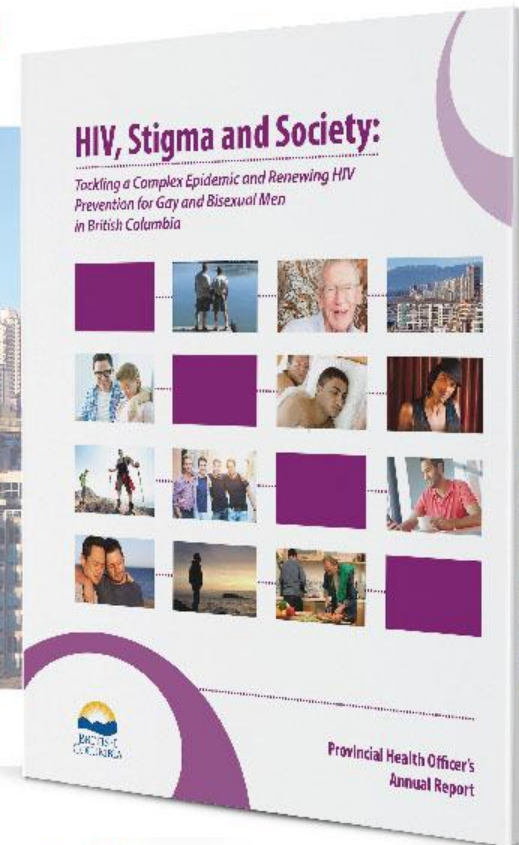


HIV, Stigma and Society:

*Tackling a Complex Epidemic and Renewing HIV
Prevention for Gay and Bisexual Men in British Columbia*



Dr. Perry Kendall
BC Provincial Health Officer

July 14, 2014

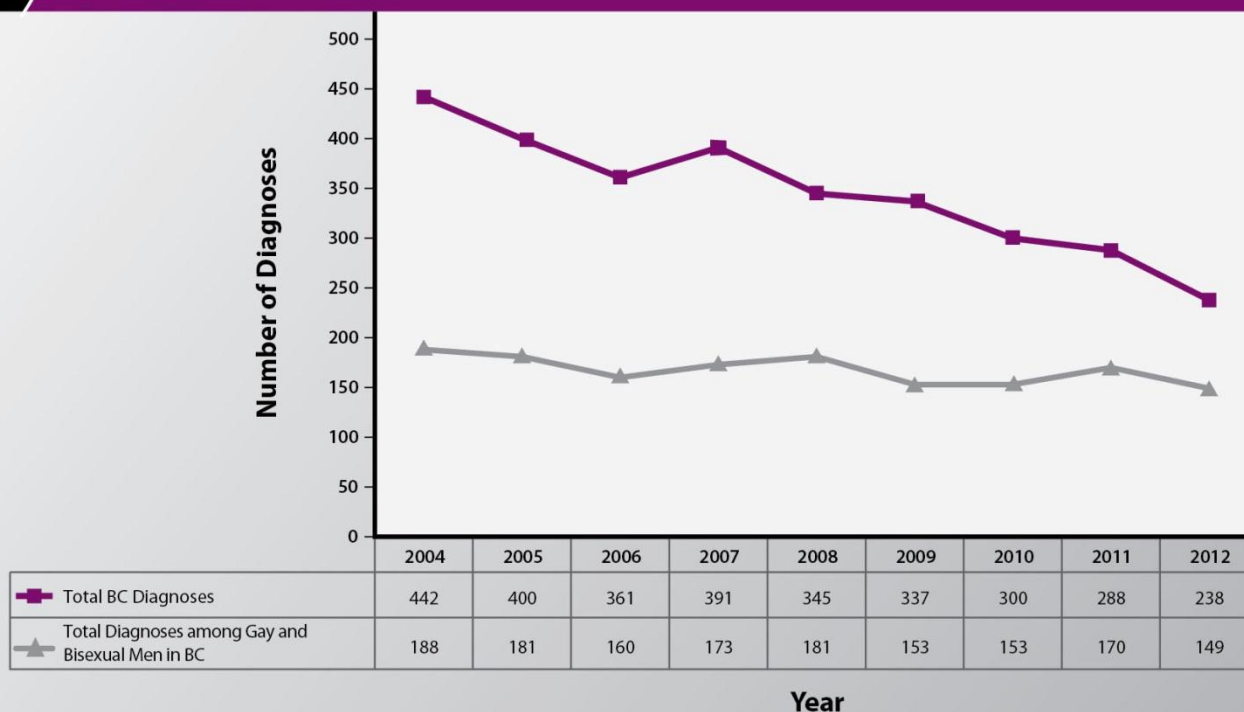
Examining HIV Among Gay and Bisexual Men in BC

- This Provincial Health Officer's annual report examines the Human Immunodeficiency Virus (HIV) epidemic in BC, with a focus on gay and bisexual men.
- Gay and bisexual men make up the majority of new HIV diagnoses in BC, and have not shown meaningful decreases in the last 10 years.
- Developed in partnership with the BC Centre for Disease Control, and with input from two advisory groups that included gay and bisexual men, and related service providers and organizations.

Trends in New HIV Diagnoses in BC

Figure
3.1

New HIV Diagnoses, Total and among Gay and Bisexual Men,
BC, 2004 to 2012

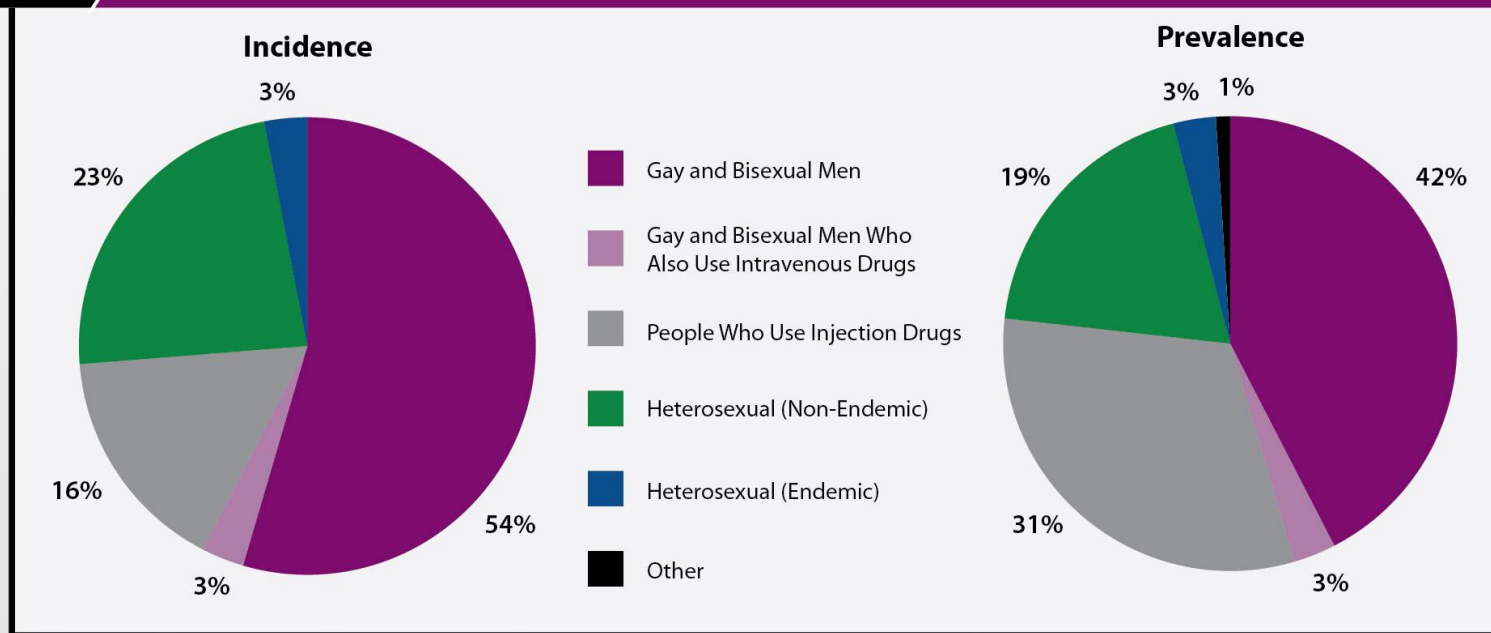


- The number of new HIV diagnoses in BC declined between 2004 and 2012 (most pronounced in people who use injection drugs).
- This same decline has not been experienced by gay and bisexual men, who represented 63% of all new HIV diagnoses in 2012.

