Quarterly Newsletter From Gay Health Network (GHN) ISSUE 14 | March 2012

ON THE ONE ROAD

PHASE 2 OF THE NATIONAL HIV PREVENTION PROGRAMME FOR MSM IS LAUNCHED

On 24th February 2012, the HSE and the Gay Health Network (GHN), in association with Cavan County Council Social Inclusion Unit, launched the second phase of the National HIV Prevention and Sexual Health Awareness Programme for men who have sex with men (MSM).

Councillor Seán McKiernan, Cathaoirleach of Cavan County Council, officially launched the second phase of the programme at the Council Chamber, Courthouse in Cavan town.

Part of a year-long programme, this second phase promotes the availability of free HIV and STI testing services nationally and aims to encourage regular testing among MSM, particularly among younger men and men living in rural areas. The HSE has joined forces with GHN to raise awareness of the issues among these groups, and the key messages of the programme were developed by a younger MSM peer group facilitated by BeLonG To Youth Service.

Speaking at the launch, Councillor McKiernan said "It is particularly welcome that the HSE is launching this phase of the programme in the border region, given the importance of supporting men in rural areas to access the health services they need. As a personal champion of mental health issues, I particularly recognise the importance of vocalising the availability of these services. Like mental health, the subject of sexual health is one which many people may not feel comfortable discussing, but we need to be open and honest about the services that people need in order to promote healthy communities."

Mick Quinlan of GHN, and manager of the Gay Men's Health Service (GMHS) HSE in Dublin, commented "Testing is a fundamental part of preventing the transmission of HIV and STIs. If you are sexually active, it is important to get tested. The 2010 European MSM Internet Survey (The EMIS Project) highlights that in Ireland MSM were least likely to have been tested for HIV if they were younger (24 years and younger) or residing outside of urban centres:

- 84% of men aged 15 to 19 years and 50% of 20 to 24 year olds had never been tested.
- 54% of men living in villages or the countryside (population of less than 10,000 people) and 46% of men living in small towns or cities (population between 10,000 to 99,999 people) had never been tested.

"The GMHS clinic is a busy and critical service. Nearly one in five men attending GMHS live outside Dublin City and county. This further indicates the ongoing need for targeted interventions to promote and increase access to encourage younger men and men living in rural areas to test for HIV," he added.

Dr Nazih Eldin, Chairperson of the National AIDS Strategy Education and Prevention Committee and Head of Health Promotion in HSE, DNE said "We wish to thank Cavan County Council for their support in launching the second phase of this community and peer-led initiative. Promotion and expansion of testing services is essential, particularly outside of the main urban centres, and the HSE has recently opened a sexual health GUM Clinic in Monaghan General Hospital, providing access to these services locally in Cavan and Monaghan, with a second new GUM clinic just opened in Louth County Hospital."

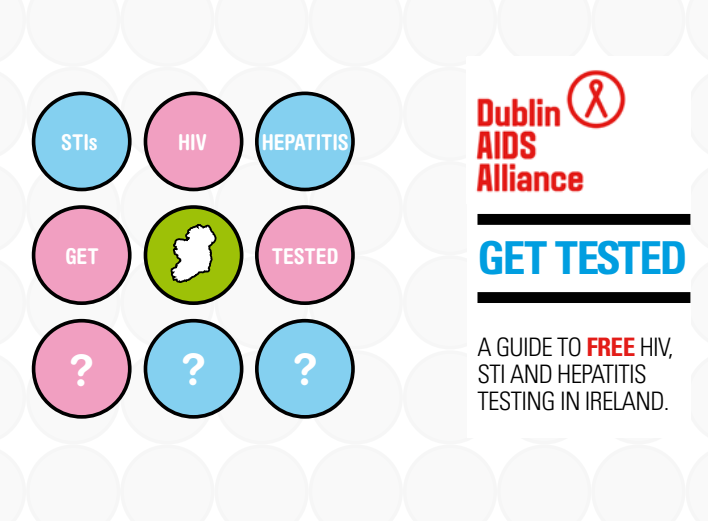
According to Diane Nurse, National Planning Specialist, HSE Social Inclusion, "The GMHS report shows that 39% of its clients were born outside the island of Ireland. This inclusive HIV Prevention Programme is responsive to the rich ethnic and cultural diversity of the MSM client group; learning from this project will inform ongoing efforts around addressing the sexual health and support needs of this cohort."

