

# Gay men and travel: HIV risk behaviours & HIV treatment practices.



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## HIV surveillance data

In some Australian states, at least, a significant number of new infections among men who have sex with men are attributed to "contacts" outside that state – either elsewhere in Australia or overseas. This *may* indicate that some gay men are engaging in unprotected sex while away from home. It is unclear whether these men were more likely to have unprotected sex while away from home or are simply attributing infections to contacts outside the state based on knowledge of seroprevalence rates. However, some of these figures need to be treated with caution. They are based on self-report which is not necessarily accurate. Also, the contact tracing system in some states may provide a deterrent to identifying a local source of infection.

*In South Australia, from 1994 to 1999 about two-thirds of HIV diagnoses originated locally. In almost all years from 1994 to 1999 over one quarter of HIV diagnoses originated outside Australia, and about 10 per cent originated in other Australian states. [These figures include all HIV diagnoses ie. not just men who have sex with men. The latter comprise approximately 70 percent of total HIV diagnoses.]*

Sexually Transmitted Diseases in South Australia in 1999, Epidemiologic Report No. 13.

*In Victoria during 1998 nearly 80 per cent of men who have sex with men acquired their HIV infection in Australia. Therefore up to 20 per cent believed they acquired HIV outside the country. There are no data on infections from outside the state. [Some of this may be accounted for by country of origin]*

(Victorian STD Surveillance Report vol 9, no. 4: Oct-Dec 1998. Issues February 1999)

*In Queensland in 1997 and 1998 approximately 80 infections per annum were attributed to men who have sex with men. In 1998-99, 31 first diagnoses of HIV in Queensland were among men who have sex with men. Of these 31 new diagnoses of HIV among Gay & MSM in Queensland between 1/7/98-30/6/99, 14 individuals state that they believe they contracted HIV whilst on holiday in Sydney.*

*[This is difficult to confirm as it may be the result of over-reporting to avoid contact tracing in Queensland.]*

*In Western Australia, data on origin of infection are missing in 75 per cent of cases among homosexual or bisexual men. Of the 226 (25 per cent) for which data are available, 40 (17.7 per cent) attribute infection as occurring outside Australia, About half of these were born overseas, although these were not necessarily infected in their country of origin—however some were.*

*Neither ACT nor NSW collect these data.*

## Social and behavioural research

There are some limited data available on travel of gay men to Sydney from other Australian cities, from the Melbourne Men and Sexual Health (MMASH) and the Brisbane Region Men and Sexual Health (BRASH) surveys, both conducted in 1996.

Among Melbourne men, 34 per cent aged 25 and under, and 35.7 per cent over 25, visited Sydney at least every six months. When in Sydney, 38.7 per cent aged 25 and under, and 50 per cent over 25, attended sex venues. Also, 50 per cent aged 25 and under, and 43.9 per cent over 25, had attended dance parties in Sydney.

Among Brisbane men, 15.7 per cent aged 25 and under, and 23.9 per cent over 25, visited Sydney at least every six months. When in Sydney, 39.3 per cent aged 25 and under, and 57.6 per cent over 25, attended sex venues. Also, 31.5 per cent aged 25 and under, and 33.3 per cent over 25, had attended dance parties in Sydney.

In Australia there has been no specific social and behavioural research looking at gay men and risk behaviours when travelling. This type of research has however been conducted in the UK and some of the results are worth considering in developing education campaigns for Australian gay men. One recent American study of gay men travelling to circuit (dance) parties is also presented here for consideration.

A 1996 study of 395 men in Brighton, UK, who had taken a holiday in the previous year, looked at

predictors of sex and risk for HIV transmission among these men when they were on holidays. *There were three independent factors associated with unprotected sex on holiday: 1) not taking condoms on holiday; 2) having higher expectations of sexual behaviour and sexual risk (as measured using a four-item scale); and 3) being "unsure" of their HIV status "definitely" HIV positive.*<sup>1</sup>

A similar survey of 236 was conducted among gay men from Manchester, UK, in 1997. Most of these had holidayed in the United States and Europe, with over half reporting that they were motivated in their choice of destination by the "gay social and nightlife" eg. Gran Canaria, Ibiza, Amsterdam, San Francisco. Just under 60 per cent of the total sample reported that they had sex with new sexual partners while on holiday. *Approximately one-quarter of these sexually active men reported anal sex without a condom (while they were on holiday). Compared to men who reported only safe sex on holidays, those who reported unprotected sex were more likely to: 1) be without condoms on holiday; 2) be affected by alcohol/drugs; 3) have had unsafe sex at home during the previous year; and 4) be "probably" or "definitely" HIV positive.*

A joint study by the San Francisco Department of Public Health and the Centers for Disease Control (CDC) presented a poster at the XIII International AIDS Conference in Durban that looked at sexual risk behaviours and drug use among 181 gay men during circuit parties attended away from home compared to those attended in their home city – in this case the San Francisco Bay Area.<sup>2</sup> The study was limited to men who had attended both these types of events during the last 12 months. Overall, drug use was higher during parties attended away from home, including: higher multiple drug use; higher crystal methamphetamine, cocaine and LSD/mushroom use; and possible higher amyl nitrate and Viagra use.