Incident and prevalent infections

**Figure
1.3**

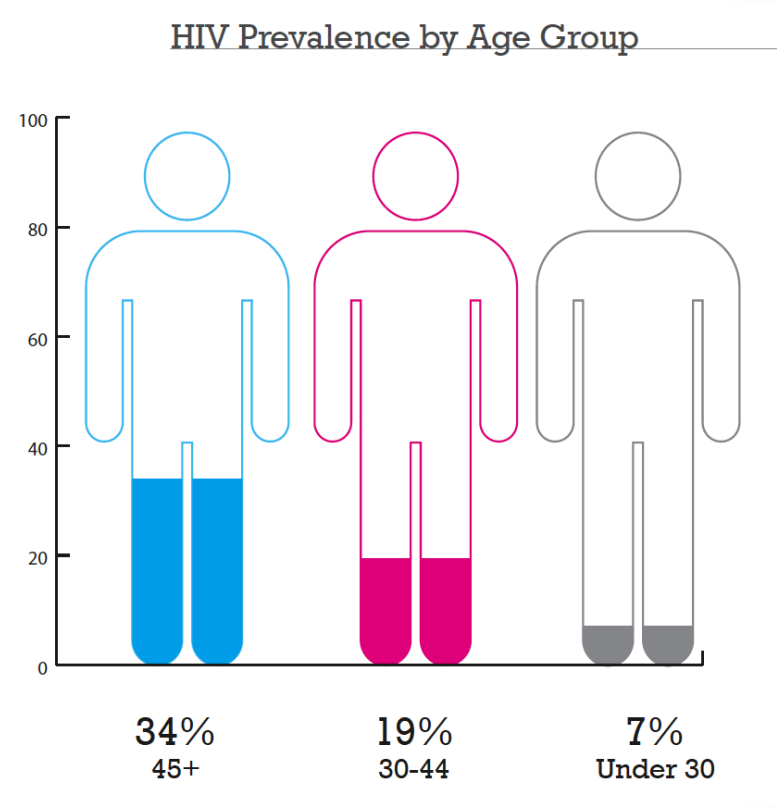
**Estimated Proportion of HIV Infections by Exposure Group,
Incidence and Prevalence, BC, 2011**



- Estimates from the Public Health Agency of Canada confirm that gay and bisexual men bear a disproportionate burden of HIV in BC.
- In 2011, gay and bisexual men represented 57% of all known new infections and 45% of all people known to be living with HIV in BC.

HIV prevalence among Gay and Bisexual Men in BC

- In a Vancouver survey of gay and bisexual men in 2008-2009, 18% of men tested positive for HIV. The prevalence of HIV increased with age.
- A similar survey in Victoria in 2007 found 14% of gay and bisexual men tested HIV positive.



**Reproduced with permission from ManCount (2010)

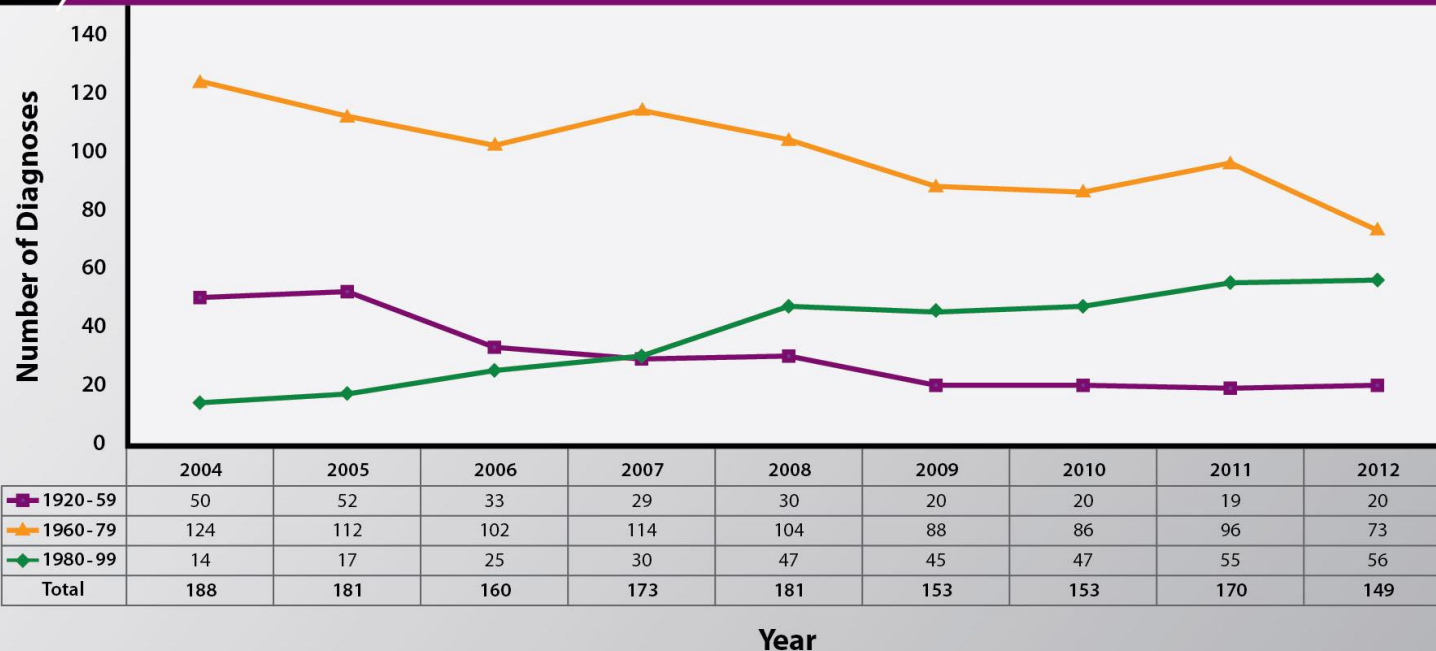
Trends in New HIV Diagnoses among Gay and Bisexual Men in BC

- The highest proportion of new diagnoses among gay and bisexual men is in Vancouver Coastal Health (65%), followed by 37% in Fraser Health, 32% in Interior Health, 30% in Island Health, and 7% in Northern Health.
- When averaged over 9 years from 2004 to 2012, Caucasian men made up the majority of new diagnoses among gay and bisexual men (70.5%), followed by Asian men (10.6%), Latino men (7.0%), and Aboriginal men (4.6%).
- In 2012, those aged 30-49 years made up the greatest proportion (51%) of new HIV diagnoses among gay and bisexual men, followed by those under age 30 (26.8%) and those ages 50+ (21.1%).

