

Wellbeing of Men who have Sex with Men: HIV

Key Facts

- Men who have sex with men are the group most affected by HIV in Scotland
- Unprotected anal sex is the main route of transmission for MSM
- Anal sex forms an important and central aspect of the sexual life of many MSM
- Condoms are highly effective in preventing HIV transmission
- Many MSM are unaware of their HIV status
- The risks some MSM take with their sexual health maybe a symptom of the wider issues such as problem alcohol use, low self esteem, mental health problems and experience of violence and childhood sexual abuse.

What can I do?

- Encourage the use of condoms and know where to signpost MSM to get them
- Promote HIV testing explaining the benefits of knowledge of HIV status
- Raise awareness of Post Exposure Prophylaxis for HIV (and how to get it)
- Reduce the stigma associated with anal sex
- Consider potential wider issues on risk taking behaviour

Background

Adult MSM are the group most affected by HIV in the Scotland with an estimated 4.5% MSM living with HIV 2012¹.

Since 2004 sex between men has been the route of transmission for 71% of all HIV diagnosis acquired within Scotland². It is likely that the HIV epidemic among MSM is largely due to the on-going incidence from men who are unaware of their infection³. According to the latest UK report an estimated 24% of individuals are unaware of their infection⁴.

The number of MSM living with a diagnosed HIV infection has doubled over the past decade. Although this rise is partly due to the availability of antiretroviral therapy (ART), which increases life expectancy, it also reflects significant levels of continuing HIV transmission. The number of MSM newly diagnosed with HIV each year continues to rise⁴.

More MSM than ever have HIV testing but an increase in testing cannot entirely account for the rise in the new diagnoses. Nearly 90% of MSM living with a diagnosed HIV infection are receiving treatment and of these, almost 90% are virally suppressed with a negligible risk of passing on their infection through. With such a high coverage of ART, it is likely that the HIV

epidemic among MSM is largely due to ongoing incidence from men unaware of their infection³. Men make assumptions about HIV status, their own and that of other men¹. Increased and frequent HIV testing is therefore vital to control transmission. Primary care staff are ideally placed to discuss the benefits of knowledge of HIV status.

Unprotected anal sex is the main route of HIV transmission among MSM. Unprotected anal sex is high risk because the mucosa lining the rectum is easily damaged, and the anal mucous is rich in the immune system cells that HIV targets. Receptive anal sex is riskier than insertive anal sex but many factors can affect the likelihood of transmission, such as the presence of another sexually transmitted infection (STI) or the viral load of a sexual partner.

NHS Tayside have developed an on line resource for gay and bi sexual men available at <http://www.menonlytayside.com>. This includes a 'riskometer' which gives some idea of the risk of transmission of HIV according to sexual acts.

Get Rubbered! is run by Terrence Higgins Trust Scotland. It's a service that provides free condoms and lube by post in a plain envelope to men who have sex with men who live in rural and remote areas <http://www.tht.org.uk/our-charity/Our-work/Scotland/Condoms-by-post>

Condoms are also available from Sexual Health clinics across Scotland, Most services also make them available free 14 to 19 year olds who have signed up to a 'C or condom card' at a variety of outlets such as local libraries and pharmacies .

A recent community engagement project to explore the experiences, thoughts, feelings and needs of MSM in Scotland concluded that that for men who have anal sex it is a marker of trust and intimacy and men welcome discussions about what anal sex means to them¹. Sex without condoms was described as being 'problemised' by services purely in relation to HIV/ STI transmission. There is a need to understand the meaning of anal sex to gay men and reduce the stigma associated with it. If anal sex is only obliquely referenced to in terms of condom use this will be a barrier to successful and meaningful engagement with men around HIV / STI prevention¹.

Post exposure prophylaxis for HIV is available from most sexual health clinics and emergency departments. It is a month of anti retroviral therapy taken after exposure to a person known to have or thought to be at high risk of HIV. Counselling MSM who are or likely to engage in high risk activity about its use and availability may help men seek PEP quickly after an exposure. PEP should be started as soon as possible and definitely within 72 hours. For more information see the West of Scotland Risk Assessment for PEP <http://www.wossexualhealthmcn.org.uk/west-of-scotland-managed-clinical-network>.

A recent case note review of men Greater Glasgow & Clyde and Lothian revealed that men newly diagnosed with HIV had a number of 'vulnerabilities' including problem alcohol use, low self esteem, mental health problems and experience of violence and childhood sexual abuse. The risks they are taking with their sexual health maybe a symptom of these wider issues. Infrequent or never testing for HIV was associated with social deprivation¹.

References

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