Consuming passions

Findings from the United Kingdom Gay Men's Sex Survey 2005

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Original Research Report

Acknowledgments

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- Action for Men <www.action4men.org>
- Adur, Arun & Worthing PCT
- The Albert Kennedy Trust
- The Armistead Project <www.armistead-project.com>
- Barnet PCT
- Begin (Learning & Living with HIV) (Wakefield)
- Bolton PCT <www.bolton.nhs.uk>
- The Bridge Centre Telford & Wrekin PCT <www.telfordpct.nhs.uk>
- Bromley PCT
- Brunswick Centre <www.thebrunswickcentre.org.uk>
- CARESS / GRAB
- Centre For HIV & Sexual Health <www.sexualhealthsheffield.nhs.uk>
- Cheshire Action for Community Health <www.cmha.nhs.uk>
- CLASH London
- Colchester Gay Switchboard
- Cornwall & I.O.S. Health Community <www.gaycornwall.org.uk>
- Derbyshire Friend
- DHIVerse Cambridge <www.dhiverse.org.uk>
- Doncaster & South Humber NHS Trust
- Dorset Gay Men's Health
- Dudley HIV/AIDS Support Group
- Ealing, Hammersmith & Hounslow Gay Mens Project
- East Kent Health Promotion
- Eddie Surman Trust
- Eddystone Trust <www.eddystone.org.uk>
- ELOP (East London Out Project)
- GAI Project (@ the Health Shop Nottingham)
- GALYIC
- The Garden Clinic Upton Hospital (Slough)
- Gateshead Sexual Health Promotion
- Gay Advice Darlington (GAD) <www.gayadvicedarlington.co.uk>
- Gay Mens Health Project
- Gay Oxford
- Gay West
- George House Trust <www.ght.org.uk>
- GMFA <www.gmfa.org.uk>
- www.gmh.org.uk
- www.happle.org.uk
- Health Promotion Service Maidstone
- Healthy Gay Life <www.hgl.nhs.uk>
- Herefordshire PCT Sexual Health Services
- Hull & East Riding Specialist Health Promotion Service <www.healthpromotionservice.co.uk>
- Iechyd Da Youth Project
- The Jarman Centre (Blackburn)
- Jigsaw Centre
- www.lancashirefriend.org.uk

- Leeds Gay Community
- Lesbian Gay & Bisexual Health Project (Exeter PCT) <www.exeter-pct.nhs.uk>
- www.lgbtyouth.org.uk
- The Lesbian and Gay Foundation (LGF) <www.lgf.org.uk>
- Lloyd Clinic Guys & St. Thomas Hospital NHS Trust
- London Friend
- London Lesbian & Gay Switchboard <www.llgs.org.uk>
- www.makeitpersonal.org.uk
- Medway & Swale PCT
- MEN4MEN
- www.gaybedfordshire.co.uk
- Mesmac North East - Middlesborough
- Mesmac North East - Newcastle <www.mesmacnortheast.com>
- METRO Centre
- MOSAIC - LGBT Youth Project
- The Naz Project London <www.naz.org.uk>
- Northamptonshire Lesbian, Gay and Bisexual Alliance (NLGBA)
- North East London Local Specialised Commissioning Group
- Northumberland Health Development Service NHS
- Notts L & G Switchboard
- Outreach Cumbria
- PACE
- Pennine Acute Hospitals NHS Trust
- Positive East <www.positiveeast.org.uk>
- www.posh-uk.org.uk
- Powys Public Health Team (Brecon)
- Q Space
- www.rainbow-project.org
- Renton Clinic Dartford & Gravesham NHS Trust
- www.sceneout.com
- Solihull PCT
- Somerset Gay Men's Health Project <www.somersetgayhealth.com>
- South Staffordshire MESMEN Project <www.mesmen.co.uk>
- Specialist Health Promotion Service Durham/Chester-Le-Street
- Staffordshire Buddies <www.staffordshirebuddies.co.uk>
- Stockport Centre for Health Promotion
- Suffolk MESMAC <www.suffolkmesmac.net>
- Teesside Positive Action
- TEN
- Terrence Higgins Trust - LADS
- Terrence Higgins Trust Counselling Services
- Terrence Higgins Trust Lighthouse South London
- Terrence Higgins Trust London <www.tht.org.uk>
- Terrence Higgins Trust Midlands - Birmingham
- Terrence Higgins Trust Midlands - Coventry
- Terrence Higgins Trust Midlands - Wolverhampton
- Terrence Higgins Trust Oxfordshire
- Terrence Higgins Trust South
- Terrence Higgins Trust West
- Terrence Higgins Trust Yorkshire
- TRADE Gay Community Health Project <www.gaymenstrade.com>
- www.ukblackout.com
- Warrington PCT <www.warrington-health.nhs.uk>
- West Surrey Health Promotion Service
- Wightout Helpline Sexual Health Team
- Wiltshire & Swindon Gay Men's Health
- www.gmhp.demon.co.uk
- www.wmplondon.org.uk
- Wycombe General Hospital GUM Department
- Yorkshire Mesmac <www.mesmac.co.uk>
- Ysbyty Glan Clwyd GUM Department

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This report is available to download at:
www.sigmaresearch.org.uk/downloads/report07c.pdf

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1 Introduction and methods

1.1 CONTENT OF THE REPORT

This research report outlines the main findings of Vital Statistics 2005 – which was the ninth annual *Gay Men's Sex Survey* (henceforth GMSS). The survey was carried out from July to October 2005 by Sigma Research in partnership with 107 health promotion agencies across the United Kingdom (see *Acknowledgements*).

The information in this report is about HIV infection, sex between men and HIV prevention needs. The intended audience includes people involved in planning and delivering programmes to address the HIV prevention needs of homosexually active men. It complements our annual reports from GMSS in 1997 to 2004 (Hickson *et al*. 1998; Hickson *et al*. 1999; Weatherburn *et al*. 2000; Hickson *et al*. 2001; Reid *et al*. 2002; Hickson *et al*. 2003a; Reid *et al*. 2004; Weatherburn *et al*. 2005).

This chapter provides the background to the survey and explains how the sample was recruited. It also shows what exclusion criteria were applied to the data collected, prior to the analysis in the rest of the report.

Chapter 2 describes the final sample of 16,426 men living in England, Wales, Scotland or Northern Ireland who either had sex with another man in the last year or intended to do so in the future. The chapter describes the sample using the following nine variables: residence; age; ethnicity; education; income; religious practice; HIV testing history; gender of sexual partners and relationships; and numbers of male and female partners in the last year. We then introduce a new demographic variable which has never featured in our surveys before. It concerns self-rated attractiveness compared to other men. For this new measure we consider variation by the prior demographic variables.

Chapter 3 is concerned with sexual HIV risk behaviours, specifically unprotected anal intercourse (UAI) in the context of what is known about the respondent's HIV status and that of their sexual partners. It also examines experiences of condom failure among men that had insertive anal intercourse (IAI) in the last year, and engagement in behaviours known to be related to condom failure.

Chapter 4 looks at other health related behaviours, specifically alcohol, drug and tobacco use. These indicators are also presented for the population groups outlined in Chapter 2.

Chapter 5 reports on needs relating to control over alcohol, drug and tobacco use and experiences of verbal and physical assault. These indicators of need are also presented for the population groups outlined in Chapter 2. The findings support a targeting of interventions to specific unmet needs as well as on the basis of likelihood of involvement in HIV exposure.

Chapter 6 considers recency of use of sexual health, GUM and STI clinics and what services were received when men last attended such clinics. These measures are presented for the population groups outlined in Chapter 2. The chapter also examines satisfaction with such services.

Throughout this report, short summaries of other published research papers appear in text boxes. These summaries are intended to expand, confirm or challenge the findings they are presented alongside.

1.2 BACKGROUND AND DEVELOPMENT OF THE NINTH NATIONAL *GAY MEN'S SEX SURVEY*

The *Gay Men's Sex Survey* uses a self-completion questionnaire to collect a limited amount of information from a substantial number of men. Sigma Research first carried out GMSS at the London Lesbian & Gay Pride festivals in 1993, 1994 and 1995. No survey was undertaken in 1996. Since 1997, the survey has been undertaken annually nine times, with funding from Terrence Higgins Trust as part of CHAPS. During this time GMSS has expanded across England and incorporated Welsh residents (since 2000), Scottish residents (since 2001) and Northern Irish residents (since 2002). In 2003, 2004 and 2005 it occurred across the United Kingdom and the Republic of Ireland. Data from men living in the Republic of Ireland is collected on behalf of the Ireland Gay Men's Health Network and is reported elsewhere (Divine *et al*. 2006).

The 2005 questionnaire was designed in collaboration with the health promoters that participate in recruitment. In April 2005 we wrote to all agencies who had recruited men to the survey in 2004 and invited them to suggest questions for inclusion. We had requests for topics from three agencies covering: frequency of drug use; the consistency of condom use; the incidence of homophobic assault, reporting of assault to the police and reasons for not reporting. In mid-May 2005 a long draft of the questionnaire was sent out to 47 key collaborators, who were asked to check the questions for appropriateness for their client group and to prioritise the questions. Ten agencies gave feedback on the draft.

1.3 RECRUITMENT METHODS

Since 1999 the questionnaire has been produced as a small (A6) booklet which is self-sealing for Freepost return. In each of the seven years since, 20-30,000 copies of the booklet have been directly distributed to Gay men and Bisexual men by a range of Gay and HIV health promotion agencies. In 2005 the booklet was made available to all HIV health promoters who work with Gay men, Bisexual men or other homosexually active men across England and Wales but not Scotland and Ireland. Almost 200 health promotion agencies were invited to distribute booklets to the men they served. This included all those agencies listed in *Nambase*® (NAM 2004) as undertaking health promotion with Gay men and Bisexual men, and all agencies that distributed booklets in previous years.

In total, 23,680 booklets were requested by and sent out to 88 agencies many of which had distributed booklets in previous years. Recruitment was open for a three month period (July to September 2005). Booklets were returned to Sigma Research marked as distributed by 69 different agencies, including 12 regional offices or service centres of Terrence Higgins Trust. The average (median) number of booklets returned per collaborator was 21 (range 1 to 852). We received twenty or more marked booklets from 33 different agencies. In March 2006, these 33 agencies received a targeted data report on the men they had recruited. Overall, 4,284 booklets were returned via Freepost, giving a return rate of 18.1% of those booklets distributed to agencies.

Since 2001, we have used the internet as a setting for the questionnaire and as a method of recruitment to the survey. Previous online versions of GMSS (Reid *et al*. 2002, Hickson *et al*. 2003a; Reid *et al*. 2004) have demonstrated that the internet method recruits larger numbers of men in demographic groups to which smaller numbers were recruited using clipboards at Pride-type events or using the booklet, especially behaviourally bisexual men, men under 20 years or over 50 years of age, and men from minority ethnic groups.

In 2005 the survey was available for completion online via a specific website in English only <www.sigmasurvey.org.uk>. The questionnaire contained the same 53 questions as the booklet version with another eleven added. The additional questions concerned whether respondents had seen a number of HIV prevention and 'safer sex' interventions. These additional questions have been reported elsewhere (Weatherburn *et al*. 2007).

In 2005 the questionnaire was prepared and hosted using www.demographix.com an online internet survey instrument. The design of the online surveys allowed data to be captured and viewed as soon as the respondent pressed 'submit' at the end of the survey. The online version was available for completion for fourteen weeks (8th July to 14th October 2005). It was substantially promoted by two Gay commercial web sites – www.gay.com/uk and www.gaydar.co.uk – and 38 Gay community and health promotion web sites (see *Acknowledgements*). Overall, we received 15,255 online responses.

1.4 EXCLUSIONS

The proportion of booklet returns excluded from the data analysis had fallen every year that the method had been used up to 2003 (13.4% were excluded in 1999; 11.8% in 2000; 9.5% in 2001; 7.6% in 2002; and 4.1% in 2003) but then increased in 2004 to 7.1%. In 2005 the overall proportion of booklet returns excluded fell back to 4.2%. Similarly, the proportion of web-recruited men excluded had fallen every year the method had been used to 2003 (30.9% were excluded in 2001; 21.3% in 2002; and 15.1% in 2003) but increased in 2004 to 19.9%. In 2005 the proportion of web recruited men fell slightly, to 19.2%

The table below shows a summary of the reasons for exclusions from the final sample.

All questionnaires returned (n=19,535)	**Booklet**	**Web**	**TOTAL**
Total returns	**4,284**	**15,255**	**19,539**
No evidence on where they lived	18 (0.4%)	182 (1.2%)	200 (1.0%)
Lived in Republic of Ireland	4 (<0.1%)	871 (5.7%)	875 (4.5%)
Lived outside UK or Republic of Ireland	14 (0.3%)	1419 (9.3%)	1433 (7.3%)
No evidence of sex with men in the previous year and no intention to have sex with a man in the future	68 (1.6%)	85 (0.6%)	153 (0.8%)
Already completed the survey	67 (1.6%)	369 (2.4%)	436 (2.2%)
Respondent aged under 14	0	3 (<0.1%)	3 (<0.1%)
Not completed sufficient questions (demographics)	9 (0.2%)	3 (<0.1%)	12 (<0.1%)
Spoiled and / or completed by a female	1 (<0.1%)	0	1 (<0.1%)
Sample size: Men with homosexual experience in the last year or intention to have sex with a man in the future	**4,103 (95.8%)**	**12,323 (80.8%)**	**16,426 (84.1%)**

Men were excluded from the analysis if they were not UK-resident or if they gave no details of their area of residence. Using a question on country of residence and a question on local authority of residence, 16.2% of the online sample have been excluded for non-UK residence (compared to 12.8% in 2004 and 13.2% in 2003) and 0.8% of booklet-recruited men (compared to 1.9% in 2004 and 0.5% in 2003). While the majority of those excluded lived outside the UK (n=2308), the remainder (n=200) were excluded on the basis that no answer was given to either residence question. Of those that lived outside the UK a third (37.9%) lived in the Republic of Ireland and were specifically recruited to be reported elsewhere.

Since the 2001 survey, exclusions relating to no homosexual activity had decreased because of the criteria which allowed men that had no sex with a man in the last year to remain in the sample if they *intended* to have sex with men in the future (or were not sure if they would). In 2005 a slightly higher proportion of men recruited online were excluded on this criteria (0.8% compared to 0.4% in 2003 and 0.2% in 2002) but there was little change in the proportion of booklet-recruited men excluded on this criteria (2.3% compared to 2.5% in 2003 and 2.0% in 2002).

In previous years the number of men completing multiple versions of the questionnaire had fallen dramatically. In 2005, 1.6% of booklet-recruited respondents had completed the survey already compared to 2.4% in 2004, 1.8% in 2002 and 5.4% in 2001 (this question was not asked in the booklet in 2003). In 2005 the proportion excluded from the online sample for this reason was 2.4%, slightly higher than previous years (2.1% in 2004, 1.4% in 2003, 1.8% in 2002 and 4.1% in 2001).

2 Sample description

The final sample included 16,426 men aged 14 years and over, living in the UK who either had sex with a man in the last year and / or who expected or were not sure if they would do so in the future. This chapter describes the sample using the following ten variables: area of residence; age; ethnicity; education; income; religious practice; HIV testing history; gender of sexual partners in the last year and current relationships; numbers of male and female partners in the last year and self-rated attractiveness.

2.1 COUNTRY AND REGION OF RESIDENCE

Men were asked *Which country do you currently live in?* For the purposes of this report those men who indicated a country outside the United Kingdom were excluded. The number of men taking part through the internet and the booklet living in each country is shown below, as is the distribution of the total UK population for comparison.

Country of residence (n=16426)	**% total UK population** (mid-2005)	**% Booklet responses** (n=4104)	**% Web responses** (n=12322)	**% ALL responses** (n=16426)
England	**83.8**	**98.5**	**84.7**	**88.1**
Wales	**4.9**	**1.0**	**4.4**	**3.5**
Scotland	**8.5**	**0.4**	**8.5**	**6.5**
Northern Ireland	**2.9**	**0.1**	**2.4**	**1.8**

The web sample is distributed across the four countries in a very similar way to the total UK population. Although the booklet was distributed in both England and Wales the majority of booklet respondents lived in England. The fifteen men living in Scotland or Northern Ireland who completed the booklet were left in the sample.

Men were asked *Which Local Authority do you live in? and were told, The local authority bills you for council tax. If you don't know your local authority, write in your* ***home postcode*** *or the city/town you live in.* From these answers men were allocated to Local Authorities and then grouped into Strategic Health Authorities and Health Boards. Data about groups of men in these smaller areas are available on the Sigma Research website <www.sigmaresearch.org.uk/reportsdata05.html>

In the remainder of this report we use the English Health and Social Services Directorates (North, Midlands & Eastern, South and London), Wales, Scotland and Northern Ireland when we make geographic comparisons. Overall, 1305 men living in England gave insufficient information to allocate them to one of the regional sub-samples. The following table shows the size of the regional comparison sub-samples.

Area of residence (n=16426)	Number of men	% total	% for comparisons
All England	**14,477**	**88.1**	**87.1**
Region unknown (England)	1304	7.9	excluded
North (England)	3038	18.5	20.1
Midlands & Eastern (England)	3041	18.5	20.1
South (England)	2738	16.7	18.1
London	4356	26.5	28.8
Wales	**582**	**3.5**	**3.8**
Scotland	**1067**	**6.5**	**7.1**
Northern Ireland	**300**	**1.8**	**2.0**

2.2 AGE

The age profile of the sample was very similar to previous years. The mean age was 33.8 years (standard deviation(sd) = 11.8, median 32, range 14-89). As in previous years, the web sample was significantly younger (mean 33.1 years, sd = 11.6, median 31, range 14-89) than the booklet sample (mean 35.8 years, sd = 12.2, median 35, range 14-82).

In the remainder of this report we group men into the following age groups to make comparisons across other variables.

Age groups (n=16365, missing 61)	% Booklet responses (n=4069)	% Web responses (n=12296)	% ALL responses (n=16365)
14 – 19 years old (n=1502)	**6.9**	**9.9**	**9.2**
20 – 24 years old (n=2831)	**12.9**	**18.8**	**17.3**
25 – 29 years old (n=2527)	**14.1**	**15.9**	**15.4**
30 – 34 years old (n=2394)	**15.1**	**14.5**	**14.6**
35 – 39 years old (n=2308)	**15.5**	**13.6**	**14.1**
40 – 49 years old (n=3080)	**22.6**	**17.6**	**18.8**
50 years old or over (n=1723)	**12.9**	**9.8**	**10.5**

2.3 ETHNICITY

Men were asked *What is your ethnic group?* and were invited to tick one of the sixteen categories of the 2001 UK Census question. Ethnicity was missing for 0.3% (n=55) of respondents. The following table shows the number of respondents in each of the sixteen ethnic categories used, as well as the numbers from the last three preceding GMSS surveys. GMSS 2002 is excluded from the comparison as a shorter form of the question was trialed.

