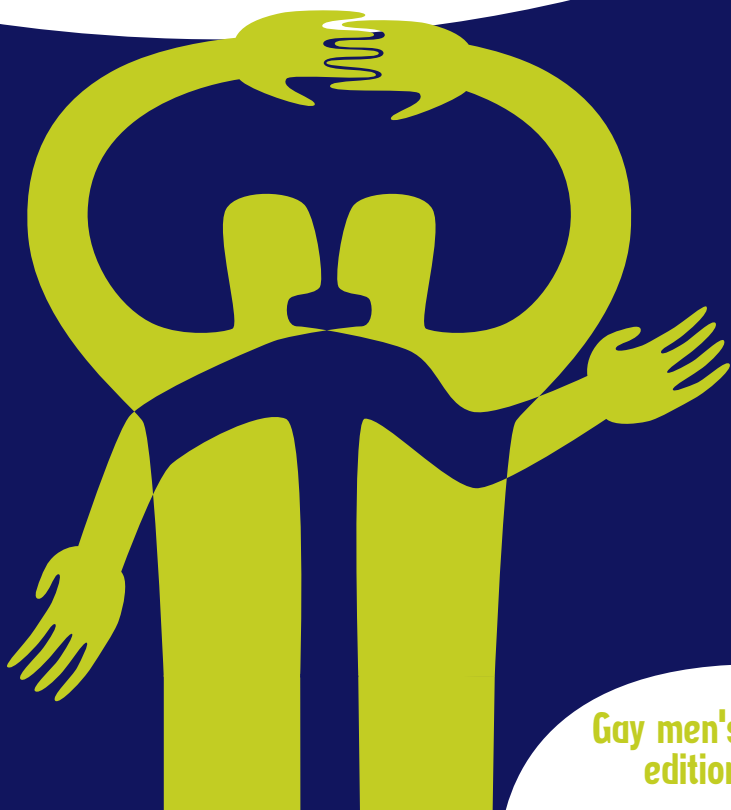


A guide for gay men with HIV

Your sexual health

terrence
HIGGINS
TRUST



Gay men's
edition

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This booklet is part of a range of publications produced by Terrence Higgins Trust to support you in living well with HIV. Most of these publications are designed to be suitable for you whatever your race, nationality, gender or sexuality. However our booklets on sexual health are specifically written for different groups of HIV positive people.

This project has been made possible as part of the Treatment Information Providers Initiative, which is funded by the London HIV Commissioning Consortium.

This booklet is for gay men with HIV. It gives clear, practical information to help you make your own choices about sex and health.

The first part covers some of the specific issues that come up when we know that we have HIV. These include deciding whether to tell sexual partners that we have HIV, deciding what kind of sex to have with other HIV positive men, and being in a relationship with a man who doesn't have HIV.

The second part is about protecting ourselves from infections and looking after our own health. It covers avoiding sexually transmitted infections, spotting their symptoms and going for check-ups. There's information about re-infection with HIV and about hepatitis C, a serious liver infection that can be spread sexually.



The third part of the booklet gives information that will help if you are concerned about passing HIV on to other people. If you want to know the difference your viral load makes or whether sucking is safe, this is the place to look. It also talks about PEP, the emergency treatment that your sexual partners might need if a condom hasn't been used.

The final part is about problems with sex like losing interest or having trouble with hard-ons. We may not always talk about these things with our friends, but they happen to many of us. There's information about Viagra and suggestions of where to get help. Finally there's information about how drugs and alcohol can affect decisions about sex.



Positive and negative

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Should I tell?

Some advantages of telling men that you have HIV.

There can sometimes be advantages to telling men you have sex with that you have HIV:

- if being up-front makes you feel more comfortable
- if it makes it easier to have safer sex
- if it helps your partner make informed decisions about the sex you have together
- if he tells you that he's positive too, and that makes things easier
- if it turns out that you want to see him again – telling him may become more difficult, as time goes on
- in case he finds out later from someone else.



If you don't tell someone, there's also the potential risk of prosecutions for HIV transmission. But if condoms are used correctly, a prosecution is unlikely. See page 10 for more information on this.

Many men feel that if they are going to have safer sex, they don't need to talk about their HIV status. On the other hand, if you've told him that you have HIV, then decisions about sex and condoms may be easier to make. If an HIV negative man is putting pressure on you to have sex without condoms, it may be harder to refuse if you haven't mentioned your status.

Telling men

Talking about HIV status can be tricky.

In many of the places where men meet, talking at all, never mind talking about HIV, can feel quite out of place. Even when there has been some conversation, HIV may feel too personal and complicated a subject to bring up.

You might not feel that you know enough about him to predict his reaction. Will he deal with it in a straightforward way? Or will he find an excuse to drop you, get anxious or be 'over-sympathetic'?

Some men you tell may decide not to have sex with you. Although rejection can be hurtful, it's worth remembering that his reason may not be about you personally. It's probably more to do with his own feelings and concerns about HIV.

And if you want him to keep the information to himself, will he respect your wishes? Each time we tell someone that we have HIV, we lose some control over that information.



If you've been able to come to terms with HIV yourself, it may be easier to be open about it. Also, if you mention HIV in a fairly straightforward way, it's more likely that the other guy will react in a similar way.

Some men drop HIV into the conversation quite early on, in a very casual way, so that if the other person can't accept it, no time is lost.

Other men wait till they are in a fairly neutral environment or arrange to meet up later. They may decide to talk about HIV when they know the person better.

If you're hoping to meet this man again, timing can be especially important. Talking about HIV straightaway can be difficult. There's the risk that it'll dominate the way he sees you. But if a regular partner only finds out later on and can't accept it, it may be more upsetting for both of you.

For more on deciding whether to tell people you have HIV, including telling friends, sexual partners, employers, medical professionals and others, see the booklet *Your Decision*, published by Terrence Higgins Trust.

Guessing other men's HIV status

Even if you get it right sometimes, you'll inevitably get it wrong at other times.