New HIV Diagnoses by Birth Cohort

**Figure
3.4**

New HIV Diagnoses in Gay and Bisexual Men,
by Birth Cohort, BC, 2004 to 2012



- Between 2004 and 2012, new diagnoses have been decreasing among gay and bisexual men born before 1980, particularly for those born 1960–1979.
- However, there has been a steady increase in diagnoses among gay and bisexual men born between 1980–1999 (approx. 15 to 35 years old now), potentially reflecting an “aging in” to the HIV epidemic.

Why are HIV infections in Gay and Bisexual Men not decreasing in BC?

Could it be:

- Less use of condoms?
- Less concern about HIV given HIV treatment?
- Less perception of own risk of HIV?
- Less HIV testing?



“Health outcomes do not happen in a vacuum. They are the result of a complex interaction of a number of factors, many of which are determined by the environments in which boys and men live, work and play.”

-“Where are All the Men?” Chief Medical Health Officer’s Report on the Health and Wellbeing of Men and Boys in Northern BC. 2011.

Exploring the Drivers

Conceptual Approach

- This report uses a multi-level approach combined with a population health approach, to review trends in the epidemic over time in BC, examine HIV infection, and explores variables that impact the HIV epidemic among gay and bisexual men at three levels.



Drivers of the HIV Epidemic

- HIV Prevalence
- Sexual Behaviours
- Treatment and HIV Viral Load
- Acute HIV Infection
- HIV Testing and Awareness of HIV Status
- Sexually Transmitted Infections
- Sexual Networks
- Appropriate Health Care
- Stigma
- Marginalization, Mental Health, and HIV Risk
- Poor Social Support
- Migration and Immigration
- Experiences of Racism
- Systemic Challenges to HIV Prevention

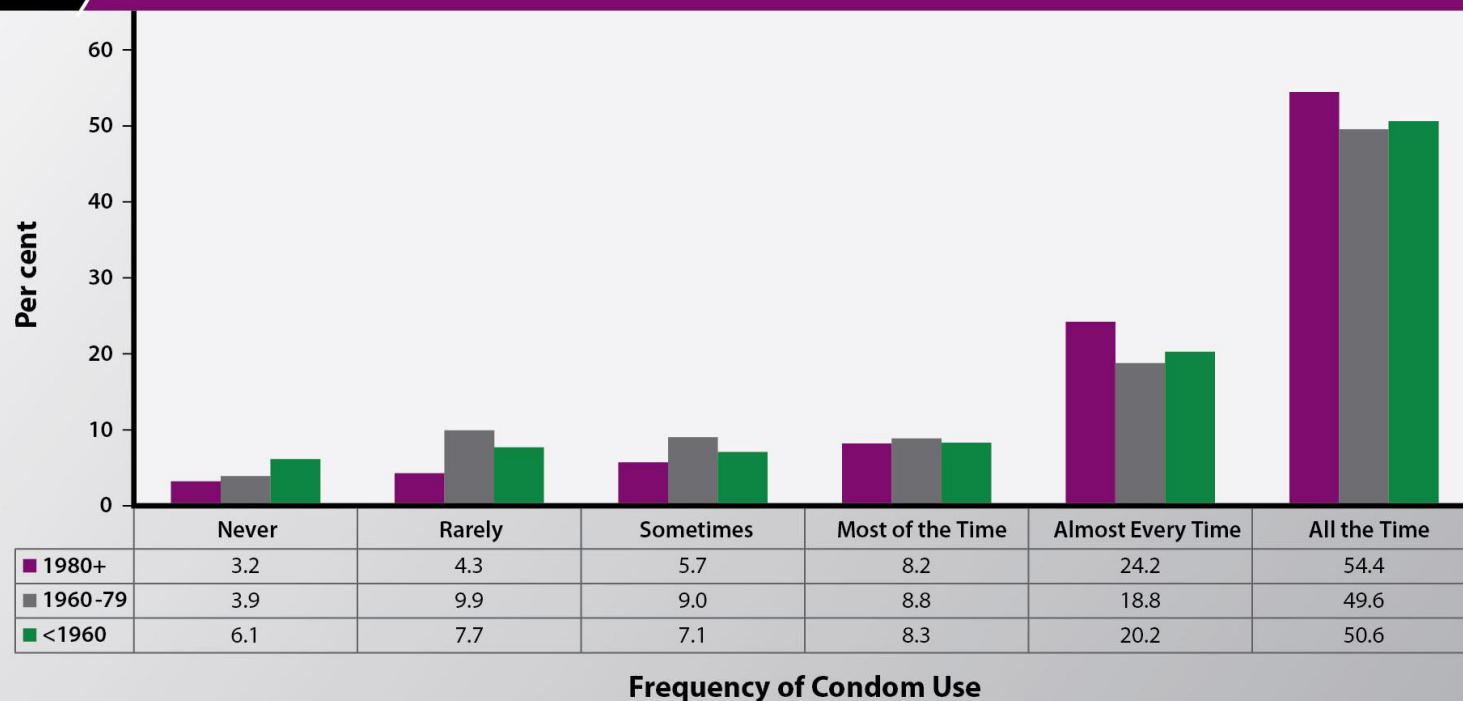
Impact of HIV Prevalence

- With advances in treatment, people living with HIV today have a near-normal life expectancy.
- Net effect may be towards increasing numbers of new infections.
- *Positive Prevention* is a concept that recognizes that HIV-positive men play a central role in HIV prevention among gay and bisexual men, and is an integral component of HIV prevention strategies.

Sexual Behaviours

**Figure
4.3**

**Frequency of Condom Use with Casual Sex Partners
among Gay and Bisexual Men, by Birth Cohort, BC, 2010**



- Condom use remains high among gay and bisexual men: 75% of those surveyed in 2010 reported always or almost always using condoms with casual sex partners. Highest level of condom use reported was among the 1980+ birth cohort.
- Seroadaptive behaviours are also used (e.g. serosorting, seropositioning).

Sexual Behaviours Cont.

Figure
4.4

Percentage of Gay and Bisexual Men who Reported Behaviours
Associated with Increased Risk of HIV Infection
in the Past Year, BC, 2007 to 2011