Ethnic group (n=16371, missing 55)		**GMSS 2001** (n=15313)	**GMSS 2003** (n=14498)	**GMSS 2004** (n=15975)	**GMSS 2005** (n=16371)
White	*White British*	**83.6%** (12800)	**84.0%** (12177)	**82.2%** (13124)	**81.3%** (13305)
	Irish	**2.8%** (425)	**3.5%** (509)	**2.9%** (470)	**3.1%** (510)
	Other White	**7.5%** (1148)	**6.9%** (997)	**7.9%** (1275)	**8.3%** (1360)
Black / Black British	*Caribbean*	**0.8%** (130)	**0.6%** (91)	**0.7%** (113)	**0.8%** (126)
	African	**0.3%** (44)	**0.3%** (38)	**0.5%** (78)	**0.6%** (96)
	Other Black	**0.1%** (21)	**0.1%** (17)	**0.2%** (29)	**0.1%** (21)
Asian / Asian British	*Indian*	**1.0%** (146)	**1.1%** (163)	**1.1%** (171)	**1.2%** (194)
	Pakistani	**0.3%** (44)	**<0.1%** (6)	**0.5%** (82)	**0.5%** (84)
	Bangladeshi	**<0.1%** (5)	**<0.1%** (2)	**0.1%** (10)	**0.1%** (14)
	Other Asian	**0.6%** (93)	**0.2%** (28)	**0.3%** (53)	**0.5%** (77)
Dual Ethnicity	*White & Black Caribbean*	**0.7%** (101)	**0.5%** (74)	**0.6%** (89)	**0.6%** (103)
	White & Black African	**0.2%** (34)	**0.1%** (19)	**0.2%** (37)	**0.2%** (34)
	White & Asian	**0.5%** (76)	**0.7%** (95)	**0.6%** (89)	**0.6%** (98)
	Other Mixed	**0.6%** (87)	**0.6%** (82)	**0.6%** (89)	**0.6%** (99)
Chinese		**0.8%** (117)	**0.6%** (92)	**0.8%** (131)	**0.8%** (127)
All other ethnicities		**0.3%** (42)	**0.7%** (108)	**0.8%** (135)	**0.8%** (123)

Overall 18.7% of respondents (n=3066) were members of ethnic minorities including 7.3% who were members of visible ethnic minorities. Both these proportions were slight increases on previous GMSS surveys and the proportion from visible ethnic minorities is similar to that in the general UK population.

2.4 EDUCATION

Men were asked *How many YEARS of full-time education have you had since the age of 16?* and were offered the responses: *None / 1 year / 2 years / 3 to 5 years / 6 or more years*. We have moved to this question rather than the highest educational qualification question used previously in order to better compare education levels among men not educated in the UK and across the age range. Years of post-16 education were missing for 0.3% (n=49). The following table compares the education profile with the 2004 sample.

Years of full-time education since the age of 16 (n=16377, missing 49)	**% GMSS 2004** (n=15817)	**% GMSS 2005** (n=16377)
None	**16.3**	**16.0**
1 year	**7.5**	**7.3**
2 years	**16.1**	**16.0**
3-5 years	**34.2**	**33.4**
6 or more years	**25.9**	**27.3**

The educational profile across the two survey years was very similar, with 60.7% having 3 or more years full-time education after the age of sixteen, compared to 60.1% in 2004.

In the UK, full-time education is compulsory up to the age of 16. In 2004-05, 73% of 16 year olds and 58% of 17 year olds were in post compulsory education in the UK (Office for National Statistics 2006). This rate has been rising over the last five years and recent government announcements suggest that the compulsory school leaving age will be increased to 18. Since 83.7% of our sample report full-time education beyond the age of 16, education rates may be higher among our sample than the general population.

2.5 INCOME

Men were asked *What is the gross income (before any deductions for Income Tax and National Insurance contributions) that you receive from all sources?* They were asked to tick one of nine income bands as shown in the table below, which also shows the proportion indicating each band and for comparison the figures from GMSS 2003 (the only previous year in which this question was asked).

Total (gross) income for the last year (n=16157, missing 269)	**% GMSS 2003** (n=14311)	**% GMSS 2005** (n=16157)
<£5000 per year	**10.8**	**10.4**
£5000 – £9999	**9.7**	**8.7**
£10000 – £14999	**15.7**	**14.1**
£15000 – £19999	**15.5**	**14.4**
£20000 – £24999	**13.5**	**13.3**
£25000 – £29999	**10.5**	**10.7**
£30000 – £34999	**7.2**	**8.2**
£35000 – £39999	**4.8**	**5.4**
£40000 or more per year	**12.2**	**14.8**

Between 2003 and 2005 there was a slight increase in the proportion of men earning £30,000 or more (from 24.2% to 28.4%) and a reduction in the proportion of men earning less than £15,000 per year (from 36.2% to 33.2%). Given the figures are not adjusted to account for salary inflation these changes are not substantial.

Our income question was based on suggested questions for the 2001 UK Census. Since no income question was subsequently included in that Census, comparisons to the general population are difficult. The annual survey of hours and earnings (ASHE) 2006 gives a median gross weekly earning for full-time male employees of £487 which equates to £25324 per annum. However our sample contains men who are employed full- time, part-time, studying, retired, looking for work *etc.*

A better comparison may be the Family Resources Survey (Johnson & Semmence 2006), a continuous survey covering approximately 24000 households in the UK and Northern Ireland. It includes many potential sources of income including pay, investment, benefits but it excludes homeless people and any who are institutionalised. It estimates that among all men (at 2004-2005 prices) the median weekly gross income was £315 or £16380 per annum. If we assumed an even distribution across our £15000 -19999 income group then our sample would include approximately 4.0% of men with an income between £15 000 and £16380 in 2006. Therefore, among our entire sample of homosexually active men 37.2% had an income below the median UK male income and 62.8% had a higher income. This would suggest that as a population, homosexually active men have a higher income than the general male population.

2.6 RELIGIOUS PRACTICE

In GMSS 2004 we asked, for the first time, a series of questions designed to describe the religious background and current religious affiliation and practice of respondents. In 2005 we asked a single question to capture religious diversity: *What religion do you currently practice?* Men were offered the six options in the table below plus space for specifying other religions. 'Paganism' was offered as a choice on the basis that it was the most commonly specified *other* religion in 2004.

Current religious practice (n=16244, missing 182)	**% of all**
I do not currently practice a religion	**67.7**
Christianity	**25.2**
Paganism	**1.7**
Buddhism	**1.6**
Islam	**1.2**
Judaism	**0.8**
Other	**1.9**

The largest *other* groups indicated (and the number of men indicating them) were: Hinduism (80); Spiritualism / Spiritualist (57); Quaker (19); spiritual / spirituality (24); Sikhism (16); Satanism (7); Taoism (6); Kabbalah (4); Bahá'í (2); Jainism (2); Gnosticism (2). Another 24 religions or belief systems were specified by one respondent each.

Over two thirds (67.7%) of all men said they did not currently practice a religion. Of the third (32.3%) who did currently practice a religion, 78% practised Christianity and the other 22% were divided between the other religions.

In England and Wales, the 2001 Census asked *What is your religion?* Among men the categories and answers given were Christian (68.9%); Muslim (3.2%); Buddhist (2.8%), Hindu (1.1%); Sikh (0.7%); Jewish (0.5%); all other religions (0.3%); No religion (17.2%) and religion not stated (8.0%). Bearing in mind that the way in which people answer questions on religion is very sensitive to the exact question wording it appears that homosexually active men are probably less likely than men in general to currently practice a religion.

2.7 HIV TESTING HISTORY

Men were asked a set of questions about HIV testing. All were asked *Have you ever received an HIV test result?* Overall, 56.7% (missing=47 or 0.3%) said they had ever tested. Those who had tested were asked *What was your most recent test result?* Of the 9289 men who said they had ever tested for HIV, 99 (or 1.1%) declined to reveal their last result. Of those who did tell us their last result, 11.6% had diagnosed HIV. So in the sample overall, 43.6% (n=7090) had never tested, 49.9% (n=8120) had tested HIV negative and 6.6% (n=1070) had tested HIV positive.

Men who had tested negative were asked *Was your most recent negative result in the last year?* Of the 8120 men who indicated their last test was negative, 281 (3.5%) did not answer this question. Of those who did, 56.1% said their last test was within the last year.

Those who had tested HIV positive were asked *When were you first diagnosed with HIV?* and were asked to supply a month and a year. Of the 1070 men who had tested HIV positive, year of diagnosis was missing for 55 (5.1%).

Figure 2.7 shows the year of diagnosis of those men with HIV. Note that the survey stopped recruitment in mid-October 2005 so the figure for that year is lower than it would be if we did the survey in 2006.

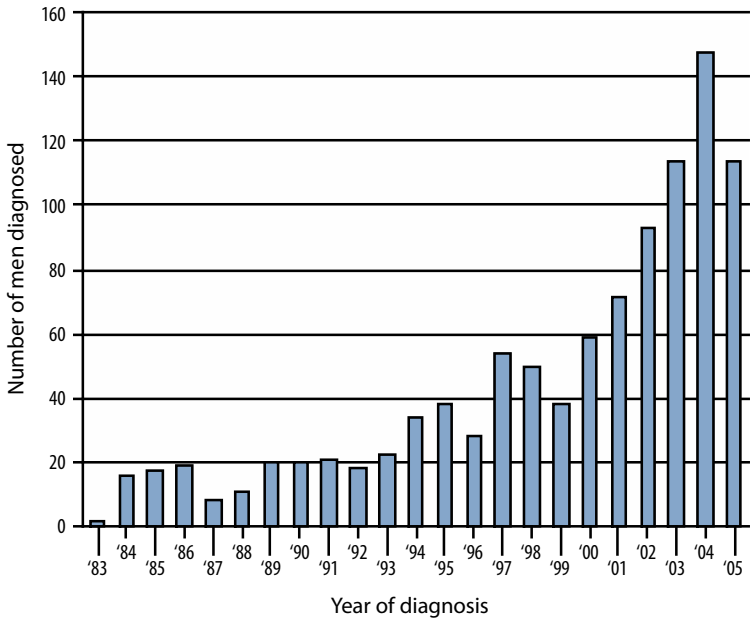

Figure 2.7: Year of HIV diagnosis among men with diagnosed HIV [nb. Recruitment closed mid-October 2005]

There were men in the sample who had been diagnosed with HIV for over twenty years. However, half the men with diagnosed HIV had been diagnosed less than five years.

2.7.1 Recent diagnoses

There were 114 men diagnosed with HIV in 2005 and 57 had been diagnosed in the last six months of 2004. Together we take these men to have been diagnosed with HIV 'in the last year' (although some will have been diagnosed a little over a 12 months). In addition, 4396 men said they had last tested HIV negative within the last year. This gives a total of 4567 men who had tested for HIV within the last year, of whom 3.7% were diagnosed positive.

The following table shows the number of men testing for HIV in the last year and the proportion who had tested positive.

HIV test results in the last year by area of residence (n=4251, missing 316)	**Number testing for HIV in the last year**	**% (number) tested positive**
North England	776	5.0 (39)
Midlands & Eastern England	761	2.5 (19)
South England	746	2.9 (22)
London	1511	4.4 (67)
Wales	128	3.1 (4)
Scotland	256	4.3 (11)
Northern Ireland	73	1.4 (1)

Although the prevalence of diagnosed HIV was higher in London than elsewhere (12.2% vs. 4.4%), there was no significant difference in the proportion of men testing positive in the last year by area of residence. Among men testing for HIV in the last year, those living in London were no more or less likely to receive a positive result (4.4%, 67/1511) than those living elsewhere in the UK (3.5%, 101/2911). This suggests that HIV incidence is becoming more geographically even.

Among men testing for HIV in the last year, those testing positive (mean age at interview 33.7 years, sd = 8.6, median 34, range 16-58) were not, as a group, significantly older or younger than those testing negative (mean age 32.5, sd = 10.7, median 31, range 14-81). However, looking across the age range, the proportion of men who tested positive was highest among those in the 35-39 age group.

Age group	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60+**
Number tested in last year	329	854	882	757	668	453	263	167	93	87
% tested positive (number)	1.8 (6)	2.3 (20)	3.9 (34)	3.7 (28)	6.4 (43)	4.6 (21)	3.0 (8)	4.2 (7)	3.2 (3)	0.0 (0)

There were no significant differences in testing positive in the last year across ethnic groups.

Men with 3 or more years of full-time education after the age of sixteen were least likely to have tested positive in the last year (3.2%, 94/2966) compared with those with 1-2 years post-16 education (5.2%, 53/1012) or no post-16 education (4.1%, 24/584).

Dougan S, Elford J, Chadborn T *et al*. (2006)
Does the recent increase in HIV diagnoses among men who have sex with men in the United Kingdom reflect a rise in HIV incidence or increased uptake of HIV testing?
Sexually Transmitted Infections, sti.2006.021428v2

After a fairly steady decline in HIV diagnoses among MSM throughout the 1990s, there has been a year-on-year increase in the number of men being diagnosed since 2000. This paper looks at data from a number of different HIV surveillance systems in the UK for the period 1997–2004 to find an explanation for this rise. Four possible explanations for the rise are put forward:

- the rate at which men become infected (HIV incidence) has increased;
- an increase in the number of men with HIV moving to the UK from abroad;
- fewer diagnoses are going unreported (ie. improved reporting);
- changes in the uptake of HIV testing are reducing the number of men with undiagnosed infection and reducing the average length of time between infection and diagnosis.

These four explanations are not mutually exclusive – all four could be making some contribution to the observed rise or have done so at different times.

An increase in incidence is suggested by rising levels of unprotected anal intercourse and increases in diagnoses of other STIs that facilitate HIV transmission. However, a method of direct measurement of HIV incidence (using blood taken for syphilis tests at GUM clinics) was not powerful enough to show any significant change in incidence.

That the number of positive MSM moving to the UK from elsewhere in the world has increased might be expected given the large increase in immigration of people with heterosexually acquired HIV. Location of infection is known for fewer than half of MSM diagnoses between 1997 and 2004. However, where location is known the proportion of infections that were acquired abroad actually fell over this period, from 25% to 17%. While the number of immigrant MSM with HIV has increased, these men do not account for the increase in overall diagnoses.

There are also reasons to believe reporting of diagnoses has improved. Prior to 2000 reports were received from the laboratories testing the samples but since, clinicians have also been asked to report HIV diagnoses (in England, Wales and Northern Ireland but not Scotland) , so there are more opportunities for a diagnosis to be reported.

Finally, there has been a large increase in HIV testing. GUM clinics moving from an opt-in to an opt-out policy on HIV testing has resulted in an increase in the proportion of MSM attending GUM clinics who take an HIV test (from 46% in 1997 to 79% in 2004). The rise in HIV test uptake was greater among men with an acute STI and those with as yet undiagnosed HIV (far fewer men with undiagnosed HIV who attend a GUM clinic now leave the clinic with their infection still undiagnosed). There has been a correspondingly large increase in the total number of tests taken (from 11,184 in 1997 to 20,764 in 2002 (the most recent year data were available for). This was an increase of 86%.

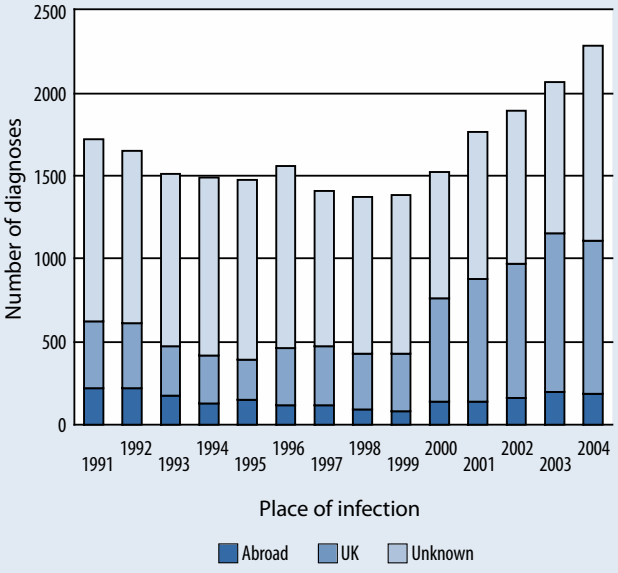

Figure 2.7.1a: Location of homosexually acquired infections diagnosed in the UK by year of diagnosis
(Source: HPA, New Diagnoses Quarterly Surveillance, Tables No. 72:06/3, Table 5)

The paper considers five groups of MSM in the UK based on geography and age. For each of these five groups, the table below shows the proportion of men attending GUM clinics who had an HIV in 1997 and in 2004, and the total number of positive diagnoses made in each year:

	% of GUM clients HIV testing			Number of positive diagnoses		
	1997	2004	increase	1997	2004	increase
Scotland all men	47%	76%	60%	79	131	54%
London <35 yrs	43%	82%	92%	529	533	1%
London ≥ 35 yrs	37%	69%	86%	369	572	55%
Elsewhere <35 yrs	64%	91%	42%	221	463	110%
Elsewhere ≥ 35 yrs	52%	79%	51%	194	556	187%
All UK	**46%**	**79%**	**73%**	**1382**	**2124**	**54%**

HIV testing increased in all groups, with the largest increase in testing among the under 35s in London. In the UK overall, diagnoses rose by 54% between 1997 and 2004. However, there was no change in the number of diagnoses made in London among men under 35 years, suggesting that HIV incidence in this group actually dropped over this period. The largest increase in diagnoses was among men aged over 34 years outside London in England, Wales and Northern Ireland. However, there was no change in the number of diagnoses made in London among men under 35 years. A large increase in testing with a stable number of positive diagnoses suggests that HIV incidence in this group actually dropped over this period.

The first CD4 count following HIV diagnosis gives an indication of how long people have had HIV when they are first diagnosed. Following infection, CD4 cells decrease over time, so the higher the CD4 count the more recent the infection. In this paper more than 700 cells/mm3 was considered an 'early' diagnosis and fewer than 200 cells/mm3 was considered a 'late' diagnosis.

Between 1997 and 2004 there was a much larger increase in earlier diagnoses than in late diagnoses. Figure 2.7.1b shows the number of early diagnoses in 1997 and 2004 (the two columns on the left of the figure). There were four times as many early diagnoses in 2004 as in 1997. By comparison, the rise in late diagnoses (the two columns on the right of the figure) was much smaller.

The proportion of all diagnoses that were early increased from 12% in 1997 to 26% in 2004. The number of early diagnoses increased in all five groups with the largest increase in men 35 years and over diagnosed outside London in England, Wales and Northern Ireland (ie. the group with the largest overall increase in positive diagnoses). The number of late diagnoses fell in Scotland and London (in both age groups) but rose elsewhere in England, Wales and Northern Ireland (in both age groups).

The authors conclude that "A substantial increase in the uptake of HIV testing appears to explain the rise in HIV diagnoses" and that this "highlights the recent success of sexual health promotion in reducing the number of MSM with undiagnosed HIV". If the increase in diagnoses is primarily due to testing 'eating into' the population of men with undiagnosed HIV, then this change cannot be sustained and we should soon see a drop in the number of diagnoses being made.

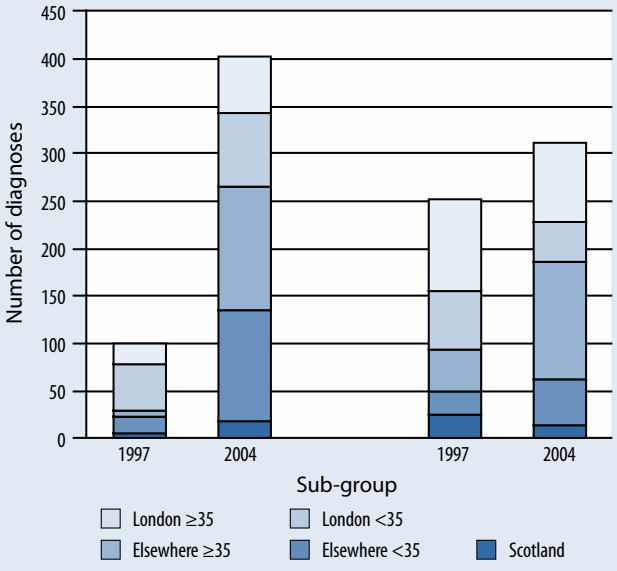

Figure 2.7.1b: Numbers of early (left) and late (right) diagnoses of HIV in MSM in 1997 and 2004

2.8 GENDER OF SEXUAL PARTNERS AND RELATIONSHIPS

Men were asked *In the last 12 months have you had sex with...?* and were offered the options: *No one, Women only, Both men and women, Men only*. Men who indicated they had not had sex with men in the last year were asked *Do you expect to have sex with a man in the future?* and offered the responses: *Yes, Not sure, No*. Men who indicated No to the second question were excluded from the sample.

