



HIV+GAYSEX

A BOOKLET ABOUT BEING GAY, HAVING HIV AND SEX.

2ND EDITION - NOW LONGER AND THICKER!

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INTRODUCTION



This booklet is about being gay, having HIV and sex. It has been written primarily for gay men with HIV, and for this reason is written from a positive man's perspective.

For HIV negative readers who may not know the status of their sexual partners or may be in a relationship with a man who is HIV positive, we hope this booklet gives you some insight into the issues facing gay men with HIV.

Many questions may confront you about sex when you're HIV positive. Some may be quite specific. Others may be more complex...

"Should I tell my partners I'm HIV positive, and if I do, when and how?"

"What health issues are there if I don't use condoms with other positive men?"

"Can I have a safe and satisfactory sexual relationship with a lover who is HIV negative?"

"How do I minimise the ways in which HIV might get in the way of a good sex life?"

"How does my HIV status affect my sexual confidence and self-esteem?"

"What effect can sexually transmitted diseases have on my health?"

This booklet is designed as a starting point for helping you to work out your answers to some of those questions.

We have included edited quotes from both negative and positive gay men who have shared their stories with us. Their experiences highlight the personal impact HIV has had on our lives.

SEX - WILL I WON'T I?

Gay men who are HIV positive can and do have healthy and satisfying sex lives. All gay men have the right to such a sex life.

But getting a diagnosis of HIV can be a lot to deal with and everyone responds differently. Some gay men with HIV choose not to have sex for a while. Others have lots of sex. Some choose to have only casual safe sex. Others seek HIV positive partners like themselves. There is no single correct choice and the choices you make may change as you change.

Many find that having HIV has no impact on their sex lives while others find it difficult to form sexual

relationships because of the prejudices they feel or experience. It is not uncommon for men with HIV to feel undesirable - especially shortly after diagnosis - but everyone is desirable to someone else in some way. The difficulties may be the barriers we create in our own heads.

Whatever our situation, it is important we all become and remain informed. Informed about pleasure, desire and safe sex, about advances in HIV treatment. Even about the law. Being informed regarding the many aspects and complexities of HIV makes it easier for us to negotiate sex - regardless of our HIV status.

"I was still reeling with shock from being told I was HIV-positive when I walked from the doctor's office straight into the counsellor's office. I wasn't absorbing much - I just wanted to get out of there. But I remember the basic summary. I laughed about it to myself on my way home as I went over it 'Avoid stress, have a healthy lifestyle, give up smoking and recreational drugs, always have safe sex and find out about HIV treatments. As a recipe for stress reduction? What a joke....'"



"Well, for two years after I was diagnosed, I had lots of casual sex - all safe. I couldn't deal with the idea of telling anyone I was HIV-positive, particularly if that led to being rejected. Being rejected at any time isn't easy. So if I avoided getting close to anyone, I didn't have to disclose or deal with rejection. After two years of that, this cute man told me he was HIV-positive on the way home. We're still together."

"When I found out I was HIV-positive I immediately called a positive friend. One of the things he told me was I could still have sex, and if they were positive I could ditch the condoms. Sex! I didn't want sex! I needed to work my world out. And unsafe sex...I didn't want the clap and my doctor had talked about reinfection. It was two years later that I was ready to become a sexual being again."

"I was positive, my boyfriend was negative. We thought it would be the other way round. We needed to find out more about safe sex. It's one thing to have 'safer' activities like oral sex when you don't know - but when you're having sex with the man you love and you know you have the virus and he doesn't it's a different story. For me, it's like a constant threesome with one partner who's a turn-off - him, me and the virus."

MAINTAINING A FULFILLING SEX LIFE

The psychological and social effects of having HIV can directly result in a temporary or sustained loss of interest in sex. Some men are unconcerned by this change and consider having a wank is enough of an outlet. For others,sexuality is a huge part of who they are and how they express themselves.

There is a direct relationship between how we see ourselves and our ability to function sexually. If you feel "infectious"or unattractive because of your status then your sex life may suffer. Many people with HIV have found specialised counselling in this area useful. Others find that by talking with friends and sharing their concerns they find they are not alone and the problem doesn't seem so huge.

If your appearance has changed through medication or illness, you can look at it two ways.Accept the physical changes and find people who like you because you like yourself. Or exercise and pay attention to diet. Body image within the gay community is often more ideal than real, however many positive men have found exercise makes them feel and look better. It can also increase your appetite and help you gain weight.

While often taken for the opposite effect, recreational drugs (speed, for example) can have an adverse affect on sexual arousal and performance (see Drugs and Sex page 6). So too can some prescribed anti-depressants. Some people with HIV report that certain treatments hamper their sex

drives. Changing their combination may be an option. Equally, many people with HIV who have benefited from the latest combination therapy report an increased interest in sex.

There are medical treatments that can sometimes assist when sexual performance is affected for physical reasons. Viagra (sildenafil) is probably the best known. Some gay men who have difficulties maintaining erections when using condoms find that Viagra makes it easier to stick to safe sex.

Most people go through periods in their lives when sex is less or more important.So, if you are happy with your current sex life (or lack of it) then, fine. If you are not,then consider some of the options above.



"I felt that I just didn't have the physical energy for sex. It was becoming a real issue in our relationship.

I encouraged my partner to seek outside sex partners to take the pressure off. Then I got jealous. We went to relationships counselling and I found that the issues were more psychological than physical. We've learnt ways to occasionally reincorporate romance into our relationship and then I have no problems getting turned on!"

"I had been very unwell and I looked it. When I got better I still looked sick but my sex drive was as healthy as it had ever been. But not looking healthy is - not surprisingly - not an

attractive look. I can accept that - but I can't accept the open hostility that seemed to be directed my way just because I dared to go to sex venues when I looked unwell. And often I wasn't interested in having sex myself - I just wanted to be in a place where it was happening."

"Chasing sex used to be how I spent most of my spare time. Then I stopped having sex altogether. It took some getting used to. I really worried about it in terms of 'who I was'. However, after counselling, I came to accept the loss of my sexuality and I now have a lot more time for other pursuits. But now I'm at the point where I'd love a good root again!"

