



RECENT FINDINGS FROM THE GAY COMMUNITY PERIODIC SURVEY

10 May 2022

This brief updates Australia's HIV sector on three journal articles published from the Gay Community Periodic Surveys (GCPS) from the Centre for Social Research in Health at the University of NSW. The findings from these surveys provide insight into some of the communities we work with, particularly gay and bisexual men (GBM).

INTRODUCTION

The GCPS are repeated, cross-sectional surveys of GBM conducted in the metropolitan areas of seven Australian states and territories. Since 1996, they have been a crucial part of Australia's behavioural surveillance system for HIV. The data captured provides researchers with a regular window into the sexual practices of GBM. The survey includes questions on the use of HIV prevention strategies and treatment, drug use and testing patterns for HIV and other STIs. As the peak community-controlled HIV organisation, AFAO is represented on the GCPS national reference group. Our state-based member organisations lead efforts to recruit participants at gay community venues and events, sexual health clinics and online.

AFAO uses findings from the GCPS to develop communications for members, stakeholders and funders and donors. The research informs service provision planning among our membership and helps secure investment in programs and activities to implement the National HIV Strategy.

Increasing pre-exposure prophylaxis use and 'net prevention coverage' in behavioural surveillance of Australian gay and bisexual men¹

Net prevention coverage (the proportion of people using a form of protection) against HIV among GBM who engage in casual sex has been increasing since 2014, with a particular increase in coverage since the rollout of pre-exposure prophylaxis (PrEP). The increase in coverage is likely to have led to the recent decline in HIV notifications. Prevention methods categorised as 'safe sex' include having no anal intercourse, consistent condom use, HIV-positive participants having an undetectable viral load (UVL) and HIV-negative

participants using PrEP. Overall, the proportion of GBM at risk of HIV reduced from 35.1% in 2014 to 25.1% in 2019. Risk of HIV transmission was defined as condomless anal intercourse with casual partners (CAIC) by HIV-positive participants not on treatment or without a UVL, and CAIC by HIV-negative or untested participants not on PrEP.

Consistent condom use by GBM with casual partners declined between 2014 and 2019 while PrEP use increased – with PrEP becoming the most commonly used HIV prevention method by GBM in 2019. A decrease in condom use was also identified among GBM not using PrEP, but this appears to have been outweighed by the overall increase in prevention coverage. Condoms remain the primary prevention strategy adopted by many GBM, particularly among younger participants (under 25 years) and bisexual men. Compared to bisexual men, gay men were more likely to report group sex and use drugs to enhance sex. They were also more likely to mitigate the risk of HIV transmission by using PrEP and regular testing.

Policy Implication

The rollout of PrEP has significantly contributed to the decline in HIV notifications through increased net prevention coverage. Noticeable gains have been made in Australian-born gay men in particular, but many GBM ceased using PrEP due to COVID-19 related restrictions on movement and physical distancing. As restrictions ease, increasing awareness of PrEP for all who could benefit from it, particularly bisexual, young, and overseas-born GBM, needs consideration. Making PrEP available to all, regardless of their visa status, will also progress efforts to end HIV transmission in Australia. However, the sector must be cautious not to focus too much on any single form of prevention. For example, condoms are still the preferred method for many GBM, including those who face additional barriers to accessing PrEP in regular healthcare settings.

1. Holt, M., Broady, TR., Mao, L., Chan, C., Rule, J., Ellard, J., O'Donnell, D., Grulich, AE., Prestage, G., & Bavinton, BR. (2021). Increasing preexposure prophylaxis use and 'net prevention coverage' in behavioural surveillance of Australian gay and bisexual men. *Journal of Acquired Immune Deficiency Syndromes*. 35(5):835-84. doi: 10.1097/QAD.0000000000002797.



Structural Stigma and Sexual Health Disparities Among Gay, Bisexual, and Other Men Who Have Sex With Men in Australia²

Stigma and discrimination are linked to poorer health outcomes and reduced healthcare engagement among people with diverse sexualities and gender identities. These community members, who live in areas with higher structural stigma, may be less likely to disclose their sexual health needs to healthcare providers. This could explain why much of Australia's success in declining HIV notifications is concentrated among Australian-born GBM living in less stigmatising areas, particularly in the gay urban centres of large capital cities.

This journal article used the results from the 2017 Australian Marriage Law Postal Survey to identify areas with higher levels of structural stigma based on the prevalence of votes against the legalisation of same-sex marriage. The authors found that in areas with higher levels of structural stigma (more No votes), there were reduced levels of testing and diagnoses for HIV and STIs and lower levels of awareness of PrEP and post-exposure prophylaxis (PEP). They also found that GBM with HIV who resided in these areas were less likely to be on antiretroviral treatment (ART) and made fewer visits to HIV-related clinical care. This could have negative health implications for GBM with HIV and may also be undermining prevention strategies needed to reach domestic and global HIV targets.

