org.uk/pep**

1 Kalichman et al., (Feb 2001). Unwanted sexual experiences and sexual risks in gay and bisexual men. Journal of Sex Research.