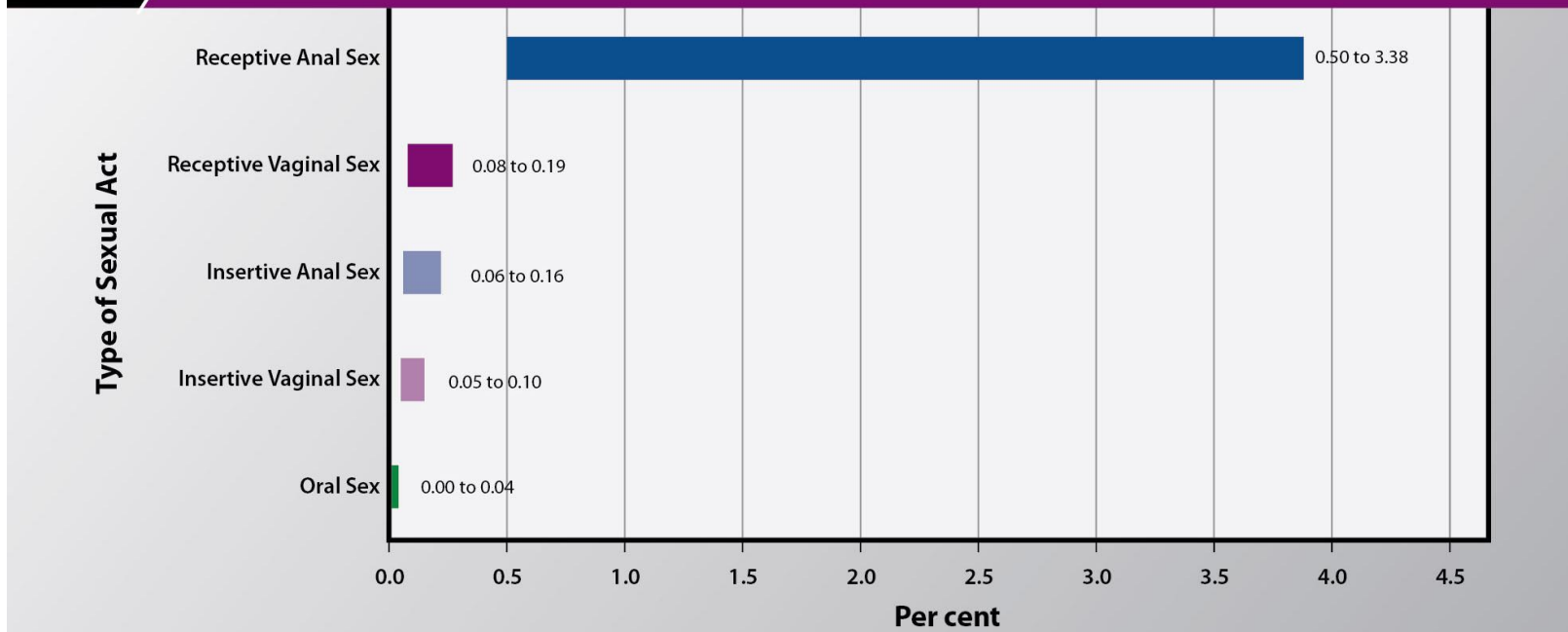


- Between 2007 and 2011, 23.0 to 36.4% of men had sex without using a condom with at least one partner of unknown HIV status in the previous year, and 26.8 to 33.6 % of men had ten or more sex partners in the previous year.
- These numbers have varied over time but have not shown a sustained change in these risk-taking behaviours.

HIV Acquisition Risk with Anal Sex

**Figure
2.2**

**Estimated Per-Act Risk of HIV Acquisition from an HIV-Positive Partner,
by Type of Sexual Act**

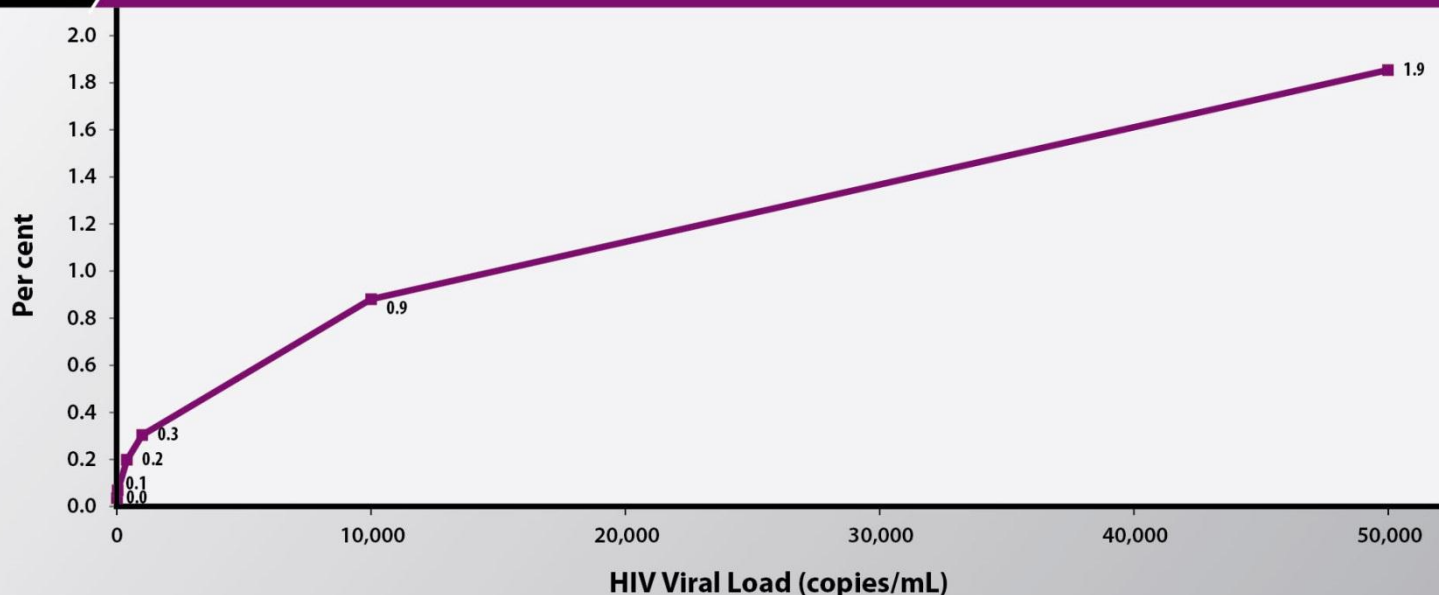


- The risk for an HIV-negative individual to acquire HIV from an HIV-positive individual varies by type of sexual act.
- This figure shows a range of sexual transmission probabilities, based on an analysis of meta-analyses and cohort studies.
- HIV acquisition risk is highest for receptive anal sex (0.50% to 3.38%).

HIV Acquisition Risk and Viral Load

**Figure
2.3**

**Estimated Per-Act Risk of HIV Acquisition through Receptive Anal Sex
with an HIV-Positive Partner, by HIV Viral Load**



Viral Load	10	40	400	1,000	10,000	50,000
Risk	0.036%	0.069%	0.199%	0.304%	0.881%	1.854%

- HIV viral load is one of the strongest predictors of HIV transmission.
- As shown in this figure (assuming baseline risk of 1.5% per act), the higher a partner's HIV viral load, the greater the risk of transmission of HIV to an HIV-negative individual.

Treatment and HIV Viral Load

**Figure
4.7**

Population Viral Load: CD4 Count and Plasma Viral Load of HIV-Positive Gay and Bisexual Men when Starting Treatment, BC, 1996 to 2011



- The population viral load among gay and bisexual men in BC has substantially decreased over the last 15 years.
- This decrease is likely a reflection of improvements in diagnosis and treatment. Gay and bisexual men are starting treatment at an earlier stage of infection (higher median CD4 count).