*The study also found that riskiest sexual behaviour increased at parties away from home, in that the rate of unprotected serodiscordant sex was higher (three percent vs. nine percent). Also, increased multiple drug use was associated with increased sexual risk behaviour at parties away from home.*

Sexual activity generally was also elevated during weekends away from San Francisco with 47 per cent reporting any anal sex at their most recent circuit party at home compared to 51 per cent for the most recent party in another city.

Findings from the *Drug Use and Gay Men (DUGM) study*, conducted by NCHSR, also identified mobility as an issue, particularly for young gay men involved in the study. These younger men made more frequent trips to Sydney, especially to go out to nightclubs and to attend sex-on-premises venues. Such trips often involved experimenting with new drugs, new combinations of drugs or new modes of administration. Sometimes these drugs were provided by sexual partners at sex-on-premises

venues, and sometimes by strangers in clubs and bars. These situations led to trying out new drugs with mixed results. Experiences could be on the one hand, "fabulous" or on the other, caused a feeling of being "out of control", "freaking out", or "too messy".<sup>3</sup>

A number of studies have shown an association between travel (and other "changes in routine") and either missing doses of HIV treatments or taking a break from treatment (drug holiday) altogether.

In the *Positive Health Cohort Study 1998-1999* (of which 82.4 per cent of participants were homosexual men), being away from home was identified as a reason by 15.5 per cent of people who had *deliberately* missed doses of their HIV treatments in the previous two months. In addition, 42.4 per cent of people who *accidentally* missed doses in the previous two months cited being away from home as a reason. [Note: "I was away from home" does not automatically mean being on holiday.] A change in routine was also identified by 31.9 per cent of people as a reason for having accidentally missed doses in the previous two months.<sup>4</sup>

### Travel research

In an attempt to answer specific questions related to travel and risk behaviours, the AFAO/NAPWA Education Team commissioned an analysis of interview transcripts from studies conducted by NCHSR and NCHECR to see if the issue of travel/mobility emerged unprompted from the material. This analysis identified all instances of interviewees talking about one of three scenarios in the context of "travel" – within Australia or overseas. These scenarios were: 1) (unsafe) sexual practices; 2) party drug practices; and 3) treatment drug practices. Four data sets were used, with a total of 186 interviews, from the following studies: HIV Health in Context (73); Clinical Markers (23); Seroconverters (66); and Sex Culture (24).

*Unsafe sexual practices:* (generally defined as anal sex without condom, whether with or without ejaculation, or oral sex with ejaculation into partner's mouth). There were two instances of actual unsafe behaviour reported when travelling but only one attributed to travel "in a city I didn't know and where no-one knew me", whereas the other explicitly asserts that "I wouldn't do this just because I was travelling". Travel was a setting for one fictional account of unsafe sex (Sex Culture "stories"). There were two assertions as to a city, ie Sydney (i) promoting anal sex (not necessarily unsafe sex), unlike "other Australian cities", and (ii) associated with risk taking (unspecified).

*Party drug taking:* There was one instance of

heavy drug taking attributed to “heavy schedule” (of travelling), not really travel itself.

*Treatments:* Seven interviewees reported travel as causing minor inconvenience due to having to re-set clock, needing different/new places to take pills, having to postpone beginning or changing treatment.

The number of instances in which interviewees talked about any of the three practices in the context of “travel” was found to be very small indeed. The small number of relevant observations is no doubt due to the fact that only the HIV Health in Context interviews allowed for a question to be asked by the interviewer relating to issues of pill taking when away from home, and this question was asked in only some of the interviews. Since interviews are a heavily constrained type of social interaction, it is generally quite uncommon for interviewees to venture beyond the questions asked, with the result that there was little talk about differing practices in the context of travel. However, it is not possible to conclude from the data inspection carried out that gay men do not behave differently when travelling since travel and behaviour when away from home was not focused on in any of the interviews.<sup>5</sup>

The AFAO/NAPWA Education Team, in conjunction with three of its member organisations, undertook a research project to explore in more depth the issue of travel/mobility and HIV risk. The focus of the research was to examine the relationship between the conceptualisation of “place” and risk behaviours, for both HIV positive and negative gay men. Its aim was to investigate gay men’s assessment of their own HIV risk behaviours and how the meanings attached to sex change when away from their home environment. The research had four objectives: 1) to document the range of meanings that travel has for gay men; 2) to describe gay men’s sexual decision making processes; 3) to describe the contexts in which sex occurs for gay men when they are travelling; and 4) to investigate changes in sexual behaviour and attitudes among gay men when away from their home environment. In-depth semi structured interviews were conducted with 31 participants (both HIV positive and negative) from capital cities and regional centres in three different states. Thematic analysis of the data looked at the way location affects negotiation of sex and risk, as well as its impact on disclosure of HIV status, condom use and assumptions about sexual partners.<sup>6</sup>

