Executive summary
HIV/AIDS, hepatitis and sexually transmissible infections in Australia
Annual report of trends in behaviour 2015

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The 2015 Annual Report of Trends in Behaviour draws on a selection of behavioural and social research undertaken by the Centre for Social Research in Health (CSRH). It presents findings of relevance to responses for various affected population groups, including people living with HIV and/or hepatitis C, gay men and other men who have sex with men, people who inject drugs, and young people. The report is concerned with assessing trends over time and highlighting key issues. This executive summary highlights the main findings which are discussed in more detail in the online report, available at https://csrh.arts.unsw.edu.au/

Reported data regarding sexual practices and risk among gay men are predominantly collected through the ongoing Gay Community Periodic Surveys (GCPS). Initiated in 1996, the GCPS are conducted in capital cities and other densely populated areas of Australia where gay men congregate: Adelaide, Canberra, Melbourne, Perth, Queensland (Brisbane, Cairns and the Gold Coast) and Sydney. In 2014, Tasmania was added to the network of GCPS locations. The GCPS deliberately target men who are socially and sexually involved with gay men, and recruit participants at gay community venues and events, sexual health clinics and online.
Sexual practices and risk in gay men

Male partners and safe sex

Over the last 10 years, the proportion of participants in the GCPS reporting more than 10 male sex partners in the six months prior to survey has fallen across Australia, from 31.8% in 2005 to 24.9% in 2014. This decreasing trend over the 10-year period has been consistent across all participating states and territories, except in Adelaide and Queensland.

The proportion of men who had no condomless anal intercourse (CLAI) with male partners has remained stable at around 55% nationally in the past 10 years, including the most recent three years. In Melbourne, rates of men who had no CLAI have continuously declined, both over the past 10 years and in the most recent three years.

Risk and risk reduction with regular male partners

Condomless anal intercourse with regular male partners (CLAIR) remains more common than condomless anal intercourse with casual male partners (CLAIC). About half of men with regular partners report any CLAIR, and nationally this rate has increased over the last decade, but stabilised in the most recent three years. Rates of CLAIR have been increasing over the past decade in Canberra, Melbourne and Queensland, and remained stable in other jurisdictions.

Nationally, the proportion reporting any CLAIR within their relationship has remained stable among men with HIV serodiscordant or seronoconcordant regular male partners at around 40% in the past 10- and 3-year periods. While rates have been decreasing in Sydney, a significant increase has occurred in Queensland in the past 10 years.

The proportion of men in seroconcordant HIV-negative relationships who have explicit “negotiated safety agreements”, which could reduce HIV transmission in these regular relationships, has declined to a record-low (28.1% in 2014) nationally. In the last 10 years, rates of negotiated safety have declined across all states and territories, except in Sydney. In Perth negotiated safety has increased in the past three years.

Risk and risk reduction with casual male partners

Over the last 10 years, rates of CLAIC among men with casual partners increased nationally, from 33.0% in 2005 to 39.0% in 2014 (the highest rate on record). This increasing trend has been consistent across participating states and territories, except Canberra and Perth. In the past three years, proportions of men reporting CLAIC have been stable nationally, except in Melbourne (increase) and Queensland (decrease).

Over the past 10 years, both HIV-negative and -positive gay men have become increasingly more likely to disclose their HIV status to all casual partners. Among HIV-negative men with casual partners, the proportion reporting consistent disclosure of their HIV status to casual partners increased from 21.4% in 2005 to 29.5% in 2014. This increasing 10-year trend has been consistent across participating states and territories, except in Perth. In the last three years, rates have increased nationally as well as in Melbourne and Sydney, but decreased in Queensland and stabilised in Adelaide.

HIV-positive men are increasingly more likely to disclose their HIV status to all casual partners than HIV-negative men. Notably, among HIV-positive men with casual partners, the proportion reporting consistent HIV-status disclosure to casual partners increased from 21.4% in 2005 to 29.5% in 2014. This increasing 10-year trend has been consistent across participating states and territories, except in Perth. In the last three years, rates have increased nationally as well as in Melbourne and Sydney, but decreased in Queensland and stabilised in Adelaide.