Overall, 4.7% (n=778) of the sample had sex with no one in the last year and 1.3% (n=214) had sex with women only. Of the remaining 94.0% who had sex with men, 11.9% (n=1947) also had sex with women and 82.1% had sex with men only (n=13487). This means 12.6% of the homosexually active men were also heterosexually active. The proportion of homosexually active men who are also heterosexually active varied significantly by ethnicity, being 12.4% among White British men, 17.4% among Black men and 22.7% among Asian men.

Of the men who had not had sex with another man in the last year (n=992), 74.2% expected to have sex with a man in the future and 25.8% were not sure whether they would. Not being sure was significantly more common among men who had sex with women only in the last year (39.7% of n=214) than it was among men who had no sexual partners (22.0% of n=778).

Men were asked *Do you currently have one (or more) regular MALE sexual partner(s)?* and *Do you currently have one (or more) regular FEMALE sexual partner(s)?* The possible responses for both questions were simply Yes or No. Regular male partner was missing for 0.5% (n=76) and regular female partner for 2.9% (n=483) suggesting the figure given below for regular female partner is slightly inflated.

Overall, 54.5% (n=8908) had a regular male partner and 7.2% (n=1142) had a regular female partner. Having a regular male partner was negatively associated with having a regular female partner: only 5.5% of the men who had a regular male partner also had a regular female partner compared with 9.2% of those who did not have a regular male partner.

Overall 3.0% of the sample (n=474) had both regular male and regular female partners. This figure was 2.8% (417/14727) among the White men and 3.5% (8/227) among Black men but was 7.6% (27/354) among Asian men. Asian men were least likely to have a regular male partner (though 46.4% did) and most likely to have a regular female partner (13.5%). These findings are probably related to those from GMSS 2002 (Hickson *et al*. 2003a) in which Asian men as a group were least likely to be out about their sexuality to family, work colleagues and friends.

2.8.1 HIV sero-discordant regular male partnerships

Men who are in a regular relationship with a man of a different HIV status to themselves have a great deal of opportunity for sexual HIV exposure and unmet prevention need among this group is very likely to lead to new HIV infections. Men who had a regular male sexual partner were asked *Do you have a regular male sexual partner who has a different HIV status to yourself (where one of you has HIV and the other does not)?* They were asked to tick one of: *Yes, No, Don't know.*

Among the 54.5% (n=8908) of the sample who had a regular male partner, 9.1% said they had a regular male HIV sero-discordant partner, 75.3% said they had not, and 15.6% said they did not know. The following table shows how these measures differed by HIV testing history.

HIV sero-concordancy in regular male relationships (n=16100, missing 326)	% of all	% by HIV testing history		
		Never tested (n=7032)	Last test negative (n=8013)	Tested positive (n=1055)
No regular male partners	45.8	54.3	39.3	38.5
HIV concordant regular partner/s	40.9	36.0	48.1	18.6
Any discordant regular partner	4.9	1.1	4.0	36.7
Regular partners of unknown discordancy	8.4	8.6	8.6	6.3

Men who had tested for HIV were considerably more likely to have a current male partner (61.1% did) than men who had never tested for HIV (45.9%) but among men who had tested there was no difference between those who tested negative or positive. Among men with a regular partner, those who had tested positive were much more likely to know they had a regular HIV sero-discordant partner (36.7% did) than other men (only 2.7% did). Hence, men who had tested positive were 21 times more likely to know they were in a sero-discordant relationship than men that had not tested positive.

2.9 NUMBERS OF MALE AND FEMALE SEXUAL PARTNERS

Men were asked *In total, how many MEN have you had sex with in the last 12 months?* and *In total, how many WOMEN have you had sex with in the last 12 months?* For both questions they were offered six responses. The following table which shows the proportion of respondents giving each answer to these two questions.

Partner numbers in the last year	% No. of male partners (n=16106, missing 320)	% No. of female partners (n=15812, missing 614)
None	6.1	87.3
One	19.2	7.1
2, 3 or 4	27.9	3.7
5 to 12	23.2	1.1
13 to 29	12.6	0.4
30+	11.1	0.4

While a large proportion of men (46.9%) had more than 5 male partners in the last year, only 1.9% had more than 5 female partners. The following table shows how the number of male partners was related to the number of female partners.

Number of female sexual partners in the last year by number of male partners (n=15589, missing 837)	% by number of male partners					
	none	one	2, 3 or 4	5 to 12	13 to 29	30+
none	79.1	90.4	85.6	88.1	89.7	88.7
one	14.0	7.0	8.1	6.2	5.0	4.3
2, 3 or 4	5.5	2.0	5.3	3.6	2.5	2.3
5 to 12	1.0	0.3	0.9	1.4	1.7	1.3
13 to 29	0.0	0.1	0.1	0.5	0.7	1.2
30+	0.3	0.1	0.0	0.2	0.4	2.3

The respondents most likely to have sex with women were those who had no sex with men, among whom 20.9% had a female partner. Among those who had sex with men, the group most likely to have any sex with women were those with 2, 3 or 4 male partners while those with only one male partner were least likely to have sex with women.

2.9.1 Regular partnerships and numbers of partners

The following table shows the proportion of men in each of four regular partner groups who had varying number of male sexual partners in the last year.

Number of male sexual partners in the last year by current regular relationshipå status (n=14640, missing 1786)	% NO regular partners (n=5610)	% Female regular only (n=483)	% Both male and female regulars (n=461)	% Male regular only (n=8086)
one	16.2	22.8	11.5	24.0
2, 3 or 4	35.1	43.9	29.1	25.3
5 to 12	26.7	22.4	26.0	23.4
13 to 29	12.4	6.8	14.5	14.3
30+	9.6	4.1	18.9	13.0

Men who had both only a regular female or only a regular male partner were most likely to have had only one male partner in the last year.

2.10 SELF-RATED ATTRACTIVENESS

During preparations for the survey, consultation with health promoters revealed concern about men's self-image, in particular their perception of themselves as being more or less attractive than other men. Health promoters were concerned that men who thought of themselves as unattractive may be more likely to engage in HIV risk behaviours or have higher levels of unmet HIV prevention needs. On the other hand, some health promoters felt that men who think they are more attractive probably have more sexual opportunities, more sex and more sexual risk behaviours. To explore these issues we asked men a new question which we treat here as a descriptive variable. As this is a new variable we show how it varies across the other demographic measures in this chapter.

Men were asked *Compared to other men your age, do you consider yourself to be...much more attractive than average / somewhat more attractive than average / about average attractiveness / somewhat less attractive than average / much less attractive than average?*

Compared to other men your age, do you consider yourself to be... (n=16345, missing 81)	%
much more attractive than average	**7.8**
somewhat more attractive than average	**29.1**
about average attractiveness	**51.2**
somewhat less attractive than average	**9.9**
much less attractive than average	**1.9**

Just over half of the respondents (51.2%) indicated they thought they were of about average attractiveness. Amongst the other half, far more felt they were above average (36.9%) than felt they were below average (10.9%). Among those who felt they were above average attractiveness, 21% felt they were much more attractive than average. In comparison, among those who felt they were below average, 16% felt they were much less attractive than average. So overall, less than 10% of all men thought they were much more or much less attractive than average.

Since the question is phrased in terms of 'the average' we might expect as many men to be below average as above average. However, the question asked about "other men your age" rather than specifically about other *Gay and Bisexual* men. The findings may therefore suggest that overall, Gay and Bisexual men consider themselves collectively more attractive than age comparable heterosexual men.

2.10.1 Self-rated attractiveness and socio-sexual context

The following table shows the proportion of men in each of five self-rated attractiveness groups by each of the demographic characteristics described earlier. Self-rated attractiveness significantly differed across each of the demographic characteristics previously described.

All homosexually active men		% by self-rated attractiveness				
		Much MORE attractive	Somewhat MORE attractive	About AVERAGE	Somewhat LESS attractive	Much LESS attractive
Area of residence	London (n=4339)	9.7	35.0	46.5	7.2	1.6
	South England (n=2727)	6.3	28.9	51.9	11.3	1.5
	Midlands & Eastern England (n=3031)	7.0	26.4	53.8	10.5	2.4
	North England (n=3028)	6.5	27.1	53.5	10.6	2.2
	Wales (n=580)	6.9	24.7	51.6	15.0	1.9
	Scotland (n=1061)	5.8	28.0	54.9	10.2	1.0
	Northern Ireland (n=300)	6.3	26.0	53.3	11.7	2.7
Age	14 – 19 (n=1488)	8.5	27.6	46.2	14.6	3.1
	20 – 24 (n=2821)	9.7	31.7	46.8	9.9	1.9
	25 – 29 (n=2514)	6.8	31.4	50.8	9.3	1.7
	30 – 34 (n=2379)	6.3	28.9	54.8	8.2	1.8
	35 – 39 (n=2303)	7.7	28.3	52.4	9.9	1.7
	40 – 49 (n=3073)	7.3	27.8	53.1	9.9	1.9
	50 + (n=1714)	7.8	27.2	53.6	9.6	1.8
Ethnicity	Asian / Asian British (n=368)	14.9	31.5	41.6	7.9	4.1
	Black / Black British (n=241)	17.8	31.5	43.2	5.8	1.7
	Mixed (n=331)	16.9	35.6	36.3	7.9	3.3
	White British (n=13249)	6.7	27.9	53.0	10.5	1.9
	Other White (n=1862)	10.5	36.5	44.9	6.9	1.2
	Any other (n=248)	10.5	29.8	45.2	10.5	4.0
Years in full-time education post 16	None (n=2059)	6.8	21.5	58.3	10.8	2.5
	1 year (n=663)	7.1	27.5	52.0	11.2	2.3
	2 years (n=1650)	6.6	27.7	53.9	10.4	1.4
	3 – 5 years (n=3791)	5.7	30.1	52.8	9.6	1.8
	6 + years (n=3791)	8.9	32.2	49.9	7.6	1.5
Annual income	< £10,000 (n=3073)	8.0	27.4	48.3	13.0	3.3
	£10 – 20,000 (n=4598)	6.9	26.8	53.1	11.3	1.9
	£20 – 30,000 (n=3848)	6.8	29.5	53.5	8.9	1.4
	£30 – 40,000 (n=2192)	7.8	30.3	52.5	8.1	1.3
	£40,000 + (n=2385)	10.3	34.9	46.5	6.7	1.6

Current religious practice	NO religion (n=10964)	7.2	29.8	51.3	9.9	1.8
	Christianity (n=4055)	7.5	27.4	52.9	10.1	2.1
	Paganism (n=243)	10.7	26.3	49.0	11.9	2.1
	Buddhism (n=254)	11.0	33.1	42.1	11.4	2.4
	Islam (n=186)	19.4	31.7	38.2	7.0	3.8
	Judaism (n=132)	12.1	30.3	44.7	11.4	1.5
	All other religions (n=343)	11.7	27.7	47.5	9.6	3.5
HIV testing history	Never tested (n=7057)	6.5	24.5	53.7	12.7	2.6
	Tested negative (n=8090)	8.5	32.3	49.7	8.1	1.5
	Tested positive (n=1064)	10.0	36.3	46.7	5.9	1.1
Gender of sexual partners in the last year	No partners (n=772)	4.0	15.0	50.5	24.1	6.3
	Women only (n=212)	5.7	24.1	60.8	8.0	1.4
	Men & women (n=1927)	11.1	28.3	48.9	10.0	1.7
	Men only (n=13434)	7.6	30.2	51.4	9.1	1.7
No. of male sexual partners in the last year	one (n=3072)	6.5	24.8	55.6	10.9	2.2
	2,3 or 4 (n=4470)	6.0	27.5	54.4	10.6	1.6
	5 to 12 (n=3716)	7.4	32.1	50.2	8.4	1.8
	13 to 29 (n=2020)	9.6	36.3	46.1	6.9	1.0
	30+ (n=1780)	14.2	34.7	43.1	6.6	1.3

Men living in London were more likely to rate themselves as more attractive than average and less likely to rate themselves as less attractive than average, compared to men living elsewhere in the UK. Conversely, men living in Wales were most likely to say they were less attractive than average.

In all age groups about half of men rated themselves as of average attractiveness while more than half of the others rated themselves as above average. There were small but significant differences across the age range. Men under 25 were least likely to rate themselves as average. Most notable was the higher proportion of the under 20s (17.7%) who indicated they thought they were less attractive than average, compared to the other six age groups (10.0%–11.8%). It is possible that young men find themselves in a social environment that places a greater premium on attractiveness and that more young men are critical of their appearance than older men. However, the under 20s also had the largest proportion rating themselves as much more attractive than average.

Compared to the White British majority, members of all ethnic minorities were less likely to perceive themselves as of average attractiveness. Generally, larger proportions of the ethnic minorities judged themselves to be of above average attractiveness than the did White British men who were least likely to rate themselves much more attractive than average. Of the men of mixed ethnicity, 52.5% rated themselves as above average attractiveness, the highest proportion of any demographic sub-group.

Years of full-time education were positively associated with self-ratings of attractiveness. The table shows the association among men aged 25 years and older as these are assumed to have completed full-time education. Men with increasing years of education were more likely to judge themselves above average attractiveness (and less likely to judge themselves below average).

Similarly, higher income were associated with being more likely to self-rate as more attractive than average. Notable were the 44.5% of men with an income of over £40,000 who judged themselves to be above average attractiveness and conversely the 16.4% of those earning less than £10,000 who judged themselves below average attractiveness.

The distribution of each religion group across the attractiveness scale was similar. However, men who practised Islam were most likely to rate themselves as much more attractive than average while Buddhists and Pagans were also likely to rate themselves as above average. Men who practised Christianity were most likely to judge themselves as average.

Men with an HIV diagnosis were more likely than men who had tested negative, who in turn were more likely than untested men, to rate themselves as above average attractiveness.

Judging themselves above average attractiveness was positively associated with sex with women and sex with men. Respondents who had sex with men were significantly more likely to judge themselves above average attractiveness than were those who had not had sex with men. The difference in self-ratings were less pronounced when it came to sex with women, although those men who had sex with women were more likely to judge themselves above average compared with men who had not had sex with women. Consequently, men who had sex with both men and women were most likely to judge themselves above average, while those who had sex with no one were least likely to.

Men with higher number of male sexual partners were more likely to rate themselves as somewhat and much more attractive than average. The higher the number of partners men had, the less likely they were to rate themselves as of average attractiveness or somewhat less attractive. Given the societal premium placed on physical attractiveness in sexual partners, it is unsurprising that men who are more attractive or confident of their attractiveness have greater number of male partners. It is also likely that attracting and having sex with higher number of partners makes men more likely to perceive themselves as attractive.

3 Sexual risk behaviours

The sexual behaviour measures in this chapter are given for the men who had sex with a man in the last year – those who had no sex with a man in the last year are excluded from the following. The main sexual risk behaviour examined was sero-discordant unprotected anal intercourse (sdUAI). Measuring this behaviour is difficult as many men who have engaged in it probably do not know they have done so. We approach estimating it by asking men about their own HIV status, what they knew about the HIV status of their sexual partners, their engagement in anal intercourse and their use of condoms.

A second set of risk behaviours measured in 2005 were those that contribute to condom failure. The survey repeated a set of questions on condom failure from GMSS 2001.

3.1 HIV SERO-CONCORDANCY OF SEXUAL PARTNERS

All sexual HIV exposure occurs during sex between HIV infected and uninfected partners. Exposure that occurs between men who know they are sero-discordant may be driven by different unmet prevention needs than exposure occurring between men who do not know they are sero-discordant. Men in sero-discordant relationships have previously been identified as being particularly likely to be involved in sexual HIV exposure (see Reid *et al*. 2004, p.27).

We asked a series of questions to measure the proportion of men who knew they had sero-discordant sex in the last year. Men were asked *In the last 12 months, have you had sex with a man...*

who you knew at the time was HIV POSITIVE?

who you knew at the time was HIV NEGATIVE?

whose HIV status you DID NOT KNOW at the time?

The following table shows the proportion of each HIV testing history group who had each of the three types of partners (obviously men could have more than one type of partner).

Men who had sex with a man in the last year who gave their HIV testing history (n=15228, missing 206)		**% of all**	**% by HIV testing history**		
			Never tested (n=6296)	**Last test negative** (n=7904)	**Tested positive** (n=1028)
In the last 12 months, have you had sex with a man...	who you knew at the time was **HIV POSITIVE**	**10.5** (1605)	**2.6**	**10.8**	**57.3**
	who you knew at the time was **HIV NEGATIVE**	**39.6** (6036)	**33.0**	**43.9**	**47.9**
	whose HIV status you **DID NOT KNOW** at the time	**73.3** (11160)	**73.4**	**72.8**	**76.0**

For all three HIV testing history groups the most common type of sexual partner was one whose HIV status was not known and having this type of partner did not vary by HIV testing history. Almost three quarters of men had sex with a man whose status they did not know and who therefore could be discordant to their own. Over half (55.1%) of all men had sex *only* with men whose status they did not know. This was most common for men who had never tested (64.9%) and least common for men with diagnosed HIV (28.3%).

Having sexual partners known to have or known not to have HIV varied strongly by respondents HIV testing history. Men who had tested HIV positive were most likely to have had partners they knew

to have HIV (57.3%), with fewer of the negative men having a known positive partner (10.8%) and fewer again of the men who had never tested (2.6%). Positive men were also most likely to have a partner they knew did not have HIV (47.9% compared with 43.9% of negatives and 33.3% of never tested). This may be because HIV status is more frequently brought up with sexual partners by men with diagnosed HIV. The differences in having an HIV negative partner across the testing history groups were not as great as those of having an HIV positive partner.

3.1.1 Combining partners of different status

Obviously, any man can have sex with a number of partners of a variety of known and unknown HIV statuses. The following table shows the proportion of men in each HIV testing history group who had each of the seven possible combinations of the three partner types.

Men who had sex with a man in the last year who gave their HIV testing history (n=15125, missing 309)		**% by HIV testing history**		
		Never tested (n=6232)	**Last test negative** (n=7868)	**Tested positive** (n=1025)
HIV status of sex partners in the last 12 months	**POSITIVE** only	1.2	3.0	12.2
	NEGATIVE only	24.6	23.2	8.4
	UNKNOWN only	64.9	50.9	28.3
	NEGATIVE and **POSITIVE**	0.1	0.6	3.2
	UNKNOWN and **NEGATIVE**	7.9	15.1	5.9
	UNKNOWN and **POSITIVE**	0.6	2.0	11.5
	All three	0.8	5.2	30.5

Only having sexual partners of the same HIV status was relatively uncommon among both men with diagnosed HIV (12.2% had sex only with other positive men) and among those whose last test was negative (of whom 23.2% had sex only with men they thought were HIV negative). Not knowing the HIV status of any of your sexual partners was most common for men who had never tested for HIV (with 64.9% having partners of unknown status only). Another notable difference across the groups was that men who had tested positive were much more likely to have had all three types of partners than the other two testing history groups.

3.2 ANAL INTERCOURSE AND CONDOM USE

Men were asked separately about insertive and receptive anal intercourse, and about condom use when engaging in each of these behaviours. Firstly, they were asked *Still thinking about the last 12 months, have you fucked a man (been active in anal intercourse)?* Those who indicated *Yes* were asked *How often have you worn a condom when you fucked a man? (Never / Sometimes / Always)*. As confirmation, they were then asked *Just to check, have you fucked a man (been active) without a condom in the last 12 months?* An identical set of questions were asked about receptive anal intercourse.

3.2.1 Insertive anal intercourse

Overall 74.2% (11415/15380, missing =54 or 0.3%) had engaged in insertive anal intercourse in the last year. Of these (11309 men, missing=106 or 0.9%), 48.3% always used a condom, 38.8% sometimes used a condom and 12.9% never used a condom. Together this suggests that 38.4% of all homosexually active men had engaged in insertive unprotected anal intercourse (IUAI) with a man in the last year. When asked directly whether they had IUAI in the last year, 38.9% said they had.