"I was on some of those new anti-depressants. I couldn't get it up. I saw advertisements in a gay paper about sex problems when you're on anti-depressants. I rang the number. They weren't much help - but the advertisement gave me the idea that something could be done. I asked around, got a referral and after a lot of effort and some treatment I now have a satisfactory sex life again."

"I used to blame HIV for the loss of my sex life. Since starting antiviral treatments I have my body image and energy back. But I still have far less interest in sex than I used to. I think it's both getting older and HIV."

DRUGS AND SEX

While recreational drugs, the most universal one being alcohol, can help us to relax socially and make it easier to initiate sexual liaisons, they don't necessarily improve the choices we make. We are all familiar with the morning-after scenario and the remorseful "I must have been sooo out of it" excuse.

Although some people report enhanced sexual experience under the influence of some drugs, this is not everyone's experience, nor necessarily the experience of their non-drug affected partners. At best drugs can enhance a sexual experience, at worst they can kill us.

Some drugs, (Speed, for example) can make you feel most sexual the day after taking them. Casual sex and risk-taking is more likely to

happen then. Being vigilant about sticking to what is safe for you and your partners is particularly important at these times.

Some gay men with HIV only occasionally take drugs, at dance parties for example, and so the temptation to go all out can be very strong. While taking illegal drugs is not something we would recommend, if you do plan to use drugs then consult your doctor, local PLWHA group or AIDS council about appropriate harm minimisation guidelines for the drugs you are planning to take. Also prepare for the possible post-party "come down" and seek counselling and support from your friends if it continues for too long.

Of particular concern to people with HIV is the possible interaction of

recreational drugs and HIV antiviral drugs. Protease inhibitors in particular tend to take priority over other drugs in the liver. This means that your other drugs may take longer to break down. Ritonavir, for example, which is probably the HIV medication to be most wary about, can be particularly dangerous when taken with Ecstasy, Speed or Crystal Meth. For more detailed information about specific interactions see the HIV Drugs page at www.afao.org.au/parties or get the new AFAO/NAPWA booklet *Dangerous Liaisons*.

Although a prescription drug, Viagra, like any drug can cause side effects. Of particular concern to gay men with HIV are the possible drug interactions. If your doctor prescribes Viagra for you, ask him or her about potential interactions with any

medications you may be on. For example:Viagra and Ritonavir are known to be potentially dangerous when taken together; a lower dose of Viagra is needed to get the same effect.And remember, don't sniff amyl nitrate if you're on Viagra as both drugs reduce blood pressure and this could prove fatal.

If you are going to mix drugs and treatments, avoid taking them at the same time. Another good idea is to only take a small amount of the party drug first, say a quarter. Then wait for at least thirty minutes.More detailed information on drug interactions can be obtained from your local AIDS Council or treatments information officer.

If you are injecting drugs with friends or a partner be

very careful about not sharing any equipment. Always have enough fits on hand and dispose of them immediately and carefully after use.

"It had been a big night. I'd taken a lot of speed and the next day I felt horny as hell. Anyway, I went to the sauna and had lots of great sex.

It was only afterwards I realised that some of it wasn't as safe as it could have been. But at the time I couldn't have cared less."

"I don't usually take drugs but tried some ecstasy with a new boyfriend.Anyway, the only thing I got out of it was a stomach ache and sex was the last thing on my mind. It certainly wasn't the fabulous experience we expected."

"After the honeymoon, my partner and I started to lose interest in sex. We introduced

party drugs into the scene and it got more interesting. Then we realised we were relying on them to get off and getting really shitty with each other between times. Now we're back to doing it straight once or twice a week and saving the drugs for special occasions."

"I went through a bit of a cycle of meeting guys at dance parties when I was on ecstasy. The sex was great, and I really fell for a few of them. But,with the ones I did see again when I was straight, I'd almost always be disappointed. Now, I still have good sex with guys when I'm on ecstasy, but I try to stay realistic about my expectations about what may happen afterwards."



THE DISCLOSURE DILEMMA



Anonymous or casual sex is a significant part of the lives of many gay men. And for many with HIV it offers a convenient outlet without the usual social obligations of cooking him breakfast or meeting his mother. While having sex without disclosing your HIV status is against the law in some Australian states (see the section on The Law and HIV Transmission in The Last Word section on page 28); in practice, disclosure under these circumstances does not always happen.

Many positive men have been rejected upon disclosing to potential partners and some threatened with physical violence. That is why some men use a non-verbal form of disclosure by insisting on safe sex. Often, simply reaching for the condom

at the appropriate time is enough. This method does have its pitfalls because an HIV positive gay man may assume his partner is also positive because he doesn't insist on condoms, while a negative gay man may assume his partner is negative for the very same reason.

Some men will make assumptions about their partner's status based on how they look.

Lipodystrophy, for example, can often be recognised, but not all hollow cheeks are related to HIV. Basing sexual decisions on how a person looks is never a foolproof strategy.

There is no easy way to disclose your HIV-status to your sexual partners, or any guarantee they will respond positively. When it comes to relationships, however, most

positive men who choose to disclose early in the relationship find that their partner is supportive. Often it makes no difference to the relationship and in some cases it even brings the couple closer together.

The dilemma is when does a casual partner become a potential relationship? In an ideal world we would all disclose and all our partners would be supportive. But in the real world...

1. Disclosing can lead to rejection which can sometimes be traumatic.
2. There's no guarantee the person you disclose to will respect your confidentiality.
3. He may become upset or angry.
4. He may want to talk about it and you might not want to play the role of a counsellor or educator at that time.

Some HIV-negative gay men believe that it is the sole responsibility of gay men with HIV to disclose their status before having sex. There have been successful prosecutions brought against men in Australia for knowingly transmitting HIV. But there are more personal reasons for disclosing early...

1. It's a quick way to find out if you want to get to know the person better.
2. If you think that you are eventually going to tell someone you've met, the longer you delay it, the harder it can become - and the more resentment you might have to deal with.
3. You might be seeking other positive partners.
4. It makes it more likely that you'll stick to practising sex that's safe for you and your partner.
5. If a condom breaks, you've at least told him first of the potential risks.

HIV is a fact of life these days, particularly gay men's lives, and responsibilities in any sexual encounter are always shared responsibilities. So, be bold and remember it's his problem if he can't deal with it.

