



**AUSTRALIAN
FEDERATION OF AIDS
ORGANISATIONS INC.**
ABN 91 708 310 631

12 March 2009

AFAO Submission to the Senate Select Committee on Men's Health

The Australian Federation of AIDS Organisations (AFAO) is the peak body for Australia's community sector response to the HIV/AIDS epidemic. AFAO is charged with representing the views of our members: the AIDS Councils in each state and territory, the National Association of People Living with HIV/AIDS, the Australian Illicit and Injecting Drug Users League, the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) and Scarlet Alliance, the national organisation representing sex workers. AFAO provides HIV (and STI) prevention education and health promotion to members of affected communities. HIV policy advice to the Commonwealth Government, advocates for our member organisations, develops and formulates policy on HIV/AIDS issues, and promotes medical and social research into HIV/AIDS and its effects.

PO Box 51
Newtown NSW
2042 AUSTRALIA

Ph +61 2 9557-9399
Fax +61 2 9557-9867

Email afao@afao.org.au

This submission deals primarily two (of the four) terms of reference identified for Select Committee's investigations, primarily as they relate to both HIV and gay men's health. Namely:

- adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community,
- the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

In addition to our submission, AFAO would like to endorse the arguments and issues raised by the Australasian Society for HIV Medicine in their submission.

Yours sincerely,

Don Baxter
Executive Director
AFAO

AFAO Submission on Men's Health

Introduction

The Australian Federation of AIDS Organisations (AFAO) is the peak body for Australia's community sector response to the HIV/AIDS epidemic. AFAO is charged with representing the views of our members: the AIDS Councils in each state and territory, the National Association of People Living with HIV/AIDS, the Australian Illicit and Injecting Drug Users League, the Anwernekenhe Aboriginal and Torres Strait Islander HIV/AIDS Alliance (ANA) and Scarlet Alliance, the national organisation representing sex workers. AFAO provides HIV (and STI) prevention education and health promotion to members of affected communities. HIV policy advice to the Commonwealth Government, advocates for our member organisations, develops and formulates policy on HIV/AIDS issues, and promotes medical and social research into HIV/AIDS and its effects.

This submission deals primarily two (of the four) terms of reference identified for Select Committee's investigations, primarily as they relate to both HIV and gay men's health. Namely:

- adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community,
- the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

In addition to this submission, AFAO would like to strongly endorse and support the submission of the National LGBT Health Alliance

HIV and Men's Health

Australia's evidence-based and partnership-oriented response to HIV is largely viewed as successful. In contrast to many other developed countries, Australia has managed to effectively contain the spread of HIV to the men who have sex with men (MSM) population, and avoided large-scale outbreaks among injecting drug user (IDU) and sex worker populations. The successful containment of HIV has resulted in the prevention of a "wide-scale" epidemic in the general population with Australia having very low HIV prevalence figures (measured per 100,000 of the general population). At the end of 2007, an estimated 16,692 people were living with HIV in Australia.¹

In Australia, HIV is an illness which affects many more men than women. Since 1998, 91.4% of new HIV diagnoses were in men².

The success of Australia's response to HIV demonstrates clearly the potential of good health promotion strategies to prevent illness. Through the engagement and support of affected communities, educational campaigns and social policy; interventions were

¹ National Centre in HIV Epidemiology and Clinical Research, *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2008*. National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney, NSW

² Ibid

created and enabled sustained behavioural change in gay men and directly addressed the social determinants of health. In addition to the prevention of HIV infection, these campaigns directly addressed the stigma and discrimination which affected people with HIV and prevented further illness and mortality.

Today, over twenty years after the first HIV awareness campaigns were launched, gay men still demonstrate higher rates of condom use than the general population.³ In addition, a large evidence base has been collected, and continues to be collected, to support illness prevention efforts underpinned through the principles contained in the Ottawa Charter for Health Promotion.

However, recent trends in Australian HIV infections underscore the importance of continuing to support and fund efforts that have been proven to be effective. Recent reports directly implicate diminishing levels of government support and funding for the HIV response to be a major factor in this increase in infections.⁴

The health of gay men/men who have sex with men (MSM)

At a fundamental level campaigns that seek to address men's health do not include gay men or men who have sex with men. Campaigns which seek to target the "general population" of men fail to take account of the specific needs and concerns of gay and other homosexually active men. Images and representations of men are invariably, and implicitly, heteronormative. This exclusion acts an additional barrier to gay men seeking to improve their health, and access to health care services, as beneficial messages are ignored as not having relevance to the lives of gay men.