To view the video and programme materials see www.man2man.ie, www.hse.ie, YouTube at Man2ManIreland, or Man2Man on facebook.

Members of the BeLonG To peer group with Dr. Nazih Eldin, HSE DNE and Councillor Seán McKiernan, Cathaoirleach of Cavan County Council.

DUBLIN AIDS ALLIANCE LAUNCHES NEW GUIDE ON HIV AND STI TESTING CLINICS IN IRELAND

To coincide with the launch of the second phase of the joint HSE and Gay Health Network (GHN) National HIV Prevention Programme for men who have sex with men (MSM) that took place in February, Dublin AIDS Alliance (DAA) launched a new pocket guide on HIV and STI testing clinics around Ireland.



'Get Tested' is supported and funded by the Department of Health National Lottery Fund, and provides detailed information on the location of STI and GUM clinics around Ireland, including Northern Ireland. The testing clinics listed in the guide are free of charge, and most of the clinics offer a full-range of testing services for STIs, including HIV and hepatitis.

The guides have been distributed nationally to HIV and sexual health organisations, LGBT-related organisations, third-level colleges, drugs-related organisations, organisations working with minority groups, some public libraries, and are also available at 43 Citizens Information Centres in 26 counties.

The guide can be viewed and downloaded at www.dublinaidsalliance.ie
Organisations who would like to receive hard copies of the guide can email libraryadmin@dublinaidsalliance.ie

HIV TESTING IN THE COMMUNITY

The Rainbow Project, in partnership with the Royal GUM Clinic, continues to organise free and confidential sexual health testing and support clinics at the Pipeworks and Outside saunas in Belfast, and at the Cage Sauna in Londonderry.

The clinics operate a drop-in service (no appointments necessary). The Rainbow Project's Physical & Sexual Health Worker – Harry McAnulty – will be in attendance at each clinic to answer any questions that you may have. Harry can also be contacted on 028 (048 from RoI) 9031 9030 or by emailing: harry@rainbow-project.org

UPCOMING DATES FOR THE CLINICS:
Outside Sauna, Belfast:
Tuesday 24th April 2012, 5:30pm to 8pm

Pipeworks Sauna, Belfast:
Tuesday 29th May 2012, 5:30pm to 8pm

Cage Sauna, L'Derry:
Check website for next date

Further dates for the clinics are posted on the Rainbow Project's website: www.rainbow-project.org/sh/sexual-health-testing/community-testing

AIDS WEST LAUNCH IRELANDS FIRST SEXUAL HEALTH APP

The 'Sexual Health Guide', Ireland's first sexual health App, was launched recently by AIDS West. The App was developed by AIDS West to mark 25 years of working in the area of sexual health education and support in Ireland. It is free to download on both Apple and Android platforms.

The App addresses all aspects of sexual health providing useful information on the importance of positive sexual experiences, information on STIs and contraception plus where to go for help when required.

The free App is user friendly, employs both text and video for maximum engagement, and contains useful information for people of all ages.

The App development was made possible by support from ViiV Healthcare (GSK) Ireland, and links to the App are available on the AIDS West website www.aidswest.ie

Keith Finnegan, Chairperson AIDS West, Dr James Reilly, Minister for Health, and John Flannery, Manager AIDS West, at the launch of AIDS West App.

SHAG WEEK SURVEY: 73% OF STUDENTS HAVING UNPROTECTED SEX

Sexual Health Awareness and Guidance (SHAG) Week took place in February in third-level colleges around Ireland, and the Union of Students Ireland (USI) published the findings of a survey on the sexual health and practices of students.

The survey was conducted in January and involved over 1,000 students from Irish colleges and universities. Some of the main findings of the survey include:

- 85% of students surveyed were sexually active; 73% of these had sex without using a condom or other contraception (77% of males; 72% of females).
- 7 out of 10 students who had unprotected sex have never been tested for a sexually transmitted infection (STI).
- 38% of students said either they or a sexual partner have had to take the morning after pill.

The survey asked respondents who have had unprotected sex why they did not use a condom:

- 13% citied impairment due to alcohol as the reason for having done so;
- 20% said it was because they or their partner were using another contraceptive;
- 20% said it was because they were in a long-term relationship;
- 14% cited 'spontaneity' as the reason they did not use a condom.

Union of Students in Ireland
Aontas na Mac Léinn in Éirinn

SEXUAL HEALTH AWARENESS WEEK, 28TH MAY TO 1ST JUNE 2012

The Royal College of Physicians of Ireland (RCPI) is organising a Sexual Health Awareness Week (SHAW) from Monday 28th May to Friday 1st June 2012.