"I hate the verbal HIV-disclosure routine. A couple of times I've deliberately and openly taken my HIV medication in front of trade I've had to my place. It's an easy way to show my HIV-status and to demonstrate I'm relaxed about it..."

"I was at the pub and we'd been chatting for a couple of hours and getting on really well. I thought 'Here goes...' and told him that I was HIV-positive. He went to the toilet and didn't come back! It doesn't encourage me to do it again."

"Well, it's got a lot better than it used to be. The last two times I disclosed being positive was 'So what difference does that make if we do safe sex?' and 'Thanks for telling me'. It's like gay men have dealt with it more often now. It's also a lot more common to be asked."

"He'd been chatting me up persistently for a while and I hadn't really encouraged him. I wasn't going to go home with him. Then he told me he was HIV-positive and it made rejecting him more difficult - it wasn't because he was HIV-positive."

"I'd been openly taking my pills in front of this guy I'd been seeing for weeks. I assumed he knew my HIV-status. When I said I was off to my HIV-doctor that afternoon it suddenly became apparent that this was not the case. He thought it was not polite to ask what the pills were for... and hadn't even thought they might be for HIV..."

"He wanted to brush his teeth before we went to bed. I told him there was some unused (new) toothbrushes in my bathroom cabinet. He looked a bit tentative when he emerged from his teeth cleaning. I then went to clean mine - and saw in the open bath room cabinet my supplies of HIV pills..."

"I keep my HIV-pills in vitamin bottles. It avoids unplanned disclosure."

FORMING RELATIONSHIPS

Relationships can be safe places where we exchange support, love and intimacy. They can also be hard work. For some men the HIV status of their partner is insignificant; for others it is an important factor.

A relationship where your partner is HIV negative has its own unique set of challenges. Initially, there is the issue of disclosing. This may bring up a number of concerns for you both. The fear of transmitting HIV is the obvious one and both of you need to be confident about safe sex guidelines and how you are going to adhere to them. You should both be aware of post-exposure prophylaxis (PEP), which is a course of medical treatment your partner can take if he is ever accidentally exposed to HIV (see page 16).

Often positive men report that their negative lovers are significant sources of support and will sometimes know more about HIV and treatments than they do. Others find they need to act as their negative partner's counsellor and educator. Either way, it's important both you and your partner receive support from outside the relationship. Friends, counsellors, and negative or positive support groups have proved helpful to many couples.

There may come a time when you need to renegotiate your relationship boundaries in relation to sex. Many couples have introduced creative solutions to satisfy both parties. Is the ongoing relationship more important than being sexually exclusive?

If so, then seeking sexual outlets outside the relationship may be the answer.

Different couples cope differently with emotional issues that may arise when negotiating about the 'rules' of their relationships. Some couples or partners may need outside support from friends or counsellors to help in choosing the most workable arrangements.

Many men are passionate about their personal ways of coping with and treating HIV and these can also be reinforced by having a partner who shares a personal understanding. They can also find that by having a positive lover they have a less anxious sex life.



When two positive men get together there's usually the question of whether to remove condoms from the scene. And many do. There is some evidence that drug resistant strains of the virus can be transmitted this way but many positive couples are prepared to risk this for the benefits of added intimacy. (See Reinfection on page 23)

Avoiding other sexually transmitted infections is even more important when both parties have compromised immune systems (see STIs on page 17). Some couples make agreements about sex outside the relationship which aim to minimise the risk of exposure to STIs.

Every relationship is different and achieving a successful one is a challenge with or without HIV. Some positive

men find friends and casual partners are satisfying enough. Others are the marrying kind. Enjoying the richness of human relationships, sexual and otherwise, is one of life's great joys. Whatever form they come in.

There are a number of other available resources including ones on positive-negative couples and protecting the rights of same sex relationships with Living Wills and Powers of Attorney. These are available from your local AIDS Council.

"I always fantasised about a positive lover like me. But then I met this guy through friends and when I got strong feelings for him the fantasy went out the window. It's the best relationship I've had."

"I had a positive boyfriend for eight years. After he died I thought that was the end of that part of my life. Then I did a support group - and through that discovered I still had sexual and emotional needs. I've now started a relationship with a positive man - but I don't want to be the widow again and that's affecting our relationship."

"I'm negative and my lover is positive. The biggest hassle is our sex life. I'd like it to be more varied - but he has this huge fear of passing on the virus. I appreciate that - but it doesn't make the sex very spontaneous or mutually satisfactory."

AN INTRODUCTION TO SAFE SEX

Safe sex is any sexual contact which avoids semen, blood or vaginal fluid getting into the bloodstream of another person, and therefore includes sex which does not transmit HIV.

Although practicing safe sex will prevent transmission of HIV, it may not protect you from some STIs - like gonorrhoea, or Hepatitis A.

Gay men with HIV may also wish to consider sexual activities that decrease the risk of picking up or passing on an STI (Sexually Transmitted Infection) or avoiding the risk of reinfection with a different strain of the virus; men in relationships or other situations where they know the HIV status of their sexual partner may develop strategies that are particular to their situation.

For example:

An HIV positive couple may decide to have anal sex without condoms. They may decide this after comparing viral loads and finding they are both at undetectable levels. (See Viral Load page 21) They may also decide this after discussing treatment histories together with their doctors and finding that neither has a resistance to any HIV drug. (See Reinfection page 23) And they may further agree to not expose each other to any other STIs by keeping sex within the relationship.

A single positive man who has lived with HIV for some time and has limited treatment options may decide he does not want to risk contracting any STIs. He may choose to engage in only very low risk safe sex

practices with casual partners, preferring mutual masturbation over oral sex, for example. (See STIs page 17)

A positive/negative couple may place most importance on not transmitting HIV. They may always use condoms for anal sex and never “cum in mouth” for oral sex. One or both partners may also have sex outside the relationship but keep these contacts safe, and have regular check-ups for STIs.

All these examples are different but they share one important feature. All these people have made informed choices about the sex they have.

THE SAFE SEX BASICS



For HIV to be transmitted, a quantity of the virus has to pass from the body of someone with HIV into the body of someone without HIV. Put another way, if you are HIV positive your cum or blood has to enter the bloodstream of your negative partner through an opening in their skin or mucous membrane.