Policy Implication

The Australian HIV response is guided by the [Eighth National HIV Strategy 2018-2022](#) and includes access and equality as a guiding principle. Despite this, many members of our community face significant barriers to accessing HIV-related services. At 91%, Australia is shy of the UNAIDS Target of reaching 95% of people with HIV aware of their status – and the latest data show that almost one in five (19.5%) of all people with HIV in Australia have not reached a sustained UVL. Increased access to HIV prevention, testing and treatment is required if Australia is to meet these goals. For instance, regular testing underpins HIV prevention because it can prevent onward transmission through ART initiation – and HIV testing must be convenient and accessible for all GBM, irrespective of their location. HIV self-testing is an alternative testing method that can help restore testing rates

to pre-pandemic levels and has been shown to increase testing frequency among GBM, particularly GBM who test infrequently or not at all. The Atomo HIV self-test became available in selected pharmacies in December 2021, and an advertising permission enables broader promotion of the device. Despite this, scale-up has been inconsistent across the states and territories – indicating more could be done to promote its availability to community members. Addressing stigma as a barrier to healthcare access should also remain a priority in developing interventions to increase testing, treatment and PrEP uptake.

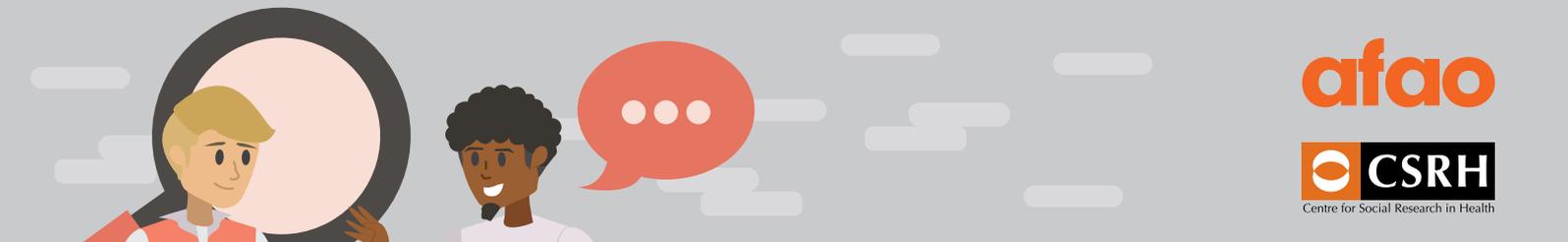
Changing Levels of Social Engagement with Gay Men is Associated with HIV Related Outcomes and Behaviours: Trends in Australian Behavioural Surveillance 1998-2020³

The importance of community engagement is underpinned in state and national HIV strategies, as social engagement has previously been associated with beneficial HIV related outcomes and uptake of HIV prevention. For example, heightened social engagement among GBM is linked to greater involvement in community networks and improved awareness about HIV. This has recently been demonstrated by the rapid uptake of PrEP by GBM well-connected to others in the community. At the same time, social networks among GBM are diversifying, with emerging evidence suggesting that younger GBM are becoming less dependent on the gay community for social support. This article sought to identify changes in social engagement among GBM since the late nineties to determine factors associated with higher and lower social engagement.

The study found that social engagement among GBM has been gradually declining in previous decades, particularly among younger GBM aged under 25. Furthermore, the study found an association between social engagement with demographic and behavioural outcomes related to HIV prevention, including condom use, HIV testing and sexual behaviour. Heightened social connection to the gay community was linked to better HIV awareness, more frequent testing, and PrEP uptake. While increased social engagement was also associated with condomless sex with casual partners, this should be understood in the context of the growing use of PrEP, increased viral suppression

2. Saxby, K., Chan, C., & Bavinton, BR. (2022). Structural Stigma and Sexual Health Disparities Among Gay, Bisexual, and Other Men Who Have Sex With Men in Australia. *Journal of Acquired Immune Deficiency Syndromes*. 89(3):241-250. doi: 10.1097/QAI.0000000000002851.

3. Chan, C. (in press). Changing Levels of Social Engagement with Gay Men is Associated with HIV Related Outcomes and Behaviours: Trends in Australian Behavioural Surveillance 1998-2020. *Archives of Sexual Behavior*.



among GBM with HIV and a better understanding of treatment as prevention (TasP)/Undetectable = Untransmissible (U=U). While socially engaged GBM were more likely to engage in group sex and use drugs to enhance sex, they alleviated the risk of HIV transmission through PrEP and regular HIV testing. Conversely, some less socially engaged GBM participated in group sex and drug use to enhance sex without using HIV prevention strategies as much as their socially engaged peers. Finally, the study suggests that gay social engagement remains relevant despite its gradual decline, with the example of PrEP rollout highlighting how information and knowledge can be facilitated within existing networks.

Policy Implication

It is important to sustain the gains in HIV prevention seen in inner-city social networks while encouraging less engaged GBM, such as bisexual or non-gay-identifying GBM, to mitigate the risk of HIV transmission through PrEP and regular testing. This research also suggests that younger GBM may become less reliant on gay networks, as improved societal attitudes towards same-sex attraction allow more younger people to express their sexualities. It may also be the case that increased acceptance of gay men reduces the need for gay venues and spaces, which have been utilised by community organisations to distribute materials and messaging, reducing the opportunities for young gay men to meet and establish connections with peers. This phenomenon is likely to have been magnified by COVID-19, which has led to many social venues closing, at least temporarily. Reaching different sub-groups of GBM will require consideration. Additional research may be useful to understand how connectivity to different communities facilitates knowledge of HIV prevention, as it has done for decades in Australia.