HIV/AIDS, hepatitis and sexually transmissible infections in Australia:

# Annual report of trends in behaviour 2009

## A summary of the South Australian data

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HIV/AIDS, hepatitis and sexually transmissible infections in Australia: Annual report of trends in behaviour 2009: A summary of the South Australian data\

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# GLOSSARY

**ACSA** AIDS Council of South Australia

**AIDS** Acquired immune deficiency syndrome

**ART** Antiretroviral therapy/treatment

**Barebacking** The act of anal intercourse without the use of a condom

**HIV** Human immunodeficiency virus

**HIV-seroconcordant relationship**
refers to a relationship in which both partners are of the same HIV serostatus, either HIV Positive or HIV Negative

**HIV-seroconverter**
someone who is in the process of seroconverting to HIV. i.e. becoming HIV positive

**HIV – serononconcordant relationship**
refers to a relationship in which the HIV status of one partner is either not known or is untested.

**HIV serostatus** refers to a person's anti-body status in relation to HIV infection. This can either be confirmed by testing or can be unknown.

**MSM** Men who have sex with men

**Negotiated safety agreement**
refers to a definite spoken agreement between a seroconcordant couple to have unprotected sex with each other but not to have unprotected sex outside of the relationship.

**PEP** PEP or the Past Exposure Prophylaxis, is a drug that can be administered within 48 hours of exposure to HIV (such as unprotected sex or a condom breaking during sex) to reduce the risk of HIV transmission.

**Serosorting** Defined within the report as selecting sexual partners based upon their HIV serostatus confirmed by testing.

**STI** Sexually transmissible infection

**UAI** Unprotected anal intercourse

**UAIC** Unprotected anal intercourse with casual partners

**UAIR** Unprotected anal intercourse with regular partners

# Contents

# Purpose

The purpose of this paper is to summarise the South Australian data that was captured for the "HIV/AIDS, hepatitis and sexually transmissible infections in Australia: Annual report of trends in behaviour 2009" (NCHSR, 2009) to make it more relevant to agencies, services and individuals within the state.

# Introduction

The 2009 report "HIV/AIDS, hepatitis and sexually transmissible infections in Australia: Annual report of trends in behaviour" reviews behavioural data that is relevant to the transmission of human immunodeficiency virus (HIV), viral hepatitis and other sexually transmissible infections (STI's) in Australia. In addition the report examines behavioural data that is relevant to the development and evaluation of prevention strategies across the country[1].

While most other states and territories are have data included for the 2004, 2005, 2006, 2007 and 2008 time periods, South Australian data within this report has only been obtained from the 2005 and 2007 annual surveys. In addition, data obtained from the examinations of illicit drug use from the Big Day Out concerts was only captured in Sydney, Brisbane and Melbourne and data demonstrating the prevalence of hepatitis infections was only formulated from Sydney data. Therefore the data, indicators and findings not pertaining to Adelaide have been omitted.

# Summary

The NCHSR series of reports (2009) are useful in elucidating the sexual behaviours and drug taking behaviours of a cohort of MSM across the states and territories. These indicators are vital in determining what social policy responses and community based programs are necessary to address any risk taking behaviours that may lead to increases in HIV/AIDS and other sexually transmissible infections.

In Adelaide many of the indicators remained either static or demonstrated only slight increases/decreases that were not considered statistically significant. There were, however, some significant findings that will have repercussions on social and health policy makers, service provision and advocacy services and information services in the short and longer terms.

Table 5a and 5b demonstrate the numbers of men who had practised UAI with casual partners in the six months prior to the survey. Of concern is that Adelaide figures suggest that rates of UAI by the study cohort has risen since 2005. Moreover, Table 6 demonstrates that there has been an upsurge in the numbers of men (in particular those with HIV-positive serostatus) who are engaging in UAI with casual partners. While the report indicated that any rises reflected in state numbers were not statistically significant at this stage, it may signify a rising trend that policy makers and service providers will need to keep a watch over.

Table 6 showed that in Adelaide the numbers of men (particularly those with an HIV-positive serostatus) who were practising UAI with casual partners had risen moderately over the last five years, with around a quarter of HIV-positive men indicating that they practised UAIC. Nationally, HIV positive men were two times more likely to engage in UAIC than their HIV negative serostatus counterparts. Further, almost a third of HIV-negative respondents indicated that they practised UAI with casual partners in Adelaide. The report speculates that this increase in numbers of UAI over the last 5 years has a correlation with renewed interest in barebacking, particularly when connected to online chatting and casual meeting and dating sites. The upsurge of UAIC has implications for advocacy and service provision including ACSA in regards to safe sex messages and how to enable behavioural change in this cohort.