Keep this basic rule in mind when you assess any sex act. Also keep in mind there is some evidence that a high viral load increases the chance of HIV infection, so some low risk activities like oral sex become a higher risk. There are dangers, however, in reversing this formula. (See Viral Load page 21)

Anal sex remains the most common way HIV is passed on between gay men,

particularly if it's you, the positive partner, doing the fucking. During sex, the lining of your negative partner's arse can be easily torn allowing infected cum or even small amounts of pre-cum to enter his bloodstream. Wearing a condom and using plenty of water-based lubricant prevents this from happening.

If you are the one being fucked, your negative partner is still at risk. HIV can be found in relatively high quantities in the lining of your arse and during sex can easily enter his body through the eye of his cock. Get him to wear a condom and reapply water-based lubricant often.

Oral sex presents a low risk of transmitting HIV. In oral sex, the risk of transmission is higher if a positive guy cums in the mouth of a

negative guy. The number of cases of HIV being passed on this way are not large but some do exist. The mouth constantly suffers from small cuts and ruptures as a result of eating or brushing. Ulcers, bleeding gums and sore throats can all present an opening through which HIV can enter. Rough oral sex or deep-throating can compromise the lining of his throat creating a transmission risk if he swallows your cum.

Many couples choose to do it more safely by pulling out before cumming. Pre-cum, which generally contains much less HIV than semen, is thought to present little or no risk during oral sex as opposed to anal sex where the risk is much greater (as HIV, even in small quantities, can more easily enter his bloodstream during anal sex).

THE SAFE SEX BASICS CONTINUED

You might prefer to be the one who gives head. The chances of transmitting HIV from your mouth to his dick are practically non-existent. Saliva contains only extremely small quantities of HIV.

While the safest oral sex is with a condom, Australian safe sex guidelines only recommend that condom use be considered when the condition of the mouth of the person giving oral sex is poor (eg. if there are cuts or ulcers).

Providing no cum or blood is present, **kissing, licking and sucking** any part of the body is totally safe, as are most forms of **touching, feeling, rubbing, masturbating, fingering and fisting**. The risk only exists if your partner has a cut or opening in their skin and your semen or blood

comes in contact with that opening. Some men use gloves with lots of lube for fisting. But if you use an oil-based lube, don't fuck him afterwards. Condoms have a habit of breaking unless they're used exclusively with water-based lube.

Rimming poses no threat for HIV transmission but is an efficient way to pass on parasites and diseases such as Hepatitis A. Kaposi's Sarcoma (KS) has also been linked to rimming. KS is a disease that can be difficult to treat in some people with advanced HIV.

Washing before rimming reduces the risk of passing on any of these infections but douching may increase the risk by bringing internal nasties closer to the surface. Shit can contain a number of highly transmissible diseases.

HIV is unlikely to be one of them unless blood is present.

Some people use dams or plastic cling wrap for rimming.

Urine itself does not contain HIV, so **water sports** do not present a risk unless there's blood in your piss and it comes in contact with an opening in his skin.

Sex toys present a risk of transmitting HIV and other STIs if they are not cleaned with warm water and soap between partners. Some people use condoms on their toys. Others prefer to use only their own toys.

Body piercing is regarded by some as a sexual act in itself and can present a transmission risk if strict hygiene standards are not met. Freshly pierced holes also provide an opening for HIV to be transmitted during sex.

SM (Sadomasochism) or **B&D** (Bondage and Discipline) practices may include any of the above. Work within agreed boundaries and have a prearranged language code in case things are going too far for you.

Some men who identify as gay sometimes have **sex with women**. HIV can easily be transmitted to women through vaginal and anal fucking. Condoms provide a safe barrier. HIV is present in the vaginal fluids of positive women but oral sex transmission is even less likely than through oral sex with a man. Menstrual blood can contain a higher concentration of HIV.

"Me and my HIV-negative boyfriend had long discussions about what was safe and unsafe and what risk taking I was comfortable with. We had an open relationship. I was so pissed off when I saw him getting fucked without a condom in a sex venue. This resulted in a long discussion about how all the clinical discussion about how the two of us would have sex had put a real damper on our sex lives,

and how he wanted me to fuck him more often... something I found really difficult."

"I got HIV through oral sex. I'd never had anal sex before getting HIV. I was pissed off because I thought oral sex was relatively safe. I went back and read the material. None of it says that oral sex is totally safe... but it was sort of hinted at in the way the guidelines were written. That was years ago. Now I don't cum in anyone's mouth. I've talked to my HIV-negative friends about oral sex - it's still an informed risk they're prepared to take..."

"When I fucked this guy he insisted I wear two condoms. There had been no discussion of HIV-status... Then he wanted to fuck me. I got another condom for him. He said he 'didn't need it'. Men! I told him that he could get HIV from fucking and from being fucked. He didn't believe it."

"We'd been attracted to each other for years. He had a boyfriend... He knew I was HIV-positive. When his

relationship ended we finally got round to it. He was paranoid about even kissing... Then we ran into each other the day after Sleaze Ball. He was wild for anything and everything - it was me who had to say 'whoa boy...' ..."

"We'd been having sex for about six weeks when I started hinting about a few more sexual activities I was into like fisting and a bit of mild SM. He was definitely NOT into them and labelled them as 'not safe'. In terms of HIV-transmission they were safer than some of the things we'd already done. Some men tend to rate safety based on prejudice rather than facts."

"I love a man who takes charge. I got lassoed by my take charge cowboy fantasy on the dance floor. At his hotel he'd ripped my clothes off and threw me ass up onto the bed...and stopped. Then he suddenly slapped my ass. 'What do we need?' he demanded. I didn't know. Then I was told "condom". I was sent to the chemist."

POST-EXPOSURE PROPHYLAXIS (PEP)

If your partner is exposed to HIV during sex through unprotected intercourse or a broken condom there is a treatment option available that may prevent infection. PEP involves taking a combination of at least two anti-HIV drugs for 28 days. As with other HIV treatment regimes, PEP must be taken at strict times of the day.

Taking PEP after a risk exposure will not necessarily prevent infection.