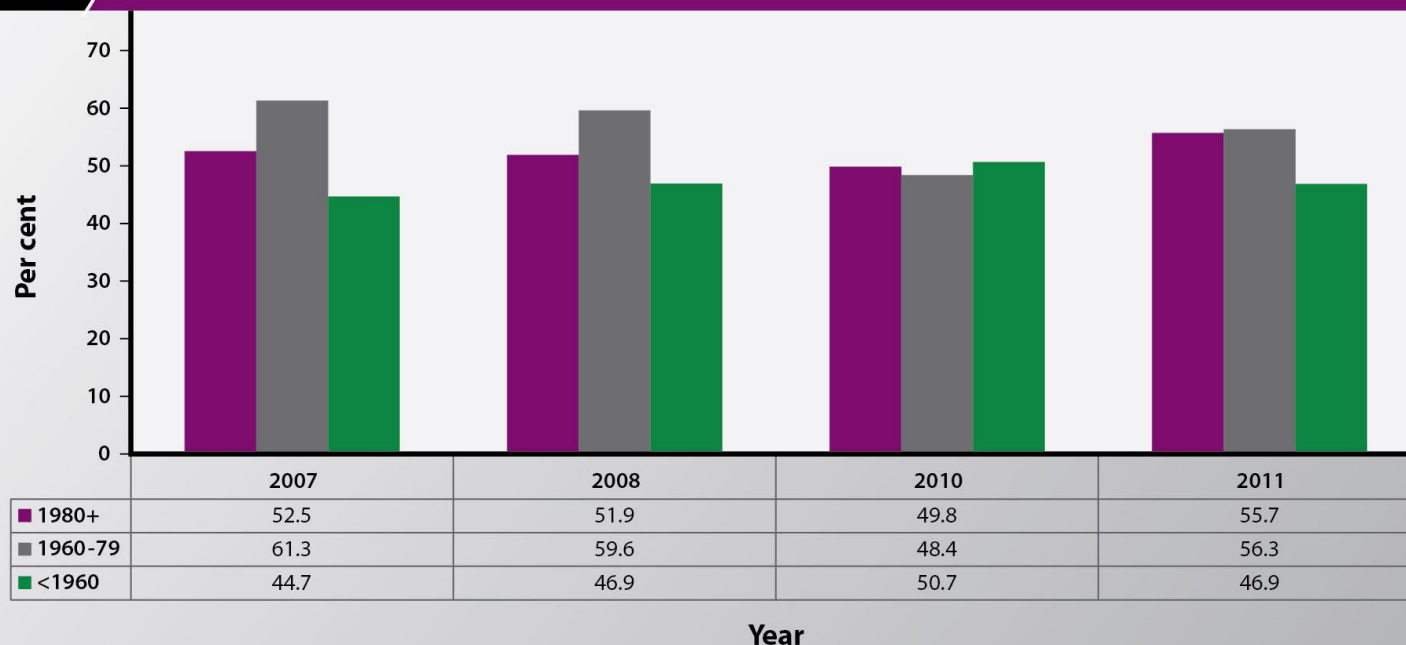
Acute HIV Infection

- Many individuals newly infected with HIV are unaware of their infection but viral load is very high, leading to a high risk of transmission during this acute stage of infection.
- Studies have suggested that up to 50% of people diagnosed with HIV acquired their infection from a partner in the acute stage of infection.
- In BC, gay and bisexual men are more likely than other groups to be diagnosed during the acute stage of HIV infection, perhaps reflecting factors related to testing, or a greater awareness of seroconversion symptoms.
- If HIV is diagnosed in the acute stage, subsequent behaviour change and connection to treatment may result in substantial population benefits by preventing new infections.

HIV Testing and Awareness of HIV Status

**Figure
4.5**

**Percentage of Gay and Bisexual Men who Tested for HIV
in the Past Year, by Birth Cohort, BC, 2007 to 2011**

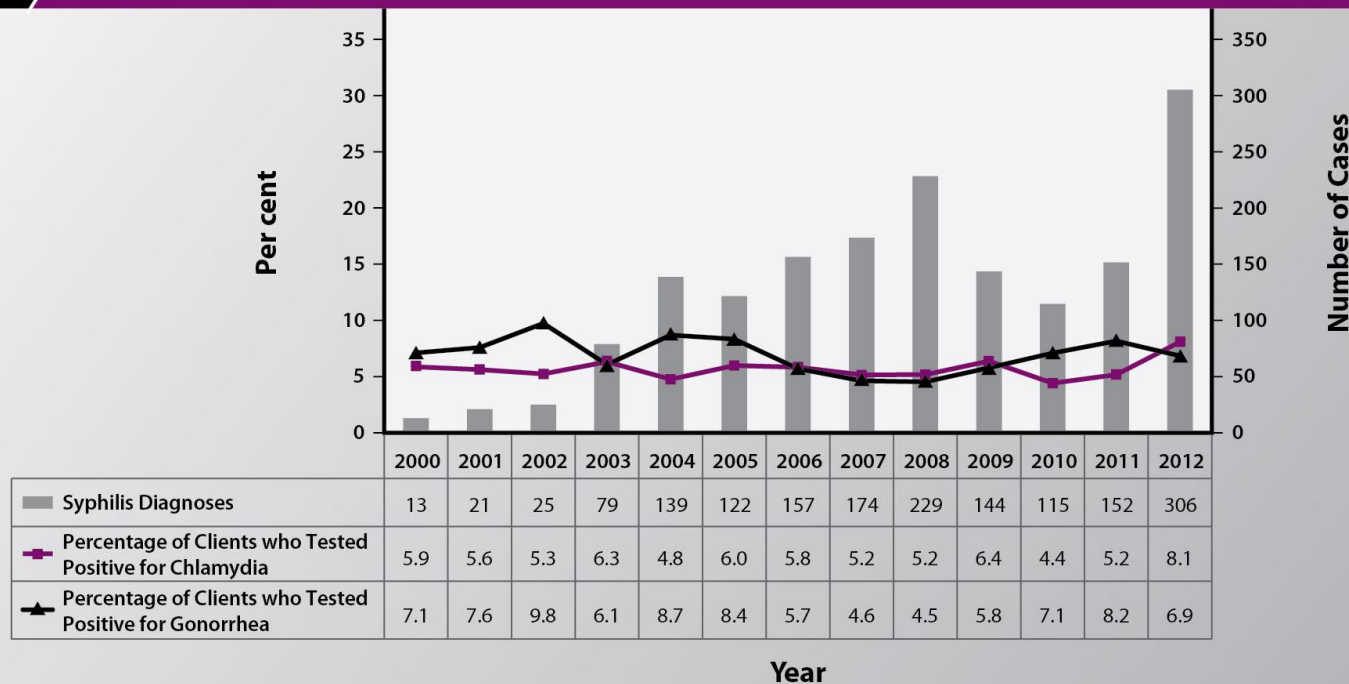


- Nationally, an estimated 20% of HIV-positive gay and bisexual men were unaware of their infection in 2011.
- In BC, over 80% of gay and bisexual men have been tested for HIV in their lifetime. About half reported testing in the past year. Rates are lower outside Vancouver.
- Among men newly diagnosed between 2006 and 2011 in BC, the median time between their last negative and first positive test was 15 months, and 25% had an interval of 3 years or more.