There is a wide body of evidence (collected both locally and internationally) to which indicates that gay/MSM men experience significant disparities in health (including access to health services and health outcomes) and wellbeing. Some of this research directly links these disparities to the social determinants of health. Numerous reports have revealed poor health indicators resulting from the social exclusion of same-sex attracted people, for example, markedly higher levels of depression⁵, and drug and alcohol abuse⁶.

In Australia, the best sources of evidence relating to the health issues of gay/MSM men are the 'Private Lives' study (conducted by Gay and Lesbian Health Victoria and The Australian Research Centre in Sex, Healthy & Society at La Trobe University) and the Health in Men (HIM) study (a longitudinal cohort study conducted by the National Centre in HIV Epidemiology and Clinical Research).

General Health – Younger men in the Private Lives survey were less likely to rate their health as 'good' or 'excellent' compared to the general Australian male population in the National Health Survey (2001). This difference diminished with age.

³ Zablotska, I., Frankland, A., Prestage, G., Down, I., Ryan, D. *Gay Community Periodic Survey: Sydney, February 2008*. Sydney: National Centre in HIV Social Research, The University of NSW, 2008.

⁴ Bernard D, Kippax S, Baxter D. Effective partnership and adequate investment underpin a successful response: key factors in dealing with HIV increases. *Sex Health* 2008; 5: 193--201.

⁵ M.Pitts, A.Smith, A.Mitchell, S.Patel, *Private Lives: A Report on the Health and Wellbeing of GLBTI Australians*, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, 2006. p.31.

⁶ Attorney General's Department of NSW, *You Shouldn't Have to Hide to Be Safe: A Report on Homophobic Hostilities and Violence Against Gay Men and Lesbians in NSW*, NSW Government, Sydney, 2003, p.43.

The most commonly reported health conditions among gay men/msm were 'depression' (30%), 'asthma' (21%) and 'anxiety' (18%).

HIV - As the paper '*Developing a Men's Health Policy*' notes, men are most affected by HIV. However, HIV disproportionately affects gay men and other men who have sex with men. In Australia, HIV transmission continues to occur primarily through sex between men. In 2007, for example, there were 1,051 new diagnoses of HIV. Some 68% of those diagnosed were men who reported a history of homosexual contact. Among those diagnosed with newly acquired HIV infection (that is, who had been infected in the 12 months prior to being diagnosed) this proportion rises to 86%.

Mental Health – 16% of gay men/msm in Private Lives indicated suicidal ideation in the two weeks prior to completing the survey. 49% of gay men/msm reported at least one of the two criteria for a current major depressive episode. 70% of gay men/msm reported ever feeling depressed. Private Lives found that 42% of gay men/msm had seen a counsellor or psychiatrist in the past five years.

Tobacco - 38% of gay men/msm smoked tobacco on more than 5 occasions in the month prior to the survey. This compares to 24% of all Australians who were 'current' smokers in the National Health Survey (2001).

Alcohol & Other Drugs - Private Lives did not ask about alcohol consumption. However use of illicit drugs is significantly higher in LGBT populations than the general Australian population. The drugs most commonly used on more than five occasions in the previous month (by gay men/msm) were 'marijuana' 17%, 'ecstasy' 12%, 'speed' 6% and 'crystal' 4%.

HPV & Anal Cancer – The prevalence of anal cancer in gay men, particularly in HIV positive men, is much higher than in heterosexual men.^{7 8 9} As with cervical cancer in women, anal cancer is associated with the presence of the Human Papilloma Virus (HPV). There are two safe and effective HPV vaccines currently available in Australia, though they are currently only available publicly funded for use in young women. Vaccination against HPV would prevent many of these cases of Anal Cancer.

⁷ Peterkin A, Risdon C. *Caring for Lesbian and Gay People: A Clinical Guide*. 2003. University of Toronto Press Incorporated. Toronto, Ontario.

⁸ Kaiser Permanente National Diversity Council. *A Provider's Handbook on Culturally Competent Care: Lesbian, Gay, Bisexual and Transgendered Population*. Oakland, CA. Kaiser Permanente; 2000.

⁹ Anonymous [Council on Scientific Affairs, American Medical Association]. *Health care needs of gay men and lesbians in the United States*. Journal of the American Medical Association. 1996;275(17):1354-1359..