HIV, like any virus, works by infecting some cells then replicating itself and spreading to other cells. There is evidence that it may take a few days from the time of exposure for HIV to establish itself in the body. The aim of PEP is to

prevent HIV replicating itself in those first cells. The cells then die naturally within a short time, without having produced more copies of HIV.

The drugs used for PEP are the same anti-HIV drugs used to treat HIV and can create similar side effects to the ones experienced by positive people taking them - nausea, diarrhoea, headaches and tiredness.

PEP is most likely to be effective when taken immediately (within a few hours) after being exposed to HIV. The earlier he starts the treatment, the better. But it may still be effective taken up to 72 hours after the incident.

At the time of writing, PEP is only officially available in

New South Wales, Australian Capital Territory, Queensland, Victoria and Western Australia. PEP is available on a limited basis in other parts of Australia.

The person exposed to HIV should seek medical advice as soon as possible. It is usually easiest to contact an HIV prescribing doctor or sexual health centre, but if these are not open at the time, Accident and Emergency at major hospitals should be able to help.

NSW residents can call a special PEP hotline for advice about where to get PEP: call 1800 PEP NOW (1800 737 669).

OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs)



Although safe sex may decrease the risk of transmission of some STIs, there are other significant ways in which STIs can be transmitted. Herpes and HPV (the virus associated with genital warts) can be transmitted even if condoms are used. Hepatitis A, gut and bowel infections, and the virus that is thought to be associated with Kaposi's Sarcoma can be passed on through rimming.

There are vaccinations for some STIs (Hepatitis A and B for example) and vaccines are currently being trialled for Herpes. Vaccinations are recommended in most circumstances, so talk to your doctor about the pros and cons.

Most STIs can be treated but some can be more difficult to treat when you have HIV. Some of them (CMV and KS for example) can become serious opportunistic illnesses in people with advanced HIV disease.

While in some cases HIV treatments may minimise the impact of the STI, in others the treatments might cease to contain HIV from multiplying while the body fights this new infection.

In some cases, the presence of an STI can also make HIV easier to transmit. The discharges associated with gonorrhoea, for example, have been shown to contain high levels of HIV. This can result in the semen, pre-cum and rectal mucus of an HIV

positive man with gonorrhoea containing more HIV, therefore creating a higher risk of HIV transmission. Also, bleeding from the genital sores associated with some STIs may make it easier for blood to be exchanged during sex.

Because we focus so much on HIV, many of us forget to ask our doctors to check for other STIs. In most cases the tests are simple and the treatments effective. It is particularly important for all of us who are sexually active to get regular STI check-ups. If we diagnose and treat STIs early we can avoid them becoming serious problems for ourselves and those we have sex with.

OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs) CONTINUED

CHECKLIST FOR THE SEXUALLY ACTIVE

- CONSIDER GETTING VACCINATED AGAINST HEP A AND HEP B.
- GET SCREENED FOR THE MOST COMMON STIs - GONORRHOEA, CHLAMYDIA AND NSU.
- THE MORE CASUAL SEX YOU HAVE, THE MORE OFTEN YOU SHOULD GET SCREENED.

CHLAMYDIA

Chlamydia is a bacterial infection that can affect the penis, anus or throat. Untreated it can cause inflammation of the testes, testicular discomfort and/or pain when urinating.

GUT & BOWEL INFECTIONS

There are a range of gut and bowel infections which can cause symptoms like

vomiting, diarrhoea and stomach cramps and can be especially bad for people with HIV. Shigella and Giardia are some of the more common of these infections. They are spread by tiny particles of contaminated shit entering the mouth, either by direct contact while rimming, or indirect contact when contaminated objects such as cocks or fingers are put in the mouth. Outbreaks of these infections occur regularly; watch gay newspapers for warnings about any current outbreaks in your city.

Washing your hands thoroughly with soap and warm water after sex, or between partners, and using dams when rimming helps to avoid exposure.

GENITAL HERPES

Genital Herpes is characterised by blisters that can be painful and recur from time to time. Outbreaks can occur on the genitals, around the anal area and on other parts of the body.

Infection with genital herpes is common amongst gay men. Genital herpes outbreaks are more frequent and more severe in people with advanced HIV disease. Laboratory studies show an interaction between herpes and HIV with both viruses replicating faster. Aggressive treatment is recommended during outbreaks. Continuous treatment (prophylaxis) is usually recommended following an outbreak. Avoid contact with active herpes lesions.

GENITAL WARTS (HPV)

Genital warts are caused by a family of viruses called the human papillomaviruses or HPV. Anal warts are the most common type of genital warts among gay men. The viruses are spread by skin to skin contact and are very common among gay men. Warts can be harder to treat in people with HIV. Some of the wart viruses increase the risk of anal cancer. They can be removed, however this does not always prevent them from coming back. Avoid contact with warts. Condoms reduce the risk (but certainly do not eliminate any risk).

GONORRHOEA

A common bacterial STI that can occur in the throat, penis or anus and sometimes, but not always, causes pain or discharge. Because there are often no symptoms and it can be easily passed on (eg. through oral sex without ejaculation); outbreaks amongst gay men still occur regularly. Early detection and treatment is important as gonorrhoea has been linked to HIV progression. Regular

screening is recommended for those sexually active.

Testing requires a urethral swab and urine sample, throat swab, and anal swab. Treatment is usually by injected antibiotic in gay men. Condoms reduce the risk of transmitting gonorrhoea during anal or oral sex.

HEPATITIS A

A virus which causes short term liver disease. Symptoms include jaundice (looking yellow), a lack of energy, a loss of appetite and changes in the composition and colour of urine and faeces. There have been regular outbreaks of Hepatitis A amongst gay men in Australia in the last ten years. Because Hepatitis A affects the liver it can make HIV treatments harder to tolerate.

Hepatitis A is transmitted through contact with shit. It is easily spread by any sexual contact that may result in the infected person's shit entering the mouth or arse of another person. Rimming and any other oral-faecal contact, such as putting fingers into

your mouth after they may have been up his arse, or after handling used condoms or sex-toys can easily spread Hepatitis A.

Hepatitis A can also be spread by contact with contaminated food, water, and utensils.

There is a vaccination available for Hepatitis A. Talk to your doctor about the arguments for and against getting vaccinated.

