



## What is safe sex?

The HIV prevention landscape has changed considerably in recent years. Condoms, used together with lubricant, remain the most effective barrier against the transmission of HIV, though they are no longer the only option.

Additional biomedical technologies and new understandings of existing technologies have created a promising new landscape for HIV prevention.

'Safe sex' for gay men and other homosexually active men (GHAM), in terms of HIV prevention, is no longer restricted to binaries of condomless sex or sex with condoms. In regard to HIV, 'safe sex' refers to sex with a very low likelihood of transmission.

There are now at least five strategies that reasonably constitute 'safe sex', provided that certain parameters are met. They are:

1. The use of Condoms during casual encounters between men of unknown or discordant serostatus.
2. HIV negative men taking effective pre-exposure prophylaxis (PrEP).
3. Men living with HIV who only have sex without condoms when they have a sustained undetectable viral load (UVL) and in the absence of sexually transmissible infections (STIs).
4. Effective use of serosorting between HIV positive men.
5. Effective negotiated safety agreements.

***ACON believes that all GHAM should be provided accurate information and access to all available, proven methods of prevention.***

### Background

ACON has effectively built and sustained a 'safe sex culture' based on the use of condoms with partners of unknown or discordant serostatus for many years now.

Although rates of condom use among GHAM in NSW have always been high, the GCPS reports that 35% of men with casual partners report some unprotected anal intercourse with these partners(1). This represents around 20% of all men. This figure has risen from 29 to 35% over the period 2006 to 2010 but has been stable since 2010 (2).

Given the substantial risk of HIV infection for men who use condoms intermittently in casual settings, ACON believes that the promotion of condom use alone will not be sufficient to deliver the desired outcome of Ending HIV by 2020.

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In the past “*unprotected sex*” has been understood to reflect sex without a condom. However, with recent advances in biomedical technologies and new knowledge about the efficacy of treatments in preventing onward transmission, the established orthodoxy of “*safe sex*” has changed.

This nuance has been reflected by the *United States Centre for Disease Control (CDC)* which in January 2014 agreed to stop using the term “*unprotected sex*” to describe sex without condoms. The CDC believes that HIV prevention is more multifaceted than ever before, and terms like “*unprotected*” and “*protected*” sex fail to adequately reflect the evolving landscape of HIV prevention. More precise phrases like “*condomless sex*” will be used instead. ACON supports this approach and the need to develop better terminology, along with better indicators, to reflect the range of ‘safe sex’ behaviours described above.

Condom use, along with the ongoing campaigns to reinforce the use of condoms, have been a central part of the response to HIV and have played a key role in maintaining comparatively low rates of HIV transmission in NSW.

The current rate of condom use with casual partners must be maintained or increased if the goals contained in the NSW HIV Strategy are to be achieved.

However, given that condom promotion alone has not been enough to end HIV, ACON believes that the future of HIV prevention in NSW should encompass a combination of preventive options in order to reduce HIV transmission by 80% by 2020.

The availability and promotion of alternative HIV preventive options, alongside condoms, will be the best way forward for NSW and Australia. Ensuring these strategies are additive to, rather than undermining of, condom based prevention, will be a key priority for the partners to the Australian HIV response, including ACON.

ACON believes that safe sex is informed sex.

Gay and other homosexually active men, irrespective of HIV status, should make conscious decisions around negotiating safe sex and these assessments should be constructed on an accurate understanding of the risks involved.

ACON believes combination approaches to HIV prevention are most effective in improving the health and wellbeing of our community. Individual men should utilise the HIV prevention methods that best works for them.

### ‘Safe Sex’ Strategies

#### Condoms

Given that many of the new strategies available require knowledge of a partner’s HIV status, current treatment and viral load status, ACON will continue to reinforce the importance of condom use with casual partners of unknown or discordant serostatus.



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An economic analysis conducted for NSW Health in 2006/2007 shows that condom promotion has contributed to significant returns on investment<sup>1</sup>. Condom promotion has been central to ensuring NSW's relatively stable level of diagnoses among GHAM over the preceding 10 years. This success has relied on sustained social marketing informed by research and supported by ongoing, effective community mobilisation.

Although condom use has been championed for decades as the only effective HIV preventive measure for GHAM there has been only a small number of large scale studies conducted on the efficacy of condoms in the context of anal sex.

A study in 1989 found that amongst all men having anal sex, men who said they used condoms 100% of the time were 70% less likely to acquire HIV than men who said they never used condoms, and 68% less likely than men who said they sometimes used them.

Experts speculate that the gap between theoretical efficacy and effectiveness in practice is due to some individuals' self-reported use overestimating their condom use, along with issues of incorrect usage.