1 **Note:** in this report, there is a distinction made between regular and casual sexual partners of men who have sex with men. This distinction has been made as the behaviours enacted to reduce sexual risk are often made within the context of the sexual event taking place and/or the sexual partner.

While there had been a modest rise in the numbers of men who had been tested for HIV and other STIs in the six months prior to the surveys (from 2005) there are still over 10% of MSM still not being tested for HIV and STIs in Adelaide. The proportion of men (who had previously been tested) who engage in further testing is also quite low. In Adelaide in 2007, only one in two men (50.4) had been tested for HIV or other STIs in the six month period before the survey. In addition, table 13 shows us that while testing amongst young MSM sits around 80%, there are still almost 20% of young men under the age of 25 that had not been tested for HIV or other STIs in the six months preceding the survey. Finally, table 15 demonstrates that STI (other than HIV) testing rates for men who were not HIV-positive and had a number of sexual partners was actually quite low. The rates had remained virtually unchanged from the 2005 results with over a quarter of men with more than 10 partners still not being tested for STIs.

Table 19 showed that while there had been a modest decline in the amount of illicit drugs used by gay men in Adelaide in the survey between 2005-2007, at least one in two gay men indicated they had used at least one illicit drug in the six months prior to the survey with around 30% using one or more illicit drugs. The use of recreational drugs amongst homosexually-active men (particularly those who are active within the community), is much higher than that of the wider community. While some of this disparate drug use is considered to have a cultural connection (such as club culture) it is considered that much of the drug use within the community is in direct response to existing within the often alienating and heteronormative environments that gay men live within (Pitts, et al, 2006).

The negative effects of illicit drugs, particularly in regards to seroconversion, comes in the form of risk taking behaviours subsequent to using drugs. In a study cited in the NCHSR report (Prestage, et al, 2009, cited in NCHSR, 2009), it was revealed that illicit drugs were associated with unprotected anal intercourse with casual partners. Moreover, each instance of individual illicit drug use was associated with increased risk of HIV infection, with this risk increasingly with the frequency of drug use. The association between greater risk of HIV infection and drug use was strongest for those drugs used to enhance sexual pleasure. Interestingly, the numbers of MSM who injected at least one drug in the six months prior to the survey was quite low and had declined since the 2005 survey.

It is evident through some of the statistics presented in this report that a greater focus needs to be adopted by decision makers regarding the numbers of men still engaging in UAI, the relatively low rates of STI testing and the nexus between certain drug use and increased risk taking behaviours.

# Data

In each of the periodic surveys that provided the data for the NCHSR study (2009), the respondents were asked questions exploring their sexual practice over the 6 months preceding the survey. The key behavioural indicators sought included the following;

1. the proportion of men having regular and/or casual partners;
2. the proportion of men engaging in any unprotected anal intercourse (UAI);
3. the proportion of men engaging in unprotected anal intercourse with regular partner(s) (UAIR); and;
4. the proportion of men engaging in unprotected anal intercourse with casual partners (UAIC)

# 1. Sexual practice and partnerships

Table one explored men who had sex with either regular or casual partners or with both regular and casual partners over the survey period. The data collected from Adelaide respondents did not demonstrate any significant movement (although a slight decrease in all three categories was demonstrated) from 2005 to 2007 in men who have sex with regular or casual partners. Similarly, the numbers of men who have sex with both regular *and* casual partners did not fluctuate significantly over the survey period.

**Table 1: Proportion (%) of men who had engaged in sex with (a) regular partner(s), (b) casual partners and (c) both regular and causal partners in South Australia, 2005 and 2007.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| (a) Regular Partners | 629 | 65.2 | 527 | 61.3 |
| (b) Casual Partners | 629 | 64.1 | 527 | 62.4 |
| (c) Both regular and casual partners | 629 | 37.8 | 527 | 36.0 |

Tables 2 and 3 (over the page) demonstrate the proportions of men who had engaged in any anal intercourse and unprotected anal intercourse in the 6 months preceding the survey. While around 75-80% of men had reported engaging in anal intercourse within the survey, there was no significant trend or change in rates from the preceding surveys, either in Adelaide or in any other jurisdiction. In regards to unprotected anal intercourse, Adelaide respondents did not report any significant rises in (UAI) in either regular partners or casual partners.

**Table 2: Proportion (%) of men who engaged in any anal intercourse based on all men who participated: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 629 | 79.2 | 527 | 73.8 |

**Table 3: Proportion (%) of men who engaged in any unprotected anal intercourse based on all men who participated: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 629 | 46.1 | 527 | 47.1 |

In fact, Table 4a further demonstrates a modest downward trend in men reporting (UAIR) from the 2005 reporting period.