HEPATITIS B

Hepatitis B causes liver disease and is a common infection amongst gay men. There is speculation about a possible impact on HIV but this is not demonstrated in laboratory studies. It can become a persistent and long-term infection making HIV harder to treat.

Hep B can be transmitted by unprotected anal sex and other activities where blood may be exchanged, eg. fisting multiple partners. Safe sex reduces the risk.

There is a vaccination available for Hepatitis B. Talk to your doctor about the arguments for and against getting vaccinated.

OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs) CONTINUED

HEPATITIS C

Hepatitis C causes liver disease and, like Hepatitis B, can result in long term liver disease making HIV disease harder to treat.

Hepatitis C is spread through blood-to-blood contact such as sharing injecting equipment and may also be transmitted through unprotected anal sex, where blood is often involved.

Don't share any injecting equipment - needles (fits), syringes, spoons, waters or tourniquets. Condoms reduce the risk during anal sex. For more detailed information about Hepatitis C, please see page 23.

NSU

Non-specific urinary tract infection or non-specific urethritis is the most common STI amongst men in Australia. There may be no symptoms at all or they may range from pain while urinating, discharges from the penis or swelling in the testes.

NSU can be transmitted from the mouth to the penis.

Treatment is usually by oral antibiotics.

SYPHILIS

An STI that has primary, secondary and tertiary stages. The primary stage is characterised by a chancre (sore). Although Syphilis is rare in Australia, it is

becoming more common in some communities. Syphilis can be harder to diagnose and treat in people with HIV.

Safe sex protects you from Syphilis as it is usually spread by unprotected intercourse.

Tests for previous possible infections of syphilis are a standard part of STI check-ups.

VIRAL LOAD



A viral load test measures the concentration of free virus in the blood. 'Free' means the HIV that is not inside cells. The higher the viral load, the more active HIV is considered to be.

A viral load test, together with a T-cell count, is used to help make treatment decisions. An undetectable or low viral load normally means that your immune system together with your HIV treatments, if you are on them, are successfully containing HIV from replicating in your body. Results of the viral load test are usually given as the number of viral copies per ml. of blood.

- More than 30,000 is considered high
- 10,000 - 30,000 is considered moderate
- Less than 10,000 is considered low

It is important to remember that undetectable viral load does not equal zero viral load, but rather means that the amount of virus is below the level that can currently be measured by available tests.

The risk of HIV transmission during unsafe sex may be related to the viral load of the positive person. Generally, it is thought to be that the risk of transmission is lower if viral load is lower, and that the risk is higher

when viral load is higher. However, even though this general relationship is true, there are a number of reasons why viral load is not a good way to measure HIV transmission risks during sex. They are:

1. Viral load is a measure taken from the blood. Other body fluids such as semen are usually involved in the sexual transmission of HIV. Although they are generally correlated, the viral load levels in semen and blood can be quite different. In particular, some infections, for example sexually transmitted infections, can cause viral load in semen to fluctuate rapidly.

VIRAL LOAD CONTINUED

2. There is evidence that if the viral load in your body falls or rises, there will be some delay before the viral load in your semen changes. So, if your blood's viral load drops to undetectable, you can't be certain when the viral load in your semen will drop.

3. Viral load can vary quite quickly from day to day - for example if you have other infections. It can take weeks to get the results of a viral load test. Even if your viral load was low when your blood was taken, it doesn't mean it is still low. Treatment breaks can alter your viral load.

4. The viral load test is a measure of 'free' virus. HIV also lives inside the cells of your body. Once HIV gets into your cell's genetic material, it stays there until the cell dies. Treatments prevent new cells becoming infected and can also prevent the production of viruses from infected cells, but they do not remove HIV from the cell's genetic material. HIV infected cells can survive for long periods. These cells can exist in both blood and semen and can be transmitted during unsafe sex.

REINFECTION AND OTHER POZ/POZ SEXUAL HEALTH ISSUES



When two positive men get together the question of whether to remove condoms from the scene will often arise. Many positive men do not use condoms with other positive partners. Following is a review of some issues to consider and how to minimise risks.

REINFECTION

For some time there has been debate about what risks are posed to positive men by exposure to different strains of HIV, and whether such exposure can result in 'reinfection' i.e acquiring a new and different strain of HIV from someone else (also referred to as 'superinfection', where someone is infected with more than one type of HIV).

The presumed risk to an already positive man from reinfection would be the possibility that acquiring a drug resistant strain may result in more rapid damage to the immune system, limit future treatment options and/or affect success on current treatments.

Despite this debate, however, there is little evidence about whether it is possible to get reinfected with another strain of HIV; it is considered to be a rare event.

If your partner has resistant virus then you should talk to your doctor about your respective treatment histories and risk reduction strategies.

If neither partner has drug resistance the risk, though not known, is probably very low.

HEPATITIS C

Although Hepatitis C is not generally considered to be a sexually transmitted infection, recent studies have suggested that under some circumstances Hepatitis C may be sexually transmissible.

Sex involving the transfer of blood with someone who is co-infected (where someone has both HIV and Hepatitis C) may increase the risk of sexual transmission of Hepatitis C.

Blood: Transmission of Hepatitis C is through blood to blood contact. Most Hepatitis C infections have been the result of sharing

REINFECTION AND OTHER POZ/POZ SEXUAL HEALTH ISSUES CONTINUED

needles or other injecting equipment, or receiving a blood transfusion. Some types of sex, like fucking without lube, some types of S&M that result in bleeding, or sex with women during menstruation may create increased risks of Hepatitis C transmission.

Co-infection: About 10% of Australians with HIV are co-infected with Hepatitis C. HIV can lead to periods where the amount of Hepatitis C virus in someone's blood is increased, thus increasing the risk that they may pass on Hepatitis C.

If you or your partner is co-infected, you may wish to talk to them and to your doctor about strategies to reduce risks. This may not need to go so far as using condoms for anal sex

(between two HIV positive partners), but should consider risks from any sex involving blood being present.

SEXUALLY TRANSMITTED INFECTIONS

Fucking without condoms can increase your risk of exposure to other Sexually Transmitted Infections (STIs). Most STIs can be treated but some can be more difficult to treat when you have HIV. Some of them (CMV and KS for example) can become serious opportunistic illnesses in people with advanced HIV disease.

