Health Care Needs of Men Who Have Sex With Men (MSM)

Dr Kevin Rebe

Health4Men
Talk Outline

• Population perspective
  – Epidemiology of MSM in Africa
  – HIV Prevalence
  – Influence on the global HIV pandemic
  – MSM experiences of healthcare services

• Client perspectives
  – Assessment / Risk reduction / Prevention / Treatment
MSM – Why should we be concerned?

- Predominantly heterosexual epidemic
- Competing health issues
- Resource limited

→ So why concentrate on a small group of people who don’t form the major part of the HIV epidemic in South Africa?
MSM in Africa

• A problem of perceptions
  – MSM in Africa are often not “gay”
    • N = 200 MSM in townships in Gauteng
    • 83% self identified as gay
    • 12% self identify as bisexual
    • 1% as straight
    • 4% as other (includes transgender)

  – The “un-Africanism” of homosexuality
  – Ongoing criminalisation of MSM
  – Stigma and discrimination

Lane, T et al. AIDS Behav. 2008
The Insecurities and Challenges of Black Gay Men

Depression  Homophobia  HIV/AIDS  Racism

Violence  Drugs  Death  Misperception  Down Low  Rejection

Incarceration  Depression  Homophobia  HIV/AIDS  Abomination

Imoral  Sissy  Disease spreader  Promiscuous

WORDS KILL TOO
Where are all the MSM?

- MSM and their HIV Epidemics in Kenya
  - Capture-recapture study
  - 582 MSM sex workers in Mombasa
  - 484 were contacted in a single day

→ Remarkable numbers for an African city
→ Large population of clients!
→ Even larger community of MSM since most MSM are not sex workers.

Giebel S, et al. AIDS 2007;21(10)

• Systematic review of published MSM literature
• 644 studies (including 14 from Africa)
• MSM prevalence 1-34%
• HIV Prevalence 0-51%
• MSM engaging in heterosexual activity 25-86%
• STI rates, syphilis 4.3% (Africa), 25% (India)
• Consistent condom use <50%

→ Increasing numbers of African MSM, vulnerable to HIV and 50% cross over with heterosexual epidemic
Where are all the MSM?

<table>
<thead>
<tr>
<th>Region</th>
<th>MSM prevalence, lifetime No of studies (range of results) (%)</th>
<th>Sex with a man, last year No of studies (range of results) (%)</th>
<th>References</th>
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<tbody>
<tr>
<td>Africa</td>
<td>2 (1–4)</td>
<td>ND</td>
<td>43, 44</td>
</tr>
<tr>
<td>East-South</td>
<td>2 (1–4)</td>
<td>ND</td>
<td></td>
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<tr>
<td>West-Central</td>
<td>ND</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>Asia</td>
<td>7 (4–34)</td>
<td>1 (7)</td>
<td>21, 45–50</td>
</tr>
<tr>
<td>East</td>
<td>2 (4–19)</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>5 (8–34)†</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>South-East</td>
<td>ND</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>ND</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>1 (3)</td>
<td>ND</td>
<td>51</td>
</tr>
<tr>
<td>Latin America</td>
<td>4 (3–15)</td>
<td>2 (1–14)‡</td>
<td>52–55</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>ND</td>
<td>ND</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14 (1–34)</td>
<td>3 (1–14)</td>
<td></td>
</tr>
</tbody>
</table>

ND, no data.

*Some studies used men attending STI clinics as the study sample.

†The higher end of this range is from two studies—one in India where 23% of the study population had sold sex; the other one among truck drivers in Bangladesh.

‡One paper shows data for male sex contact within last 6 months.

Caceres CF et al. Sex Transm Infect 2008;84(Suppl1)
MSM Barriers to Healthcare

• Criminalisation of MSM in many African countries
• Stigma and discrimination
  – Sexual orientation
  – HIV status
• Internalised stigma among 92 HIV positive MSM in Cape Town:
  – 57% hid HIV status
  – 47% felt guilty about being HIV positive
  – 43% were ashamed about being HIV positive

MSM Barriers to Healthcare

• Low levels of self-identification as MSM
• Incorrect self assessment of risk

• **55%** of MSM in Sudanese study believed that vaginal safer sex messages did not apply to anal sex

  Elrashied, S et al. AIDS 2006 – XVI Aids Conference, Canada

• **73%** of MSM a Zambian study thought that anal sex was safer than vaginal sex

  Zulu, K P et al. 3rd IAS Conference, Toronto Canada 2006
MSM Experiences of Healthcare

- Feedback about HIV services generally negative
- Confidentiality not guaranteed
- Support available only for positives
- High turnover of volunteers
- Usual resource constraint problems

→ Perception among MSM in Cape Town and Pretoria that services are not MSM/lesbian friendly

Parry, C et al. Drug and Alcohol Dependence 2008(95)
Improving Our Image

IAVI MSM workshop 2007

- Safe drop-in space
- Incentivise
  - Gift pack
  - Gorgeous gay proctologist!
MSM Package of care

• Risk assessment
• HIV
• STIs
• Prevention and harm reduction

Keep Your Pants Off... 
Don’t just wait quietly for better health care!
Risk Assessment

- **Personal risk**
  - Increased HIV risk compared to general population (OR 3.8 in Africa)

  Baral S et al. PLOS Medicine 2007 Dec. (4)12

- **Unprotected anal intercourse (UAI) is common**
  - 59% of township men had UAI
    - Inconsistent condom use
    - Condom breakages
  - ↑ associated with alcohol and more rectal trauma
  - ↓ associated exclusively with latex compatible lube

  Lane, T et al. AIDS Behav. 2008
Risk Assessment - UAI

“Barebacking”: intentional condomless anal sex in HIV-risk contexts. Reasons for and against it.