The aim of SHAW is to raise awareness of the importance of sexual health at a national level. RCPI will be organising a number of events at its conference centre at No. 6 Kildare Street, Dublin 2. These events include a public meeting, public lectures, a series of workshops and a clinical update meeting. Most of the events will be live webcast, allowing nationwide access to the events.

During SHAW, there will be a dedicated exhibition hall where organisations can display information relating to sexual health for those in attendance. The RCPI conference will be available throughout the week at no charge if an organisation wishes to hold its own event, or organisations can run their own event locally to coincide with and support SHAW.

For more information and for a full programme email clairehughes@rcpi.ie

ADVANCE NOTICE: THE 10TH ANNUAL GAY HEALTH FORUM

The 10th Annual Gay Health Forum (GHF10) will take place in Dublin Castle on Friday 8th June 2012.

Organised by the Gay Men's Health Service, in conjunction with the Gay Health Network, the event is supported annually by the Social Inclusion Unit, Department of Health, and the Education and Prevention subcommittee of NASC.

GHF presents an opportunity for those involved in HIV, AIDS, sexual health and other health-related work with LGBT people, in particular men who have sex with men (MSM), to network, share and acknowledge all our efforts in advancing the health and well-being of LGBT people in Ireland. This year's Noel Walsh Memorial Presentation will include the launch of the 3rd phase of the joint HSE and GHN National HIV Prevention programme for MSM, which focuses on HIV-related stigma, and a presentation of the report on the EMIS survey on MSM living with HIV detailing the extent of issues around HIV-related stigma.

For more information email mick.quinlan@hse.ie

NEW ONLINE TOOLKIT AVAILABLE TO SUPPORT CAMPAIGNS ON HIV CRIMINALISATION

On World AIDS Day 2011, the International Planned Parenthood Federation (IPPF) launched a new online toolkit as part of their 'Criminalize Hate, Not HIV' campaign.

The new website, www.hivandthelaw.com, aims to be a resource that any individual or agency can use to support their own campaigning work on HIV criminalisation. The campaign materials can be used to help inform or promote understanding of the issues in your own country. Materials include videos in a range of different languages, booklets, factsheets, and posters and postcards that can be adapted to your own context to help build your own campaign.

The Sex Workers Alliance Ireland (SWAI) continues to advocate for and promote the health and safety of sex workers.

SWAI's mission statement is 'To promote the social inclusion, health, safety, civil rights and the right to self-determination of female, male and transgender sex workers.' SWAI welcomes the recent publication of a report from the UNAIDS Advisory Group on HIV and Sex Work, the recommendations of which are very much in line with its own mission statement and objectives.

The UNAIDS Advisory Group was constituted in 2009 to provide advice and guidance to UNAIDS on matters related to HIV and sex work, while paying particular attention to the human rights of females, males, and transgender sex workers and the goal of universal access to HIV prevention, treatment, care and support for sex workers. The Advisory Group report noted that sex workers often face widespread and interconnected human rights violations which impede both their effective participation in HIV responses and their right to access HIV and other health and social services. Stigma and discrimination within society results in repressive laws, policies and practices against sex work, and the economic disempowerment of sex workers.

The report focuses on four themes:

1. The legal and policy environment for sex work, including criminal and other laws affecting sex workers;
2. Shifting the strategic focus from reduction of demand for sex work to reduction of demand for unprotected paid sex;
3. The problematic conflation of sex work and trafficking; and
4. Economic empowerment of sex workers.

The following outlines a summary of the conclusions and recommendations under each theme.

The legal and policy environment: States can take many actions to establish legal and policy environments that are conducive to universal access to HIV services for sex workers, such as:

- moving away from criminalising sex work or activities associated with it, including removing criminal penalties for the purchase and sale of sex;
- ensuring, whatever the legal regime, that sex workers have unimpeded access to all HIV prevention, treatment, care and support programmes and that they participate meaningfully in programme and policy decision-making affecting them;
- taking all necessary measures to enable sex workers to enjoy work-related protections like other workers, including workplace safety and protection from violence, exploitation and discrimination;
- giving priority to measures that empower sex workers to protect themselves from HIV and other STIs.