3.2.2 Receptive anal intercourse

Overall 69.9% (10710/15312, missing =122 or 0.8%) had engaged in receptive anal intercourse in the last year. Of these (10616 men, missing=94 or 0.8%), 46.7% always used a condom, 39.2% sometimes used a condom and 14.1% never used a condom. Together this suggests 37.3% of all homosexually active men had engaged in receptive unprotected anal intercourse (RUAI) with a man in the last year. When asked directly whether they had RUAI in the last year, 38.8% said they had.

3.2.3 Combining insertive and receptive intercourse

The following table shows the proportions of men who had different combinations of insertive and receptive intercourse.

All men who had sex with a man in the last year (n=15111, missing 323)		**% insertive anal intercourse**			
		NO IAI	**IAI always condom**	**IAI sometimes condom**	**IAI never condom**
% receptive anal intercourse	**No RAI**	12.7	9.7	**5.8**	2.1
	RAI always condom	6.8	21.9	**3.5**	**0.4**
	RAI sometimes condom	**4.5**	**3.4**	**17.9**	**1.6**
	RAI never condom	1.9	**0.7**	**1.7**	5.5

Overall, 12.7% of homosexually active men had not had any anal intercourse in the last year. The remainder (87.3%) had engaged in anal intercourse with at least one male partner, though this does not mean these men had anal intercourse with all partners. The 87.3% who did have anal intercourse comprised 38.4% who always used condoms, 39.5% who sometimes used a condom and 9.5% who never used one.

This suggests that 48.9% of men who had any sex with a man in the last year had some unprotected anal intercourse with a man. The following table shows the same data separately for the three HIV testing history groups.

All men who had sex with a man in the last year by HIV testing history (n=14999, missing 291)		**% insertive anal intercourse**			
		NO IAI	**IAI always condom**	**IAI sometimes condom**	**IAI never condom**
% receptive anal intercourse	**No receptive AI (RAI)**	**12.7**	**9.7**	**5.8**	**2.1**
	% of never tested	18.2	10.0	4.8	1.9
	% of last test negative	9.0	10.0	6.6	2.4
	% of tested positive	6.9	5.0	4.6	0.9
	RAI always condom	**6.8**	**21.9**	**3.5**	**0.4**
	% of never tested	8.0	21.4	2.6	0.4
	% of last test negative	6.0	23.1	4.3	0.4
	% of tested positive	6.5	16.6	2.3	0.2
	RAI sometimes condom	**4.5**	**3.4**	**17.9**	**1.6**
	% of never tested	4.8	2.5	13.9	1.5
	% of last test negative	4.0	3.6	19.1	1.6
	% of tested positive	7.3	7.1	32.9	1.6
	RAI never condom	**1.9**	**0.7**	**1.7**	**5.5**
	% of never tested	2.3	0.6	1.7	5.6
	% of last test negative	1.7	0.7	1.8	5.6
	% of tested positive	1.3	0.6	1.3	5.0

Protected and unprotected anal intercourse were positively associated. That is, men who had protected anal intercourse were more likely to have unprotected anal intercourse than were men who did not have protected anal intercourse.

The pattern of anal intercourse and condom use was similar for men who had never tested and those who had tested negative, although men who had never tested were less likely to have anal intercourse at all. Although positive men were most likely to have any anal intercourse (93.1% vs. 91.0% of negative and 81.8% of never tested) they were also least likely to never use a condom (7.2% vs. 9.7% of last test negative and 9.8% of never tested men). This means that positive men were most likely to be condom users (85.9% vs. 81.3 vs. 72.0%). However, because positive were more likely to be inconsistent condom users, they were also most likely to have had unprotected anal intercourse (65.1% vs. 51.8% vs. 42.6%).

3.3 HIV STATUS OF UAI PARTNERS

Men who indicated they had insertive UAI in the last year were asked *Have you fucked a man (been active) without a condom...*

who you knew at the time was HIV POSITIVE?

who you knew at the time was HIV NEGATIVE?

whose HIV status you DID NOT KNOW at the time?

An identical question was asked of men who had receptive UAI. The following table shows the proportions of each testing history group that, with sexual partners of each HIV status, had no UAI, insertive only, receptive only or both insertive and receptive UAI.

Unprotected anal intercourse (UAI) in the last year according to HIV status of sexual partner, among homosexually active men (n=15050, missing 384)		**% by HIV testing history**		
		Never tested (n=6027)	**Last test negative** (n=7816)	**Tested positive** (n=1027)
With known POSITIVE partner	No UAI	98.9	96.5	53.9
	IUAI only	0.4	1.9	8.0
	IUAI & RUAI	0.4	1.1	29.3
	RUAI only	0.3	0.5	8.8
With UNKNOWN status partner	No UAI	73.0	70.3	57.6
	IUAI only	7.8	10.4	6.4
	IUAI & RUAI	12.5	12.3	22.7
	RUAI only	6.7	7.0	13.2
With known NEGATIVE partner	No UAI	78.8	67.0	78.9
	IUAI only	5.2	8.5	3.6
	IUAI & RUAI	10.8	17.6	7.2
	RUAI only	5.1	6.8	10.3

Small proportions of men who had not tested positive had UAI with known positive partners (1.1% of never tested and 3.5% of last test negative, or 2.4% of all men who had not tested positive). A much larger proportion of positive men had UAI with men they knew at the time to be HIV negative (21.1%). However, since 6.7% of the men who had sex with a man in the last year had tested HIV positive, 1.5% of the entire sample were positive men who had UAI with a known negative partner.

This table demonstrates that a range of risk reduction strategies seem to be occurring. Diagnosed positive men were significantly more likely to report no UAI with known negative partners (78.9%) compared to known positive (53.9%) and unknown status (57.6%) partners. Similarly, substantially fewer diagnosed positive men report insertive UAI with known negative partners (10.8%) compared to known positive (37.3%) and unknown status (29.1%) partners. Also, substantially fewer diagnosed positive men report receptive UAI with known negative partners (17.5%) compared to known positive (38.1%) and unknown status (35.1%) partners.

Among tested negative men a relatively small proportion report any UAI with known positive men (3.5% overall). This compares to almost a third of negative men reporting any UAI with unknown status and other known negative men (29.7% and 33.0% respectively). Among negative men almost twice as many report any insertive UAI (3.0%) with a known positive partner compared to any receptive UAI (1.6%). This differential between insertive and receptive UAI is far less pronounced when tested negative men have UAI with unknown status and known negative men: 22.7% had any insertive UAI with unknown status men compared to 19.3% reporting any receptive UAI; and 26.1% had any insertive UAI with known negative men compared to 24.4% reporting any receptive UAI.

A similar pattern emerges for men who had never tested. A very small proportion report any UAI with known positive men (1.1% overall). This compares to about a quarter of untested men reporting any UAI with other unknown status and known negative men (27.0% and 21.2% respectively). Among untested men a similar number report insertive (0.8%) and receptive (0.7%) UAI with known positive men. This compares to 20.3% who had any insertive UAI and 19.2% reporting any receptive UAI with another unknown status man; and 16.0% having any insertive UAI and 15.9% reporting any receptive UAI with a known negative man.

Elford J, Bolding G, Davis M, Sherr L, Hart G (2007)
Barebacking among HIV-positive gay men in London.
***Sexually Transmitted Diseases,* 34(2), 93-98.**

This paper compares survey data from 481 men who have sex with men (MSM) with diagnosed HIV infection attending a North London HIV clinic (October 2002-May 2003) and 66 MSM with diagnosed HIV living in London and recruited on-line in the chat-rooms and profiles sections of Gaydar and Gay.com (May-June 2003). Five men were thought to be in both samples.

The survey measured *seeking UAI partners* (on-line/off-line by perceived HIV status of partner) in the last 12 months and *having UAI* (main/casual by perceived HIV status of partner and where met) in the last 3 months.

Overall, 12% of the clinic sample and 49% of the internet sample had *sought* UAI in last 12 months. Of these, 58% in the clinic sample and 47% in the internet sample sought UAI only with other positive men (although this was not the same as their behaviour, see below). Only a small proportion of men seeking UAI *did not* use the internet to do so (8%, n=5 in the clinic sample and 3%, n=1 in the internet sample) but many of those who did use the intern*et al*so sought UAI partners elsewhere (50% in clinic sample and 55% in internet sample). This was the same for men seeking other positive UAI partners only and those seeking any UAI partners.

- Most men seeking UAI use the internet to do so but about half also look elsewhere.

In the clinic sample (n=481), 24% had UAI with *casual* partners in the last 3 months. This was 86% of men who sought UAI (in the last 12 months) and 15% of those who had not sought UAI. However, because only a minority of men had sought UAI this meant that the majority of those who had casual UAI (56% of them) had not sought it.

- Seeking UAI is strongly associated with having UAI, but the majority of positive men who have casual UAI do not seek it.

In the clinic sample overall, 6% had casual UAI only with men they thought were positive but 17% had casual UAI with men whose HIV status they did not know or they thought to be negative (of these, 55% also had casual UAI with men they thought to be positive).

- The majority of positive men having casual UAI do so with a risk of HIV transmission.

80% of men who said they sought UAI with a risk of HIV transmission (in the last 12 months) had casual UAI with a risk of HIV transmission in the last 3 months.

47% of the men who said they had sought UAI only with other positive men (in the last 12 months) had casual UAI with a risk of HIV transmission in the last 3 months

12% of the men who said they had not sought UAI (in the last 12 months) had casual UAI with a risk of HIV transmission in the last 3 months

- Seeking UAI with a risk of HIV transmission is strongly associated with having UAI with a risk of HIV transmission.
- Seeking UAI *without* a risk of HIV transmission is also strongly associated with having UAI with a risk of HIV transmission – that is, only about half of the HIV positive men in London who intend to 'sero-sort' do so.
- The majority of men who had sex with a risk of HIV transmission (77%) do not actively seek risky sex.

The authors conclude that "interventions should be tailored to meet the needs of the minority of HIV-positive Gay men who intentionally seek UAI with non-concordant partners." However, the paper contains no data to suggest what those needs are, nor what the needs are of the majority of men who have non-concordant UAI without seeking it, presumably the group in greater need.

3.3.1 Demographic differences in IUAI among men with diagnosed HIV

The most common way for men with HIV to pass their infection to other men is during insertive unprotected anal intercourse (IUAI). This section looks at this behaviour with sexual partners known to be HIV negative, and those whose status was unknown.

Among men with diagnosed HIV we found no significant differences in the proportion engaging in insertive UAI with negative and unknown status partners by: area of residence; ethnicity; education; income; current religious practice; or whether they had sex with women as well as men. These behaviours did vary by: age; relationship status; number of male sex partners in the last year; self-rating of attractiveness; and drug use (see chapter 4 for description of this data). The following table shows the differences across the sub-groups in the two risk behaviours and the two combined. Figures in italics show statistically significant ($p < .05$) differences across the groups, with the highest being in bold and the lowest being underlined.

Men with diagnosed HIV who had sex with a man in the last year (n=1029, missing 7)		**% who had IUAI in last year with...**		
		known negative	**unknown**	**known negative and / or unknown**
ALL homosexually active men with diagnosed HIV		10.7	29.1	31.6
Age	<20 (n=12)	8.3	***41.7***	***50.0***
	20s (n=149)	12.4	*29.7*	*31.0*
	30s (n=439)	13.6	*33.8*	*36.3*
	40s (n=348)	7.0	*25.1*	*27.2*
	50+ (n=110)	9.5	*20.0*	*24.8*
Regular male sex partner / relationship status	single (n=370)	*8.1*	*28.9*	*31.4*
	concordant relationship (n=195)	*7.7*	*29.2*	*30.8*
	discordant relationship (n=384)	***15.4***	*26.6*	*30.2*
	relationship unknown status (n=66)	*10.6*	***47.0***	***47.0***
Number of male sex partners in the last year	one (n=120)	*8.3*	*2.5*	*9.2*
	2, 3 or 4 (n=183)	*4.4*	*11.5*	*14.2*
	5 to 12 (n=223)	*9.9*	*23.8*	*26.5*
	13 to 29 (n=216)	*10.6*	*36.6*	*38.4*
	30+ (n=274)	***17.5***	***51.5***	***52.6***
Self-rating of attractiveness relative to other men	More attractive than average (n=478)	***14.2***	*31.6*	*34.9*
	About average (n=474)	*7.0*	*27.2*	*28.7*
	Less attractive than average (n=71)	*12.7*	*25.4*	*29.6*
Drug use #	No (n=450)	8.7	*24.9*	*26.9*
	Yes (n=569)	12.5	***32.7***	***35.5***

Any use of Ecstasy, LSD, Cocaine, Crack, Heroin, Speed, Crystal, Ketamine and / or GHB in the last year.

The two risk behaviours, insertive unprotected anal intercourse (IUAI) with known negative and unknown status partners varied in different ways across the groups. IUAI with known negative partners was more common among diagnosed positive men who considered themselves above average attractiveness, those in an HIV sero-discordant relationship and those with larger numbers of male partners. IUAI with partners of unknown status was most common among younger men, those using drugs, those with a regular partner of unknown status and, again, those with a larger numbers of male partners.

3.3.2 Demographic difference in RUAI among men without diagnosed HIV

The most common way for homosexually active men without HIV to get infected is during receptive unprotected anal intercourse (RUAI). This section looks at this specific behaviour with partners known to be HIV positive (1.6% had done it overall) and those whose status was unknown (19.3%).

Among men without diagnosed HIV we found no significant differences in the proportion engaging in receptive UAI with positive and unknown status partners by whether they had sex with women as well as men, or by self-rating of attractiveness. These behaviours did vary by: area of residence; age; ethnicity; education; income; current religious practice; relationship status; number of male partners in the last year; and drug use. The following table shows the differences across the sub-groups. Figures in italics show significant (p. <.05) differences across the groups, with the highest being in bold and the lowest being underlined.

Men whose LAST TEST WAS HIV NEGATIVE who had sex with a man in the last year (n=7850, missing 85)		**% who had receptive unprotected anal intercourse in last year with...**		
		known positive	**unknown**	**known positive and/ or unknown**
ALL homosexually active men tested HIV negative		1.6	19.3	20.1
Area of residence	London (n=2526)	2.0	*16.7*	*17.6*
	South England (n=1322)	1.4	20.8	21.6
	Midlands & Eastern England (n=1388)	1.4	20.0	20.7
	North England (n=1351)	1.3	19.7	20.4
	Wales (n=222)	1.8	***27.0***	***28.4***
	Scotland (n=435)	2.1	22.5	23.4
	Northern Ireland (n=103)	1.0	24.3	24.3
Age	<20 (n=358)	1.1	***26.8***	***27.7***
	20s (n=2536)	1.7	22.2	23.1
	30s (n=2588)	1.5	16.8	17.5
	40s (n=1583)	2.0	18.2	19.2
	50+ (n=760)	1.6	*16.3*	*17.4*
Ethnicity	Asian / Asian British (n=153)	1.3	17.0	17.6
	Black / Black British (n=123)	2.4	*13.8*	*15.4*
	Mixed (n=172)	0.6	16.3	16.9
	White British (n=6065)	1.7	***20.2***	***21.1***
	Other White (n=1178)	1.3	16.2	16.8
	Any other (n=135)	0.7	14.8	15.6
Years in full-time education post 16	None (n=1100)	1.9	***23.5***	***24.6***
	1 or 2 (n=1643)	2.0	22.2	23.2
	3 of more (n=5090)	1.4	*17.4*	*18.1*
Annual income	< £10,000 (n=1107)	1.4	22.0	22.9
	£10 – 20,000 (n=2103)	1.7	***22.8***	***23.7***
	£20 – 30,000 (n=1996)	2.0	18.5	19.6
	£30 – 40,000 (n=1189)	1.2	17.4	18.1
	£40,000 + (n=1356)	1.5	*14.5*	*15.0*

Current religious practice	No religious practice (n=5391)	1.9	19.9	20.9
	Judaism (n=71)	*0.0*	12.7	*12.7*
	Christianity (n=1822)	1.0	17.2	17.8
	Islam (n=73)	1.4	13.7	15.1
	Buddhism (n=139)	*0.0*	23.0	23.0
	Paganism (n=118)	***3.4***	22.9	***25.4***
	All other religions (n=162)	1.2	17.3	17.9
Regular male sex partner/ relationship status	single (n=2926)	1.0	18.6	19.1
	concordant relationship (n=3814)	*0.8*	*16.1*	*16.7*
	discordant relationship (n=322)	***15.5***	19.9	28.0
	relationship of unknown status (n=685)	2.2	***39.3***	***39.6***
No. of male sexual partners in the last year	one (n=1380)	1.0	*8.0*	*9.0*
	2, 3 or 4 (n=2052)	1.0	13.8	14.6
	5 to 12 (n=2048)	*0.9*	21.1	21.7
	13 to 29 (n=1217)	2.2	27.4	28.3
	30+ (n=1071)	***4.2***	***31.9***	***33.1***
Drug use #	No (n=5506)	*1.0*	*16.7*	*17.4*
	Yes (n=2317)	***3.2***	***25.3***	***26.6***

Any use of Ecstasy, LSD, Cocaine, Crack, Heroin, Speed, Crystal, Ketamine and / or GHB in the last year.

Having RUAI with a known positive partner was associated with practising Paganism, using drugs, being in a sero-discordant relationship and having larger numbers of male partners. It was most strongly associated with being in a sero-discordant relationship: compared to single men, those in discordant relationships were 15 times more likely to have been receptive in UAI with a known positive partner (odds ratio 15.4, 95%CI 9.4-25.0, adjusted for religion, drug use and volume of male partners).

Having RUAI with partners of unknown status was much more common than with known positive partners in all groups, including men in sero-discordant relationships. Doing so was associated with living in Wales, being younger, having fewer years of education, lower income, being White British, using drugs and having larger numbers of male partners. However, it was most strongly associated with being in a relationship of unknown HIV concordancy: those in unknown status relationships were 2.8 times more likely to have RUAI with an unknown status partner than were single men (odds ratio 2.79, 95CI 2.31-3.39, adjusted for other demographics).

So both RUAI with known HIV positive partners and RUAI with partners of unknown status were closely associated with being in a relationship with that type of partner.

Frankis JS, Flowers P (2006)
Cruising for sex: sexual risk behaviours and HIV testing of men who cruise, inside and outwith public sex environments (PSE).
***AIDS Care*, 18(1), 54-59.**

This paper reports data from a survey of 216 men using 'the bushes' to meet sexual partners in Brighton over a four week period in 2001. The response rate was 56%. The mean age was 37 years, 96% were White, 74% were employed, 62% were educated to A-level and 65% were single. The demographic profile of respondents was similar to that of the 628 men living in Brighton & Hove who completed GMSS in 2001. Use of cruising grounds was very popular among Brighton residents with 40% of GMSS 2001 respondents saying they had done it in the last month and 58% having done it in the last year. It did not appear to be more common among men with diagnosed HIV.

In this study 69% had ever received an HIV test result (compared with 67% in GMSS 2001) and 11% had been diagnosed with HIV (compared with 9% in GMSS 2001). The authors state they found a much higher prevalence of diagnosed HIV than in the local Gay community but the comparison group they use is men living across the South East (ie. Kent, Surrey, Sussex, Hampshire and the Thames Valley).

About half of the respondents' male sex partners were met in the bushes. The survey confirms the common finding that public sex environment (PSE) users have more sexual partners than non-PSE users: 46% had thirty or more sex partners in the last year compared with 14% in GMSS 2001. However, they appear to be less likely to have engaged in unprotected anal intercourse in the last year: 30% had done so compared with 51% in GMSS 2001. This can partly be explained by the low level of men in relationships, a common context for UAI. But this also meant that the majority of the respondents' UAI was with partners whose HIV status they could not be sure was the same as their own.

Whether men who use PSE are more or less likely (than men who do not use them) to be involved in sexual HIV exposure and sexual HIV transmission continues to be unclear.