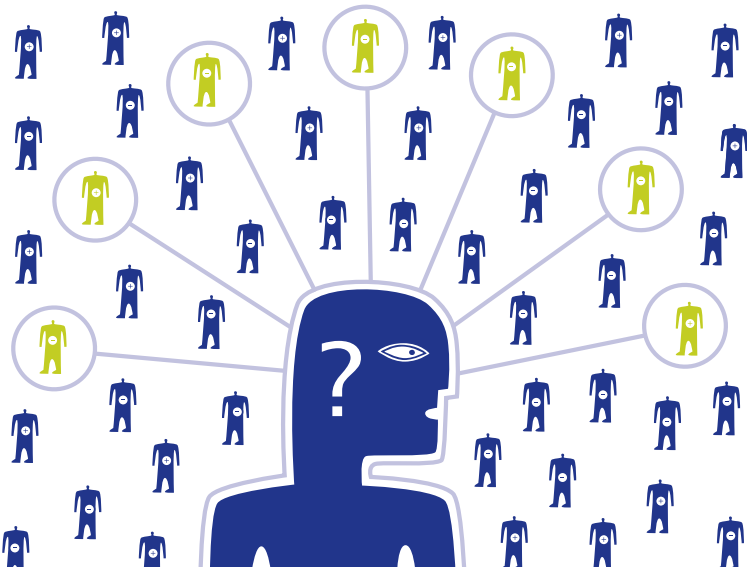
Lots of men, both HIV positive and HIV negative, make assumptions about other men's status. It may be something about his attitude, his age, his body, the clothes he wears, the sex he's into or the places he goes which seems to give clues.

Guessing may feel like the easiest thing to do. You don't break the flow with a tricky conversation.

But guesses are usually based on stereotypes of what other people are like. Stereotypes aren't accurate all the time. Even if you get it right some of the time, you'll inevitably get it wrong at other times.

And both HIV positive and HIV negative men make these kinds of assumptions. If a guy is willing to have sex with you without a condom, it might not be that he's HIV positive. He could be HIV negative and assumes you are too.

The alternative to guessing status doesn't have to be talking about it – it could just be having safer sex, whatever his status is.



ONLINE

It may be easier to mention your status on websites like Gaydar. Men who are uncomfortable with your status may just steer clear of you, rather than reject you in a way that hurts.

- You can mention your HIV status explicitly on your profile. Remember that people you know may see it.
- If you are in an HIV positive chat room, it should be obvious that you have HIV. But in fact some HIV negative men use these chat rooms too.
- Many men use code-words (like "safer sex: needs discussion") in their profile. Although some men will guess that you have HIV, there's a potential for misunderstanding.

HIV and the law

If you always use condoms or always say you have HIV, it's extremely unlikely that you will be prosecuted.

Since 2003, a small number of people with HIV have gone to jail for transmitting HIV. In each case, they didn't tell their sexual partner that they had HIV, condoms weren't used, and HIV was passed on.

They were prosecuted for 'recklessly' transmitting HIV. Someone is reckless when they know they can pass on HIV during sex and still go on to take that risk.

In England and Wales, you could be convicted if:

- your sexual partner doesn't know you have HIV
- *and* you don't tell them
- *and* you don't always follow safer sex guidelines with that partner
- *and* your partner becomes infected during sex
- *and* there is scientific evidence that you are the only person who could be responsible for transmitting HIV to them.



Although the law does not precisely define 'safer sex', if you follow generally agreed expert advice, you should not be prosecuted. Safer sex definitely includes always using condoms for anal sex.

What about oral sex?

A prosecution involving oral sex is unlikely. But as it's possible for HIV to be passed on during oral sex, a prosecution cannot be ruled out.

What if a condom breaks?

The law is not explicit on this point. Terrence Higgins Trust believes that if, when the condom breaks, you immediately disclose your status and advise your partner to get PEP (see pages 48–50), this would show that you were not being 'reckless'.

What about hepatitis C?

The law covers any serious infection that is passed on sexually. So a prosecution for the transmission of hep C is possible.

For more detailed information, please call THT Direct (**0845 12 21 200**) or visit www.tht.org.uk/prosecutions

Dealing with the police

It's essential to get expert advice as soon as possible.

Thankfully, very few of us will ever need the information on this page. Only a small number of people with HIV have been accused of recklessly transmitting HIV.

But if you are ever subject to a police enquiry, it is recommended to get expert advice as soon as possible. You should do this even if you're confident that you've done nothing wrong, and before talking to the police about the case.

Terrence Higgins Trust has a lot of experience of these cases, and can put you in touch with specialist solicitors. (Call THT Direct on **0845 12 21 200**).

Not all police officers fully understand the law, and the police have sometimes carried out an investigation when nothing illegal has happened. In several cases, lawyers and HIV organisations have been able to convince the police that no crime has been committed, and the investigations have stopped. Even when cases have gone to court, expert legal advice has contributed to some people being found not guilty.

THESE ARE NOT CRIMES

- Having sex when there's a risk of passing on HIV. (It's only a crime if HIV is actually passed on).
- Having sex without telling your partner that you have HIV. (Again, it's only a crime if HIV is passed on).
- Passing on HIV when you've told your partner that you have HIV. (In the eyes of the law, he has agreed to take the risk – as long as the sex was consensual, and as long as the transmission was unintentional).

Sex with other HIV positive men

Some men have unprotected sex when they know their partner has HIV too.

Some of us prefer to have sex with other men who also have HIV. Very often, condoms are not used. This is sometimes called 'sero-sorting'.

This has become much easier with the internet, as you can use HIV positive chat rooms or mention HIV in profiles. This makes meeting other men with HIV easier, although some HIV negative men may still get in touch. (See page 9).

So if you want to have a certain kind of sex because you think your partner has HIV too, it's important to talk about HIV status in a clear way, to check you're not making a wrong assumption.