While in some cases anti-HIV treatment may minimise the impact of the STI, in others the treatments will cease to contain HIV from multiplying while the body fights this new infection.

MAKING SENSE OF IT ALL



It's not always easy to relax and just get into sex. Especially if you may be thinking about how to tell him you've got HIV while you're worrying about infecting him and maybe feeling a bit queasy having just had your pills. When you think about it, it's amazing anyone with HIV has sex at all. But we do. And a lot of us do it well. Sex is simply something most of us can't, and needn't, live without.

Reading about all of the health issues associated with sex is not exactly sexy reading. Some of the information can sometimes put you off. In this booklet we've tried to present the information in a way that will help you to make the right decisions for you.

There are questions we can't answer. Whether to have unprotected sex with other

positive partners, for example. You need to make that decision based on the information you have. And you need to feel comfortable with your decision. That way you can feel most comfortable with your partner. And ultimately have better sex.

Risk taking can be exciting. In an anonymous sex situation, for example, at a sauna or beat. But these are often the places when the wrong type of risks are taken. After all these years there are still a lot of myths about. Myths about the sort of people who are HIV positive - "If he looks healthy, he must be negative". About what is safe - "If a negative guy is doing the fucking, he's not at risk". And about whose responsibility it is to not transmit HIV.

There may be times when you are having sex in environments where HIV seems to be the last thing on anyone's mind.

In order to remain comfortable with the choices that you make, it may be good to spend some time thinking through issues and talking to other positive men, and other friends or partners about these. Issues like responsibility for decisions around safe sex, or disclosure.

Often it feels like, as gay men with HIV, we are held up as solely responsible for avoiding further transmissions of HIV. The old saying "it takes two to tango" is quite apt. When sex is not an individual act, everyone involved is individually and collectively responsible.

So take care. And have fun.

GETTING SUPPORT

Many positive men and many of their negative partners have found that talking with others is a great way of getting support. And sex is one of the main issues they talk about.

The secret is finding the right support for you.

FRIENDS AND FAMILY

Many of us find that those closest to us are the most useful and supportive people to talk with about personal issues. But keep in mind that if you disclose they may need time to come to terms with the information. Often, the closer someone is to us, the more affected they will be by our news. You may find yourself supporting them for a while.

Also, friends and family are not bound by confidentiality and may find the need to talk about your status with others. Is this an issue for you to consider?

OTHER PEOPLE IN THE SAME SITUATION

Peers are often the best people to talk to because they have a personal understanding. Look around you for positive friends or their negative partners. AIDS Councils or PLWHA organisations usually have peer workers who can talk to you or guide you into support groups.

COUNSELLORS

Many gay men with HIV have found counsellors very useful. Most HIV or sexual health services can refer you to specialised counsellors. You may need to shop around to find a counsellor that meets your needs. Counselling can be short-term and deal with a particular problem or on-going and deal with a number of issues.

HEALTH CARE PRACTITIONERS

Good health care practitioners can be a significant source of support for gay men with HIV. Your doctor should be able to give you information about having sex when you are HIV-positive.

SERVICES FOR OTHER PARTICULAR NEEDS

There are specific services for areas like community care, mental health, drug use issues, financial support and so on. Many people with HIV have found these very useful. A good social worker or your local AIDS Council should be able to tell you how to access these services if you need them.



"I have two doctors - one for HIV-treatments who wouldn't know a feeling if it jumped out and hit him (but he knows his science) and a female doctor who's great for minor illnesses and for taking the time to talk over important issues and to provide health information in ways that make sense to me."

"We were having real problems with sex in our relationship because of our different HIV-status. We went to a counsellor. He made it clear in all sorts of ways that he couldn't understand why my negative partner chose to stay in the relationship. What finally worked for us was my lover going to a support group for negative partners of positive men."

"The idea of sitting around in a group with other positive men was terrifying. But I finally relented under pressure from my friends. It was useful sharing information and experiences about HIV treatments. The group also spent a lot of time talking about sex. It gave me the confidence to disclose my HIV-status in sexual situations and realise that any demonstration of bad attitudes was their problem and I probably didn't want to ever know them, let alone have sex with them, anyway."

THE LAST WORD - THE LAW AND HIV TRANSMISSION

A person with HIV who transmits the virus to another, or exposes another person to the risk of HIV transmission, may have broken the law. There are significant variations between state and territory laws concerning disclosure of your positive HIV status to sexual partners, and the possible penalties for HIV transmission. Somewhat confusingly, there are potentially two types of laws involved: public health laws and criminal laws.

Each state and territory has its own public health laws. These laws empower public health authorities (amongst other things) to take action to stop the spread of infectious diseases. This usually includes the power

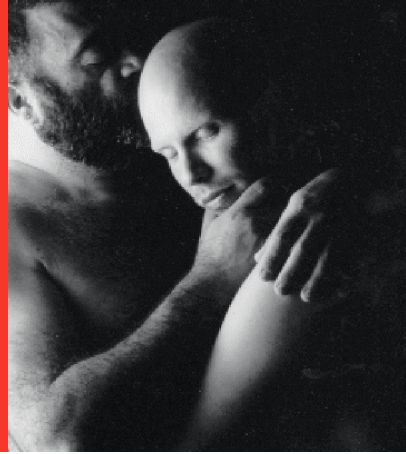
to detain or imprison someone who is believed to be placing the health of other people at risk. Detention is usually regarded as a last resort, and will only be used where other interventions such as education, counselling, and warnings, have failed to change the behaviour of a person which is believed to be placing others at risk of infection. Public health laws are administered by the health department in the relevant state or territory.

In some states and territories, criminal laws have been used to prosecute people with HIV who are accused of having intentionally or recklessly transmitted HIV to another person. There are some

states (such as Victoria and NSW) which have created specific criminal offences to cover the intentional transmission of HIV to another person. Existing criminal offences (such as causing grievous bodily harm) have also been used in these circumstances.

In many cases, criminal prosecutions are only commenced when attempts to modify a person's risk behaviour through the use of public health-based interventions have failed. However sometimes criminal prosecutions are used prior to or in the absence of any interventions through the public health system.

The following is a brief outline of the relevant laws in each state and territory.