Carballo-Dieguez A et al. J Homosex 2004;47(1)1-16

- Gay.com barebacking online message board
- Mainly white American men with high HIV knowledge, average age 35
- 130 messages were analysed
  - 62 (48%) pro-barebacking
  - 55 (42%) anti-barebacking
Risk Assessment - UAI

“Barebacking”: intentional condomless anal sex in HIV-risk contexts. Reasons for and against it.

Carballo-Dieguez A et al. J Homosex 2004;47(1)1-16

• Pros
  – Condomless sex more enjoyable
  – Confirmed a sense of freedom
  – Tended to minimise risks (assume superinfection risk negligible)
  – Felt barebacking was a personal decision and responsibility

• Cons
  – Believed the behaviour was dangerous
  – Advocated for personal and social responsibility
  – Barebackers need to be sensitised to HIV disease issues
Risk Assessment – Substance Abuse

What’s on the menu?

- Alcohol
- Crack cocaine / cocaine powder / Alcohol
- Marijuana
- Heroin
- Crystal methamphetamine (Tik)
- Methcathinone (Cat)
- MDMA (Ecstasy)
- Gamma-Hydroxybutyrate (GHB)
- Ketamine
- Rohypnol
- Acid (LSD)
- Amyl nitrate (Poppers)
- Viagra

• Regional differences e.g. Tik and cat in Cape Town
• Alcohol and cannabis more common among township MSM
meth makeover

LIFE or METH

the choice is yours...
www.caama.net

Before Tik

After Tik

www.caama.net
NEWS RELEASE

Meth Promotes Spread of Virus in HIV-Infected Users

BUFFALO, N.Y. -- Researchers at the University at Buffalo have presented the first evidence that the addictive drug methamphetamine, or meth, also commonly known as "speed" or "crystal," increases production of a docking protein that promotes the spread of the HIV-1 virus in infected users.

The investigators found that meth increases expression of a receptor called DC-SIGN, a "virus-attachment factor," allowing more of the virus to invade the immune system.
CRYSTAL METH WILL TRASH YOUR IMMUNE SYSTEM
CRYSTALBREAKS.ORG

Resist Meth

Buzz killer.
He's tweaking. His heart is racing, he's grinding his teeth, he's talking really fast and not making much sense. He thinks he's sexy and popular. And he's bumped up his risk of getting HIV by 400%.

Don't mess with crystal.
For help, visit crystalmess.net

This message brought to you by SF Dept. of Public Health HIV Prevention Program
Substance Abuse among local MSM

• Rapid assessment of drug-related HIV risk among MSM in three RSA cities. Parry, C et al.

  – Examine link between drug use and sexual risk
  – Snowball sampling of 78 drug-using MSM
  – Crack / heroin / cannabis most popular
  – Strong relationship between drug use and sexual HIV risk behaviour
  – Less concern with safer sex
  – More inclined to forgo condom use when high
  – MSM sex workers using to facilitate their work
Local IV Drug use is increasing...

- Heroin / Cocaine / Crystal – “spiking”
- Prevalent among MSM
- World trend of ↑ hepatitis C

→ Need to assess type of drug and risks involved

→ E.g. “Booty slamming” risks of HIV / Hepatitis / bacterial and parasitic diseases.

→ Link to rehabilitation facilities
CRYSTALCLEARMN.ORG
Crystal meth info, resources and support for gay and bi guys

HOT SEX WITHOUT CRYSTAL?
MATT COLE

SUPPORT WITHOUT JUDGMENT

HELL YES!
tweaker.org
Steroids and MSM

- Gym bunnies / Muscle Mary’s / Disco tits
- Anabolic steroids
- Testosterone
- Often intramuscular injections
- Creatine and other supplements
- Appearance highly valued in some MSM communities
MSM and Sexually Transmitted Infections (STIs)
MSM and STI’s (Sexually Transmitted Infections)

- Bacterial
  - Gonococcal and non-gonococcal urethritis
  - Prostatitis
  - Epididymitis

→ C. trachomatis
→ N. Gonorrhoea
→ Herpes
→ Syphilis
→ Mixed infections
Bacterial STI’s

• **Non-Specific Proctitis among MSM**
  - 9 fold ↑ in the risk of HIV seroconversion
    

  - Need to test for
    
    • Chlymidia, gonorrhea, herpes and syphilis

  - Needs anoscopy or sigmoidoscopy
    
    • Obtain cultures
    
    • Examine for lesions e.g. chancre
Bacterial STI’s

• **Syphilis**
  - Chancre in atypical sites e.g. Anal / rectal
  - Increasing rates in developing world MSM
  - Increases transmissibility of HIV
  - Some evidence of increased VL in HIV positives