Shifting the strategic focus from reduction of demand for sex work to reduction of demand for unprotected paid sex:

- Foster a shift from an unrealistic approach that demonises clients and depicts them as criminals or exploiters, towards a more pragmatic approach that recognises that clients are involved in every commercial sex act, and therefore have a key role to play in both HIV prevention efforts and in protecting sex workers more generally.
- Programmes should work with both sex workers and clients to support their mutual responsibility in preventing HIV infection and other STIs.

Differentiating sex work and trafficking:

- All stakeholders should combat the persistent confusion and conflation between trafficking in persons and sex work.
- To improve effectiveness, anti-trafficking legislation, and law enforcement, initiatives should be reviewed, in partnership with sex workers and people who have been trafficked, to ensure their rights are respected and protected, and that HIV prevention, treatment, care and support services are not undermined.

Economic empowerment of sex workers:

- Initiatives should aim to involve sex workers, reduce harm, increase options and respect choice.
- Initiatives must be voluntary and available to sex workers without any conditions that they stop or reduce their involvement in sex work.
- Economic empowerment initiatives should be provided in the context of broader empowerment and HIV-prevention efforts designed with, and for, sex workers.

The full report can be viewed and downloaded at www.unaids.org.
For more information on SWAI see www.sexworkersallianceireland.org

SEX WORKERS ALLIANCE IRELAND

The 14th meeting of the EU HIV/AIDS Civil Society Forum (CSF) took place in Luxembourg on 6th and 7th December 2011.

The Gay Health Network is a member of the CSF, which has been established by the European Commission as an informal working group to facilitate the participation of NGOs, including those representing people living with HIV and AIDS, in policy development and implementation and in information exchange activities.

Topics discussed at the 14th meeting included the impact of financial cuts on HIV services; the newly published Guidance on Prevention and Control of Infectious Diseases among people who inject drugs by the ECDC/EMCDDA; the interim report on monitoring the Dublin Declaration 2012 and monitoring implementation of the EU Communication and Action Plan on HIV/AIDS 2009-2013; the European Action Plan for HIV/AIDS 2012-2015 and the CSF focus for 2012 in relation to this plan; Joint Action on HIV prevention and quality assurance; the European response to TB/HIV Co-infection; and an update and further discussion on how the CSF can apply and make use of the UNAIDS High Level Meeting Declaration.

The full meeting report and all presentations are available to view and download on the AIDS Action Europe website www.aidsactioneurope.org

The next meeting takes place in Luxembourg on 4th and 5th June 2012.

AIDS ACTION EUROPE

The Health Protection Surveillance Centre (HPSC) has recently published provisional data reports on the number of hepatitis B and hepatitis C notifications during the 3rd quarter of 2011.

HEPATITIS C:

- There were 318 notifications of hepatitis C in quarter 3 2011, lower than the 356 cases notified in Q2, but similar to the previous four quarters.
- Rates have been highest in the HSE-East area every quarter since hepatitis C became notifiable – 76% (n=242) of Q3 cases were reported by the HSE-East in 2011.
- 64% of hepatitis C cases in Q3 were male, and 36% were female.
- The median age at notification was 36 years for males and 34 for females. 77% (n=245) of cases were aged between 25 and 44 years.
- Information on most likely risk factor was only available for 13% of cases in Q3 which was not enough to complete a report.

HEPATITIS B:

- There were 145 notifications of hepatitis B in quarter 3 2011.
- The highest notification rates were in the HSE-East which reported 63% of Q3 notifications.
- 90% (n=130) of hepatitis B notifications in Q3 contained information on the acute/chronic status of the case. Of these, 91% (118) of cases were chronically infected (long-term infection) and 9% (12) were acutely infected (recent infection).

ACUTE CASES OF HEPATITIS B:

- Eleven of the 12 acute cases (92%) were male.
- 50% were aged between 25 and 34 years (n=6), and 42% were aged over 34 years (n=5). The median age at notification was 30.5 years.
- Risk factor data was available for 83% (n=10) of acute cases. Of these, 70% (7) were likely to have been sexually acquired. Four cases were men who have sex with men and three were heterosexuals.
- Country of birth was specified for ten acute cases, six (60%) of whom were born in Ireland.
- Reason for testing was also known for ten cases, all of whom were tested because they were symptomatic.

CHRONIC CASES OF HEPATITIS B:

- Of the 118 chronic cases, 65 (55%) were male, 48 (41%) were female and the sex was not known for five cases.
- The median age at notification for males was 31 years, slightly higher than that for females (29 years).
- 84% (n=99) of chronic cases notified in Q3 were aged between 20 and 44 years.
- Country of birth was known for 36 cases (31%). The most common countries were China (25%), Poland (14%), Nigeria (14%) and Ireland (11%).
- The reason for testing was known for 30% of chronic cases (n=35). Of these, 29% (n=10) were identified through antenatal screening, 17% (n=6) through STI screening, and 14% (n=5) through routine health screening.