Sexually Transmitted Infections

**Figure
4.8**

**Sexually Transmitted Infections among Gay and Bisexual Men,
BC, 2000 to 2012**

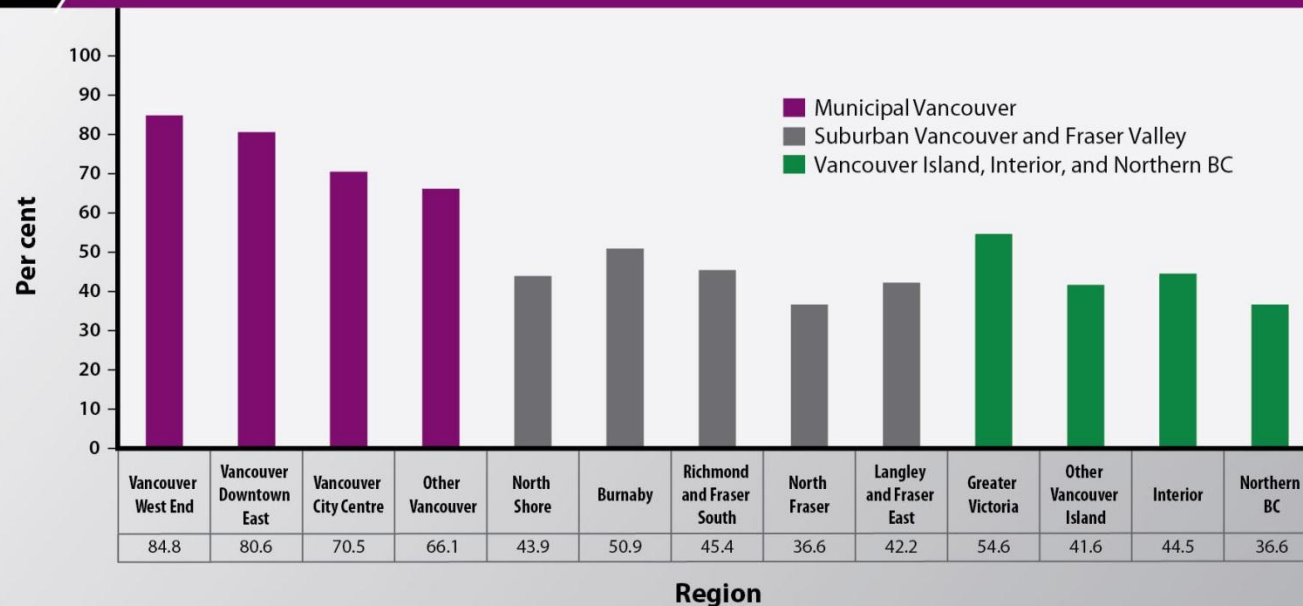


- Sexually transmitted infections can increase the infectiousness of HIV-positive individuals and the susceptibility of HIV-negative individuals.
- At Vancouver STI clinics, trends in chlamydia and gonorrhea infections among gay and bisexual men have been stable.
- Currently BC is experiencing a resurgence of syphilis among gay and bisexual men, increasing to over 300 cases in 2012.

Appropriate Health Care

Figure 4.9

Percentage of Gay and Bisexual Men who are "Out" to their Primary Health Care Provider, by Region, BC, 2011

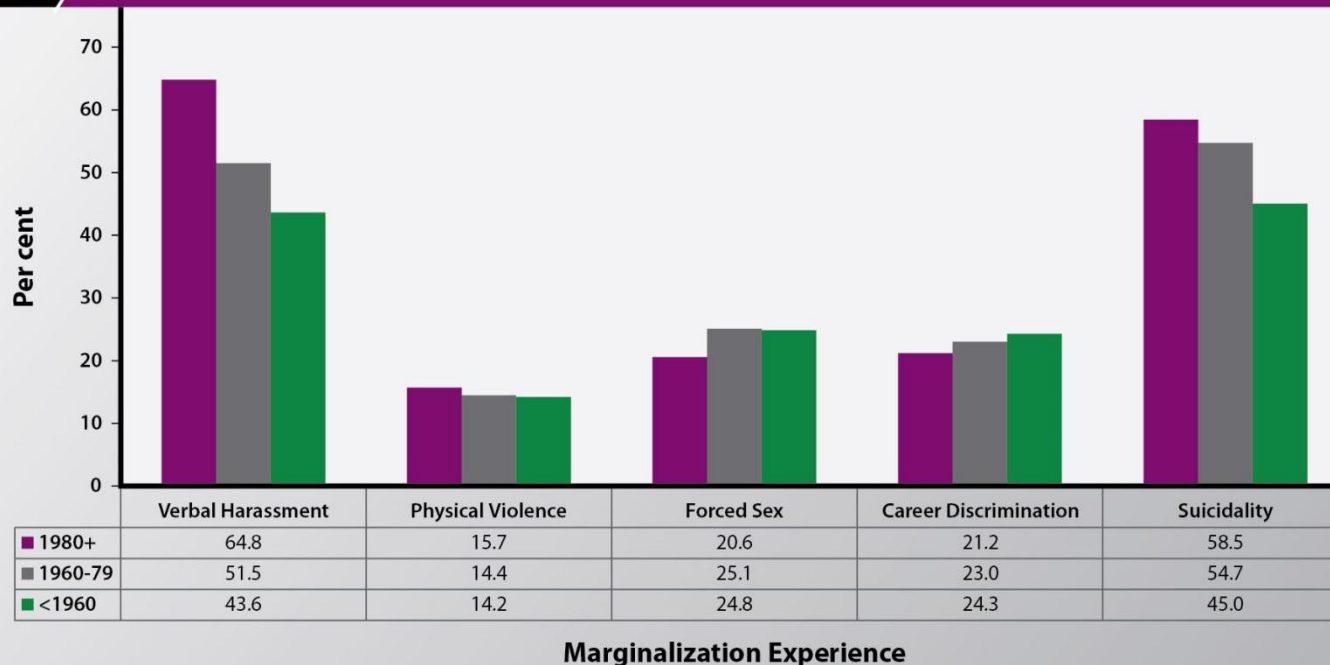


- Access to appropriate health care for gay and bisexual men requires that health care services are safe, accessible and of high quality, and that providers are knowledgeable in related health issues.
- If health care providers know their male client has sex with other men, they are more likely to offer appropriate preventive health care (e.g. HIV testing or counseling).
- In 2011 the Sex Now survey found that the proportion of gay and bisexual men who were “out” to their care provider ranged from 36.6% (North Fraser and Northern BC) to 84.8% (Vancouver West End).

Stigma and Marginalization

Figure
4.1

Percentage of Gay and Bisexual Men
Experiencing Marginalization, by Birth Cohort, BC, 2011

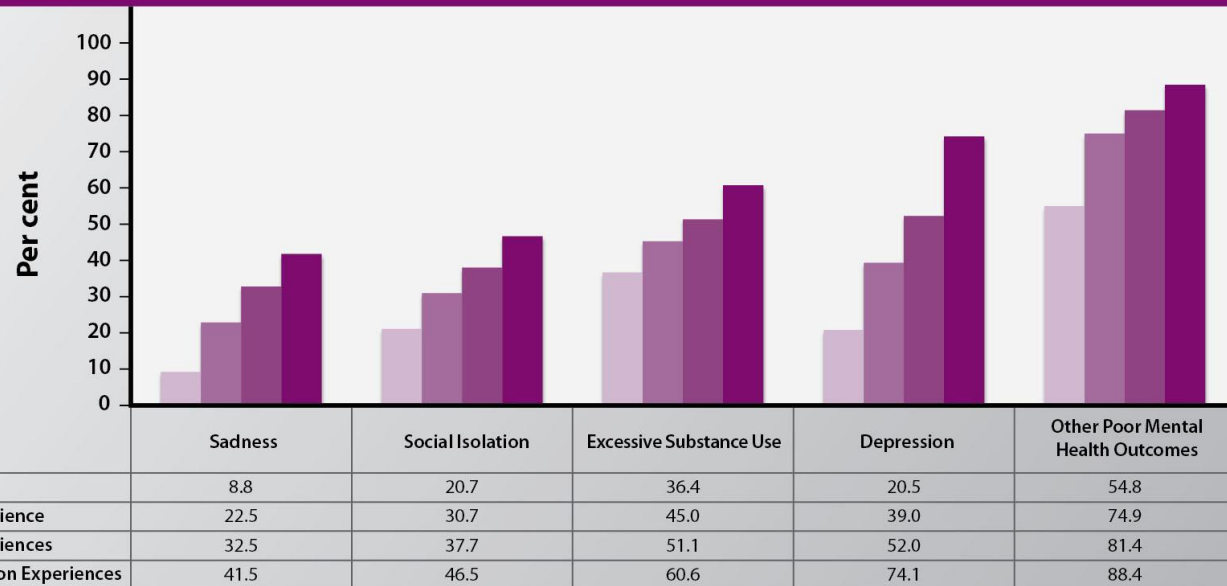


- Gay and bisexual men may experience stigma and marginalization based on sexual orientation, and/or HIV status, with potentially profound health impacts.
- Gay and bisexual men of all birth cohorts, and men born 1980 onward in particular, reported high rates of verbal harassment and suicidality.