The report identified the following key themes arising from an analysis of the transcripts:

#### **Meanings of travel as a gay man**

- Travel as sexual opportunity
- Travel and the freedom of anonymity

- Travel and the joy of decent sex
- Travel and no consequence
- Travel and quick fun

#### **Rationale for Choice of Destination**

- Pursuit of gay culture and gay events

#### **Ways of finding sex while travelling**

- Social networks, gay publications and cruising

#### **Risk Taking**

- Increase in risk taking
- Decrease in risk taking

#### **Sex while away**

- Anonymous
- Casual

#### **HIV+ Men: Disclosure**

- Circumstantial disclosure: Treatments
- Not disclosing while away

#### **HIV+ Men: Travelling on Treatments**

- Additional planning due to treatments
- Travel restrictions with treatments
- Adherence

#### **Rural / Regional Men**

- The anonymous traveller
- Travel as a separate reality
- Travel and increased risk
- Travel and non-disclosure

In terms of risk taking, there were far more references to *increases* in risk taking, when away from home, than references to no change in, or decrease in risk taking. Reported increases in risk taking were more prevalent among participants from WA and NSW regional areas. The following quotes (from both HIV positive and negative men) illustrate some of the ways participants talked about increases in HIV risk behaviours while away from home:

*I'm probably more open to having unsafe sex on holidays. Yeah, just more open to it. If someone doesn't say anything and you don't say anything either then you're just more open to it. Whether I actually do or don't depends on the night.*

*There have been a couple of times [increase of risk while on holidays]. Probably that I do it with strangers [while away] I suppose and they don't know the rules like letting you know when they are going to come or anything like that.*

*And uh it's fantastic because um, you know, you can just go and you totally let go of all your inhibitions and um just throw yourself in and have a fantastic time.. [and] no [condom*

*use]... there weren't any. No one had any. No one was using any.*

*I have had a couple of occasions present themselves when I was in Italy where there were no condoms and it was made abundantly clear that no condoms were needed or wanted. Whether they were positive, I have no idea, whether they were negative, I have no idea.*

For some HIV positive men, the risk of disclosure and/or the risk of being "outed" as HIV positive, was also a major concern.

*But on occasion there are guys who are HIV and I know they were HIV and they know I am HIV. We will probably have some sort of anal sex but not go for too long or go to the climactic part... that's unprotected but only minimal. (while on vacation in Sydney).*

*I have to be responsible here, like I suppose I should be anyway, because everyone knows everyone here and it takes two seconds for a story to get around town. So, you've got to be really careful what you do and if you're out there, you know, fucking around and you're HIV, without condoms, then bang you're playing with fire, one or two ways.*

For HIV positive men, there were also specific issues related to travelling with treatments and adhering to dosing schedules while travelling:

*I tend to remember. If I don't, it's because I consciously say I am not taking it. Although when I came back last time I think I missed three doses, not in a row, but because of jet lag and sleeping. All of a sudden I slept through the night and didn't take my night pills.*

*I can take a maximum of three months worth with me. If I wanted to stay longer I would have to either come back or get someone to mail them for me... then you know you may have problems with Customs.*

*The other thing is that when travelling I'm more likely to be socially active and that's another compliance issue.*

Some issues were particularly relevant to participants from rural/regional areas. Participants from WA often identified similar experiences with those from rural/regional areas in NSW in terms of increased risk associated with the freedom of travel – and associated notions of reduced consequences of risk behaviours while travelling.

*...being anonymous... knowing that no one is going to make you accountable because you're*

*not going to be there the next week or the next couple of days.*

*I didn't want to [use a condom] because I was enjoying myself too much.*

The issues that emerged from the research were used in the development of the ANET campaign. The campaign addresses the specific issues of HIV risk related to travel for gay men, health maintenance issues for HIV positive men when travelling, and other general health issues relevant to gay men who travel.

<sup>1</sup> Clift S M & Forrest S P, "Factors associated with gay men's sexual behaviours and risk on holiday" in *AIDS Care* (1999), vol 11, no 3: 281-295.

<sup>2</sup> Mansergh G, et. al., 'Sexual Risk Behavior and Drug Use are Heightened for Gay/Bisexual Men During Circuit Party (CP) Weekends Out of Town vs. In Town.' [Abstract WePeD4767]

<sup>3</sup> Erica Southgate & Max Hopwood, "Drug use amongst gay men in a large regional town in NSW – DUGM Issue Paper 5", National Centre in HIV Social Research, July 1999.

<sup>4</sup> Garrett Prestage, et. al., *Positive Health Cohort Study: 1998-1999, Health Management and Use of Services*, NCHSR/NCHECR/ARCSHS/AFAO/ACON, 2000.

<sup>5</sup> Travel Project – Research Report NCHSR Data Sets (Report commissioned from Dr Guenter Plum, May 2000)

<sup>6</sup> A thematic analysis of transcripts informing the development of the AFAO campaign *Home and Away* (Report on research for travel campaign, commissioned from Rob Wilkins, July 2000)