The reports can be viewed and downloaded at www.hpsc.ie

Are sexual happiness and sexual harm inextricably linked for gay and bisexual men? How is pharmaceutical suppression of HIV changing current thinking on prevention?

What's the best way to educate gay men about health risks and sex: 'slick' social marketing campaigns or pounding the proverbial pavement in direct community outreach? These and many other questions were addressed at the 15th CHAPS Conference in Bristol, UK on 29th February and 1st March last. This annual conference brings together advocates, health workers, academics, and other HIV and sexual health stakeholders to discuss new science and new perspectives on gay mens' health. This year there were two touchstones for discussion: the concept of 'treatment as prevention' and a provocative plenary address by Sigma Research's Ford Hickson.

Hickson, analysing data from the European MSM Internet Survey (EMIS), argued that HIV is more prevalent in communities where men who have sex with men report being the most happy with their sex lives. There is more HIV in London or Amsterdam than there is in Belgrade or Warsaw. Hickson said he was troubled by this finding. Why, he asked, do gay men appear to link sexual happiness with sexual cultures that more efficiently transmit HIV? His vivid presentation suggested that the hypersexualized cultures that gay men often value as sources of sexual contentment also put them at risk, intimating that men need to rethink and change the sources of their sexual happiness.

Gus Cairns, of NAM, presented new science on 'treatment as prevention' (sometimes called 'TAP' sometimes 'TrAP'). 'Treatment as prevention' refers to the prevention benefits of the dramatically reduced infectiousness of HIV+ people who have fully suppressed the virus through medication. Important studies indicate that the chances of an HIV+ person with an undetectable viral load passing on the virus are vanishingly small. However, while on an interpersonal level ARVs reduce risk of transmission, studies have yet to show that suppression of the virus at a population level can diminish HIV transmission in communities at large. In a further plenary session, several panelists from Sigma and other agencies commented on this new science. It portends nothing less than a sea change in thinking on HIV prevention. One panelist suggested we could foresee a day when people might regard the 'safest' sexual partner as an HIV positive person with an undetectable 'viral load'. (This is because there is strong evidence to suggest that most HIV is transmitted not by people who know their status and are taking medications, but by people who do not know their status and may be recently infected.) There are many implications. Some advocates fear that prevention will become 'medicalised': behavioural change will lose favour as pharmaceutical interventions become more important. Others argue that TrAP will finally break down barriers between clinics and communities, since proper clinical management of HIV is now known to be a key factor in preventing new infections. What's certain is that HIV positive people are potentially important players in reducing infection rates, suggesting that 'Prevention with Positives' should receive funding and policy emphasis.

The 'Positive prevention' session featured work by Colin Armstead of the George House Trust. Armstead argued that a focus on ways that HIV positive men can participate in prevention is long overdue. 'Primary prevention' that focuses exclusively on HIV negative men is only partly effective in reducing transmission, but is very effective in making HIV positive men feel as though they have 'failed.' An alternative is to see HIV prevention as an effort that positive and negative men are engaged in together.

A panel debate on the use of HIV home testing kits, and a workshop on the mental health of MSM also formed part of the two-day conference. A summary of both are below.

THE USE OF HIV HOME TESTING KITS:

Background: The CHAPS Conference presented a panel debate on the licensing and psychological issues surrounding the use of HIV antibody home testing kits. An HIV antibody home testing kit involves an individual placing a drop of blood on a device with developing solution which gives results in 10–12 minutes. HIV home testing is currently illegal in both the United Kingdom and Republic of Ireland. However, these kits are accessible over the internet. Fears were expressed that kits purchased over the internet are unregulated, more often than not of poor quality, lack crucial information about HIV transmission and do not signpost individuals to available support services.

The debate consisted of four speakers presenting both the affirmative and the negative positions on the use of HIV antibody home testing kits. These speakers included: Gary Barker (Senior Health Advisor, St Helens & Knowsley Teaching Hospitals), Garry Brough (Membership & Involvement Officer, Terrence Higgins Trust), David Freeman-Powell (Greater Manchester Chlamydia Screening Co-ordinator) and Andrew Evans (Director of Health and Community Services, The Metro Centre).