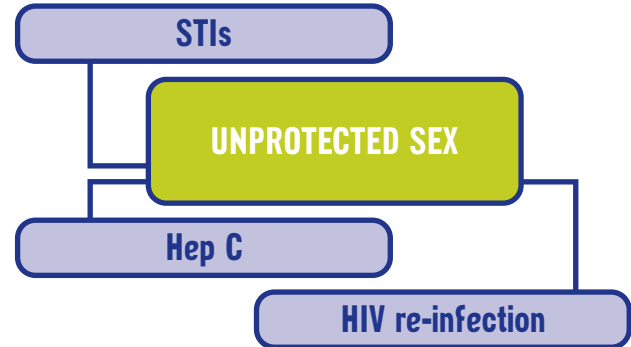
There can be advantages to having sex with other men with HIV:

- you don't worry about infecting him with HIV
- you may decide not to use condoms
- for a longer term relationship, you'll have a shared understanding of living with HIV.

On the other hand it may feel limiting to restrict yourself to men with HIV.

And there are real risks to not using condoms:

- it will be easy to pass on or pick up other sexually transmitted infections (see page 22-29)
- hepatitis C is a serious infection that can be passed on during unprotected anal sex (see page 32-38)
- there is the potential of re-infection with HIV (see page 30-31).



A boyfriend who doesn't have HIV

Many positive men have successful relationships with HIV negative partners.

Just because you have HIV and he hasn't, that doesn't mean that HIV will necessarily be a big deal in the relationship. How much time you spend with your friends might be more of an 'issue'.

That doesn't mean that you shouldn't talk about HIV and acknowledge the place it has, however small, in your life and your relationship.

In some couples though, it may sometimes feel as if there are three of you in this relationship – you, him and HIV. For example, worries about him getting infected could make sex less enjoyable.

It could be your HIV negative partner who is more affected by the virus. He may worry about you getting sick. Or he may feel overwhelmed by how much new information there is to take in.

Like in any relationship, communication and honesty are key. You'll both need to talk clearly about how you feel and what you want from each other. And both of you need to listen carefully.

You'll need to find a balance in your relationship. That balance may change as time goes on. You'll need to work out when you can deal with things on your own, and when you want support. Talking things over with someone at a helpline, your clinic or an HIV support organisation can sometimes make a big difference.

For many of us, one way of showing our love is making sure that sex doesn't put our partners at any risk of infection. On the other hand, we may feel that intimacy is about getting really close physically, and a condom may feel like too much of a barrier.

He may feel that he's proving his love by having unprotected sex. He may even think that getting HIV isn't such a big deal.

When you're with someone you love, it's possible to convince yourself that sex is safer than it actually is. Part 3 of this booklet covers HIV transmission and may help in making decisions about sex. Or you might want to talk to a health advisor at your clinic.

If you've not always had safer sex together, it's not too late to start. If you've fucked without condoms in the past and he's still tested negative, that doesn't mean he won't get infected in the future.

Every time a negative man has unprotected sex with a positive man, there's a risk of HIV being passed on. The more often he does that, the more chance he has of getting infected. He may have been lucky so far, but that luck probably won't last forever.

For more on relationships with men who don't have HIV, go to Terrence Higgins Trust's *Vive la Difference* website: www.chapsonline.org.uk/together

Personal choices

What some other men decided to do.

The next two sections of the booklet cover the key information about protecting yourself from infections (part 2) and avoiding passing on HIV (part 3). The information is complex, and the choices are not simple.

This is what some other men decided to do:

Thomas and Paul are in a long term relationship, and they both have HIV. They occasionally have sex with other men, and as they don't want to talk about HIV with men they pick up, that sex is always protected. With each other, they don't use condoms as they both have regular STI check ups and they're not convinced that HIV re-infection is a big risk.

Jurgen really values his health. He is careful about his medication, his diet and things that could give him stress. Similarly he doesn't want to risk his health by picking up drug resistant HIV, hepatitis C or an infection that could cause his viral load to rise. For those reasons he uses condoms with everyone he has sex with and has an STI check up every six months.

Richard has lots of HIV positive fuck buddies. For him one of the only good things about having HIV is the freedom to fuck without condoms with other men with HIV. He's decided that catching an STI is an occupational hazard, and most of them can be treated. He's more worried about hepatitis C and is finding out how to best protect himself.



Alberto doesn't want to pass HIV on to his boyfriend John, but sex is still an important part of their relationship. They've studied all the information about HIV transmission and will occasionally make a calculated choice not to use condoms. They may do this when Alberto's viral load is undetectable and neither has a sexually transmitted infection, with Alberto as the 'passive' partner.

Scott has just had treatment for hepatitis C and doesn't want to go through that again. He's decided to try to cut back on the number of men he has unprotected sex with.

Looking after your health

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Sexually transmitted infections

Many different infections can affect our health.

Sexually transmitted infections (STIs) are infections picked up during sex. They are caused by:

1 Bacteria such as gonorrhoea, syphilis, chlamydia and LGV (a type of chlamydia). They can be serious if left untreated, but can usually be killed by antibiotics. Effective treatment will clear the infection from your body, and it will only come back if you get infected again. Most treatments for bacterial infections work well for people with HIV, although syphilis can be harder to treat.

2 Parasites such as crabs and scabies. Parasites are small creatures that live on or inside your body. A few, like crabs, are big enough to see. Some gut infections (like giardia) are caused by parasites, while others (like shigella) are bacterial. Gut infections can cause serious problems if HIV has weakened your immune system, and can be very difficult to get rid of.

3 Viruses such as warts, herpes, hepatitis and HIV. Most viruses cannot be cured – antibiotics have no effect and it's hard to make vaccines against them. Eventually your body's own immune system will deal with a virus, either killing it off or keeping it under control. Some viruses may stay in your body for years (like warts) or even a lifetime (like HIV or herpes). A virus is more likely to make you ill if your immune system is weakened.

Some infections are more serious or harder to treat if you have HIV. While treatment for some of the most common STIs like gonorrhoea and chlamydia works just as well for people with HIV as for other people, it can be trickier with some other infections. This is the case for hepatitis B, hepatitis C, herpes, syphilis, thrush and warts. Most infections can also lead to an increase in your HIV viral load.

And several STIs are more common in gay men with HIV than other gay men. For example:

- **Syphilis**
- **LGV**
- **Hepatitis C**
- **Molluscum**

Avoiding infections

Although condoms provide the best protection, they can't protect you from everything.