Condom- and non-condom-based risk-reduction strategies

Detailed analyses of the sexual risk and risk reduction practices of gay men show a shift away from consistent condom use to non-condom-based and potentially less effective HIV prevention strategies. Consistent condom use remains the most practiced risk reduction strategy among HIV-negative men (27.7% in 2014, down from 35% in 2005) and HIV-positive men with undetectable viral load (20.9% in 2014, down from 26.1% in 2005). Among HIV-positive men with detectable viral load, however, consistent condom use is no longer the most practiced reduction strategy and has declined most rapidly (from 28.3% in 2005 to 18.3% in 2014).

Among HIV-negative men gay men who engaged in CLAIC in the previous six months, ‘serosorting’ (having condomless sex with a partner of the same HIV-status) has become the main risk reduction strategy. Ensuring undetectable viral load becomes the main risk reduction strategy for HIV-positive men who engaged in CLAIC in the previous six months.
HIV and STI testing among gay men

Ever and recent HIV testing

Over the past 10 years, declines have been observed in the proportion of participants in the GCPS who ever tested for HIV (from 92.4% in 2005 to 88.2% in 2014). This decreasing trend has been significant across participating states and territories, with the exception of Perth where rates remained stable. In the past three years rates of having ever tested for HIV were stable across jurisdictions, except in Perth (increase) and Queensland (decline).

Around 60% of non-HIV-positive GCPS participants (including those who had never tested for HIV) reported having had at least one HIV test in the preceding 12 months. While having slightly declined over the past ten years, this rate was stable in the past three years. Over the last 10 years rates of recent HIV testing declined in Adelaide and Sydney, increased in Canberra and Melbourne, and remained stable in Perth and Queensland.

Comprehensive STI testing

The proportion of participants in the GCPS who reported having at least four different tests for STIs (i.e., throat swab, anal swab, urine sample and blood test other than for HIV) in the 12 months prior to survey increased from 25.7% in 2005 to 38.1% in 2014. This increasing trend in comprehensive STI testing has been observed in all participating states and territories, except in Adelaide where it remained stable. In the past three years, a significant increase has been observed in Queensland, whereas a decrease was seen in Adelaide.

Undiagnosed HIV infections

The COUNT study of undiagnosed HIV completed its recruitment schedule in 2014. Over 3,000 gay and bisexual men participated and were tested for HIV. Nationally, the study found a relatively low level of undiagnosed infection (8.9%) among HIV-positive men. Men with undiagnosed HIV were more likely to report risk practices such as condomless sex with casual partners, injecting drug use and the use of party drugs for sex.

Antiretroviral treatment of HIV

HIV-positive gay men, antiretroviral treatment and viral load

The proportion of HIV-positive men recruited into the GCPS nationally has been stable around 15% between 2005 and 2014. It is however possible the GCPS under-recruit HIV-positive gay men in some states or territories.

Nationally, 83.5% of HIV-positive gay men in the GCPS reported being on antiretroviral treatment (ART) at the time of the survey in 2014 (a record-high). ART uptake had increased significantly over the last 10 years (up from 60.3% in 2005). This increasing 10-year trend was consistent across Melbourne, Queensland and Sydney. In the last three years, increased ART uptake has been observed in Melbourne and Queensland, but it has been stabilised in Sydney.

The proportion of HIV-positive men reporting an undetectable viral load at the time of the survey, regardless of ART use or non-use, nationally has increased substantially over the past decade, from 51.2% in 2005 to 76.7% in 2014 (a record-high). In the past three years, rates have stabilised nationally as well as in Melbourne and Sydney, but have increased in Queensland.

Uptake of antiretroviral treatment and treatment decision-making

Qualitative interviews were conducted with people living with HIV around Australia who were not using antiretroviral treatment. Analyses to date have reported diverse reasons for non-use of ART, including persistent consumer fears about the potent and unknown effects of HIV medications, and concerns about the use of treatment as prevention. The research suggests that engaging communities in dialogue regarding the risks and benefits of treatment will be critical in increasing the proportion of people with HIV on treatment.