TASMANIA

- **Public health law:** An HIV-positive person must take “all reasonable measures and precautions” to prevent the transmission of HIV to others, and must not knowingly or recklessly place another person at risk of contracting the disease. Maximum penalty: a fine of up to \$10,000 or imprisonment for one year. If an HIV-positive person is charged with an offence under this law, it is a defence for the HIV-positive person to prove that the other person knew of, and voluntarily accepted, the risk of contracting HIV.
- **Criminal law:** A person who causes grievous bodily harm to a person by any means is guilty of a crime. Maximum penalty: imprisonment for 21 years. It is possible this law could

be used to charge an HIV-positive person for transmitting HIV to another person, although no such prosecutions are known to have taken place.

SOUTH AUSTRALIA

- **Public health law:** A person with a “controlled notifiable disease” (which includes HIV) must take all reasonable measures to prevent transmission of the disease to others. Maximum penalty: a fine of \$30,000 or imprisonment for seven years. The law does not specifically require a person with HIV to disclose their HIV status to a prospective sexual partner.
- **Criminal law:** A person who recklessly endangers another person’s life is guilty of a criminal offence. Maximum penalty: 15 years imprisonment. It is possible

this law could be used to charge an HIV-positive person for transmitting HIV to another person, although no such prosecutions are known to have taken place to date.

NEW SOUTH WALES

- **Public health law:** A person who knows they have a sexually transmissible medical condition (which includes HIV) is guilty of an offence if he or she has sexual intercourse with another person unless, before intercourse takes place, the other person has been informed of and voluntarily accepts the risk of contracting the sexually transmissible medical condition. Maximum penalty: a \$5,000 fine.
- **Criminal law:** A person who maliciously causes

THE LAST WORD - THE LAW AND HIV TRANSMISSION CONTINUED

another person to contract a “grievous bodily disease” (which includes HIV), is guilty of a crime. Maximum penalty: 25 years imprisonment.

VICTORIA

○ Public health law in Victoria does not specifically require an HIV-positive person to disclose their HIV status before having sex. The law states that a person must not knowingly or recklessly infect another person with an infectious disease. Maximum penalty: a fine of \$20,000. In addition, it is a defence to a charge under this law, to show that the person who becomes infected with the infectious disease knew of and voluntarily accepted the risk of infection.

○ Criminal law: A person who intentionally causes another person to be

infected with a “very serious disease” (which includes HIV) is guilty of a crime, and liable to a maximum penalty of imprisonment for up to 25 years. In Victoria, the offence of “conduct endangering life” has been used to charge HIV-positive people who place others at risk of HIV infection. This charge carries a maximum penalty of 10 years imprisonment.

QUEENSLAND

○ Queensland public health law does not specifically require an HIV-positive person to disclose their HIV status before having sex. The law makes it an offence to deliberately or recklessly infect another person, or to place them at risk of infection. Maximum penalty: a fine of \$20,000 or imprisonment for two years. It is a defence to such a

charge if the other person is the opposite sex spouse or de facto spouse of the person charged, and that other person knew of and voluntarily accepted the risk of infection.

○ The criminal law provides that a person who transmits a serious disease (including HIV) to another person is guilty of a crime. Maximum penalty: life imprisonment.

WESTERN AUSTRALIA

○ Western Australian public health laws have not been updated since the early 20th century, and are largely irrelevant to the HIV epidemic. In that state, it is an offence for a person with an infectious disease to “wilfully expose” themselves in any public place, without taking proper precautions against the spreading of infection. Because HIV is not



transmissible through casual social contact, this law has no real meaning in relation to the sexual transmission of HIV.

○ **Criminal law:** a person who does any act that is likely to result in another person contracting a serious disease (which includes HIV), is guilty of a crime. Maximum penalty: imprisonment for 20 years.

AUSTRALIAN CAPITAL TERRITORY

○ **Public health law:** there is no specific legal obligation on HIV-positive people to disclose their status before having sex.

○ **Criminal law:** It is an offence to intentionally or recklessly inflict grievous bodily harm on another

person. Maximum penalty: imprisonment for 15 years. It is possible that this law could be used to prosecute an HIV-positive person for transmission of HIV, but there have never been any such prosecutions in the ACT.

NORTHERN TERRITORY

○ There are no public health laws dealing with HIV transmission or disclosure of HIV status in the Northern Territory.

○ **Criminal law:** it is an offence to do grievous bodily harm to another person. Maximum penalty: imprisonment for life. It is also an offence to endanger another person's life. Maximum penalty: imprisonment for 10 years.

It is possible that these laws could be used to prosecute an HIV-positive person for transmission of HIV. One prosecution was commenced, but there have been no such prosecutions successfully completed in the Northern Territory.

CONTACTS FOR SUPPORT, INFORMATION OR REFERRAL

Further information can be obtained from the AIDS Council or PLWHA organisation in your region/state. They can provide information and referral to a range of other services.

NSW

AIDS Council of NSW (02) 9206 2000

PLWHA NSW (02) 9361 6011 Freecall 1800 245 677

VICTORIA

Victorian AIDS Council (03) 9865 6700

PLWHA Vic (03) 9865 6772

QUEENSLAND

Qld Queensland AIDS Council (07) 3017 1777

Qld Positive People Brisbane (07) 3846 3939

Qld Positive People Cairns (07) 4051 1028

Qld Positive People Gold Coast (07) 5575 6966

Qld Positive People Sunshine Coast (07) 5441 1222

Qld Positive People Rockhampton (07) 4926 6690

Qld Positive People Mackay (07) 4953 5071

Qld Positive People Townsville (07) 4721 1384

SOUTH AUSTRALIA

AIDS Council of South Australia (08) 8362 1611

PLWHA SA (08) 8293 3700

WESTERN AUSTRALIA

Western Australian AIDS Council (08) 9482 0000

TASMANIA

Tasmanian AIDS Council (03) 6234 1242

Positive People Tasmania (03) 6294 1242

ACT

AIDS Action Council of the ACT (02) 6257 2855

PLWHA ACT (02) 6257 4985

NORTHERN TERRITORY

Northern Territory AIDS Council (08) 8941 1711

PLWHA NT (08) 8941 7711

PHOTOGRAPHY

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models appearance in this publication indicates
neither sexuality nor HIV status