  - Interpreting serology
    • Particularly among known treated patients.
MSM and Viral STIs

Viral

- Hepatitis A
- Hepatitis B
- Human Papilloma virus
Hepatitis A

- Fecal-oral spread or on common “vehicles”
- Childhood infection usually trivial but adults worse off

- Of particular risk to MSM
  - Rimming / oral and anal sex sessions / toy sharing

- Most guidelines from developed world
  - Recommend vaccinating MSM
  - Advise that AB testing not required
    - Epidemiology in Africa different → AB testing?
    - NICD does not include MSM as a high risk group!
  - Vaccine: 95% Efficacy with prolonged (probably lifelong) protection
    Single dose with booster at 1 year.
Hey Guys!
Free Vaccinations for Hepatitis A & B
June 27
4:00 - 7:00 PM
34 Elmwood Ave.

The Health & Wellness program at RU12? is offering free Hep A & B vaccinations. Now is your chance to protect yourself! If you are a sexually active gay or bisexual man you qualify for this free vaccination. For more info, call Chase @ 860.7812 or just e-mail him: chase@rut2.org

VACCINATED
One Man’s Quest to Defeat the World’s Deadliest Diseases
Paul A. Offit, MD

9 cc.
Hepatitis B

- SA carries 18% of global burden of HBV
- Blood and body fluids, resilient virus
- Chronic infection
  - Worse outcomes if HIV and HBV co-infected
  - More expensive and complicated ART regimens
- **HBV Vaccination**
  - Safe and effective and part of EPI
  - 3 doses, traditionally at 0, 1 and 6 months
  - MSM recognised as a high risk group
Hepatitis B

Accelerated vaccination course for MSM?

• Ongoing high risk activities
• High risk patients often fail to complete vaccination schedule
• Rapid schedules would provide earlier protection and increase compliance
• Excellent early efficacy (100% Chowdhury et al. 2005)
• Need data on long term efficacy
Hepatitis C

- IV drug use
- Much worse outcomes if HIV and HCV co-infected
- No vaccine and often no cure
- Up to 85% of infections become chronic
Human Papilloma Virus

- Common
- Easily transmitted
- Penile as well as anal
- May be internal
- Increased risk of anal carcinoma
Vaccines to prevent HPV In Men

- Not licensed for men (yet)
- Safety concerns
What every queen needs:

- **Risk assessment**
  - Sexual behaviour
  - Drug use
  - Specific at-risk MSM (Sex workers, discordant couples)

- **Sexual health assessment**
  - Clinical STI screening including assessment of anal and prostatic health
  - VDRL
  - Hepatitis A antibodies
  - Hepatitis B antibodies (and antigen if HIV positive)
  - VCT (with CD4 and appropriate linkage to care)
What every queen needs:

- **Mental health assessment**
  - Double stigma and discrimination due to MSM and HIV status
  - High depression rates (gay teenage suicide rates...)
  - Relationship and support issues

- **Risk reduction measures**
  - Counselling and referral (drug counselling and ψ)
  - Hepatitis A and B vaccination
  - Condoms and lube for Africa
What every queen needs:

• **HIV assessment**
  - Huge variation in knowledge
  - Huge variation in expectations of treatment

• **Specific HIV treatment issues among MSM**
  - Truvada has been well marketed to MSM
  - D4T often not acceptable
  - Recreational drugs
  - Anabolics
Getting our marketing right!

i love my boo.

We’re about trust, respect and commitment.

Safer sex is one way we show our love.

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hotline@gmhc.org
www.gmhc.org

the institute
GMHC
FOR GAY MEN'S HEALTH
GAY MENS HEALTH CRISIS

OUT-IN-AFRICA
THE SOUTH AFRICAN GAY & LESBIAN FILM FESTIVAL
11-21 SEPTEMBER 2008
V & A WATERFRONT
CAPETOWN
WIM&HE"
Getting our marketing right!
Getting our marketing right!
**HEALTH4MEN**

Free sexual healthcare for men who have sex with men, in a relaxed and gay friendly environment.

Centrally located in the gay village and also offering services throughout Cape Town, we are available during both office and after hours.

Our team includes medical and psychosocial experts. Our confidential services include:

- **HIV** - Free counselling, testing, management (including access to government-funded anti-retroviral drugs) and post exposure prophylaxis (PEP)
- **STI** (sexually transmitted infections) - Prevention, diagnosis and treatment including free vaccination against viral STIs
- **Counselling** - Risk reduction, prevention, individual and couple counselling, support groups and more
- **Education** - Workshops, seminars, discussions and media production regarding the sexual and healthcare needs of MSM
- **Safer sex promotion** - Distribution of free lube, condoms and gloves as well as literature

Drop in and meet our team for a chat or a free consultation or call 021 425 6463 during office hours for an appointment.

Email us at health4men@24.com for more information.

Office: 1st floor Capa Info Africa building, 14 Cobern St. Greenpoint

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