Marginalization and Poor Mental Health Outcomes

**Figure
4.11a**

**Percentage of Gay and Bisexual Men who Experience
Poor Mental Health Outcomes,
by Number of Marginalization Experiences, BC, 2011**



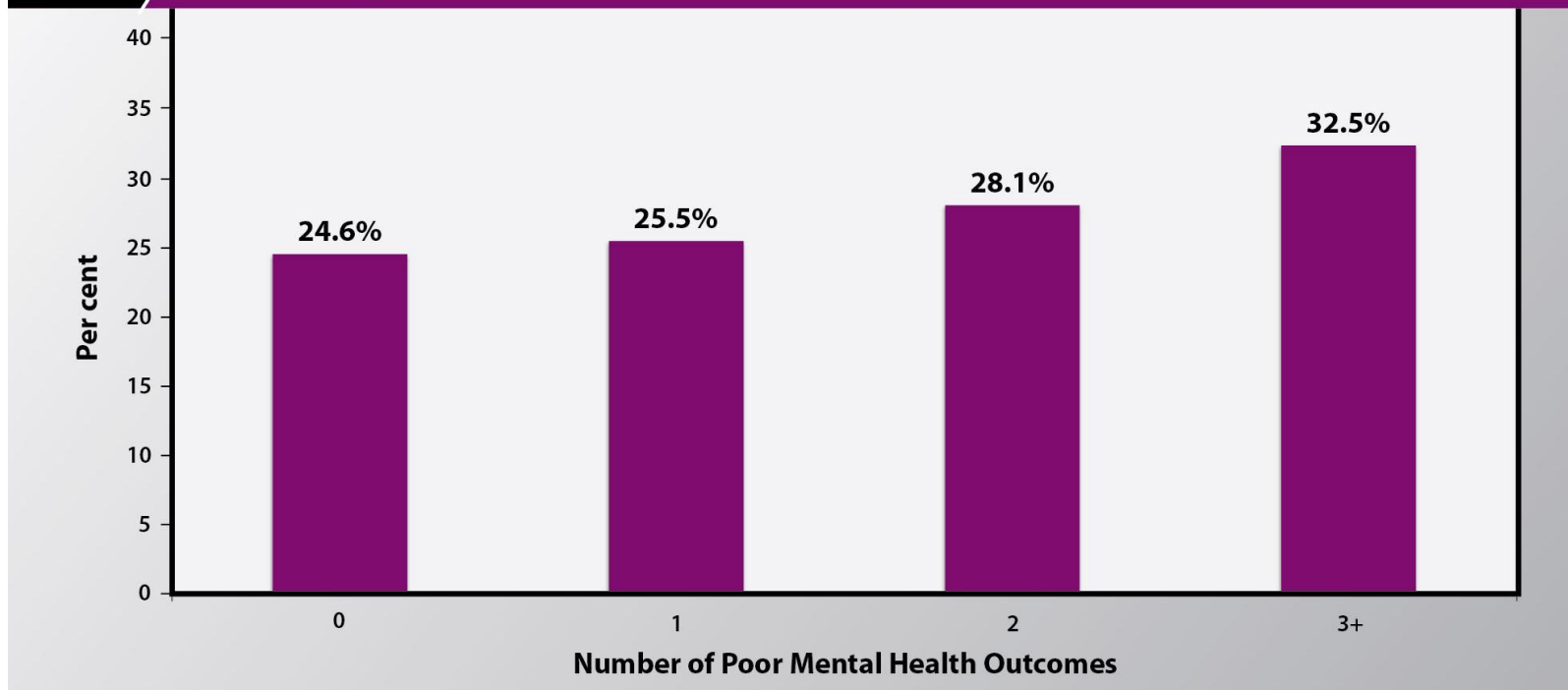
Poor Mental Health Outcomes

- When gay and bisexual men experience more marginalization, they are more likely to report poor mental health outcomes, including sadness, social isolation, excessive substance use, and counselling for depression or other mental health problems.