3.4 EXPERIENCE OF CONDOM FAILURE

Questions about condom failure were repeated from GMSS 2001. Men who had worn a condom for IAI in the last year were asked *Have any of the condoms YOU'VE worn SPLIT or COME OFF while you were fucking a man? (No / Yes)*. Of men who had worn condoms, 12.7% (1248/9816, 95% CI 12.0%-13.4%, missing for 33 condom wearers) said they had experienced failure at least once. This figure was not significantly different from the 2001 figure of 12.3% (Reid *et al*. 2002).

Condom failure was significantly associated with inconsistent condom use: 16.0% of those who had sometimes used a condom for IAI experienced failure compared with 10.0% of those who always used condoms for IAI.

3.4.1 Condom failure risk behaviours

A set of questions about condom failure that were asked in the survey in 2001 were repeated in the 2005 survey, with very similar results.

All men who had worn a condom for insertive anal intercourse (IAI) in the last year were asked: *All of the following contribute to condoms tearing or slipping. Which have you done in the last 12 months?* They were asked to tick as many as applied from a list of seven behaviours highlighted in a randomised controlled trial of factors as contributing to condom failure (Golombok *et al*. 2001). The following table gives the behaviours and the proportion of condom users who indicated each, ordered by most common first.

Men who had worn a condom during insertive anal intercourse in the last year (n= 9136, missing 19)	% of all condom users	% by experience of failure		Odds ratio (95% CI)
		NO failure (n=7909)	ANY failure (n=1227)	
Fucking for over half an hour without changing the condom	19.0	15.3	42.8	2.7 (2.4 – 3.2)
Using saliva as a lubricant	17.2	15.7	27.4	ns
Not using any lubricant	13.2	11.0	27.1	1.6 (1.4 – 1.9)
Not using lots of water-based lubricant on the outside of the condom	10.9	8.6	25.4	2.0 (1.7 – 2.4)
Using a condom that's too short for your cock	8.1	5.4	25.5	3.7 (3.1 – 4.4)
Unrolling the condom before putting it on your cock	7.3	6.5	12.0	ns
Putting lubricant inside the condom before putting it on	7.1	6.4	11.6	ns

All seven behaviours were individually associated with any experience of condom failure, being significantly more common among those who experienced failure than those who did not. In a multiple logistic regression with any experience of failure as the outcome and the seven behaviours as the factors, four factors showed independent associations with failure (shown in bold in the table). These were: fucking for over half an hour without changing the condom; not using any lubricant; not using lots of water-based lubricant on the outside of the condom; using a condom that's too short for your cock. Variation in these four measures across demographic groups is addressed in the next section.

3.4.2 Demographic variation in condom failure behaviours

The following table shows differences across demographic groups in the proportion of condom users who experienced failure, and the proportions who engaged in four key condom failure related behaviours. Figures in italics show statistically significant ($p < .05$) differences across the groups, with the highest being in bold and the lowest being underlined.

Age, income, drug-use and number of partners showed clear patterns where younger men, those with smaller incomes, drug-users and men with larger numbers of male partners were more likely to engage in most condom failure related behaviours and were more likely to experience failure.

Men who wore a condom for insertive anal intercourse in the last year		Any condom failure in last year	% who engaged in condom failure related behaviours			
			Fucking for over half an hour without changing the condom	Not using any lubricant	Not using lots of water-based lubricant on the outside of the condom	Using a condom that's too short for your cock
ALL using condoms for IAI last year		12.7	19.0	13.2	10.9	8.1
Area of residence	London (n=2852)	*11.4*	*15.6*	*11.8*	11.0	*7.0*
	South England (n=1617)	*12.0*	*18.9*	*12.8*	10.7	*8.3*
	Midlands & Eastern England (n=1760)	*11.5*	*18.7*	*12.0*	9.4	*6.5*
	North England (n=1733)	*14.3*	*20.8*	*14.9*	11.0	*10.0*
	Wales (n=333)	***15.9***	*25.6*	***20.7***	13.0	**11.7**
	Scotland (n=610)	*14.3*	*22.7*	*13.2*	12.5	*8.4*
	Northern Ireland (n=168)	*10.7*	***25.9***	*13.6*	11.7	*7.4*
Age	<20 (n=818)	***18.9***	***33.2***	***26.4***	***17.1***	***14.9***
	20s (n=3351)	*13.8*	*23.2*	*16.3*	*12.4*	*8.9*
	30s (n=2956)	*11.1*	*15.8*	*11.2*	*9.7*	*6.5*
	40s (n=1803)	*11.4*	*13.3*	*8.1*	*8.8*	*7.0*
	50+ (n=856)	*10.9*	*11.8*	*5.8*	*7.1*	*5.8*
Ethnicity	Asian / Asian British (n=168)	*16.1*	*20.0*	**17.3**	*9.3*	8.7
	Black / Black British (n=173)	13.9	*17.7*	*13.9*	*13.9*	10.1
	Mixed (n=199)	15.1	***24.6***	16.9	**17.5**	12.0
	White British (n=7892)	12.6	19.4	13.0	10.4	8.0
	Other White (n=1221)	13.1	16.7	13.8	12.9	8.3
	Any other (n=138)	6.5	*12.0*	5.6	*6.4*	2.4
Years in full-time education post 16	None (n=1441)	***15.4***	18.8	13.5	10.7	8.2
	1 or 2 (n=2204)	*12.7*	**22.8**	**15.8**	12.0	8.6
	3 of more (n=6151)	*12.1*	*17.7*	*12.2*	10.5	7.9
Annual income	< £10,000 (n=1644)	**16.2**	21.3	**18.6**	**14.1**	9.4
	£10 – 20,000 (n=2709)	13.5	**21.6**	13.7	11.1	8.5
	£20 – 30,000 (n=2394)	11.8	17.6	11.7	10.9	7.6
	£30 – 40,000 (n=1398)	11.4	17.4	12.0	9.1	7.5
	£40,000+ (n=1547)	10.3	*15.7*	*9.8*	*8.4*	7.2
Current religious practice	No religious practice (n=6688)	*12.0*	19.0	13.0	11.0	8.0
	Judaism (n=75)	*21.3*	24.7	15.1	17.8	6.8
	Christianity (n=2382)	*13.1*	17.9	13.0	9.8	8.3
	Islam (n=92)	***21.7***	24.7	16.9	13.5	10.1
	Buddhism (n=143)	*16.1*	20.2	11.6	10.1	7.8
	Paganism (n=167)	*18.0*	27.3	14.9	13.0	5.2
	All other religions (n=170)	*15.9*	18.2	13.2	8.8	9.4
Regular male sex partner / relationship status	single (n=3896)	*11.8*	*16.7*	*12.3*	*10.7*	*6.3*
	concordant relationship (n=4256)	*12.0*	*20.1*	*13.2*	*12.7*	*8.9*
	discordant relationship (n=582)	*15.3*	*19.3*	*11.2*	***14.3***	*8.9*
	relationship of unknown status (n=972)	***17.7***	***22.3***	***17.5***	*10.0*	***10.4***
No. of male sexual partners in the last year	one (n=1198)	*11.9*	*13.1*	*8.7*	*7.0*	*6.0*
	2, 3 or 4 (n=2643)	*9.6*	*16.7*	*11.5*	*9.8*	*6.2*
	5 to 12 (n=2799)	*11.8*	*18.9*	*13.7*	*10.4*	*8.2*
	13 to 29 (n=1648)	*14.1*	*22.0*	*14.8*	*12.3*	*8.3*
	30+ (n=1457)	***18.7***	***24.3***	***16.7***	***15.5***	***12.5***
Drug use #	No (n=6883)	*11.5*	*17.1*	*12.4*	*10.1*	*7.4*
	Yes (n=2885)	***15.6***	***23.7***	***15.1***	***12.8***	***9.7***

Any use of Ecstasy, LSD, Cocaine, Crack, Heroin, Speed, Crystal, Ketamine and / or GHB in the last year.

3.5 SUMMARY AND CONCLUSIONS

The most common type of sexual partners were those whose HIV status was not known. This was the case irrespective of respondents' own HIV status, with three quarters of all men having had a male sexual partner of unknown HIV status in the last year. Clearly, sex that features no discussion of HIV status is the norm among men in the UK suggesting most men have ample opportunity for involvement in HIV exposure, irrespective of their HIV testing history or perceived status.

Men with diagnosed HIV were more likely to know the status of sexual partners than other men – they are much less likely to have sex only with men whose status they did not know. However, few men with diagnosed HIV have sex only with other men known to have HIV and men with diagnosed HIV were more likely to have sex with a known sero-discordant partner than men without diagnosed HIV.

Anal intercourse (AI) is a common sex act, with 87% of all men engaging in it within the last year. Among men who had AI, never using a condom was relatively rare - only 11% did so. However, inconsistent condom use was as common as consistent use. Almost half of all men who had sex with another man in last year had some unprotected anal intercourse.

These data provide further evidence of the large on-going potential for new HIV transmissions with partners of unknown status: 29% of diagnosed positive men had *insertive* UAI with a partner of unknown status in the last year (rising to 52% of diagnosed positive men with thirty or more male sex partners); 19% of men whose last test was negative had *receptive* UAI with a partner of unknown status in the last year, as had 19% of men who had never tested (rising to 32% of untested men with thirty or more partners).

The data suggest fewer men are engaging in risk behaviours where they know their partner is sero-discordant: 11% of positive men had *insertive* UAI with a known negative partner (rising to 18% for diagnosed positive men with thirty or more partners); 2% of men whose last test was negative had *receptive* UAI with a known positive partner, as did 1% of men who had never tested.

- **Interventions addressing needs associated with naive sexual risk taking (ie. with unknown status partners) should be targeted at men with large numbers of male partners.**
- **Interventions addressing needs associated with cognizant risk (ie. where men know they and their partner are sero-discordant) should target positive men with large numbers of male partners and all men in sero-discordant relationships.**

4 Drug use and smoking

This chapter looks at health related behaviours other than sex, specifically alcohol, drug and tobacco use. The needs associated with these behaviours are described in Chapter 5.

4.1 SMOKING TOBACCO

The *Gay Men's Sex Survey* is an HIV prevention needs assessment. All the questions should relate in some way or other to HIV transmission and prevention. However, there have been calls for the survey to broaden its remit and to become a more general sexual health needs assessment, or even a general health survey for Gay men and Bisexual men. We feel it is much more important for sexuality to be asked in all health surveys than for all aspects of health to be addressed in Gay men's HIV prevention surveys. There continue to be far too many publicly funded health surveys that do not routinely include any measure of sexual identity. This is the route we advocate for gaining more information about Gay men's health. However, in the absence of any other data and in response to several calls from our collaborators, we included two tobacco use questions in 2005.

A number of Gay-specific smoking cessation programmes have been run. These could be justified in terms of need (Gay men are more likely to smoke), acceptability (Gay men prefer Gay-specific groups) and / or effectiveness (Gay men are more likely to stop smoking in Gay-specific groups). This survey is concerned with the first of these, need for smoking cessation programmes.

Several US studies have shown the incidence of smoking to be higher in Lesbian / Bisexual women than in heterosexual women but found no differences between Gay / Bisexual men and heterosexual men (Austin *et al*. 2004; Burgarda *et al*. 2004; Lee Ridner *et al*. 2006).

In GMSS 2005 all men were asked *Do you smoke tobacco at all nowadays?* They were asked to tick as many as apply from: *Cigarettes / Cigars / A pipe / No, not at all*.

Do you smoke tobacco at all nowadays? (n=16327, missing 99)		**% sample**
Not at all		59.6
Any tobacco smoking		40.4
Cigars		2.8
A pipe		0.6
In joints		10.6
Cigarettes	less than 10 per day	12.2
	more than 10 per day	23.2

Overall 40.4% of all men indicated they smoked tobacco in some form nowadays, 88% of whom smoked cigarettes. Smoking one form of tobacco was associated with smoking other forms: cigar smokers were more likely to smoke cigarettes (51.5%) than non-cigar smokers (34.9%); as were pipe-smokers (53.7% vs. 35.2%). Two thirds (65.8%) of those who smoked tobacco in (Marijuana) joints also smoked cigarettes.

4.1.1 Comparison with general population

The following table compares data from the UK General Household Survey 2005 (Goddard 2006) and GMSS 2005 on the prevalence of smoking among men aged 16 years and over. The comparison uses the six ages bands used by the General Household Survey (GHS).

Comparison of prevalence of smoking among men, across six age bands	% General Household Survey 2005 (n=10038)	% GMSS 2005 (n=16156)
16-19	23	35.0 (504/1439)
20-24	34	36.3 (1018/2803)
25-34	34	37.9 (1845/4870)
35-49	29	36.1 (1928/5340)
50-59	25	25.7 (308/1197)
60 and over	14	14.6 (74/507)

Figure 4.1.1 shows the same data in a visual form. At every age, GMSS suggests that Gay and Bisexual men are more likely to be smokers than the general population of men (which also contains some Gay and Bisexual men). Among men in the 20-24 year bracket (the age at which smoking is most common in the general population), and among the men aged over 50, the differences were not substantial. However, among the 16-19 year olds and among those aged 25 to 49, smoking was substantially more common among Gay and Bisexual men than among men in the General Household Survey. This suggests that, compared to heterosexual men, Gay and Bisexual men start smoking earlier and continue smoking for longer.

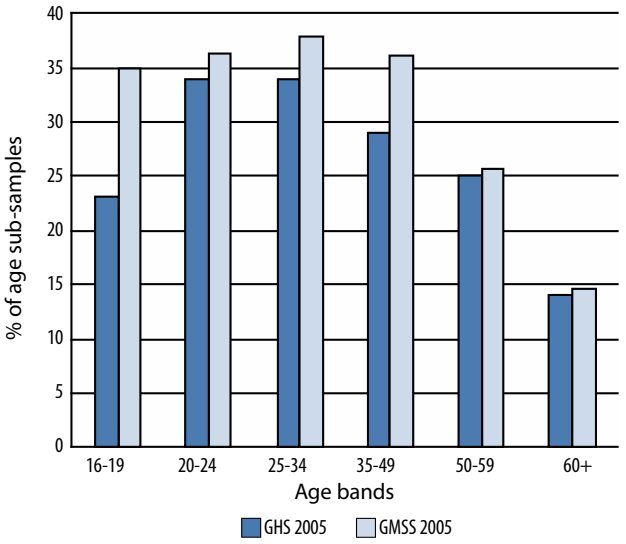

Figure 4.1.1: Comparison of smoking prevalence across the age range: the *General Household Survey* 2005 and the *Gay Men's Sex Survey* 2005

4.1.2 Demographic variation in smoking

The following table shows how smoking cigarettes varied across the different demographic groups.

All men		% cigarette smoking		
		No smoking	<10 per day	>10 per day
Area of residence	London (n=4316)	64.7	14.0	21.3
	South England (n=2717)	65.6	10.9	23.5
	Midlands & Eastern England (n=3015)	64.9	12.3	22.8
	North England (n=3015)	64.0	11.0	25.0
	Wales (n=581)	65.2	8.8	26.0
	Scotland (n=1063)	67.5	9.5	23.0
	Northern Ireland (n=297)	60.9	15.5	23.6
Age	<20 (n=1491)	65.3	16.0	18.7
	20s (n=5306)	62.5	16.2	21.3
	30s (n=4659)	62.5	11.5	26.0
	40s (n=3047)	65.4	8.2	26.4
	50+ (n=1704)	77.6	5.0	17.4
Ethnicity	Asian / Asian British (n=365)	71.5	17.8	10.7
	Black / Black British (n-=239)	69.9	19.7	10.5
	Mixed (n=326)	58.6	20.9	20.6
	White British (n=13191)	65.0	10.9	24.0
	Other White (n=1847)	61.6	16.9	21.5
	Any other (n=246)	75.6	14.6	9.8
Years in full-time education post 16	None (n=2596)	57.3	10.4	32.4
	1 year (n=1183)	57.9	12.6	29.5
	2 years (n=2588)	60.9	11.9	27.2
	3-5 year (n=5418)	65.4	12.6	22.0
	6+ years (n=4436)	72.8	12.8	14.4
Annual income	< £10,000 (n=3053)	65.0	14.1	20.9
	£10 – 20,000 (n=4563)	59.3	13.3	27.4
	£20 – 30,000 (n=3836)	63.6	11.7	24.7
	£30 – 40,000 (n=2174)	69.1	10.1	20.8
	£40,000 + (n=2382)	73.4	10.2	16.3
Current religious practice	No religious practice (n=10915)	63.5	12.3	24.2
	Judaism (n=130)	73.8	13.1	13.1
	Christianity (n=4024)	68.7	10.9	20.4
	Islam (n=185)	63.2	18.9	17.8
	Buddhism (n=253)	70.8	12.3	17.0
	Paganism (n=244)	55.3	17.6	27.0
	All other religions (n=340)	66.2	13.8	20.0
HIV testing history	Never tested (n=7035)	69.7	11.3	19.0
	Tested negative (n=8059)	62.5	12.9	24.6
	Tested positive (n=1056)	52.1	12.4	35.5

Gender of sexual partners	No partners (n=771)	77.6	8.0	14.4
	Women only (n=208)	69.2	12.0	18.8
	Men & women (n=1924)	66.7	12.7	20.6
	Men only (n=13360)	63.8	12.3	23.8
No. of male sexual partners in the last year	one (n=3067)	67.2	12.4	23.5
	2, 3 or 4 (n=4447)	65.7	12.5	21.9
	5 to 12 (n=3698)	63.4	13.1	23.6
	13 to 29 (n=2010)	61.4	11.9	26.7
	30+ (n=1765)	59.8	10.8	29.5
Self-rating of attractiveness relative to other men	Much more attractive (n=1241)	57.8	15.0	27.2
	Somewhat more attractive (n=4727)	63.2	14.3	22.5
	About average (n=8299)	66.2	11.0	22.8
	Somewhat less attractive (n=1613)	68.4	9.5	22.1
	Much less attractive (n=313)	65.2	10.9	24.0

The demographic groups least likely to smoke were men aged over 50 and men who had no sex in the last year (these are not the same group of men – only 5.5% of men over 50 had no sex in the last year and only 12.3% of men who had no sex in the last year were over 50). Jews and Buddhists, men with 6 or more years post-16 education and those with an income over £40,000 were also less likely to smoke at all.

Out of all the demographic groups, smoking was most common among men who had tested HIV positive, where 47.9% smoked and 35.5% smoked more than ten cigarettes per day.

The next chapter (on unmet needs) describes patterns of wanting to stop smoking.

4.2 USE OF OTHER RECREATIONAL DRUGS

Men were asked *In the last year how often (on average) you have used each of the following drugs...* They were instructed to give a tick for each of fourteen different drugs using a four point scale to denote frequency of use. The following shows the proportion of the sample taking each with four frequencies and the absolute number of men who had taken them. The drugs are ordered by the size of the proportion taking them at least once in the last year.