Subsequent studies have produced similar figures. A study called VAX 0004, conducted in 1998/99, found the same results as the 1989 study. Condom 'efficacy' was consistently higher in EXPLORE, a study conducted from 1999 to 2001 - 86% for all anal sex, 87% for receptive anal sex and 76% for insertive anal sex compared with 59, 63 and 55% in VAX004. Commentators suggest the difference is attributable to EXPLORE offering participants and interventions to promote condom use, whereas VAX0004 observed behaviour and did not intervene(3).

Nonetheless, the studies above all point to a significant 'real world' effectiveness of condoms in reducing, but not totally eliminating, HIV transmission risk. They also underscore the importance of adding to the effectiveness of condoms through the adoption of new strategies to further drive down HIV infections.

### **Negotiated Safety and Relationship Agreements**

Negotiated safety describes the situation where two HIV-negative men in an ongoing relationship agree to limit sex without condoms to their relationship, having first established that they have the same serostatus. Negotiated safety requires that both parties have an explicit agreement about only practising safe sex outside the relationship.

The agreements also require a commitment to dialogue and to revising the agreement should it be broken, until such time as HIV negative status can be re-ascertained.

An Australian prospective cohort study of 1421 gay men has shown that, compared with those who reported no UAI, the risk of HIV infection was not raised among men with negotiated safety agreements (7).

Clearly, this strategy relies on men's communication skills and requires ongoing health promotion interventions to support its continued effectiveness. It is also a strategy heavily reliant on access to

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<sup>1</sup> Health Outcomes International in Association with The National Centre in HIV Epidemiology and Clinical Research *The impact of HIV/AIDS in NSW: mortality, morbidity and economic impact* NSW Department of Health 2007



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testing. New testing technologies which provide results rapidly and conveniently are a significant new technology which will greatly support the effectiveness of these agreements.

The full range of proven testing technologies should be made available in Australia to ensure the success of this strategy. This should include rapid testing, HIV self-testing, and other forms of novel testing such as HIV home sampling.

### Pre-Exposure Prophylaxis (PrEP)

PrEP is a biomedical HIV preventive option that offers HIV negative individuals a significant degree of protection from acquiring HIV.

PrEP, as currently approved for use in the USA, involves a daily oral dose of an antiretroviral called Truvada. If taken as prescribed with strict adherence, it can provide a protective barrier against HIV of at least 92% and up to 95% (4). The efficacy of PrEP drastically decreases if adherence is not maintained.

The US Food and Drug Administration (FDA) approved the use of PrEP in 2012. Although the uptake of Truvada as PrEP has been underwhelming so far in the United States (5), rates are expected to increase significantly following the new CDC PrEP guidelines that were released in May 2014. The updated CDC guidelines recommend PrEP for any GHAM who (6):

- Is in a serodiscordant relationship.
- Has had sex without a condom or has been diagnosed with a STI within the past six months, and is not in a mutually monogamous relationship with a partner who recently tested HIV negative.
- Has, within the past six months, injected drugs and shared equipment or been in a treatment program for injecting drug use.

The World Health Organisation, in its updated Guidelines On HIV Prevention, Diagnosis, Treatment And Care For Key Populations, released on 11 July 2014 'strongly recommends men who have sex with men consider taking antiretroviral medicines as an additional method of preventing HIV infection (pre-exposure prophylaxis)\*\* alongside the use of condoms'<sup>2</sup>.

The guidelines recommend that 'Among men who have sex with men, PrEP is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package (strong recommendation, high quality of evidence).'<sup>3</sup>

Currently, Truvada can only be prescribed in Australia for treatment of HIV, use as PEP, but not as PrEP. Demonstration projects are underway in NSW and Victoria investigating the feasibility, acceptability, adherence issues, side effects and health system costs in the Australian context. The results of this study will further guide the implementation of PrEP in NSW.

It is ACON's belief, and that of many in the HIV community sector, that the availability of PrEP is an important component of an effective combination prevention response. While questions remain about the optimal implementation of PrEP, and who it will benefit most, we believe that it is

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<sup>2</sup> WHO Media Release accessed at <http://www.who.int/mediacentre/news/releases/2014/key-populations-to-hiv/en/>

<sup>3</sup> WHO Guidelines On HIV Prevention, Diagnosis, Treatment And Care For Key Populations p44



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essential that these questions be explored and that key stakeholders should act in a timely manner to assess and reach agreement on the availability of PrEP.

### Undetectable Viral Load

Having an undetectable viral load (UVL) greatly reduces the risk of HIV transmission. This was first outlined in the 2008 Swiss Statement and has since been clearly established in large international studies. In particular HPTN 052 (3) looked at two treatment strategies to prevent the sexual transmission of HIV in heterosexual HIV-serodiscordant couples, and the European PARTNER study which investigated HIV transmission in couples where an HIV positive partner was taking effective HIV treatment. Similarly the interim results from the European PARTNER study reports that no cases of HIV were transmitted either by anal or vaginal sex where the HIV positive partner had an UVL, though this does not mean that there is zero risk of transmission. Importantly, 40% of PARTNER study participants were gay men (2).