Antiretroviral treatment prescribers’ attitudes and practices regarding treatment initiation

Online surveys were conducted in 2012 and 2013 to examine changes in Australian ART prescribers’ perceptions and practices regarding early ART initiation. These surveys show increasing support for early ART initiation, first and foremost for its treatment benefits. Whereas in 2012 the majority (68%) of participating prescribers most strongly recommend the initiation of ART at CD4-cell counts below 350 cells/mm3, in 2013 the majority (56%) recommended initiating ART below 500 CD4-cells/mm3 or immediately upon an HIV diagnosis, regardless of CD4+ T-cell counts.
SMS messaging to promote adherence to antiretroviral treatment

Adherence to ART remains an important challenge and the main objective of this study is to assess the acceptability and feasibility of SMS messaging delivered by a community organisation to individual's mobile phones as a support mechanism to promote treatment adherence. A 6-week SMS campaign for registered clients will be launched by the Bobby Goldsmith Foundation in 2015. Evaluation research, led by CSRH, will commence immediately after the campaign. This research comprises an online survey and in-depth interviews.

Antiretrovirals for HIV prevention
Use of post- and pre-exposure prophylaxis among gay men

Reported use of post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) by GCPS participants in the preceding six months currently remains low. Around 3% of GCPS participants had used any PEP (unadjusted data, 3.1% in 2013 and 2.9% in 2014), and around 2% of GCPS participants had used any PrEP (unadjusted 2.2% in 2013 and 1.7% in 2014).

Perceptions of HIV pre-exposure prophylaxis among gay men

Repeat surveys show that between 2013 and 2015, willingness to use PrEP has increased to 32% of HIV-negative and untested men, presumably reflecting increased awareness and availability of PrEP in Australia. Use of PrEP as reported in the PrEPARE study surveys has increased a little over the last few years, but is only reported by 3% of gay and bisexual men.

Belief that HIV treatment prevents transmission increased between 2013 and 2015, from 2% to 10% of HIV-negative and untested men and from 10% to 46% of HIV-positive men. This probably reflects greater awareness of trial results and the impact of community campaigns promoting the health and preventative benefits of HIV treatment.

Online representations of the changing science of HIV prevention

Media representations of the turn to HIV treatment as prevention (TasP) can appear dominated by narratives of change and possibility, at the cost perhaps of creating space for potential counter narratives of query, doubt or failure, or simply the situated realities of living with, managing and preventing the transmission of HIV today. By examining online representations of TasP collected over a two-year period, this research documents which countries and organisations dominate, and whose voices inform, these representations today.

Sexual health of young people
Periodic survey of sexual health knowledge, attitudes and practices among young people

Project1629 is a new periodic survey on sexuality and sexual health among young people aged 16 to 29 years, commissioned by the NSW Ministry of Health. The survey will take place every year between 2015 and 2018 and provide a valuable mechanism to monitor sexual attitudes and behaviours and assess the impact of sexual health promotion.

Online sexual health promotion for young people in New South Wales

The Play Safe website is an outstanding illustration of the role that social science research can play in the development of sexual promotions. Play Safe builds on extended research conducted by CSRH regarding barriers to STI testing, and a digital quiz provides users with personalised advice informed by this research. Evaluation data routinely collected through the quiz illustrate the impact of this novel form of mass digital intervention.

Mitigating the influence of cyber chatting on sexual risk behaviour in gay men

Condomless sex with partners met online is prevalent among young gay men and reflects, at least in part, the unique dynamics of hooking up online. To mitigate risk of HIV with partners met online, we developed a novel self-regulation intervention that, in an online randomised control trial, was found to motivate young gay men to adopt self-regulation behaviours to reduce unplanned condomless sex. This innovative approach offers new directions for effective HIV prevention for gay men who meet their partners online.
Drug use and prevention of viral hepatitis

Drug use and injection by participants in Gay Community Periodic Surveys

Amyl nitrite is the most commonly used drug by gay men participating in the GCPS. The proportion of men reporting the use of amyl nitrite has remained stable over the last decade, and was used by around 37% in the six months preceding the survey. The rate of cocaine use has also stabilised, at around 10%. The use of other recreational drugs, including cannabis, ecstasy and amphetamines, has declined since 2005. In contrast, the proportion of men reporting using erectile dysfunction medication, such as Viagra, has increased over the 10-year period, from 20.1% in 2005 to 23.8% in 2014. In the past three years, reported usage of all substances has remained stable.