In the last year how often (on average) you have used each of the following drugs... (n=16310, missing 116)	**% frequency of use (number of men)**			
	once a week or more often	**once or twice a month**	**once or twice in past year**	**Not at all in the last year**
Alcohol	66.8 (10891)	16.1 (2622)	8.7 (1411)	8.5 (1386)
Poppers / Amyl Nitrate	11.6 (1895)	11.8 (1929)	15.9 (2594)	60.6 (9892)
Marijuana / Cannabis / Grass	7.2 (1169)	4.9 (805)	15.6 (2550)	72.3 (11786)
Ecstasy / E	2.5 (407)	5.1 (829)	10.9 (1784)	81.5 (13290)
Viagra / Cialis / Kamagra / Leveitra	3.4 (551)	5.5 (904)	8.5 (1390)	82.6 (13465)
Cocaine / Coke	2.0 (331)	3.6 (588)	11.2 (1819)	83.2 (13572)
Ketamine / K	1.4 (234)	2.2 (365)	5.5 (890)	90.9 (14821)
Speed / Amphetamine	0.9 (148)	1.1 (187)	5.2 (845)	92.8 (15130)
Tranquillisers / Benzodiazipines / Bennys	1.2 (192)	0.9 (143)	2.0 (334)	95.9 (15641)
GHB	0.5 (88)	0.8 (132)	2.3 (369)	96.4 (15721)
Crystal / Methamphetamine / Tina	0.3 (49)	0.5 (82)	2.0 (327)	97.2 (15852)
LSD / Acid	0.3 (53)	0.3 (49)	2.2 (357)	97.2 (15851)
Crack cocaine	0.3 (49)	0.3 (48)	0.8 (125)	98.6 (16088)
Heroin	0.3 (56)	0.2 (25)	0.5 (77)	99.0 (16152)

In the last year, alcohol was by far the most commonly used drug with 91.5% of all men having used it at least once. The next most common drugs used were Poppers (39.4% of all) and Marijuana (27.7%). No other drug had been used by more than 20% of the sample in the last year, although use of Ecstasy (18.5%); Viagra (17.4%); and Cocaine (16.8%) was very common. Only two other drugs had been used by more than 5% of all men: Ketamine (9.1%) and Speed (7.2%). The remaining drugs had been used by 1-4% of the whole sample in the last year including Crystal (2.8% of all men). While Crystal may have particularly spectacular addictive qualities it remains hard to see why it occupies such a large part of the current drugs debate, except by reference to fadishness and the tendency to generate moral panic among both the HIV sector and the media.

Figure 4.2 shows the same data in a visual form, but only for the users of each drug in the last year. In terms of frequency of use, alcohol out-strips all other drugs, with two-thirds using alcohol more than once per week. Not only was alcohol the most commonly used drug, it was the drug with the largest proportion of users being frequent users, with 73% of users in the last year using weekly or more often.

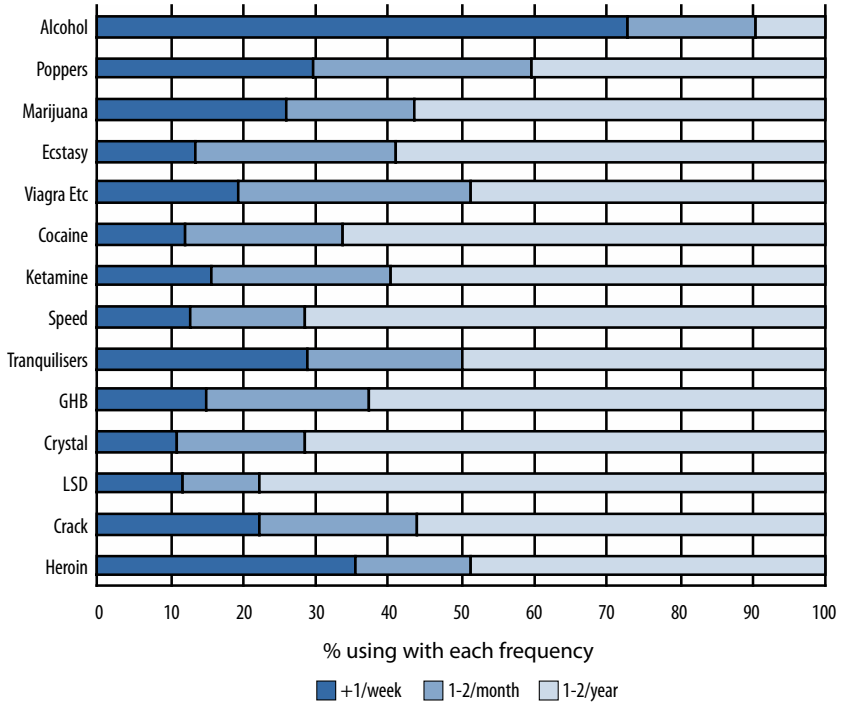

Figure 4.2: Frequency of alcohol and drug use, among users of those drugs in the last year.

All other drugs, which were used by smaller proportions of the population, were also used less frequently. Among users of each drug, frequency of use was highest for Poppers, Viagra, Heroin and Tranquilisers. Frequency of use was lowest for users of Crystal, LSD, Cocaine, Speed, Ecstasy and GHB. Among users of each of these drugs in the last year, 11-14% had used each of them in the last week. Hence, 2.8% of the entire sample had used Crystal in the last year and 11% of these men had used it at least once in the week preceding the survey (or 0.3% of all men had used Crystal in the last week).

4.2.1 Poly drug use

The following table shows the overlapping use of drugs. For each drug (down the left hand column) the figures show the proportion of all respondents who used that drug, the proportion who used that drug but none of the other fourteen drugs in the table, and the proportion of users of that drug who also used each of the other drugs. So, for example, 92.3% used alcohol in the last year, 36.8% used alcohol but *none* of the other drugs, and of those who did use alcohol 41.1% also used Poppers, 29.3% also used Marijuana, *etc*.

Use of every drug was positively associated with use of every other drug and the majority of users of any one drug also took one or more of the other drugs in the last year. Apart from alcohol, which was used exclusively by 36.8% of respondents, no other drug was exclusively used by more than 1% of the sample.

	% any use of that drug in last year	% only used that drug in last year	% of users of that drug that also used...													
			Alcohol	Poppers	Marijuana	Ecstasy	Viagra etc.	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
Alcohol	92.3	36.8	--	41.1	29.3	19.7	17.9	17.9	9.6	4.2	7.7	3.8	2.9	3.0	1.4	1.0
Poppers	39.4	0.9	96.6	--	42.5	33.2	28.8	29.5	17.7	6.6	14.0	7.0	5.2	5.4	2.6	1.3
Marijuana	27.7	0.3	97.6	60.3	--	43.1	27.3	39.3	21.4	8.9	18.3	8.3	6.9	8.0	3.7	2.2
Ecstasy	18.5	0.0	98.5	70.5	64.5	--	39.0	67.6	43.8	12.0	31.7	17.1	12.9	13.4	5.6	3.0
Viagra etc.	17.4	0.4	95.1	65.1	43.3	58.6	--	37.7	28.8	12.3	17.1	13.5	11.1	8.5	4.3	2.3
Cocaine	16.8	0.1	98.3	69.2	65.0	74.6	39.2	--	43.5	13.3	30.9	17.5	13.7	13.1	6.9	3.1
Ketamine	9.1	0.0	97.6	76.1	65.1	88.8	54.9	79.9	--	17.2	37.7	31.4	22.7	19.1	8.2	4.0
Speed	7.2	0.0	97.9	75.9	70.1	81.2	41.2	71.7	47.6	17.8	--	23.6	19.0	24.7	10.3	5.7
Tranquillisers	4.1	0.1	95.0	63.5	60.1	54.0	52.2	54.6	38.3	--	31.4	23.3	19.0	17.9	11.1	8.5
GHB	3.6	0.0	97.1	76.1	63.5	87.8	65.0	81.3	79.3	26.5	47.4	--	41.8	29.0	14.9	8.0
Crystal	2.8	0.0	96.7	72.9	68.6	84.9	68.8	82.1	73.8	27.7	48.9	53.7	--	34.9	21.0	12.0
LSD	2.8	0.0	97.1	76.0	78.4	88.5	52.7	78.0	62.1	26.1	63.4	37.3	34.9	--	19.8	12.0
Crack	1.4	0.0	97.7	75.7	75.2	76.1	55.0	84.7	55.0	33.3	55.0	39.6	43.2	41.0	--	27.5
Heroin	1.0	0.0	96.2	53.8	63.3	57.0	41.8	54.4	38.0	36.1	42.4	29.7	34.8	34.8	38.6	--

Among users of any of the less popular drugs, poly drug use was the norm, suggesting phrases such as "Crystal users" are not particularly helpful. For example, among the 2.8% of men that used Crystal in the last year, more than three quarters had also used Ecstasy and Cocaine; more than two thirds had also used Ketamine, Poppers, Viagra and Marijuana; more than half had used GHB and Speed; a third had used LSD; a quarter had used Tranquilisers; a fifth had used Crack and one-in-eight had used Heroin.

Bolding G, Hart G, Sherr L, Elford J (2006)
Use of Crystal methamphetamine among Gay men in London.
***Addiction,* 101 (11), 1622-1630(9).**

This paper summarises measures of Crystal methamphetamine use from five surveys of Gay men recruited in various settings in London. Response rates and incomplete data means the data presented represents between 44% and 48% of men in the setting. The usable sample were those men who provided complete data on drug use and sexual behaviour.

Location	Time	Usable sample / total sample	% HIV positive	Crystal use % (number of men)			
				> 1 per week	1-2 per month	< 1 per month	Not at all
Central London Gyms	Jan-Mar 2005	494/ 552 (89%)	16	1.2 (6)	4.3 (21)	12.3 (61)	82.2 (406)
	Jan-Mar 2004	653/ 746 (88%)	18	0.6 (4)	5.7 (37)	14.4 (94)	79.3 (518)
	Jan-Mar 2003	445/ 550 (81%)	15	1.3 (6)	2.7 (12)	15.7 (70)	80.2 (357)
HIV treatment clinic	Oct 2002-May 2003	388/ 528 (73%)	100	0.5 (2)	3.1 (12)	9.0 (35)	87.4 (339)
Men taking an HIV test at NHS sexual health clinics	Oct 2002-Nov 2003	266/ 404 (66%)	0	0.0 (0)	2.6 (7)	5.6 (15)	91.7 (244)

Note: Frequency of Crystal use and proportion tested HIV positive in the 2003 and 2004 gym studies were kindly supplied by Graham Bolding

Any Crystal use in the last year was highest among the gym users (21% had used in the last year) followed by the HIV positive men attending a HIV treatment centre (13% had used in the last year) then among men taking an HIV test (8% had used). Among all men surveyed who had used Crystal in the last year, 70% had used it once or twice only (no significant variation by recruitment site). The three gyms surveys found no evidence of change in the proportion of men who took Crystal in the last year.

Most Crystal users were poly drug users. Of 206 men who had used Crystal in the last 12 months, 184 (89%) has also used either Cocaine, Ecstasy, Ketamine or Speed. Of the men who took Crystal in the last year, 75% had also used Viagra. Drug use was positively associated with HIV sexual risk behaviours strengthening the observation that:

- Men who use drugs are more likely to be involved in sexual HIV transmission than men who do not use drugs.

4.3 VARIATION ACROSS DEMOGRAPHIC GROUPS IN DRUGS USED AT LEAST ONCE PER MONTH

The following tables show how drugs used in the last month varied by the demographic characteristics described in Chapter 2. Figures in with bold and underline show statistically significant ($p < .05$) differences across the groups, with the highest being in bold and the lowest being underlined.

4.3.1 Area of residence and drugs used in the last month

The following table shows how drug use in the last month varied by area of residence.

Area of residence	% used drugs at least once a month by area of residence													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
London (n=4334)	83.8	**26.9**	**14.2**	**12.4**	**11.0**	**9.6**	**7.0**	**3.5**	1.6	**2.7**	**1.8**	0.7	0.7	0.7
South England (n=2729)	83.4	23.4	12.8	8.2	5.6	3.9	2.6	1.8	1.9	0.7	0.4	0.6	0.5	0.3
Mid & Eastern Eng (n=3019)	82.0	23.3	10.7	7.6	5.1	3.6	1.6	1.1	1.7	0.6	0.3	0.3	0.3	0.3
North England (n=3023)	84.6	23.1	11.6	7.9	9.1	5.0	3.5	1.7	**3.0**	1.2	0.3	0.6	0.7	0.5
Wales (n=580)	84.3	21.7	8.6	6.9	4.0	2.4	1.2	1.4	2.4	0.2	0.3	0.7	1.0	0.5
Scotland (n=1063)	80.7	18.4	9.1	5.5	4.3	3.2	0.9	1.3	1.3	0.8	0.4	0.6	0.4	0.3
N. Ireland (n=300)	78.3	23.0	9.7	5.7	6.3	3.3	1.0	2.0	**3.0**	0.3	1.0	1.7	0.3	0.0

There were geographic differences in the prevalence of all drug use in the last month, except LSD, Crack and Heroin. Differences were minor in relation to alcohol. Men living in London were most likely to use Poppers, Marijuana, Viagra, Ecstasy, Cocaine, Ketamine, Tranquillisers, GHB and Crystal. Men living in North England and Northern Ireland were most likely to use Speed.

4.3.2 Age and drugs used in the last month

The following table shows how drug use in the last month varied by age.

Age groups	% used drugs at least once a month by age groups													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
14 – 19 (n=1487)	80.6	16.4	13.2	1.4	6.0	4.3	2.5	0.6	**3.0**	0.9	0.5	0.9	1.0	**1.1**
20 – 24 (n=2820)	**86.3**	18.4	**13.5**	2.5	**9.6**	**7.2**	3.4	1.3	**3.0**	1.4	0.7	**1.0**	1.0	0.5
25 – 29 (n=2503)	84.9	23.1	**13.6**	4.8	**9.3**	**7.0**	4.5	1.8	2.4	1.8	1.0	0.5	0.3	0.2
30 – 34 (n=2376)	84.3	26.6	12.8	7.2	9.1	**7.0**	4.0	2.7	2.0	1.5	**1.3**	0.7	0.5	0.3
35 – 39 (n=2300)	82.7	**28.3**	12.8	12.2	9.0	**7.2**	**5.2**	2.4	2.2	**2.0**	1.0	0.6	0.6	0.5
40 – 49 (n=3061)	80.6	27.6	11.2	13.7	5.7	3.8	3.6	**2.9**	1.3	1.0	0.6	0.3	0.5	0.4
50 + (n=1709)	79.2	20.4	5.9	**21.2**	2.2	1.6	1.3	2.0	0.4	0.4	0.4	0.2	0.3	0.6

There were significant age differences for all drugs apart from Crack. Generally men in their 20s and 30s had the largest proportion using each drug in the last month, and men over 50 or under 20 were least likely to use any drug. Alcohol was most popular amongst men in their 20s, Poppers amongst men between 30 and 40, Marijuana among those below 30. Use of Viagra increased with increasing age, reflecting age-related erectile dysfunction.

4.3.3 Ethnicity and drugs used in the last month

The following table shows how drug use in the last month varied by ethnicity.

Ethnicity	% used drugs at least once a month by ethnic groups													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
Asian / Asian British (n=362)	59.1	17.4	9.1	6.9	5.8	4.7	2.8	1.9	1.7	1.1	0.8	1.1	0.8	0.8
Black / Black British (n=232)	64.7	14.7	**18.5**	6.9	9.5	7.8	4.7	2.2	2.2	1.3	1.3	1.7	2.2	1.3
Mixed (n=329)	80.2	21.9	**18.2**	10.0	**10.0**	**9.1**	**4.6**	1.5	3.3	2.4	**3.3**	**2.1**	**2.4**	1.5
White British (n=13332)	**84.0**	**23.9**	11.5	9.1	7.2	5.3	3.5	1.9	2.1	1.2	0.6	0.5	0.5	0.4
Other White (n=1862)	**85.0**	**23.7**	15.1	8.5	**10.4**	7.8	**4.9**	**3.4**	1.8	**2.6**	1.6	0.8	0.6	0.4
All others (n=246)	65.0	17.1	10.6	6.5	5.3	4.9	3.7	2.4	2.4	1.6	2.0	1.2	2.0	**2.0**

There were differences in drug use by ethnic group for all drugs except Speed and Viagra. Men of mixed ethnicity were often most likely to have used specific drugs in the last month, and men of Asian or White British ethnicity least likely to have done so. Crystal use was least common among White British men.

4.3.4 Education and drugs used in the last month

The following table shows how drug use in the last month varied by the amount of full-time education respondents' had received since the age of 16.

Years in full-time education post-16	% used drugs at least once a month by education													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
None (n=2605)	79.0	**25.6**	12.2	**11.2**	7.9	6.1	3.4	2.3	**3.0**	1.2	0.7	0.8	**1.0**	0.8
1 year (n=1189)	82.0	22.3	12.3	8.2	6.5	5.8	3.3	1.9	2.9	1.0	0.8	0.8	0.8	0.4
2 years (n=2594)	83.2	23.8	**13.6**	8.1	8.3	6.0	4.1	1.7	2.7	1.3	0.7	0.7	0.7	0.5
3-5 year (n=5436)	**84.4**	23.5	13.2	8.7	**8.1**	5.8	3.6	2.0	1.8	1.5	0.7	0.5	0.4	0.4
6+ years (n=4445)	83.4	22.3	9.8	8.5	6.6	4.9	3.8	2.2	1.3	1.4	1.0	0.5	0.5	0.4

Prevalence of drug use in the last month varied slightly by educational attainment but only for some of the drugs: alcohol, Poppers, Marijuana, Viagra, Ecstasy, Speed and Crack. Variation was not consistent: men with no full-time education beyond the age of 16 were most likely to use Poppers, Viagra, Speed and Crack. Men with 2 years of education beyond the age of 16 were most likely to use Marijuana, and men with 3-5 years were most likely to have used alcohol and Ecstasy in the last month.

4.3.5 Annual income and drugs used in the last month

The following table shows how drug use in the last month varied by annual income.

Annual income	% used drugs at least once a month by annual income													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
< £10,000 (n=3060)	76.8	17.5	**13.7**	4.9	5.8	4.1	2.7	1.9	**2.7**	1.0	0.8	**0.9**	0.8	0.8
£10 – 20,000 (n=4585)	82.2	22.9	13.3	7.4	8.1	5.1	3.3	1.7	2.5	1.0	0.5	0.5	0.6	0.3
£20 – 30,000 (n=3839)	84.0	24.4	12.5	9.7	**9.1**	6.2	4.3	2.2	1.8	1.3	0.8	0.5	0.4	0.3
£30 – 40,000 (n=2188)	86.7	26.6	10.8	10.7	7.3	**7.0**	4.2	2.1	1.5	1.9	1.2	0.6	0.5	0.4
£40,000 + (n=2385)	**87.1**	**28.7**	8.2	**13.9**	7.0	6.5	**4.4**	2.6	1.5	**2.0**	1.2	0.7	0.7	0.8

Drug use in the last month varied by annual income levels for all drugs except Tranquillisers, Crystal and Crack. However, variation was inconsistent: higher earning men were more likely to use alcohol, Poppers, Viagra, Ecstasy, Cocaine, Ketamine and GHB. Lower earning men are more likely to use Marijuana, Speed and LSD.

4.3.6 Current religious practice and drugs used in the last month

The following table shows how drug use in the last month varied by the current religous practice of respondents.

Current religious practice	% used drugs at least once a month by current religious practice													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
NO religion (n=10957)	**84.9**	**24.7**	13.0	8.9	8.3	6.2	4.1	2.0	2.1	1.3	0.7	0.6	0.5	0.4
Christianity (n=4031)	81.1	20.9	7.9	8.6	5.3	4.2	2.4	1.6	1.6	1.2	0.5	0.4	0.5	0.4
Buddhism (n=252)	71.0	21.8	17.1	12.7	4.8	4.8	3.6	2.4	1.6	0.8	1.6	0.8	0.4	0.0
Paganism (n=245)	81.2	19.2	**22.0**	7.3	9.4	3.7	3.3	**4.9**	1.6	2.0	2.0	2.0	0.8	0.8
Islam (n=184)	44.6	22.8	15.2	9.2	9.8	9.2	**6.0**	3.8	**4.3**	**4.9**	**4.9**	**3.3**	**5.4**	**3.8**
Judaism (n=131)	78.6	22.1	16.0	**16.0**	**10.7**	6.1	5.3	4.6	3.1	2.3	1.5	0.0	0.8	0.0
Other (n=339)	72.9	19.5	15.3	8.0	6.8	5.0	5.0	4.1	4.1	1.8	2.4	2.1	1.5	1.5

Current religious practice was significantly related to use of each of the drugs in the last month. Perhaps unsurprisingly Islamic men were much less likely to have used alcohol than others, though they were most likely to have used Ketamine, Speed, GHB, Crystal, LSD, Crack and Heroin. Jewish men were most likely to have used Viagra and Ecstasy, and Pagan men were most likely to have used Marijuana and Tranquillisers. Men who currently practiced no religion were most likely to have used alcohol and Poppers.