Condoms, used properly, are very good at stopping many infections being passed on during fucking and sucking. But some STIs can also be spread by any kind of close sexual contact. Others can be passed on through rimming and fisting. Most STIs are easier to catch or pass on than HIV.

It's virtually impossible to have sex with zero risk of an infection. That's why check ups for STIs are recommended every few months (see page 28).

Any close sexual contact (skin to skin)

Herpes, warts, molluscum, crabs and scabies can be transmitted during any close body contact, including the types of sex mentioned below.

Sucking or being sucked

Gonorrhoea, NSU, chlamydia, LGV, syphilis, hepatitis B and herpes can be transmitted. You can use condoms to reduce the risk.

Rimming

Gonorrhoea, gut infections, syphilis, herpes, as well as hepatitis A, B and C can be picked up from rimming. To reduce the risk, you can put condoms cut into squares over the arsehole.

Fingering

Syphilis, gut infections and hepatitis A can be picked up or passed on. To reduce the risk, you can use latex gloves or condoms over fingers.

Fisting

LGV, syphilis, gut infections, hepatitis A and C can be picked up or passed on. Using clean latex gloves and plenty of lube reduces the risk.

Fucking or being fucked

All the main infections can be transmitted. Condoms and lube will reduce the risk.

Any contact with shit

Handling used condoms or dildos can lead to tiny quantities of shit getting on your fingers and then in your mouth. Hepatitis A and gut infections are possible.

Vaccination can prevent infection with hepatitis A and B (but not C). Once you've been vaccinated, you'll need a 'booster' injection again after a few years.

Spotting infections

If you notice any rashes, discharge, or soreness, it's worth having them seen to.

Remember that you can easily have an STI without noticing any symptoms:

- you can have an infection for a long time before symptoms show
- symptoms can be inside the body where they can't be seen (for example inside the arse).

So it's worth going for a regular check up, even if nothing seems to be wrong. But it's helpful to know the most common symptoms:

Discharge This is a fluid or pus that comes down the pipe in your cock. There might be just a small quantity, or you might not notice it unless you haven't pissed for several hours. It might be pale or yellow, and can be a symptom of several infections.

Pain If you get a burning feeling when pissing, or there's pain or blood when shitting, this could be the sign of an infection like gonorrhoea, chlamydia, LGV or herpes.

Sores Small ulcer-like sores might be syphilis or LGV. Herpes sores are small blisters or bubbles on the skin holding a fluid which will burst and scab over. Sores could appear around your mouth, in the throat, around or in the arse, or on the cock.

Growths Warts are bumps that start tiny but get bigger and may grow in clusters on your cock or arse. Warts in the arse can bleed. Another kind of growth could be molluscum – it's pale-coloured, painless, soft, the size of a freckle and can appear anywhere on the body.

Rash Reddened patches of skin might appear in many parts of the body – not only around the cock and arse. Syphilis may cause a rash on the palms of your hands or soles of your feet. Other rashes can be scabies, herpes or thrush.

For detailed information on all sexually transmitted infections, get a copy of *The Manual*, a booklet published by Terrence Higgins Trust.

At the clinic

Regular sexual health check ups are recommended.

It's easy to have a sexually transmitted infection (STI) without noticing any symptoms, so it's a good idea to be tested for STIs every few months. The more partners you have, the more often you need to be tested.

Most HIV clinics can give you an STI check up, but the tests won't necessarily be done automatically. It's worth asking to have a regular sexual health check up.

Noticed a
symptom?

OR

Been a
while since
your last
check-up?

Time to go for a check-up

If you don't want to go to your usual HIV clinic, you can also go to a different GUM clinic (sexual health clinic), or even to your GP. But if you see a different doctor, it's important to tell them that you have HIV, as treatment is sometimes different for people with HIV.

A sexual health check up normally involves:

- talking to someone about the kinds of sex you've had (so the right tests can be done)
- a physical examination of your groin to check for any signs of infection
- giving a sample of your piss
- blood tests for syphilis and hepatitis
- a swab from your throat to check for infections from oral sex
- a swab from your arse to check for infections from anal sex
- a swab from the 'pipe' in your cock that piss comes down (but many clinics test a sample of your piss instead).

Some tests may be uncomfortable for a second, but shouldn't be painful.

If you're given treatment for an infection, it's important to take all the tablets you've been given – even if symptoms go away. If you don't, the infection might not be fully cured.

Re-infection with HIV

There's controversy over whether re-infection is a real problem or not.

Re-infection with HIV is sometimes called super-infection. Some people are convinced that it's a serious concern and a good reason to use condoms with all sexual partners, while other people think the risks have been exaggerated.

Re-infection refers to somebody who already has HIV being infected with a new strain (sub-type) of HIV – in other words, being infected a second time. This could happen during unprotected sex with another HIV positive man.

But what do we really know about re-infection?

Re-infection does happen

At least 30 cases have been reported by scientists in various countries.

We don't know how often it happens

Cases are difficult to spot and some people think that many other cases must have gone unnoticed. Others argue that if only 30 cases have been found, re-infection must be a rare event.

It's probably more common in early infection

Most, but not all, of the people known to have been re-infected had had their first HIV infection for three years or less. There may be less risk for people who've had HIV for longer.

Re-infection can create treatment problems

In some of the reported cases, there was extra damage to the immune system and people had more HIV-related illness. And in some cases, people were re-infected with a strain that was drug resistant, making some anti-HIV treatments ineffective. But neither of these things happened in every case.

In terms of the kinds of sex that are risky for re-infection, we can guess that they would be the same as for picking up HIV the first time (see pages 40–47). So fucking without condoms would be the riskiest activity, and would be more risky if you have a high viral load.

It's been speculated that there may be less risk of being re-infected if you are taking anti-HIV drugs. The drugs might suppress the new infection.

This information was correct at the time of writing (April 2008).

Hepatitis C

Many gay men with HIV have picked up this serious liver infection from sex.

Hepatitis C is liver disease that's caused by the hepatitis C virus. It's not the same as hepatitis A or hepatitis B, which are caused by different viruses.