**Table 4a: Proportion (%) of men who engaged in any unprotected anal intercourse with regular partners (UAIR), based on all men who participated: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 629 | 37.0 | 527 | 36.0 |

Table 4b provides a restricted sample where the men who had indicated that they had unprotected anal intercourse within a relationship. This further typifies the stable trend in numbers.

**Table 4b: Proportion (%) of men who engaged in any unprotected anal intercourse with regular partners (UAIR), among men who had sex with a regular partner (i.e a restricted sample) based on all men who participated: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 410 | 56.8 | 323 | 58.8 |

Tables 5a (the entire sample) and 5b (the restricted sample) explore the numbers of men who indicated that they have had UAI with casual partners in the 6 months prior to the survey. Both numbers of men who have sex with casual partners and men who have sex with a casual partner have risen in Adelaide since 2005.

**Table 5a: Proportion (%) of men who engaged in any unprotected anal intercourse with casual partners (UAIC) based on all men who participated: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 629 | 15.6 | 527 | 19.3 |

**Table 5b: Proportion (%) of men who reported any unprotected anal intercourse with a casual partners (i.e a restricted sample): Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 403 | 24.3 | 527 | 31.0 |

The data captured for table 6 demonstrates that nationally, most states had shown an upsurge in the numbers of men, particularly those with HIV positive serostatus engaging in UAIC. In fact, HIV positive men were two times more likely to engage in UAIC than their HIV negative serostatus counterparts.

**Table 6: Proportion (%) of men who engaged in any unprotected anal intercourse with casual partners (UAIC), by HIV serostatus of respondent among men who had sex with a casual partner (i.e a restricted sample): Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| **Adelaide** | | | | |
| HIV positive | 27 | 6/27 | 34 | 7/34 |
| HIV negative | 310 | 25.8 | 252 | 32.5 |

Note: The percentages presented in this report should be treated with caution as some were based upon small numbers of participants. Percentages in some tables were not presented due to the small number of participants within the indicator, therefore the actual numbers are shown, i.e. 12/12.

Table 7 (on the next page) shows that HIV-positive men with seroconcordant partners practised the highest rates of UAIR in Adelaide (this was also reflected in rates across the country). These rates have remained relatively stable since 2005. Similarly, there was little change in the numbers of HIV-positive men who practised UAIR with their HIV-negative partners.

Table 7: Proportion (%) of HIV positive men who engaged in unprotected anal intercourse with their regular partner by HIV serostatus of partner: (UAIC), by HIV serostatus of partner: Gay Community Periodic Surveys, 2005-2007 in South Australia.

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| **Adelaide** | | | | |
| HIV positive | 3 | 2/3 | 11 | 10/11 |
| HIV negative | 10 | 8/10 | 11 | 3/11 |
| Partner of unknown HIV status | 0 | 0 | 1 | 0/1 |

Note: The percentages presented in this report should be treated with caution as some were based upon small numbers of participants. Percentages in some tables were not presented due to the small number of participants within the indicator, therefore the actual numbers are shown, i.e. 12/12.

Table 8 shows separately men in seroconcordant relationships practising UAI and men in serononconcordant relationships practising UAI and who had safe sex agreements with their partners. Substantially fewer seroconcordant HIV-positive couples reported safe sex agreements than seroconcordant HIV-negative couples, however almost all identified seroconcordant HIV-positive couples reported safe sex agreements. In HIV-negative seroconcordant relationships more than 70% reported safe sex agreements. In addition, there was no statistically significant change in the numbers of serononconcordant couples entering into safe sex agreements between 2005 and 2007.

Table 8: Proportion (%) of men who engaged in sex with a regular partner and had safe sex agreements, by HIV serostatus of relationship: Gay Community Periodic Surveys, 2005-2007 in South Australia.

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| **Adelaide** | | | | |
| HIV positive concordant | 5 | 5/5 | 11 | 9/11 |
| HIV negative concordant | 189 | 79.4 | 162 | 71.6 |
| Nonconcordant | 102 | 27.5 | 74 | 32.4 |

Note: The percentages presented in this report should be treated with caution as some were based upon small numbers of participants. Percentages in some tables were not presented due to the small number of participants within the indicator, therefore the actual numbers are shown, i.e. 12/12.

Table 9 shows the numbers of HIV-negative men who had a negotiated safety agreement with their partners and engaged in UAI with a casual partner. These numbers remained relatively unchanged from the 2005 results. However, findings from all states indicate that 8%-15% of all men who had a negotiated safety agreement with their partners broke it.

**Table 9: Proportion (%) of men who engaged in unprotected anal intercourse with a casual partner among HIV- negative men who reported having a negotiated safety agreement with their regular partner: Gay Community Periodic Surveys, 2004-2008 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 92 | 9.8 | 65 | 4.6 |

## 2. Testing for HIV and other STIs

Table 11 shows the numbers of respondents to the survey who had been tested for HIV at some point in time. Over 80% of men in the Adelaide surveys indicated that they had been had been tested for HIV in both the 2005 and 2007 surveys.