The Debate: Speakers supporting the legislation and regulation of HIV home testing kits argued:

- That legislation and regulation would give people the choice to test for HIV safely and securely in their own home.
- It was acknowledged that an HIV positive diagnosis is certainly significant, however, it was emphasised that it is no longer a death sentence and individuals in today's society do not face the same life threatening ailments as before.
- Nowadays treatment is safer, more effective and more accessible to many. With this in mind it was argued that HIV diagnosis has changed, therefore it was time for the testing process to change as well and to give autonomy to individuals to decide for themselves.

The opponents of home testing voiced concern about the current illegal status of the sale of HIV home testing kits. Concerns also included:

- The unlicensed and unreliable tests currently being used.
- Accuracy and timing of the home testing. Speakers argued that home testing may give a 'false negative' HIV diagnosis (no HIV antibodies detected despite the presence of HIV in the blood). It was stressed that if no antibodies are detected that this does not mean that the individual has not been infected with HIV as it takes a number of months following infection for the individual to reach a detectable point. During this time the individual may unknowingly continue to infect others with the virus.
- Opponents also argued that HIV testing requires a high degree of sensitivity and home testing lacks human contact and comfort. Fears were expressed of individuals testing in the privacy (isolation) of their own home without a counsellor and clinically trained HIV staff present to educate, support and guide an individual through the process of having an HIV positive diagnosis.

Conclusion: The debate concluded with the discussion opened to members of the audience and questions directed to members of the panel. When asked for their standpoint on home testing a minority of the audience voted in favour of HIV antibody home testing, while the majority of the audience said they were undecided.

THE MENTAL HEALTH OF MSM:

Background: In both the United Kingdom and Republic of Ireland, many men who have sex with men (MSM) experience prejudice and discrimination on a wide range of issues including housing, employment, verbal abuse and physical attack, which may negatively affect mental health. Mental health is the term used to describe either a level of cognitive or emotional well-being or the presence of a mental health disorder, which may include anxiety, stress, depression, alcohol or drug misuse, and can lead to self-harm or suicidal thoughts. Poor mental health may impair an individual's ability to enjoy life and affect psychological resilience. In this workshop, Clive Spendlove (Mental Health/Well-Being Worker, Yorkshire MESMAC) and John Lee (Associate Specialist in Genito-Urinary Medicine, The Mid-Yorkshire Hospital NHS Trust) examined how prejudice and discrimination are common experiences which impact negatively on the mental health of MSM.

The Workshop: The workshop aimed to simulate individual thinking and also involved working within subgroups which explored the possible psychosocial motivating factors relating to the mental health of this cohort, including:

- Social isolation was discussed with particular attention to young people who may experience emotional separation from family and friends as a consequence of their sexual orientation.
- Spheres for engagement and interaction were said to be limited for many MSM as they may choose to keep their sexual orientation/activities hidden from others.
- MSM who utilise gay outlets for socialisation (i.e. bars, saunas etc.) were in part associated with misuse of alcohol and drugs which may result in an individual partaking in unsafe sexual practices or the incorrect use of condoms.
- HIV-related stigma and discrimination was also discussed as negatively impacting on mental health. The consequences of HIV-related stigma and discrimination were explained as: being shunned by family, peers and the wider community, poor treatment in healthcare, and psychological damage.
- Cultural isolation was noted as a major concern particularly between different religions and sects.

Conclusion: The above factors taken individually or combined were said to create situations that may lead to isolation, poverty and social exclusion that impact negatively on the mental health of MSM. The group recommended that positive mental health needs to be addressed at different levels of society, such as in healthcare settings, workplaces, and schools, in order to increase awareness of the issues, both personal and social, and the political challenges facing MSM. Educational outreach sessions and increased awareness were also recommended to challenge the stigma and discrimination associated with HIV.

Copies of presentations from the conference will be made available on the CHAPS website: http://www.chapsonline.org.uk/Conference

SEXUALLY TRANSMITTED INFECTIONS INCREASING AMONG OLDER POPULATION

According to a report published in the British Medical Journal in February, the incidence of STIs for men and women in the 50-90 age group has doubled over the past decade, with cases of syphilis, chlamydia and gonorrhoea rising sharply.

The study shows that there has also been a sharp rise in cases of HIV infection in older men. Males over 50 now account for 20% of adults accessing HIV care, an 82% increase on figures from 2001. The authors say that new diagnoses of HIV in the over-50s doubled in the 10 years to 2009.