It's only in the last few years that it's become clear that hep C can be passed on during sex between men. There have been outbreaks among HIV positive gay men in London, Brighton and other European cities. Before this, most people with hep C in the UK got it from sharing drug injecting equipment.

Much is still being learnt about the body fluids hep C is found in, and how hep C is passed on during sex.

BLOOD

Hep C can definitely be passed on when infected blood gets into another person's body. Hep C is a stable virus that stays infectious in dried blood for several days.

CUM

Laboratory tests show that hep C is present in cum, but it's not known whether the quantities are large enough for it to be passed on this way.

SALIVA

Although hep C is present, there aren't any known cases of it being passed on in saliva.

So sex that could involve contact with blood is thought to have the biggest risk of hepatitis C transmission. This includes fisting, sharing sex toys, unprotected fucking and rimming.

Seven things to know about hepatitis C

Treatment is available, but isn't straightforward.

1 You can have it without any symptoms Most people don't notice that anything is wrong for many years, if at all.

2 Hep C is found in tiny traces of blood There can be contact with blood in many types of sex, including fucking, fisting, rimming and S&M.

3 There is no vaccination for hep C You can be vaccinated against hep A and hep B, but that won't help with hep C.

4 The aim of treatment is to get rid of hep C from the body Treatment is able to cure many people of hep C, although it doesn't work for everyone. Most people take treatment for six months or a year.

5 Some people get severe side effects from the treatment These can include depression, anxiety, flu-like symptoms, weight loss and fatigue.

6 Co-infection with HIV and hep C is bad news Compared to people who only have hepatitis, people who also have HIV develop liver disease more quickly and more severely.

7 The liver performs essential bodily functions The liver is one of the most important body organs. Liver damage can cause serious illness.

There's detailed information about treatment in *Hepatitis C for people living with HIV*, a free booklet published by HIV i-Base (www.i-base.info).

Hep C and sex

We now know more about how hep C is passed on during sex.

You don't have to be at a sex party to get hep C, but many gay men who have picked up hepatitis C have been into group sex. Some kinds of sex that wouldn't normally transmit hepatitis can become risky in these circumstances.

For example there's no risk of infection from a clean sex toy. But if you use a sex toy that has already been in someone else's arse and hasn't been thoroughly cleaned, infected blood on it could get into your body.

It's easy for there to be invisible traces of blood on anything that has been in the arse of one man, and is then put in the arse of a second man. This could be a sex toy, enema equipment, a fist, an arm or a cock – even one that is covered with a condom.



Another risk at sex parties is from sharing pots of lube or drug equipment. There may be traces of blood in or on them. Also at parties, drug use may influence the choices we make (see page 60).

Finally men who are into group sex may be more likely to get hep C simply because they have unprotected sex with a lot of men.

- **Fisting** often causes bleeding. Latex gloves provide a protective barrier between the fist and the arse. If more than two people are fisted, gloves must be changed between men. If gloves aren't used, fist the second man with a different hand, or wash hands thoroughly.
- **Fucking** can cause bleeding, and it might also be possible to pick up hep C from cum. Condoms provide a protective barrier. Unprotected fucking after fisting is more risky than usual because there may already be blood in the arse.
- **Sex toys** need to be thoroughly cleaned with a bleach solution (1 part bleach to 10 parts warm water) before they are used by someone else. Or they can be covered with a fresh condom each time they are used.
- **Rimming** can be risky as there may be traces of blood in shit or around the arse (especially after heavy arse play).
- **Sex scenes** like corporal punishment or 'play piercing' can be risky if there's contact with blood or if equipment is shared.

This information was correct at the time of writing (April 2008).

Hep C and drugs

Take care if you inject.

If you inject drugs like crystal meth or steroids, none of the equipment used should be shared. This includes syringes, needles, spoons, filters, swabs and water. To get detailed information on safer injecting, get *The Safer Injecting Handbook* from www.exchangesupplies.org

There may be a risk from sharing bank-notes or straws that are used to snort drugs. It's safer for each person to use a different roll of paper.

Taking drugs by putting a powder inside the arse can damage the lining of the arse. This makes you more open to infections like hepatitis C after risky sex.



3

HIV facts

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Avoiding passing on HIV

Lots of different things can make it more or less likely that HIV is passed on.

Many of us think that our sexual partners should be responsible for their own sexual health, and that it's up to them to protect themselves. On the other hand, you may think that if you're going to feel OK about sex, you need to know that you haven't unnecessarily put someone else at risk of HIV infection.

Having a clear understanding of how to prevent passing on HIV should help.

In these pages, it's assumed that 'you', the reader, has HIV and that you are having sex with a man who does not have HIV. In order of risk, from higher to lower, it's easier to pass on HIV from:

1

You fucking someone without a condom (especially if you cum inside him).

2

You being fucked without condom.

3

Someone sucking your cock without a condom (if you cum in his mouth).



But the level of HIV transmission risk isn't fixed, and can vary according to lots of factors, which are described in the next few pages.

Low risk: Plenty of activities are low risk for HIV transmission. These include rimming, water sports (playing with piss) and kissing. Wanking another man is safe as long as you don't use your cum as lube.

'Top' or 'bottom' ?

HIV can still be passed on when the positive man is 'bottom'.

Unprotected anal sex is more risky when the HIV positive man is 'top' (or 'active') than if he is being fucked ('bottom' or 'passive'). This is because the biggest risk of HIV being passed on is when infected cum or pre-cum gets into the arse.

But HIV transmission can still happen when the positive man is bottom. There can be a lot of HIV in anal secretions (the slimy substance found in the arse). The risk is also increased if you:

- have a high HIV viral load
- have an untreated STI in your arse, or
- bleed inside your arse.

The risk is also increased if the HIV negative man has an untreated STI in his cock, has a piercing on his cock which isn't fully healed, or has soreness or skin abrasions on his cock (which can be caused by a lack of lube).

Poppers: If an HIV negative man is getting fucked (is 'passive') by a man with HIV, and the negative man sniffs poppers during sex, the risk of transmission is increased. This may be because poppers make blood vessels in the arse expand or bleed.