Injecting drug use is more commonly reported among gay men than in the general population. Ten-year trends have remained stable both nationally and in three eastern states at around 6%. In the last three years, the proportion of gay men reporting any injecting has increased in Sydney and Queensland and remained stable in Melbourne.

Acceptability of new hepatitis C prevention messages for people who inject drugs

A body of literature is emerging that presents different ways to present hepatitis C prevention messages for people who inject drugs that aim to reinvigorate harm reduction efforts. These messages are based on presenting information about issues that are relevant and appealing to people who inject drugs but which also carry an implicit message to use sterile injecting equipment. A CSRH trial of these messages explores the acceptability to these among clients and staff of Needle and Syringe Programs.

Understanding hepatitis C risk and prevention among couples

Hepatitis C prevention efforts have typically been targeted at individuals, with little acknowledgement of the social environment in which injecting occurs. CSRH research has focused on couples who inject to examine how the unique features of this relationship impacts injecting practice and hepatitis C risk and prevention. If we want to do better in hepatitis C prevention, we need to recognise and work with the strengths that are to be found in the relationships between couples who inject drugs. This also means that we need to change how we do hepatitis C prevention to include messages and strategies that are relevant and meaningful for couples.

Emotional labour of Needle and Syringe Program workers in responding to work-related stigma

The staff of Needle and Syringe Programs (NSP) are required to do a lot more than only provide equipment and information to clients. In particular, efforts to expand NSP outlets mean that NSP workers need to engage with and win over staff from other services. The “emotional labour” undertaken by NSP workers in dealing with stigma encountered these efforts needs to be recognised and supported as efforts continue to expand NSP networks.
Living with and treatment of viral hepatitis

Information and support needs of gay and bisexual men with hepatitis C in Australia

The findings of a survey of gay and bisexual men (GBM) showed that a majority of respondents wanted gay-specific hepatitis C services and roughly similar proportions of GBM indicated that they would like these services to be delivered by a hepatitis organisation, a lesbian, gay, bisexual, transgender and intersex (LGBTI) organisation, and a HIV organisation. Men on HIV treatments were most likely to request that gay-specific hepatitis C services be delivered by a LGBTI or HIV organisation.

Care and treatment of hepatitis C among Aboriginal people in New South Wales

Our work showed some similarities in the experience of Aboriginal people living with the hepatitis C virus in NSW and that reported in mainstream samples. However, our findings also showed the importance of understanding key issues such as the relationship between culturally appropriate diagnoses and later decisions about engagement with treatment.

Information needs of Chinese- and Vietnamese-Australians with liver cancer

A study of Chinese- and Vietnamese-Australians with liver cancer points to the centrality of medical practitioners in the dissemination of liver cancer-related information, particularly for Vietnamese-Australian participants. Findings also highlight a need to improve Chinese- and Vietnamese-Australian patients’ access to interpreting services during consultations with specialists. Also, strengthening patients’ mental health and wellbeing could be an effective strategy for further engaging Vietnamese-Australians with liver cancer-related information.

Identity transformation, trust and peer support among opioid substitution treatment attendees

Related to the trial of hepatitis C care in opioid substitution treatment (OST) centres (the ETHOS study), CSRH researchers explored a number of issues regarding clients’ experience. Underpinning this work is an understanding of the impact of stigma on clients’ identities and participants’ claims as legitimate health consumers. This study showed the positive change possible in relationships between staff and clients when the nature of service delivery was changed with the co-location of hepatitis C and OST services.