4.3.7 HIV testing history and drugs used in the last month

The following table shows how drug use in the last month varied by HIV testing history.

HIV testing history	% used drugs at least once a month by HIV testing history													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
Never tested (n=7049)	81.1	15.7	8.6	4.9	4.2	3.4	1.2	1.0	1.5	0.5	0.4	0.4	0.4	0.4
Tested negative (n=8088)	**85.0**	27.8	13.6	9.6	9.0	6.7	4.3	2.2	2.2	1.4	0.7	0.7	0.6	0.4
Tested positive (n=1059)	79.1	**41.2**	**22.7**	**29.9**	**19.0**	**13.0**	**15.7**	**8.1**	**4.0**	**6.0**	**4.2**	**1.3**	**1.5**	**1.4**

HIV testing history was significantly related to use of each drug in the last month. Men with diagnosed HIV were least likely to use alcohol but most likely to have used every other drug. Men who had tested negative were more likely to have used all the individual drugs compared to men that had never tested for HIV.

Dodds J & Mercey D (2006)
Sexual Health Survey of Gay Men in London 2005: Annual Summary Report.
University College London, Centre for Sexual Health and HIV Research.

This research report contains data from the tenth survey of homosexually active men using GUM services and the Gay commercial scene in London. The survey asked men to self-complete a short survey and to provide a saliva sample for HIV testing. Hence, respondents can therefore be divided into men who have HIV and those who do not, as well as into those who have diagnosed HIV and those who do not.

Of the 1515 men who supplied an oral sample, 12.9% (n=195) had HIV infection, of which 64.6% (n=126/195) had diagnosed HIV. Among all men with HIV, the survey found no significant differences between the sexual behaviour of those who had been diagnosed and those who had not.

The survey asked about use of seven drugs in the last year. The following table shows the proportion that had used each drug and the differences in use between men who had HIV and those who did not. For comparison, the table also shows the proportion of London residents in GMSS 2005 using each drug and the difference between men who had tested positive and those who had not.

Men using each drug at least once in the last year	Sexual Health Survey of Gay Men MSM recruited in London in 2005				Gay Men's Sex Survey 2005 MSM living in London			
	% ALL	% by HIV status			% ALL	% by HIV testing history		
		Not HIV infected	HIV infected	Odds ratio		Not tested positive	Tested positive	Odds ratio
Poppers	63.1	62.1	74.9	1.82	44.0	41.7	60.8	2.17
Cocaine	46.4	45.3	58.5	1.70	28.7	25.7	50.0	2.89
Ecstasy	42.8	41.3	54.5	1.70	28.1	25.2	49.4	2.90
Ketamine	30.0	27.5	47.6	2.39	17.2	13.8	41.3	4.39
Speed	17.1	16.2	27.8	1.99	7.6	6.3	16.7	2.98
GHB	13.1	11.6	25.5	2.61	6.8	5.0	19.0	4.46
LSD	6.4	5.9	15.3	2.88	3.6	2.5	11.0	4.82

Use of all seven drugs was higher in the Sexual Health Survey of Gay Men in London (SHS GML) than in GMSS. However, the rank order of drugs from most commonly used to least commonly used was identical across the two surveys. The rank order is also the same in all the four sub-groups except for a single difference (GHB was common than Speed among tested positive men in GMSS). This is probably the correct rank order for the popularity of these seven drugs.

In both surveys, every drug had been used by more positive men than not-positive men (the odds ratios show how much more likely the positive men were to have used the drug compared with the not-positive men). The differences in drug use between the tested-positive and the not-tested-positive men in GMSS was greater than the difference between the infected and not-infected in SHS GML (all of the ratios for the odds of taking drugs depending on being positive or not are higher in GMSS than in SHS GML). That is there was less difference between the positive and not positive men in SHS GML than in GMSS. The SHS GML recruits not-positive men who look more similar to positive men than does GMSS. Given that SHS GML recruits in clinics and on the Gay commercial scene this may not be surprising.

4.3.8 Gender of sexual partners and drugs used in the last month

The following table shows how drug use in the last month varied by the gender of sexual partners of respondents in the last year.

Gender of sexual partners in the last year	% used drugs at least once a month by gender of sexual partners													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
None (n=771)	67.2	3.2	6.0	0.5	0.8	0.9	0.1	1.3	0.5	0.3	0.1	0.1	0.1	0.0
Women only (n=213)	77.9	3.3	10.3	2.3	0.9	1.4	0.5	0.0	0.9	0.5	0.0	0.0	0.0	0.0
Men & women (n=1918)	81.8	20.4	**14.9**	**10.4**	6.6	**6.8**	3.1	**2.5**	**3.9**	**2.0**	**1.6**	**1.8**	**1.8**	**1.3**
Men only (n=13408)	**84.0**	**25.4**	12.1	9.3	**8.2**	5.8	**4.0**	2.1	1.9	1.3	0.7	0.5	0.5	0.4

The gender of respondents' sexual partners in the last year was significantly related to drug use in the last month. Homosexually active men were much more likely to have used all the drugs in the last month than men exclusively heterosexual or men with no partners. These differences were most extreme with use of Poppers, Viagra and Cocaine.

4.3.9 Number of male sexual partners and drugs used in the last month

The following table shows how drug use in the last month varied by the volume of male sexual partners in the last year.

No. of male partners last year	% used drugs at least once a month by numbers of male partners in the last year													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
one (n=3074)	78.9	11.6	8.9	2.9	2.8	2.5	0.8	1.1	0.8	0.5	0.2	0.3	0.3	0.3
2,3 or 4 (n=4462)	85.3	16.5	10.9	4.9	5.6	4.1	2.0	1.5	1.7	0.3	0.4	0.3	0.3	0.2
5 to 12 (n=3714)	86.1	26.5	11.8	8.7	8.2	6.0	3.7	1.7	1.9	1.2	0.5	0.4	0.5	0.3
13 to 29 (n=2012)	84.5	39.6	15.6	14.6	14.0	9.4	7.2	3.4	3.2	2.8	1.0	0.8	0.9	0.7
30+ (n=1777)	84.0	**49.8**	**20.0**	**28.4**	**15.9**	**12.3**	**10.5**	**4.7**	**4.6**	**4.6**	**3.5**	**2.2**	**1.9**	**1.6**

Drug use was positively associated with the number of male partners men had in the last year. The larger the number of male partners the more likely men were to have used each of the drugs in the last month. The only exception was alcohol where all men with more than one partner had similar levels of alcohol use.

4.3.10 Self-rating of attractiveness and drugs used in the last month

The following table shows how drug use in the last month varied by the self-rated attractiveness of respondents.

Self-rating of attractiveness relative to other men	% used drugs at least once a month by self-rated attractiveness													
	Alcohol	Poppers	Marijuana	Viagra etc.	Ecstasy	Cocaine	Ketamine	Tranquillisers	Speed	GHB	Crystal	LSD	Crack	Heroin
Much more attractive (n=1245)	82.3	29.0	**20.0**	**15.5**	**14.6**	**13.7**	**7.1**	**4.7**	**5.6**	**5.1**	**3.4**	**2.5**	**2.4**	**2.4**
Somewhat more attractive (n=4746)	**86.8**	**28.1**	14.2	10.6	10.5	7.7	5.2	2.3	2.2	1.7	0.8	0.5	0.5	0.4
About average (n=8322)	82.5	21.6	10.6	7.6	5.9	3.9	2.7	1.5	1.5	0.7	0.4	0.4	0.4	0.3
Somewhat less attractive (n=1616)	76.6	16.5	7.5	6.4	2.7	2.2	1.8	1.9	1.2	0.5	0.3	0.3	0.2	0.2
Much less attractive (n=309)	68.3	18.1	11.7	3.9	5.5	5.2	1.9	3.9	4.5	2.3	1.9	**2.3**	1.9	1.3

Men with higher self-ratings of attractiveness were significantly more likely to use each of the drugs compared to men who self-rated as average and less than average attractiveness.

4.4 SUMMARY AND CONCLUSIONS

Gay men are often said to be more likely to smoke than heterosexual men. This survey suggests a more subtle picture wherein Gay and Bisexual men start smoking younger than the wider male population and smoke for longer. Among all sub-groups of men, those with diagnosed HIV were most likely to smoke and were most likely to be heavy smokers. While there may be several explanations for this finding, we urge health promoters concerned with the health of diagnosed positive men not to wait until the reasons for the association are unpicked before focussing efforts on smoking cessation with this group.

Illicit drug use has long been associated with Gay and Bisexual men and the data in this chapter shows widespread drug use. Exclusive use of any drug other than alcohol was rare, and most men who used one drug also used others. Most demographic characteristics showed mixed associations with drug use (with different drugs being more commonly used by different sub-groups). However men with diagnosed HIV were, as a group, more likely to take all drugs than men without HIV. There was a similar positive association between high numbers of male sexual partners in the last year and drug use. This is further evidence of the pressing need for drugs treatment and support services as part of comprehensive HIV health promotion programmes.

Crystal methamphetamine has undoubtedly arrived in the UK. Its use was less widespread than most other drugs but increasing availability will probably result in increased usage. Early uptake of Crystal has occurred among groups of men most likely to use other drugs and most users of Crystal were poly drug users.

5 Unmet health needs

This chapter describes needs for control over tobacco, alcohol and other drugs. It also reports on experiences of verbal and physical assault in the last year.

5.1 CONTROL OVER TOBACCO, ALCOHOL AND OTHER DRUGS

5.1.1 Desire to stop smoking

All men were given the statement *I would like to stop smoking tobacco* and asked to *agree* or *disagree* using the following scale: *Strongly agree / Agree / Not sure / Disagree / Strongly disagree*. The following table shows the responses of men who smoked cigarettes in the last year, also sub-divided by those who smoked less than 10 per day or 10 or more per day.

I would like to stop smoking tobacco		% strongly agree	% agree	% not sure	% disagree	% strongly disagree
Cigarette smokers in the last year	ALL smokers (n=5660)	35.1	32.6	17.4	10.4	4.3
	<10 per day (n=1948)	34.8	33.4	18.8	10.9	2.2
	10+ per day (n=3712)	35.3	32.5	16.6	10.0	5.5

Among all cigarette smokers, 67.7% indicated they did want to stop smoking, a very similar proportion to the national figure of 66% of all smokers (Department of Health 2003). Heavier smokers had significantly stronger opinions than lighter smokers with slightly larger proportions strongly agreeing *and* strongly disagreeing, with fewer in the neutral area.

5.1.2 Concern about alcohol use

Men were given the statement *I sometimes worry about how much I drink*. They were asked to *agree* or *disagree* using the same scale as above. The following table shows the responses to the statement for all men who drank alcohol in the last year followed by the responses of those who drank with different frequencies (more than once per week, once or twice a month, and less than once per month).

I sometimes worry about how much I drink		% strongly agree	% agree	% not sure	% disagree	% strongly disagree
Alcohol drinkers in the last year	ALL drinkers (n=14608)	7.0	22.6	10.3	34.1	26.1
	>1 per week (n=10737)	8.4	28.5	11.8	34.8	16.6
	1-2 per month (n=2543)	2.3	7.7	7.1	37.7	45.3
	<1 per month (n=1328)	4.2	3.5	4.1	21.7	66.4

Overall, 29.6% of drinkers were concerned about their alcohol use (since 91.5% of respondents drank in the last year this was 27% of the entire sample). Concern was associated with frequency of use, rising to 36.9% among the men who drank more than weekly (67% of the entire sample). Despite the media, policy and intervention attention given to other drugs, alcohol remains by far the largest contributor to drug-related concern among Gay men, and probably the largest contributor to drug-related harm.

5.1.3 Concern about drug use

Men were given the statement *I sometimes worry about my recreational drug use*. They were asked to *agree* or *disagree* using the same scale as above. The following table shows the responses to this single statement from the sub-groups of men who used each of thirteen different drugs in the last year, followed by the responses of those who used that drug with different frequencies (more than once per week, once or twice a month, and less than once per month).

I sometimes worry about my recreational drug use		% strongly agree	% agree	% not sure	% disagree	% strongly disagree
Poppers users	ALL users (n=6121)	4.8	13.5	11.6	32.0	38.1
	>1 per week (n=1782)	5.6	16.0	12.0	32.1	34.3
	1-2 per month (n=1832)	4.4	14.7	12.1	34.7	34.1
	<1 per month (n=2407)	4.6	10.7	10.9	29.9	43.8
Marijuana users	ALL users (n=4435)	5.2	16.0	12.1	37.2	29.4
	>1 per week (n=1158)	9.1	24.4	14.9	34.6	17.0
	1-2 per month (n=792)	5.2	18.1	14.3	40.2	22.3
	<1 per month (n=1158)	3.3	11.5	10.1	37.5	37.5
Ecstasy users	ALL users (n=2987)	7.0	24.4	14.0	38.3	16.4
	>1 per week (n=393)	15.3	28.8	14.8	24.9	16.3
	1-2 per month (n=825)	7.3	32.7	14.4	34.9	10.7
	<1 per month (n=1769)	5.0	19.5	13.6	42.8	19.1
Viagra etc. users	ALL users (n=2664)	6.5	15.3	11.2	33.1	33.9
	>1 per week (n=506)	7.9	16.0	10.5	31.0	34.6
	1-2 per month (n=853)	7.0	15.2	14.0	33.5	30.2
	<1 per month (n=1305)	5.7	15.1	9.7	33.6	35.9
Cocaine users	ALL users (n=2709)	7.3	24.0	12.7	39.5	16.6
	>1 per week (n=320)	20.3	26.9	13.1	21.9	17.8
	1-2 per month (n=584)	6.8	33.7	16.3	32.9	10.3
	<1 per month (n=1805)	5.1	20.3	11.5	44.7	18.4
Ketamine users	ALL users (n=1470)	9.5	28.0	13.6	35.2	13.8
	>1 per week (n=226)	13.7	27.9	14.2	25.7	18.6
	1-2 per month (n=361)	9.4	33.5	11.1	35.7	10.2
	<1 per month (n=883)	8.4	25.7	14.5	37.4	14.0
Tranquilliser users	ALL users (n=637)	7.1	19.5	11.1	30.8	31.6
	>1 per week (n=181)	10.5	13.8	12.2	23.2	40.3
	1-2 per month (n=135)	5.9	23.0	11.9	31.9	27.4
	<1 per month (n=321)	5.6	21.2	10.3	34.6	28.3
Speed users	ALL users (n=1162)	9.5	23.9	14.0	37.3	15.3
	>1 per week (n=141)	22.0	17.0	16.3	22.0	22.7
	1-2 per month (n=185)	11.4	31.4	17.3	30.3	9.7
	<1 per month (n=836)	6.9	23.4	12.9	41.4	15.3
GHB users	ALL users (n=580)	9.0	28.6	14.5	33.1	14.8
	>1 per week (n=85)	9.4	20.0	11.8	22.4	36.5
	1-2 per month (n=128)	9.4	29.7	16.4	34.4	10.2
	<1 per month (n=367)	8.7	30.2	14.4	35.1	11.4

Crystal users	ALL users (n=445)	12.8	26.3	15.7	31.0	14.2
	>1 per week (n=44)	25.0	11.4	13.6	18.2	31.8
	1-2 per month (n=80)	20.0	21.3	17.5	31.3	10.0
	<1 per month (n=321)	9.3	29.6	15.6	32.7	12.8
LSD users	ALL users (n=450)	10.7	23.8	13.8	35.8	16.0
	>1 per week (n=48)	20.8	14.6	10.4	12.5	41.7
	1-2 per month (n=47)	8.5	23.4	21.3	34.0	12.8
	<1 per month (n=355)	9.6	25.1	13.2	39.2	13.0
Crack users	ALL users (n=213)	16.4	13.6	9.1	11.4	36.4
	>1 per week (n=44)	29.5	13.6	9.1	11.4	36.4
	1-2 per month (n=46)	23.9	26.1	17.4	15.2	17.4
	<1 per month (n=123)	8.9	18.7	17.9	35.0	19.5
Heroin users	ALL users (n=150)	14.7	14.7	16.0	20.7	34.0
	>1 per week (n=51)	23.5	13.7	9.8	9.8	43.1
	1-2 per month (n=25)	12.0	16.0	24.0	20.0	28.0
	<1 per month (n=74)	9.5	14.9	17.6	28.4	29.7

There was evidence for an association between frequency of specific drug use and concern about drug use for ten of the thirteen drugs (Heroin use was not significant probably due to small numbers of men; Viagra and Tranquillisers were borderline significant).

The majority of users of any one drug also used another drug, so the responses were not of groups who only use that drug. However, the user groups least concerned about their drug use were Poppers users (18% concerned) and Marijuana users (21% concerned). At the other end of the spectrum, 38% of Ketamine users and 38% of GHB users were concerned about their drug use, rising to 39% of Crystal users and 40% of Crack users.

5.1.4 Demographic variation in concern over tobacco, alcohol and other drug use

The following table shows the proportion of men in need in relation to smoking, alcohol and other drug use, by each of the demographic characteristics described in chapter 2.

All homosexually active men		% agreement with statement		
		I would like to stop smoking tobacco	I sometimes worry about how much I drink	I sometimes worry about my recreational drug use
Area of residence	London (n=3452)	58.2	31.1	18.0
	South England (n=2139)	57.7	27.8	13.6
	Midlands & Eastern England (n=2363)	57.3	26.7	13.6
	North England (n=2387)	58.2	29.2	14.6
	Wales (n=471)	56.9	27.5	12.3
	Scotland (n=880)	59.1	27.8	12.5
	Northern Ireland (n=265)	64.5	30.3	19.2
Age	14 – 19 (n=1317)	53.0	23.1	16.3
	20 – 24 (n=2396)	54.8	28.2	16.7
	25 – 29 (n=2073)	58.6	29.2	16.7
	30 – 34 (n=1922)	59.1	31.1	16.2
	35 – 39 (n=1810)	61.0	29.3	15.3
	40 – 49 (n=2296)	59.0	29.5	12.5
	50 + (n=1107)	64.3	30.3	14.1
Ethnicity	Asian / Asian British (n=293)	66.9	33.7	28.2
	Black / Black British (n=180)	58.9	26.1	21.7
	Mixed (n=278)	59.0	29.0	23.8
	White British (n=10415)	57.5	29.1	14.2
	Other White (n=1555)	61.4	27.8	17.8
	Any other (n=209)	60.8	25.7	22.9
Years in full-time education post-16	None (n=2085)	61.5	26.6	16.5
	1 year (n=995)	60.9	27.4	16.2
	2 years (n=2147)	58.6	26.0	16.1
	3 – 5 years (n=4351)	57.5	30.1	14.9
	6 + years (n=3346)	56.3	30.9	14.5
Annual income	< £10,000 (n=2608)	53.4	26.6	15.9
	£10 – 20,000 (n=3721)	61.0	27.4	16.6
	£20 – 30,000 (n=2981)	59.4	28.3	14.8
	£30 – 40,000 (n=1676)	58.7	32.1	14.2
	£40,000 +(n=1798)	58.0	32.8	14.1
Current religious practice	NO religion (n=8729)	57.5	29.3	14.6
	Christianity (n=3158)	60.5	28.7	16.2
	Buddhism (n=195)	62.1	27.6	22.8
	Paganism (n=209)	49.3	23.1	10.5
	Islam (n=151)	62.3	32.3	29.5
	Judaism (n=105)	54.3	18.4	16.4
	Other religions (n=273)	58.2	27.0	18.9

HIV testing history	Never tested (n=5579)	56.4	27.1	13.9
	Tested negative (n=6420)	59.8	31.0	16.0
	Tested positive (n=862)	59.5	24.9	19.8
Gender of sexual partners in the last year	No partners (n=599)	55.4	24.5	13.6
	Women only (n=180)	53.9	24.9	9.5
	Men & women (n=1610)	58.0	26.6	17.5
	Men only (n=10574)	58.6	29.6	15.3
No. of male sexual partners in the last year	one (n=2423)	57.8	27.0	12.5
	2,3 or 4 (n=3522)	59.1	29.6	14.5
	5 to 12 (n=2951)	58.8	30.5	15.5
	13 to 29 (n=1640)	58.4	29.7	18.0
	30+ (n=1428)	56.8	28.2	19.1
Self-rating of attractiveness	Much more attractive (n=1040)	61.3	30.1	21.8
	Somewhat more attractive (n=3826)	59.7	30.9	17.1
	About average (n=6500)	58.2	27.7	13.5
	Somewhat less attractive (n=1293)	53.2	28.5	13.9
	Much less attractive (n=250)	53.2	27.9	15.8

Concern about alcohol and drug use varied geographically. Men living in London and Northern Ireland were most likely to be concerned about their alcohol and drug use.