There is little concrete data to explain why this mini-epidemic is taking place, but the theory holds that the use of erectile dysfunction drugs allows men to remain sexually active and, therefore, remain at risk beyond previous limits. The increased incidence of infections is associated with the finding that 80% of men in the 50-90 age bracket claim to be sexually active. However, the sparse evidence available for this was conflicting, with men as likely to pick up an infection in the year before starting these drugs as after.

The findings suggest that GPs should be more proactive in discussing safer sex practices with men seeking erectile dysfunction drugs and that doctors should be more aware that older patients presenting with symptoms associated with STIs may actually have these infections despite their age. The authors conclude that taking erectile dysfunction drugs does not alter risk-taking behaviour, but does facilitate it. (Source: Irish Times)

HEPATITIS C AND HIV CO-INFECTION

The National AIDS Trust (NAT) in the UK has published a new report which looks at hepatitis C co-infection among HIV positive gay men and the UK's response to this growing health challenge.

Approximately 9% of HIV positive people in the UK also have hepatitis C, and having both conditions at the same time can have severe health implications, with liver disease caused by hepatitis B and/or C a leading cause of serious illness and death in people with HIV.

7% of HIV positive gay men are co-infected with hepatitis C. Of those who successfully clear hepatitis C through treatment, a significant percentage get re-infected within a short time. Infections among gay men are largely due to sexual risk factors, thought to include unprotected anal sex, fisting, use of sex toys, group sex – though drug use may also have a role. While there have been some important information campaigns in the gay media around the risk of hepatitis C for HIV positive gay men, the report recommends that more must be done to reduce co-infection among HIV positive gay men.

Some of the recommendations include:

- A national strategic approach to tackling the issue should be developed by the Department of Health, gay men's health promotion organisations and relevant clinical bodies;
- Hepatitis C testing recommendations for gay men at risk should be fully implemented, including annual screening for hepatitis C infection for all people diagnosed with HIV;
- Comprehensive surveillance and reporting of hepatitis C/HIV co-infection data should continue to be undertaken and further developed by the Health Protection Agency and clinics, with co-infection data regularly reported;
- Clinical/scientific consensus is urgently needed on key risk factors for sexual transmission of hepatitis C;
- Further research is required on the wider social, practical and emotional needs of individuals with HIV and hepatitis C co-infection;
- Hepatitis C anti-stigma work amongst gay men should be planned and resourced.

The full report can be viewed and downloaded at www.nat.org.uk

ALCOHOL AND SEX: A COCKTAIL FOR POOR SEXUAL HEALTH

The Royal College of Physicians (RCP) in London, supported by the British Association for Sexual Health and HIV (BASHH), established a Working Party to review the interactions between alcohol use and sexual health, and the report of the Working Party was published in December 2011.

Young people are identified as a key risk group: 16-24 year olds are among the highest consumers of alcohol, in terms of both prevalence and unit consumption, and have the highest rate of sexually transmitted infections. Earlier alcohol use is associated with early onset of sexual activity and is a marker of later sexual risk-taking, including lack of condom use, multiple sexual partners, sexually transmitted infection and teenage pregnancy.

The report includes many examples of how sexual health and alcohol services can work more closely together and facilitate integrated care between hospital services and the community.

Some of the recommendations include:

- Sexual health services should provide information that highlights the link between alcohol consumption and poor sexual health outcomes.
- Training should be provided for clinicians providing sexual health services to discuss drinking habits with patients.
- All sexual health services should develop a robust care pathway to refer patients for further support, including local alcohol services, where and when required.
- The use of new information technologies in settings where people attend for consultations about their sexual health should be explored further.
- A more co-ordinated approach to researching the interface of alcohol and sexual behaviour, with particular emphasis on factors influencing behavioural patterns and the cost-effectiveness of interventions to modify them.

The full report can be viewed and downloaded at www.rcplondon.ac.uk

NEW UK PEP GUIDELINES TAKE ACCOUNT OF VIRAL LOAD

New UK guidelines for post-exposure prophylaxis (PEP) now take account of the viral load of the 'source partner' of the person seeking PEP, if they are known to have HIV.

The new guidelines now only recommend that PEP is given to individuals whose partner is HIV positive but has an undetectable viral load if the person seeking PEP was the receptive partner in unprotected anal sex. In all other cases where the HIV-positive partner is known to have an undetectable viral load, clinicians following the guidelines will explain that PEP is unnecessary. This includes all unprotected vaginal sex (whether the HIV-positive partner is male or female) and cases where the person seeking PEP has been the insertive partner in anal sex.