Viral load

Viral load test results should be treated with caution.

Viral load is a measure of the quantity of HIV in your blood, and is one of the key tests used to make decisions about taking treatment.

If your HIV treatment is working well and you have very little HIV in your blood (a low viral load), there is probably not very much HIV in your cum. This would make it less likely that HIV will be passed on.

But these are overall trends. Viral load test results should be treated with caution:

- your last test result may be several months old
- viral load measures HIV in the blood, not in your cum, pre-cum or anal secretions
- levels in cum are different to levels in blood
- levels in cum may go up if you have a sexually transmitted infection
- if you are run down or have any type of infection, viral load may go up
- if you have missed doses of your treatment, viral load could rise.

Nonetheless, if your last few viral load test results have consistently been 'undetectable' (very low), you are probably less likely to pass on HIV than if your viral load is high.

Sexually transmitted infections

Having another infection increases the risk of HIV being passed on.

Having an STI like gonorrhoea, herpes or NSU can increase the viral load (amount of HIV) in your cum. This makes it more likely for HIV to be passed on during unprotected sex.

Also, some STIs like herpes and syphilis can cause sores, blisters or broken skin. These create openings where HIV can get in or get out. So if your partner has a sore on his cock and it comes into contact with some of your pre-cum, cum, blood or anal secretions, HIV could enter his bloodstream this way. Or if you have a sore, there may be bleeding or secretions which contain HIV.

Other things that increase the risk

When a condom isn't used, anything that increases the risk of bleeding will mean that HIV is more likely to be passed on. This includes:

- **Not using enough water-based lube**
- **Fucking for a longer period**
- **Heavy, forceful fucking**
- **Fisting or using sex toys before fucking.**

Condom tips

How to avoid them splitting or coming off.

Condoms reduce risk when used correctly. But they are not 100% safe as they can tear or slip off. The risk of this happening is reduced if you use the condom correctly:

- make sure there's a safety standard mark on the pack
- make sure it's not past its sell-by date
- put it on properly (follow the instructions in the pack)
- check it during sex, and replace it after half an hour
- use lots of water-based lube:
 - outside and all over the condom
 - in and around the arse
 - apply more during long or hard fucking
 - and never put lube on the cock before putting the condom on.

The risk of a condom tearing or slipping off is increased if the condom:

- is unrolled before it's put on
- is stretched over the cock rather than rolled down
- has been put on top of another one
- has been exposed to heat or direct light, or
- is used with oil based lube.

If a condom does tear or slip off, the risk of HIV being passed on can be dramatically reduced by taking PEP (see page 48-50).

Sucking

HIV is sometimes passed on through oral sex.

It's not clear how many gay men get HIV from oral sex, but it does happen. Up to 5% of men with HIV think they got it from sucking.

You sucking a negative man off is virtually without risk. Your saliva doesn't have enough HIV to infect him. The only possible risk to him would be if your mouth was bleeding.

There is some risk when you are sucked off, especially if you cum in his mouth. The risk is also increased if:

- you have a high HIV viral load
- you have cuts, sores or rashes on your dick, or
- you have an untreated STI.

The risk is also increased if the HIV negative man:

- has unhealthy gums, ulcers or cuts in the mouth
- brushes his teeth before sex, or
- has a sore throat, an inflammation (e.g. hay fever), or an untreated infection (e.g. gonorrhoea) in the throat.

If you're worried about the risk from sucking, you could use condoms. Flavoured ones taste less of rubber.



Fisting

Fisting is lower risk for HIV, but not completely risk free.

Fisting is generally thought to be lower risk for HIV as it doesn't involve cum getting inside the arse.

But if you are being fisted:

- You may bleed, and there is a lot of HIV both in blood and in anal secretions (the slimy substance found inside the arse).
- Any cuts or inflamed skin on the fister's hand or forearm could give HIV a way into his bloodstream (latex gloves would protect him).
- If you're fisted and then someone else takes the same fist – without it being washed – there's a risk of HIV being passed on.
- If someone fucks you without a condom *after* you have been fisted, the risk to him is greater than usual because you may be bleeding.

If you fist someone and are bleeding from a cut or a rash on your hand, HIV could be passed on. Gloves will protect.

Other STIs like syphilis, LGV and hepatitis C can also be passed on during fisting. See page 36-37 for information on fisting and hepatitis C.

For more on how HIV is passed on, see the booklet *Ready for Action* published by Terrence Higgins Trust.

PEP (post-exposure prophylaxis)

If a condom breaks, you may want to tell your partner about this emergency treatment.

PEP is a month long course of anti-HIV pills that can make it less likely that someone gets HIV. You might want to tell someone you've had sex with about PEP:

- if a condom breaks
- if you have unprotected sex, then realise afterwards that he is HIV negative (or he realises afterwards that you are HIV positive)
- if you meant to use a condom, but didn't.

PEP must be started very quickly – if possible within 24 hours of the risky sex, but definitely within 72 hours (three days). PEP involves taking anti-HIV drugs every day for four weeks, and can cause side effects like diarrhoea, headaches, feeling sick and vomiting.



PEP makes infection with HIV a lot less likely. But it isn't guaranteed to work – a few people who take it still end up with HIV afterwards. This can happen if PEP isn't started soon enough. Just like combination therapy, PEP can also fail if the pills aren't taken exactly as prescribed, or if there is drug resistant virus.

If a condom has just broken and your sexual partner didn't already know that you have HIV, this is likely to be a difficult time to reveal your HIV status and talk about PEP.

One particular worry may be prosecutions of people who hadn't disclosed their status and have transmitted HIV to someone else (see page 10–11). In other words, if you tell someone now that you have HIV, will he take you to the police?

The most up to date advice on the legal situation will be on our website (www.tht.org.uk/prosecutions), or you can phone THT Direct on **0845 12 21 200**.

However one basic point is that if the man takes PEP correctly, he's very unlikely to get HIV, and so there can be no conviction for passing on HIV.

Getting PEP

A hospital with an HIV clinic is the best place to go.