**Table 11: Proportion (%) of men who had ever been tested for HIV: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 629 | 81.7 | 527 | 88.8 |

Table 12 demonstrates the numbers of men who had been tested for HIV in the six months prior to the survey. While there was a modest rise in Adelaide figures the report states that nationally HIV testing numbers have levelled off in recent years.

**Table 12: Proportion (%) of men who had recently been tested for HIV among men who had ever had an HIV test: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 484 | 48.8 | 415 | 50.4 |

Table 13 demonstrates the numbers of men under the age of 25 who had ever been tested for HIV. Adelaide figures suggest that there has been little significant change in testing behaviour amongst men under the age of 25.

**Table 13: Proportion (%) of men under the age of 25 who had ever been tested for HIV: Gay Community Periodic Surveys, 2004-2008 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 149 | 66.4 | 125 | 82.4 |

Table 14 shows the most common tests undertaken amongst men who had been tested for STIs between 2005 and 2007.

**Table 14: Proportion (%) of men who had ever been tested for STI's: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 N | 2005 % | 2007 N | 2007 % |
|---|---|---|---|---|
| **Adelaide** | N = 629 | | N = 527 | |
| Anal swab | 32.4 | | 38.5 | |
| Throat swab | 36.1 | | 42.3 | |
| Penile swab | 30.5 | | 33.4 | |
| Urine sample | 44.7 | | 50.3 | |
| Blood test | 51.3 | | 54.8 | |
| Any swab or urine test | 48.5 | | 53.3 | |
| Any test | 61.8 | | 65.1 | |

Table 15 shows the numbers of men testing for STIs (who were not HIV positive) by the number of sexual partners. The figures show that testing rates have remained virtually unchanged since 2005. Further, the rates of STI testing are not much higher for men who have 2 to 10 sexual partners or for men who have more than ten sexual partners.

**Table 15: Prevalence of testing for STI's other than HIV, among men who were not HIV positive, by number of partners: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 N | 2005 % | 2007 N | 2007 % |
|---|---|---|---|---|
| **Adelaide** | | | | |
| One | 67 | 49.6 | 69 | 53.9 |
| 2 to 10 | 176 | 65.2 | 138 | 71.9 |
| More than 10 | 61 | 70.9 | 65 | 73.0 |

# 3. Living with HIV

Table 17, shows the numbers of men living with HIV/AIDS who were on a combination of antiretroviral therapy/treatment drugs 6 months prior to the survey. While numbers of men taking ART increased significantly in Sydney, the numbers in other states including Adelaide only increased moderately.

**Table 17: Proportion (%) of men living with HIV/AIDS who were on combination antiretroviral therapy (ART): Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 36 | 69.4 | 43 | 81.4 |

Table 18 shows that in 2007 a majority of men with undetectable viral loads were using ART (2005 results were not collected).

**Table 18: Proportion (%) of men living with HIV/AIDS who had an undetectable viral load: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| **Adelaide** | | | | |
| Using ART | | | 35 | 94.3 |
| Not using ART | | | 8 | 1/8 |

Note: The percentages presented in this report should be treated with caution as some were based upon small numbers of participants. Percentages in some tables were not presented due to the small number of participants within the indicator, therefore the actual numbers are shown, i.e. 12/12.

# 4. Drug use and drug treatment

Table 19 demonstrates the numbers of gay men who had used either one drug or more than one drug in the six months prior to the survey. While there has been a modest decline in the amount of illicit drugs used by gay men in the survey between 2005-2007, approximately one in two gay men admitted to using at least one illicit drug in the six months prior to the survey with around 30% using one or more illicit drugs.

**Table 19: Proportion (%) of men who had used illicit drugs: Gay Community Periodic Surveys, 2005-2007 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 629 | 62.6 | 527 | 52.4 |
| ***Used more than one drug*** | | | | |
| Adelaide | 629 | 46.1 | 527 | 29.8 |

Table 20 shows that injecting drug use has declined in Adelaide since 2005. In fact injecting drug use has declined in most states and territories since 2004.

**Table 20: Proportion (%) of men who had injected at least one drug in the six months prior to the survey: Gay Community Periodic Surveys, 2004-2008 in South Australia.**

| | 2005 | | 2007 | |
|---|---|---|---|---|
| | N | % | N | % |
| Adelaide | 629 | 4.6 | 527 | 2.6 |

Tables 1-20, National Centre in HIV Social Research (2009)

# References

National Centre in HIV Social Research (2009), *HIV/AIDS, hepatitis and sexually transmissible infection in Australia*, NCHSR, Pegasus Print Group, NSW

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