

# Risk Reduction Strategies Gay Men's HIV Prevention 2010-2012

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## **WORKING DEFINITION:**

Risk Reduction Strategies (RRS) are HIV prevention strategies for HIV positive and negative gay and men who have sex with men (MSM) who practice unprotected anal intercourse with casual partners (UAIC) and/or unprotected anal intercourse with regular partners (UAIR).

## **OVERVIEW:**

ACON / Positive Life NSW agree with the sixth *National HIV Strategy 2009-2012* which states that;

- Consistent condom use is the most effective strategy for preventing HIV transmission and acquisition, and is particularly important with casual partners;
- Social research indicates that the majority of gay men consistently use condoms with casual partners<sup>1</sup>;
- Evidence shows that gay men's engagement in risk practices is influenced by a complex range of factors including, circumstance, partner, substance use and mental health, and salience of HIV as a health threat, epidemiological and virological evidence<sup>2</sup>; and
- Targeted prevention messages should therefore acknowledge complexity, context and incorporate information regarding the evidence base for risk reduction strategies to promote informed decisions<sup>3</sup>.

ACON / Positive Life NSW therefore will ensure that:

- Reinforcement of consistent condom use remains the foremost prevention priority; and
- Concurrent targeted prevention messages and campaigns will be developed, implemented and evaluated. These messages will engage with and inform men's RRS practice.

## **GOAL**

To reduce HIV transmissions among gay and other MSM in NSW.

## **OBJECTIVE:**

To ensure that HIV prevention, knowledge and practice within the NSW HIV sector reflects the current research and sexual practices of gay and other MSM.

## **STRATEGY RATIONALE:**

- In NSW, HIV notifications have been stable for over a decade and new initiatives are required to shift this to a decline.
- There is significant evidence that gay men continue to incorporate changes in HIV transmission risk knowledge and understanding into their risk reduction practices<sup>4567</sup>.
- Non-condom based RRS have also been used by gay men and received attention through education and prevention responses for many years<sup>8</sup>. As evidenced by community practice, they suppose that some of these strategies can reduce risk, compared with unprotected anal intercourse, but not eliminate risk entirely.
- An effective response to non-condom based risk reduction reflects the difference between more and less effective implementation of these strategies and the likelihood of increased HIV sero-conversion.
- Where men decline condom use or prefer sex without condoms, there is an opportunity and an increasing expectation that HIV prevention and education ensures gay men are in a position to minimise HIV transmission risk through the understanding and use of different non-condom based RRS.

## **PREVENTION STRATEGIES INCLUDE:**

- Sero-sorting (between sero concordant partners)
- Use of undetectable viral load (to inform decisions about infectiousness and subsequent unprotected anal intercourse (UAI))
- Strategic positioning positive partners are receptive partners
- Withdrawal (before ejaculation into the body)
- Negotiated safety (mutual discussion, disclosure and repeat testing to inform decision about UAI)

## **PARTICIPANTS ASSUME:**

- Intentional use by all partners
- Knowledge of their own HIV & sexually transmitted infection (STI) status
- Known HIV status of partners and
- Disclosure does not occur or is not always possible

## RESEARCH PROVIDES:

The following evidence pertaining to the efficacy of RRS in limiting HIV transmission informs this strategy and is drawn from social research, which includes a comparative analysis of *Health in Men Study* and *Positive Health Study (2001-2007)*<sup>2</sup>, *The Seroconversion Study (1993-2006)*<sup>10</sup> and the *QUICKIE Study (2007-2008)*<sup>11</sup>.

- **Negotiated Safety:** if the conditions of open communication, mutual repeat testing for HIV and other STIs in the context of a regular relationship are met, it is not associated with increased HIV incidence compared to UAI.
- **Serosorting:** is associated with increased risk of HIV seroconversion compared with no UAI. However, compared with UAI with men not 'known' to be HIV-negative, serosorting is considerably less risky, and is about as risky as UAI between HIV-negative regular partners that do not meet the conditions of negotiated safety.
- **Strategic Positioning:** is associated with increased risk of HIV seroconversion compared with no UAI, although it is less risky compared with any receptive UAI by HIV-negative men<sup>12</sup>.
- **Withdrawal:** provides little protection compared with receptive UAI that includes ejaculation in the body.
- **Use of Viral Load:** although there is good reason to believe that viral load below 40 copies does mean reduced transmissibility in general, data to support this strategy are mainly derived from African heterosexual studies and there is limited data on the correlation between viral load in blood and viral load in semen<sup>13</sup>.