In a case where the source partner's HIV status is unknown, PEP is still recommended in cases of unprotected receptive anal sex, but only if the person is a gay man or a migrant from Africa. Clinicians are told they should 'consider' PEP in cases of insertive anal sex, vaginal sex or the sharing of injection equipment if there has been an additional factor that could raise the risk of HIV transmission, such as particularly high local HIV prevalence, a sexually transmitted infection in either partner, sexual assault, acute HIV infection in the source partner, and – in vaginal sex – the woman menstruating or the man being uncircumcised.

Where the source partner has HIV and has a detectable viral load, PEP is recommended in the case of anal or vaginal sex or the sharing of injection equipment and should be 'considered' in the case of receptive fellatio with ejaculation (giving a blow job to an HIV-positive man) and semen getting into the eye. The guidelines make it clear that contact with a needle or syringe discarded in a public place, and human bites, are not regarded as risky enough for PEP to be indicated. (Source: www.aidsmap.com)

Policy Recommendations on a focused response to HIV in Europe

Correlation Network II (CNII) is a project funded by the European Commission which aims to tackle health inequalities, and to improve prevention, care and treatment services, targeting blood borne infection diseases (BBID), in particular HIV/AIDS and viral hepatitis (HBV/HCV) among vulnerable and high risk populations. Its aim was to contribute to the European Health Programme by collecting, developing and disseminating information regarding BBID, including by convening a European-wide network of experts.

Concerned about a resurgent HIV epidemic concentrated among key populations in the European Union (EU) and European Free Trade Area countries (EFTA), service providers and community leaders from across Europe decided to develop policy recommendations to inform policy making in Europe, both at national level and at EU level, with a view to reducing existing HIV/AIDS-related health inequalities. The European AIDS Treatment Group (EATG) led the activities of the Work Package on HIV/AIDS Policy Recommendations. The aim of the work package was to analyse the vulnerability of four groups to HIV transmission (IDUs, migrants, sex workers and MSM); analyse existing policy interventions; and make recommendations for each group. A researcher/writer was commissioned to conduct a literature review, analyse data, and produce policy recommendations.

The policy recommendations within the recently published report - A focused response to HIV in Europe – focus on the HIV epidemiology affecting the four risk groups, the adequacy of current policies and programmes, and the implications and recommendations for policy makers at the national and EU levels. A summary of the policy recommendations are outlined below.

Practitioners call on the EU/EFTA States and their governments to take the following steps:

- Restate their commitments, on a biannual basis, to a core set of basic principles to guide their national response to HIV/AIDS.
- Safeguard the human rights of populations most affected by HIV/AIDS.
- Ensure civic participation in all aspects of the national response.
- Provide greater accountability for national HIV policies.
- Ensure universal access to HIV services.
- Focus their national HIV responses on populations most affected by the epidemic.
- Ensure that national HIV programmes are effective.
- Ensure adequate funding to implement the national response.
- Delegate political leadership to implement the national response.
- Participate in the regional response and seek to collaborate towards a joint response to HIV/AIDS.

The full report is available to view and download at www.correlation-net.org

Gay Switchboard Dublin (GSD) is Ireland's longest running LGBT organisation and has been around since August 1974 when the service was run out of a house in Drumcondra, Dublin by a small group of 3 volunteers.

Throughout the time that has passed since, we have seen many changes in our society and to the service we provide. From those humble beginnings of our founders we continue to try and improve ourselves, our service and most importantly to be there for our callers as much as possible. So what have we being doing so far in 2012?

In 2012 Gay Switchboard Dublin has already been busy raising awareness of our service to the public. Our volunteers attended and hosted an information stand at the Sex and Sexualities Conference in DCU in March. We also held a presentation with the DCU LGBT Society in February which was well received and we are going to be re-launching our new website in April.

To ensure our volunteers are best equipped to be there for our callers we are currently training new volunteers for our service. They will be coming on board in May when we will be delivering ongoing training for all volunteers including our partner helpline's nationwide. We are aiming to have 40 volunteers for the first time ever! This will hopefully lead to GSD being able to expand its service into the future while also being a better listener to our callers.

These are all being done with the caller in mind! Raising awareness, raising our service levels and raising the phone! That is our motto for 2012. Want to find out more? Visit our website: www.gayswitchboard.ie

gsd
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