Poor Mental Health Outcomes and Sexual Risk Taking Behaviour

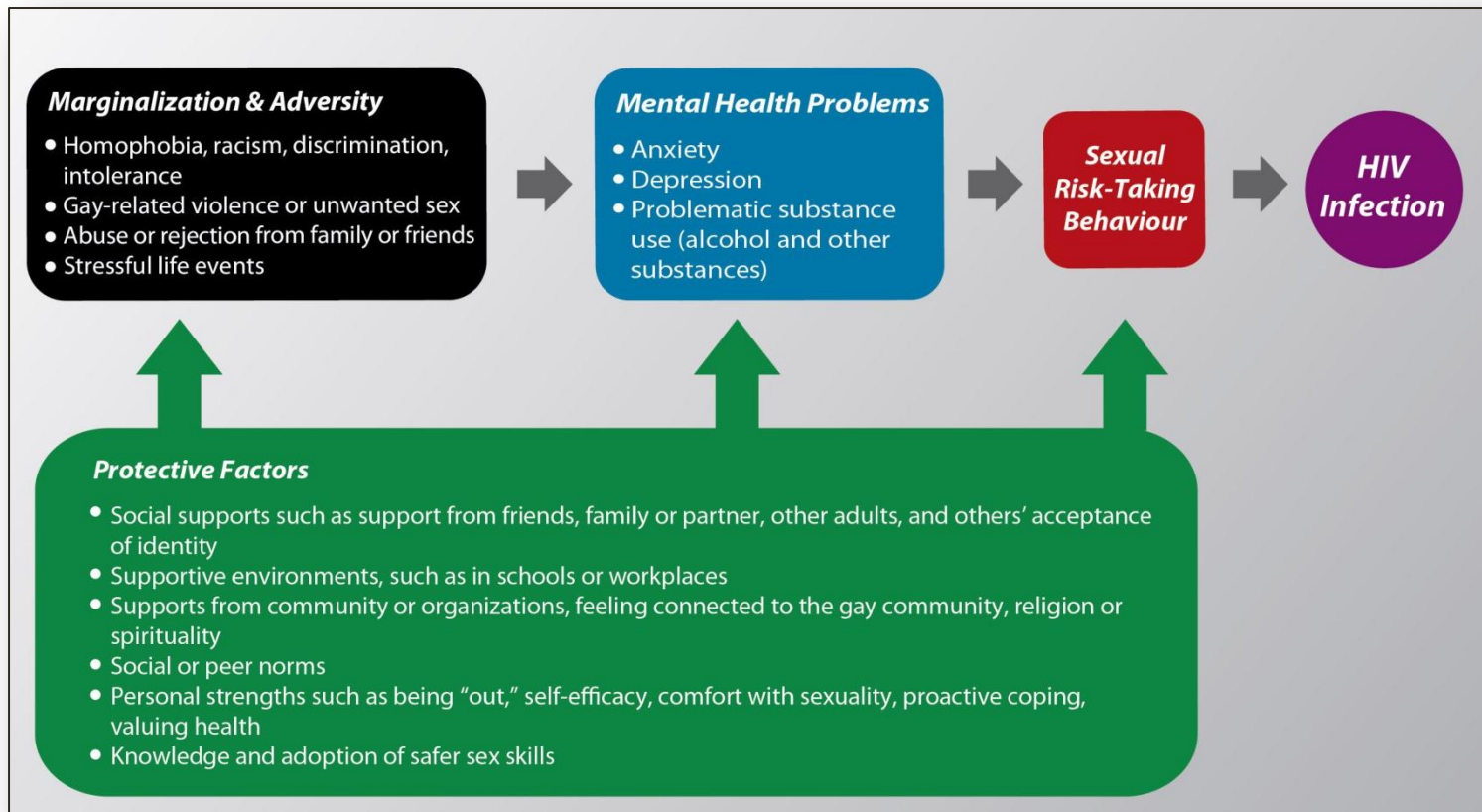
Figure 4.11b

Percentage of Gay and Bisexual Men who Engage in Sexual Risk-Taking Behaviour, by Number of Poor Mental Health Outcomes, BC, 2011



- The greater the number of poor mental health outcomes experienced by gay and bisexual men, the more likely they were to engage in sexual risk, which includes behaviour that puts an individual at risk for HIV infection.

Marginalization, Mental Health and HIV Risk



- Adverse experiences of stigma, marginalization, and discrimination are known to manifest themselves in a variety of mental health problems. These problems are more common among gay and bisexual men.
- Mental health problems can lead to increased sexual risk-taking behaviours, which ultimately can result in HIV infection.

Social Supports

**Figure
4.12**

**Gay and Bisexual Men who Report
Poor Social Support, by Region, BC, 2011**



- Having social support is a protective factor, and for some may be fostered by having a strong connection to gay communities.
- Many gay and bisexual men in BC report not having someone to turn to for social support. This is particularly true outside of municipal Vancouver.

Migration and Immigration

- Gay and bisexual men may move to urban areas, which may lead to changes in sexual risk.
- In a 2011 survey of HIV-negative gay men at a testing clinic in Vancouver, many reported previously living outside the Greater Vancouver area: 25% one year earlier, and 50% within the past 5 years.
- For gay, bisexual, and Two-Spirited Aboriginal men, the effects of mobility are often compounded by the traumatic forced migration due to residential schooling and foster care or adoption that occurred for many Indigenous people.
- Gay and bisexual men also come to BC from other countries (41 gay and bisexual men in BC 2004 to 2012 were identified as having HIV through screening for immigration).

Experiences of Racism

- Many gay and bisexual men from ethnocultural minorities in BC (e.g., East Asian, South Asian, Latino, and Aboriginal men) reported being stigmatized within their ethnocultural communities or families on the basis of their sexuality, and simultaneously feel excluded from predominantly Caucasian gay communities.
- Experiences of racism from other gay and bisexual men can translate into power differentials, leading to weakened or compromised negotiations or sexual decision-making, particularly for new immigrants.

Systemic Challenges to HIV Prevention

- Globally, the public health response to the HIV epidemic in gay and bisexual men has not sufficiently protected their health, with inadequacies in both the scale and effectiveness of interventions.
- Only 6.6% of papers at the 2010 International AIDS Conference and 7% for the Canadian Association for HIV Research Conferences were focused on gay and bisexual men from 2007-2011.
- In 2011, less than 10% of the CIHR research grant budget was for HIV prevention targeting to gay and bisexual men.
- To be most effective, HIV prevention programs for gay and bisexual men should be developed and implemented in partnership with—if not led by—community-based providers and organizations.

Summary

- Gay and bisexual men continue to be over-represented in the HIV epidemic in BC. HIV prevention and interventions for gay and bisexual men should be a priority.
- A more holistic approach to gay and bisexual men's health (vs focusing on behaviours only) is likely to be more effective.
- We need to acknowledge the impact of—and work to reduce—stigma and marginalization for gay and bisexual men.
- Strategies should build on successes (e.g., high condom use), work in partnership with gay and bisexual communities, and be based on a better understanding of gay and bisexual men's sexual networks and how they change over time.

Recommendations

Advisory Committee Recommendations

- The two advisory committees highlighted the need for additional emphasis for six groups of gay and bisexual men:
 1. *HIV-positive men*
 2. *Aboriginal and Two-Spirited men*
 3. *Other ethnocultural minority men*
 4. *Young gay and bisexual men*
 5. *Men in suburban, rural, and remote regions*
 6. *Gay and bisexual men in active sexual networks*

Advisory Committee Recommendations

Best practices (Recommendation 1):

- Ensure meaningful involvement and leadership by gay and bisexual men, at all stages, including HIV-positive men.
- Use assets or strengths-based approaches to health promotion (e.g., framing as staying healthy) over deficits-based approaches (e.g., framing as reducing risky behaviour).
- Incorporate online models of outreach and service delivery, with links to regional services.
- In addition to the need for specific health services, work to improve overall reach and engagement of existing health services for gay and bisexual men.
- Tailor services to the current epidemiology of the HIV epidemic among gay and bisexual men, considering differences by region and over time.

Advisory Committee Recommendations

- The two advisory committees offered 15 recommendations, grouped into 5 themes:
 1. *Recommendations at a policy level;*
 2. *Recommendations addressing behavioural, network, and biological factors;*
 3. *Recommendations at the community and relationships level;*
 4. *Recommendations addressing societal and structural drivers of HIV Infection; and*
 5. *Monitoring, evaluation and research.*
- PHO endorses the committees' recommendations which are provided in full in the report.

PHO Priority Recommendations

- PHO priority recommendations are offered in order to renew HIV prevention for gay and bisexual men in BC and reduce overall rates of HIV.
 - **Recommendation 1:** Given that HIV – like other health outcomes for gay and bisexual men – is the result of the socio-political context in which gay and bisexual men find themselves, develop a comprehensive provincial health strategy for gay and bisexual men that addresses the drivers of poor health status, including HIV.
 - **Recommendation 2:** The Ministries of Health and Education, regional health authorities, provincial education partners, and other key stakeholders should collaborate on the development of a comprehensive sexual and reproductive health education strategy for BC. This strategy should incorporate a comprehensive school health lens, be inclusive of all gender and sexual identities, and integrate health promotion messages that challenge stigma and foster protective factors, including the development of decision-making skills related to sexual and risk-taking behaviour.
 - **Recommendation 3:** Within the *From Hope to Health* framework, develop a strategy to improve and expand access to timely HIV and STI diagnosis, treatment, and support for gay and bisexual men.

- **Recommendation 4:** Within the *Healthy Minds, Healthy People* 10-year plan, develop a strategy to better meet gay and bisexual men's health care needs related to mental health and problematic substance use.
- **Recommendation 5:** Ensure that prosecutorial guidelines incorporate the best available evidence on HIV transmission risk, and that prosecutorial decisions regarding criminal charges for possible transmission of HIV are based on an assessment of whether the desired social outcome (prevention of HIV transmission) could be achieved in the absence of prosecution. Public health legislation and the authority of regional medical health officers, except in the most extraordinary of circumstances, may offer a more effective approach.
- **Recommendation 6:** Support or initiate monitoring and research to identify changes in the population of gay and bisexual men, address gaps in understanding, and evaluate intervention programs, targets, and approaches for implementing and expanding promising strategies for HIV prevention.

Thank you

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