PEP is available from HIV clinics, GUM (sexual health) clinics and some Accident & Emergency departments. It's not usually available from GPs. THT Direct can give addresses **(0845 12 21 200)**.

For someone you've had sex with, the best place to go is usually your own HIV clinic. (If it's closed, go to Accident & Emergency at the same hospital). The staff there will know if your virus is resistant to any drugs, and will be able to choose the most effective drugs to give to your sexual partner.

If you go to the hospital with him, the staff are more likely to be convinced that he's had sex with someone with HIV and that he needs PEP.

Doctors will assess how risky sex was before giving PEP. After sex involving a man who definitely has HIV and another man, PEP is recommended if there was unprotected anal sex, with the HIV positive man either top or bottom.

It *might* also be given if your cum got in his mouth or his eye. But it won't usually be given if you've had oral sex without coming in his mouth.

4

Sexual problems

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When sex isn't so great

Sexual problems are common but help is available.

At different times in our lives, the way we feel about sex can change. Sex itself might feel different. For example, we might face things like:

| |
|--|
| losing interest in sex (sometimes called loss of libido) |
| difficulty getting or maintaining a hard-on |
| coming too soon (premature ejaculation) |
| not being able to cum, or taking too long |
| sex being too uncomfortable or painful |

These are only problems if they are a problem to you. Losing interest in sex really bothers some people, but other people feel fine about it.

These kinds of things can happen to anybody. For example, most men have problems with hard-ons from time to time. And doctors say that up to half of gay men with HIV have sexual problems from time to time.

Sexual problems can make a real difference to the way we feel about ourselves. They can also cause problems in relationships. It can be embarrassing to talk about them, but doctors and psychologists can give treatments that really work.

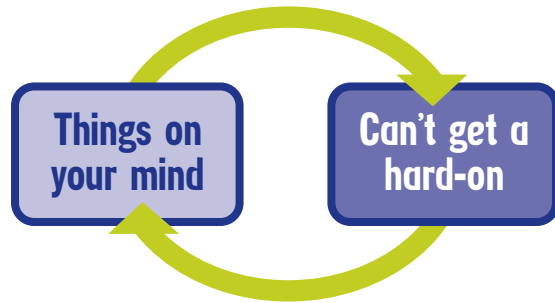
They ways professionals can help include:

- working with a psychologist or therapist to deal with feelings or anxieties that may be causing problems.
- teaching practical techniques to use during sex. These can help with coming too soon or not being able to cum.
- viagra and similar drugs for erection problems.
- testosterone replacement treatment, if you've lost interest in sex because your levels of testosterone are low.

What's really going on?

Problems may be a sign that we're unhappy with the situation we're in or the sex we're having.

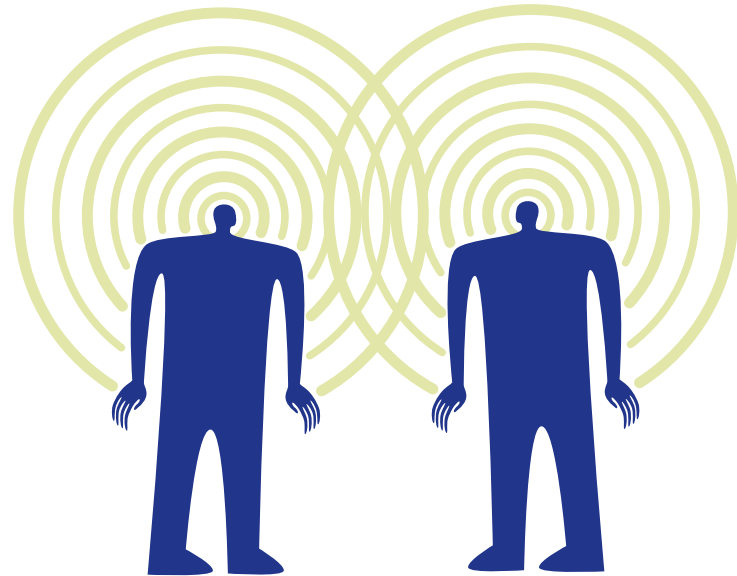
Sex is an intense experience that takes a lot of emotional and physical energy. We may have difficulties with sex because other things are on our mind.



Our thoughts and feelings about sex, self and partners are important too. For example:

- problems telling people that you have HIV
- feeling self-conscious about your body
- anxiety about passing infections on
- worries about getting close
- sex reminding us of getting HIV
- concern about 'performing' sexually.

All these kind of issues can get in the way of sex being as satisfying as it could be. It's not always easy to work out what's really bothering us. But talking to a professional like a sex therapist or psychologist, especially one experienced with men with HIV, can be a good way to work these things out, and to stop having problems with sex.



Hard-on problems

Erection difficulties affect many men with HIV.

'Impotence', 'erectile dysfunction'... whatever you call it, it's difficult to talk about. But erection difficulties are very common, especially for men with HIV. Problems include:

- not getting hard at all
- only sometimes getting hard
- hard-ons not lasting long
- the hard-on not being hard enough.

Hard-on problems can put people off from using condoms. Others end up taking the 'bottom' role to get round the problem.



Sometimes the cause can be physical:

- tiredness or feeling ill
- recreational drugs or alcohol
- side effects of medicines, especially anti-depressants (but there's no conclusive evidence that anti-HIV drugs are a cause)
- circulation or heart problems (often linked to aging, diabetes, smoking or being overweight)
- problems using condoms.

If you still get a hard-on in your sleep or when you wake up, that's a sign that the problem may be more psychological than physical. Also if you can get a hard-on with some men (but not others), or when you wank, physical causes can probably be ruled out.

Stopping smoking, getting more exercise and following a low fat diet can all help improve hard-ons. A cock ring can stop the blood leaving the dick once an erection happens, helping to keep you hard. Gripping the base of the cock can have the same effect.

If condoms interfere with your hard-on, it may help if you get the other person to put it on you, or to use a larger size condom. It may also help to 'practise' using condoms when wanking on your own.

Viagra and other erection drugs

They are not safe for everyone but can often help.