## EPIDEMIOLOGY AND PUBLIC HEALTH:

- In NSW, there is a legal requirement under the *Public Health Act* to disclose HIV and STI status before sex.
- There were 234 new HIV notifications among gay men in NSW in 2009<sup>14</sup>.
- In NSW gay men continue to account for the majority of new HIV diagnoses, with 72 per cent in 2009, with this proportion remaining relatively stable over the 1996 to 2009 period.
- While overall rates of UAIC have fallen significantly in NSW since 2002, the proportion of gay men who report *any* unprotected anal intercourse (UAI) has increased, and is the highest observed in recent years.
- Over half (51.1%) of recent seroconverters indicated they 'believed' they knew the HIV status of the sexual partner at the high risk event (HRE) leading to their HIV infection.
- Just over 1 in 5 'believed' this person to be HIV positive, including 14.5% who were 'certain' this was the case.
- Over one quarter of recent seroconverters reported using amyl nitrite, one in five used crystal methamphetamine, and one in six reported using GHB at the high risk event.

## PRINCIPLES:

- Consistent condom use is the most effective strategy for preventing HIV transmission and acquisition, and is particularly important with casual partners. ACON / Positive Life NSW therefore will ensure that reinforcement of consistent condom use remains the foremost prevention priority.
- Acknowledge that the effectiveness of RRS can be impacted by:
  - drug and alcohol use
  - mental health
  - different levels of knowledge
  - different communication and negotiation skills
  - HIV related stigma
  - a range of different contexts and settings
- Support continued research to better identify the most effective RRS.
- Ensure this information is targeted to gay men/MSM currently using RRS to engage in UAIC/UAIR so the effective use of RRS is informed by evidence.
- Acknowledge the need for different advice and information about RRS for anonymous, casual and regular partners.
- Promote negotiated safety as relevant to UAIR only.
- Commit to revisit this approach if the current situation changes (for example if HIV or STI infections rose sharply).

## **STRATEGIES:**

- Assist men using RRS, particularly those engaging in UAIC/UAIR to make informed choices by developing:
  - education and prevention programs that directly address RRS skills and knowledge
  - fact based information resources and social marketing campaigns
  - an annual community update on the NSW HIV epidemic
  - resources for men transitioning into different sexual scenes and networks
- Promote enabling environments by supporting:
  - community development strategies amongst these men
  - the availability of therapeutic services as appropriate
  - responses through clinical and care settings
  - strategies to build the capacity of service providers
  - improved access to HIV testing
- Educate on the effective use of RRS in situations where there is the potential for HIV transmission.
- Maintain:
  - consistent condom use promotion for anal intercourse with casual partners to the broader gay community
  - the promotion of frequent and regular HIV and STI testing
- Consult with our community partners including researchers, GPs and clinicians, Area Health Services (AHS), AIDS/Infectious Diseases Branch (AIDB) in the ongoing development, application and review of this approach.
- Consider supporting the promotion of 'probable HIV-negative' disclosure in addition to the disclosure practices of HIV positive gay men for those using RRS to engage in UAIC/UAIR.
- Develop a community wide communication strategy that clearly explains the rationale and the relevance of this framework.
- Ensure Alcohol and Other Drug, Mental Health and relevant Public Health strategies and services are informed by the RRS and address the needs of gay and MSM.

## **COMMUNITY ENGAGEMENT:**

ACON and Positive Life will communicate annually with the community through media and other methods about current HIV transmission rates and the impact of activities related to both condom reinforcement and RRS.

## REFERENCES

(Endnotes)

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