There are multiple benefits associated with obtaining and maintaining an UVL, especially for individuals but also for the broader community. These benefits are primarily improved health outcomes for PLHIV and a low risk of onward transmission of HIV.

ACON believes that achieving an UVL can significantly reduce the risk of onward transmission of HIV infection in situations where sex without condoms occurs. Therefore, scaling up the proportion of PLHIV on effective ART to 90% is a crucial component of ending HIV by 2020.

It remains unclear if the law in NSW recognises contemporary understandings of having and maintaining an UVL and accepts evidence that this significantly reduces the risk of transmission of HIV. This should be taken into consideration when police, prosecutors and courts are implementing and interpreting the law.

### Effective Serosorting (pos/pos men)

Serosorting is a strategy that aims to limit condomless sex to people of the same HIV status. In order for this risk reduction strategy to be effective, men must not only know their own status but also the status of their partners.

Data from the *Centre for Social Research in Health* (UNSW) obtained from the *Gay Community Periodic Survey* across Australia suggests an increase in limiting condomless sex to partners of the same status, from 20% in 2003 to 24% in 2012 (2).

Furthermore, recent research using data obtained from Sydney's 2014 *Gay Community Periodic Survey* has found that 39.6% of PLHIV limit condomless sex to partners of the same status (serosorting) (1), while 32.6% of HIV negative men actively employ serosorting as a risk reduction strategy (1).

ACON does not endorse serosorting in casual sexual encounters as an effective HIV prevention strategy for HIV negative men, on the grounds that ascertaining the current HIV negative status of even a familiar casual partner is inherently unreliable.



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However, where this occurs between men of concordant HIV+ status, considerations of HIV transmission are largely irrelevant. Nonetheless, the risk of STI transmission is significantly increased in the absence of condoms.

### Research

ACON acknowledges the need for further research into HIV prevention strategies that do not involve sex with a condom. This includes

- Identifying a more relevant and effective measure of risk behaviour consistent with the revised categories of 'safe sex' outlined above.
- Research which monitors and assesses trends in the knowledge and attitudes of HIV-, HIV+ and undiagnosed GHAM towards new and existing (i.e. condoms) strategies to stay safe.
- Developing a better understanding of the dynamics and contexts of disclosure, including experiences of HIV stigma, contexts of criminalisation of non-disclosure, and the changing understanding/utilisation of 'undetectable viral load' and 'PrEP status' in sexual negotiation.
- Developing a better understanding of the contexts in which no risk reduction takes place, and the attitudes and motivations of those involved.

### References

1. Hull, P., Mao, L., Kolstee, J., Duck, T., Prestage, G., Zablotska, I., de Wit, J., & Holt, M. (2014). *Gay Community Periodic Survey: Sydney 2014*. Centre for Social Research in Health.
2. de Wit, J., Mao, L., Holt, M., & Treloar, C. (Eds.) (2013). *HIV/AIDS, Hepatitis, Sexually Transmissible Infections in Australia: Annual Reports in Trends and Behaviour in 2013*. Centre for Social Research in Health.
3. Smith, D (2013). *Condom efficacy by consistency of use among MSM: US*. 20th Conference on Retroviruses and Opportunistic Infections, Atlanta, abstract 32.
4. Grant R, Lama J, Anderson P, McMahan V, Liu A, Vargas L, Goicochea P, Casapía M, Guanira-Carranza J, Ramirez-Cardich M, Montoya-Herrera O, Fernández T, Veloso VG, Buchbinder S, Chariyalertsak S, Schechter M, Bekker L, Mayer K, Kallás E, Amico K, Mulligan K, Bushman L, Hance R, Ganoza C, Defechereux P, Postle B, Wang F, McConnell J, Zheng J, Lee J, Rooney J, Jaffe H, Martinez A, Burns D, Glidden D; iPrEx Study Team. (2010). *Preexposure chemoprophylaxis for HIV prevention in men who have sex with men*. *New England Journal of Medicine* 363(27):2587-2599.
5. Kirby, T Thornber-Dunwell, M (2014). *Uptake of PrEP for HIV Slow Among MSM*. *The Lancet*, Vol 383 Issue 9915.
6. US Public Health Service (2014). *Preexposure prophylaxis for the prevention of HIV infection in the United States: A clinical practice guideline*. *Centre for Disease Control*: 1-67.
7. Jin, F., Crawford, J., Prestage, G., Zablotska, I., Imrie, J. C., Kippax, S. C., Kaldor, J. M., & Grulich, A. E. (2009). *Unprotected anal intercourse, risk reduction behaviours, and subsequent HIV infection in a cohort of homosexual men*. *AIDS*, 23(2), 243-252.

*Note: This paper contains general commentary and does not constitute medical advice.*