One treatment that most people have heard of is Viagra. It increases the blood flow into the penis. It helps you get an erection, and makes it harder and longer lasting. Viagra doesn't make you 'horny' or cause instant erections – it only starts to work after you are sexually aroused.

As well as Viagra (a blue pill), similar drugs are available under the names Levitra (an orange pill) and Cialis (a yellow pill). The majority of men who've used these drugs have found that they have helped.

But the underlying cause of hard-on problems may be psychological (see page 54). Erection drugs will treat the symptom, but not the cause, so there is a risk of becoming dependent on them to have sex. You could combine drugs with seeing a counsellor or psychologist to deal with any underlying problems.

Lots of people get these drugs over the internet or from drug dealers, but many pills sold are fake. Another problem with buying drugs this way is that it's difficult to know if the drugs are safe for you. If you've ever had problems with blood pressure, your heart or a stroke, or are taking drugs for these conditions, it's essential to check with a doctor or pharmacist before using erection drugs. There are also several dangerous interactions with other drugs to be aware of (see box).

Interactions

Anti-HIV drugs called protease inhibitors (for example Kaletra). It's safest not to take erection drugs with protease inhibitors, or at least to take a low dose of the erection drug.

Recreational drugs (like ecstasy, cocaine, speed and crystal meth) and erection drugs all put a strain on the heart, which will be more dangerous if taken together.

Poppers and erection drugs both dangerously lower blood pressure and shouldn't be taken together.

If the dose is too large, side effects including headache, upset stomach, blocked nose, flushed face and chest, and vision with a blueish tinge may get worse. The erection won't necessarily last longer.

Getting hold of erection drugs:

- GPs are only meant to give NHS prescriptions to men with conditions like diabetes and prostate cancer.
- Any doctor can write a 'private prescription'. You will have to pay the full cost of the drugs, but can be sure you're getting the real thing.
- Specialist psychologists and sex therapists can prescribe them to men whose hard-on problems are causing them 'severe distress'. Your HIV clinic should be able to refer you to a specialist.

Sex, drugs and alcohol

We may behave differently when we are under the influence.

Drink and drugs can affect our judgement, perhaps making us more likely to take risks during sex. When you're a bit out of it, it can be hard to control what's happening or to live up to your good intentions. It can feel that alcohol and drugs make us less uptight, more sexually confident, ready to experiment, or more affectionate.

People often say that because of drink or drugs, they were so out of it that they couldn't help having risky sex. But it's unlikely that drink or drugs ever made anyone do something they didn't want to do.

The way we feel after taking a drug is the result of several things. Not just what's in the drug, but also what we expect it to do to us. Where we are is important too - you don't react in the same way on your own at home, at a sex party, or in a nightclub.

Many of us use drink and drugs because they allow us to feel uninhibited. In other words it feels easier to do things we might not otherwise do, but in some way, we probably do want to do these things. It may feel easier to chat, joke and dance. They can also help us to flirt, have lots of sex or have certain types of sex.



Perhaps you wouldn't have had that risky sex if you were sober, and you regret it later. If you regularly find yourself drinking or taking drugs, and then doing something you regret, it may be worth getting some help from a counsellor or psychologist.

On some drugs you may have long sex sessions. Condoms are more likely to break after about half an hour of fucking. So it makes sense to check rubbers during sex and put a fresh one on after 30 minutes.

And some drugs relax arse muscles (poppers, ketamine, GHB). Others make you feel less pain (alcohol, cannabis, cocaine, crystal meth). Rough sex can lead to bleeding and damage inside the arse that isn't noticed, but mean more risk of infections being passed on if no condom is used.



Mixing drugs

Taking drugs together increases the risk of something going wrong.

When you take different drugs together the results can be expected – and sometimes dangerous.

Depressants

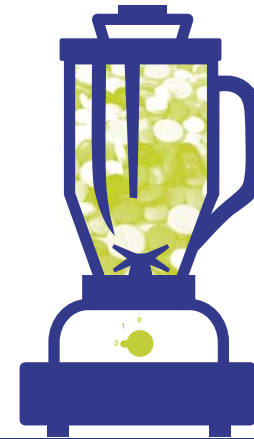
These drugs all slow the body and its functions down. If you take two of them together, the combined effect can knock you out, or slow your breathing to a dangerous level.

Alcohol, GHB/GBL, ketamine, tranquilisers, sleeping pills etc.

Putting pressure on your heart

Several drugs which make you feel 'up' all put pressure on the heart and circulation, with a risk of stroke, heart attack, etc. Taking two of them at the same time increases the risk. Heart problems are common in people with HIV.

Cocaine, ecstasy, Viagra, speed, crystal meth, poppers etc.



Anti-HIV drugs

If you're on anti-HIV drugs (especially protease inhibitors), the effect of some recreational drugs can be overpowering, potentially leading to overdose or death.

This is most likely to happen with ecstasy, GHB and GBL, but there is also the potential for problems with acid, cannabis, ketamine, crystal meth, speed, anabolic steroids and Viagra.

There's more drug information for gay men and details of other interactions with anti-HIV drugs at www.tht.org.uk/drugfucked

Getting more support

Written information:

- Terrence Higgins Trust published a wide range of booklets for gay men, including men with HIV. Copies are available free by calling THT Direct on 0845 12 21 200.
- Terrence Higgins Trust publishes a website with a wealth of sexual health information for gay men, including men with HIV: www.chapsonline.org.uk
- GMFA's positive gay guide is at www.gmfa.org.uk/positive

Talking to someone:

- At most sexual health or HIV clinics, there are health advisers who can talk through any questions you have about sexual health.
- THT Direct can answer a wide range of questions on HIV and sexual health (0845 12 21 200).
- Many HIV organisations have counsellors with experience of helping gay men with sex and relationship issues.
- Most HIV clinics have psychologists who are used to helping gay men with sex and relationship issues.
- Your HIV clinic should be able to refer you to a therapist or psychologist specialising in sexual problems like coming too soon or not getting hard.

For details of local services, information, advice and support, contact us:

THT DIRECT > 0845 12 21 200

www.tht.org.uk

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The HIV and sexual health charity for life

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