Desire to stop smoking, and worry about drug and alcohol use all varied by age. Desire to stop smoking was more common with increasing age with those over 50 most likely to want to stop. Concern about alcohol use rose with increasing age, peaking among men 30-34 years of age. Similarly, worry about drug use decreased from age 35 onwards.

Desire to stop smoking and concern about drug use varied by ethnicity with Asian men most likely to want to stop smoking and most concerned about their drug use. White British men had the least concern about their drug use. All measures varied by current religious practice: Jewish and Pagan men were least likely to want to stop smoking: Islamic and Buddhist men were most likely. Islamic men were most likely to be concerned about their alcohol use, Jewish men least likely. Men with no religion were least concerned about their drug use, Islamic men were most concerned.

Desire to stop smoking decreased with increasing education, though men with more than three years in education since the age of 16 were most likely to be concerned about their alcohol use. All measures varied by income. Men with the lowest income were less likely to want to stop smoking or be concerned about their alcohol use but were most likely to be concerned about their drug use.

Men who had tested for HIV were most likely to want to stop smoking. Men who had tested negative were more likely to be concerned about alcohol and drug use than men who had tested HIV positive, who in turn were more concerned than those who had never tested.

All measures varied by gender of sexual partners in the last year, with exclusively homosexually active men most likely to want to stop smoking and most likely to be worried about alcohol and drug use. Alcohol and drug measures varied by numbers of male partners in the last year. There was slight variation in concern over alcohol consumption with men who had between 5 and 12 partners most likely to be concerned about alcohol. Concern about drug use rose with increasing numbers of male partners.

5.2 EXPERIENCE OF ABUSE, ATTACK AND POLICE REPORTING

Homophobic and transphobic verbal abuse and physical assault are common experiences for Gay men and Bisexual men (Keogh *et al*. 2006). This survey added further weight to this observation.

5.2.1 Prevalence of physical attack and verbal abuse

Respondents were asked whether, in the last year, they had been physically attacked or assaulted or verbally abused because of their sexuality. Overall, in the last year, 8.3% (1345/16252) had been physically attacked and 31.7% had been verbally abused (5115/16158) because of their sexuality. The following table demonstrates the degree of variation in experiences of verbal abuse and physical assault by the key demographics.

All homosexually active men		**% experienced in the last year**	
		Physical attack	**Verbal abuse**
Area of residence	London (n=4280)	6.8	29.0
	South England (n=2708)	7.6	30.4
	Midlands & Eastern England (n=3000)	8.5	31.8
	North England (n=2994)	9.9	37.5
	Wales (n=578)	9.1	32.2
	Scotland (n=1057)	7.7	31.1
	Northern Ireland (n=298)	10.4	36.6
Age	14 – 19 (n=1478)	19.4	58.9
	20 – 24 (n=2790)	11.2	41.9
	25 – 29 (n=2488)	7.3	33.4
	30 – 34 (n=2340)	7.0	28.1
	35 – 39 (n=2271)	6.5	25.8
	40 – 49 (n=3046)	5.6	24.4
	50 +(n=1691)	3.7	14.5
Ethnicity	Asian / Asian British (n=353)	7.6	24.6
	Black / Black British (n=229)	8.7	17.0
	Mixed (n=325)	11.6	37.2
	White British (n=13122)	8.1	32.1
	Other White (n=1834)	9.1	33.0
	Any other (n=248)	7.7	17.3
Years in full-time education post 16	None (n=2574)	10.1	29.4
	1 year (n=1182)	10.6	39.7
	2 years (n=2582)	10.0	36.9
	3 – 5 years (n=5388)	7.7	32.5
	6 + years (n=4395)	6.3	26.8
Annual income	< £10,000 (n=3039)	13.5	43.8
	£10 – 20,000 (n=4549)	9.3	35.7
	£20 – 30,000 (n=3806)	6.9	28.6
	£30 – 40,000 (n=2163)	5.5	25.0
	£40,000 +(n=2358)	4.1	19.5

Current religious practice	NO religion (n=10859)	7.9	32.8
	Christianity (n=3994)	7.6	26.8
	Paganism (n=240)	19.3	50.0
	Buddhism (n=250)	9.9	37.6
	Islam (n=182)	12.6	26.9
	Judaism (n=130)	8.5	26.9
	Other (n=340)	12.7	36.8
HIV testing history	Never tested (n=7009)	7.5	29.1
	Tested negative (n=7997)	8.9	34.2
	Tested positive (n=1033)	7.9	30.2
Gender of sexual partners in the last year	No partners (n=767)	6.7	31.3
	Women only (n=207)	2.9	12.1
	Men & women (n=1893)	7.9	21.4
	Men only (n=13291)	8.5	33.4
No. of male sexual partners in the last year	one (n=3047)	7.1	30.2
	2,3 or 4 (n=4443)	7.7	32.0
	5 to 12 (n=3680)	8.3	31.9
	13 to 29 (n=1985)	9.8	33.4
	30+ (n=1757)	11.1	34.2
Self-rating of attractiveness	Much more attractive (n=1223)	12.9	34.7
	Somewhat more attractive (n=4696)	7.7	33.1
	About average (n=8267)	7.4	29.3
	Somewhat less attractive (n=1603)	9.7	36.0
	Much less attractive (n=311)	14.3	38.9

Experience of being physically attacked or verbally abused varied geographically. Men in Northern Ireland and the North of England reported the highest rates of attack and abuse. The lowest rates were reported by men resident in London.

The proportion of men who had experienced physical attack and verbal abuse decreased with increasing age. In the last year, more than half (58.9%) of teenagers had experienced verbal abuse and almost a fifth (19.4%) had experienced physical attack because of their sexuality.

Men from mixed ethnicities were most likely to report verbal abuse and physical attack. Asian men were least likely to report verbal abuse and Black men were least likely to report physical attack.

Physical attack and verbal abuse were least commonly reported by men with higher levels of education, and men with higher incomes.

Men with no partners and exclusively homosexually active men had greater likelihood of physical attack and verbal assault compared to those who had any female partners. Experience of verbal abuse and physical assault rose with increasing number of male partners in the last year. Men who rated themselves much less attractive were most likely to report verbal abuse and physical attack.

5.2.2 Reporting abuse and assault to the police

All those men that reported being verbally abused or physically attacked in the last year, were asked whether they had reported this to the police and if so whether they had reported the incident as homophobic (anti-gay).

Reporting hate crime to the Police	Reported to the police?	Told police it was homophobic
Physical attack	36.2% (481/1329)	84.7% (403/476)
Verbal abuse	8.0% (407/5077)	95.8% (389/406)

Only 8% of those who had suffered verbal abuse had reported it to the police, though the majority of these (96%) had reported it was homophobic in nature.

Over a third (36.2%) of those that had suffered physical attack had reported it to the police and the vast majority (85%) of these reported the attack was homophobic in nature.

5.2.3 Reasons for not reporting

These who had suffered verbal abuse or physical attack and had not reported the latest incident to the police, or who had reported the incident but not told the police it was a homophobic, were asked why they had not done so, and offered for responses in the table below.

Reasons for not reporting homophobic hate-crimes among men suffering physical attack or verbal abuse	Verbal abuse (n=4642)	Physical attack (n=912)
I did not feel it was serious enough to bother with	68.4	38.7
I did not think there was anything the Police could do	39.6	41.7
I did not think the Police would take me seriously	29.9	37.2
The Police are homophobic	10.8	20.6
I am not out / was not out at the time	8.0	11.8
Other reason	8.6	17.0

The majority of those that had not reported verbal abuse, had felt that the incident was not serious enough to bother with (68.4%) and/ or that there was nothing the police could do (39.6%). Over a quarter (29.8%) did not think the police would take them seriously and 10.8% had not reported verbal abuse because they considered the Police homophobic.

Other reasons people had not reported verbal abuse included reports that any complaint was more appropriately dealt with by another authority (for example, in school or college, work *etc.*). In these contexts verbal abuse came from clients, customers, colleagues and pupils and was often seen as part of the job. Most felt that it was more appropriate if any report of the incident was dealt with by that organisation. Other respondents reported handling the situation themselves. In the remainder of the other reasons the impracticality or perceived inappropriateness of reporting verbal abuse was commonly mentioned especially where assailants could not be easily identified (had sped past in a car for example), were very drunk or very young, or where there was no time to report it. Some reported that they knew the person that had abused them and / or that they feared reprisals or repercussions for themselves or partners if they reported it to the Police. Finally, some felt that verbal abuse occurred too frequently to report every incident or was just part of everyday life.

Reasons for not reporting physical attack differed somewhat. Compared to verbal abuse, an even higher proportion (37.2% compared to 29.9%) felt that the police would not take them seriously, or that there was nothing the police could do (41.7% compared to 39.6%). A far smaller proportion of those that did not report physical attack felt the incident was not serious enough to bother with (38.7% compared to 68.4% for verbal abuse). Finally a fifth (20.8%) had not reported physical attack because they considered the Police homophobic.

The other reasons men had not reported physical attack usually involved fear of reprisal or repercussions for themselves or partners, family or friends. Many feared further trouble from the perpetrators or others who would not approve of their sexuality, sexual behaviour or reporting of the incident to the Police. Others did not trust the police to pursue the matter because of poor service in the past, pressure on police time, lack of will, evidence, proof or witnesses or fear the police would also be violent. Some also felt embarrassed or ashamed that they had been attacked and did not wish others to know. Other reasons for not reporting physical attack were more like those for verbal abuse including complaints made to another authority (school, college, work manager); because they knew the other person; other life stressors such as sickness or disability; that abuse occurred too frequently to report every incident or was just part of life.

5.3 SUMMARY AND CONCLUSIONS

5.3.1 Alcohol and drugs

In this survey about two-thirds of tobacco smokers wanted to stop – a figure very similar to the general population of smokers. This suggests widespread potential benefit from smoking cessation courses targeting Gay and Bisexual men. However, although smoking was especially common among men with diagnosed HIV, desire to stop smoking was not. Interventions to increase the desire to stop smoking among men with diagnosed HIV might show particular health gain.

Both alcohol use and concern about alcohol use were widespread among Gay and Bisexual men. Together these meant more men could benefit from alcohol services than from drugs services. However, alcohol services specifically tailored to the needs of Gay men and Bisexual men remain rare in the UK.

Crystal methamphetamine and Crack users showed the highest levels of concern about their drug use, reflecting the wide-spread belief that use of these drugs can both easily get out of control and be particularly damaging. Although users of these two drugs were in the minority, they are at highest risk of drug-related harm. Concern about drug use was highest among men with large numbers of male sexual partners in the last year, a group identified in earlier chapters as being particularly likely to be involved in naive sexual risk taking. There is an urgent need for drugs services which are acceptable and accessible to Gay men and Bisexual men who are very sexually active. Given the extent of poly-drug use, a person-centred rather than drug-specific service might have greatest impact.

5.3.2 Homophobic hate crime and reporting

Experience of homophobic verbal abuse and physical assault were extremely common, especially among younger men – one in five respondents in their teens had been physically attacked because of their sexuality in the last year. Reporting crimes to the police was far less common, with acceptance of crime and the perception that nothing can be done being the most common reasons for not reporting. Interventions to make Gay men and Bisexual men aware of the unacceptability of hate-crime and that the police are willing and able to respond, should remain a priority.

6 Use of interventions

6.1 USE OF SEXUAL HEALTH CLINICS

GMSS 2005 included a series of questions from about men's last visit to a sexual health, GUM (genito-urinary medicine) or HIV clinic. Exactly the same questions had been asked in GMSS 1998. The intervening seven years has seen a very large increase in overall demand for sexual health services and many commentators have suggested these services are currently 'in crisis'.

6.1.1 Recency of clinic attendance

Men were asked *When was the most recent occasion you went to a sexual health clinic / GUM clinic / HIV clinic?* and allowed to indicate one of: *I've never been to a clinic; more than five years ago; more than a year ago; within the last year but not in the last month; within the last month.*

Recency of sexual health, GUM, HIV clinic attendance by HIV testing history (n=16267, missing 159)	**% of ALL**	**% by HIV testing history**		
		never tested (n=7026)	**last test negative** (n=8054)	**tested positive** (n=1064)
I've never been to a clinic	38.0	77.6	8.6	0.8
More than 5 years ago	8.7	7.4	10.7	0.8
More than a year ago	17.9	7.8	28.6	3.8
Within the last year	24.8	5.4	40.5	33.4
Within the last month	10.6	1.8	11.5	61.4

Overall, 62.0% of all men had ever been to a clinic, including 35.4% that had been in the last year, and 10.6% within the last month. Since the majority of men who take an HIV test do so at a sexual health of GUM clinic (and since increasingly the majority of men who attend a clinic are offered an HIV test) these proportions varied strongly by HIV testing history.

6.1.2 Services used

Men who had ever been to a sexual health / GUM / HIV clinic were asked *On that most recent occasion, which of the following services did you get?* They were offered a list of ten services and were asked to tick as many as applied.

Services received at last visit to a sexual health, GUM, or HIV clinic by recency of last clinic visit (n = 10023, missing 65)	**% of all clinic attenders**	**% by recency of last clinic visit**		
		in the last year	**1 to 5 years ago**	**5+ years ago**
A check-up	67.5	**72.4**	66.3	49.7
An HIV test	62.2	63.0	66.4	50.0
Examination of symptoms / problem	29.1	29.6	27.5	30.6
Vaccinations against Hepatitis B	24.9	26.6	26.7	15.5
Free condoms and lubricant	24.3	**28.4**	22.3	11.5
Information	21.1	23.1	20.5	13.8
Treatment for something other than HIV	19.1	19.9	18.1	18.3
Counselling, or someone to talk to	11.9	**12.9**	11.0	9.2
Monitoring / treatment for HIV infection	9.4	**15.5**	1.3	0.9
PEP (Post-exposure prophylaxis)	0.8	**1.3**	0.3	0.1

The services in bold above varied by recency of clinic attendance. Most of these were most common among men that had attended more recently. However, the rank order of services used at visits in the last year was very similar to that for visits a longer time in the past (free condoms / lube and Hepatitis B vaccinations switch rankings).

At the most recent clinic visit the most common services received were a non-symptomatic check-up for STIs and HIV testing (67.5% and 62.2% of all clinic attenders respectively). Under a third (29.1%) had attended in order to have STI symptoms examined and this proportion did not vary by recency of attendance.

The following table shows the services used during most recent visits which occurred within the last year, separated by the HIV testing history of the respondent.

Services received at last visit to a sexual health, GUM, or HIV clinic by HIV testing history (n=5691, missing = 71)	% of all clinic attenders	% by HIV testing history		
		Never tested (n=504)	Last test negative (n=4181)	Tested positive (n=1006)
A check-up	72.4	67.5	**76.5**	58.1
An HIV test	63.1	17.5	**81.5**	9.4
Examination of symptoms / problem	29.6	**33.1**	30.5	24.1
Vaccinations against Hepatitis B	26.5	24.4	**31.1**	8.5
Free condoms and lubricant	28.5	30.8	31.3	16.0
Information	23.1	25.8	25.8	10.4
Treatment for something other than HIV	19.9	16.3	19.4	**23.8**
Counselling, or someone to talk to	12.9	10.3	13.5	11.6
Monitoring / treatment for HIV	15.5	1.6	2.2	**77.9**
Access to PEP (Post-exposure prophylaxis)	1.3	1.2	**1.6**	0.3

The use of all services except *counselling / someone to talk to* varied by HIV testing history. Men who had tested HIV positive were notably less likely to have received information or condoms and lubricant at their last visit, perhaps because of the frequency of their visits.

A fairly large proportion of men who earlier in the survey had indicated they had never received an HIV test result, indicated that they took an HIV test at their last visit to a sexual health clinic. It is possible these men represent those who do not return for the result of an HIV test.

6.1.3 Offer of an HIV test

It is now recommended that all Gay and Bisexual men (not already diagnosed with HIV) be offered an HIV test when attending any sexual health clinic (Rogstad *et al*. 2006). Men who had ever attended a clinic were asked *On that most recent occasion, were you offered an HIV test?*

Offer of an HIV test by recency of their last clinic visit, among men who had not already been diagnosed with HIV (n = 8896, missing 187)	% of all clinic attenders	% by recency of last clinic visit		
		in the last year	1 to 5 years ago	5+ years ago
Offered HIV test at most recent visit	79.4	**85.8**	78.6	58.5

Receiving an offer of an HIV test appears to have become more common in more recent clinic attendances. It is high but not universal, with 85.8% of those whose last visit was in the last year being offered an HIV test.

6.1.4 Demographic variation in clinic attendance and offer of an HIV test

In the following table we describe variation in clinic attendance in the last year and offers of an HIV test by the demographic variables outlined in chapter 2.

Sexual health, GUM and HIV clinic attendance in the last year and the proportion offered an HIV test among those attending who did not already have diagnosed HIV		% Attended a clinic in the last year (n=16267)	% Offered an HIV test at last clinic visit (n=4720)
Area of residence	London (n=4328/1586)	48.3	85.9
	South England (n=2725/765)	33.1	87.3
	Midlands & Eastern England (n=3012/800)	30.1	87.0
	North England (n=3004/776)	31.8	84.8
	Wales (n=579/126)	25.2	84.1
	Scotland (n=1067/257)	27.1	84.0
	Northern Ireland (n=299/82)	30.4	82.9
Age	14 – 19 (n=1480/385)	27.0	80.0
	20 – 24 (n=2802/883)	32.9	88.3
	25 – 29 (n=2504/838)	37.9	88.1
	30 – 34 (n=2375/747)	38.9	88.5
	35 – 39 (n=2284/645/)	39.4	86.5
	40 – 49 (n=3058/827)	38.0	83.2
	50 + (n=1707/376)	28.4	81.6
Ethnicity	Asian / Asian British (n=361/102)	30.2	86.3
	Black / Black British (n=234/103)	55.1	81.6
	Mixed (n=328/115)	41.8	84.3
	White British (n=13199/3626)	33.6	86.0
	Other White (n=1856/682)	45.7	86.1
	Any other (n=245/80)	38.4	82.5
Years in full-time education post 16	None (n=2589/632)	31.1	84.2
	1 year (n=1185/319)	32.2	87.5
	2 years (n=2597/724)	33.8	86.6
	3-5 year (n=5424/1630)	36.3	86.1
	6+ years (n=4432/1406)	38.7	85.5
Annual income	< £10,000 k (n=3050/797)	31.3	82.2
	£10 – 20,000 (n=4572/1286)	34.5	86.1
	£20 – 30,000 (n=3831/1161)	37.1	87.0
	£30 – 40,000 (n=2183/672)	37.7	86.9
	£40,000 + (n=2384/743)	38.2	86.9
Current religious practice	NO religion (n=10937/3206)	36.1	85.9
	Christianity (n=4021/1095)	32.3	85.8
	Buddhism (n=250/86)	44.4	84.9
	Paganism (n=243/76)	40.7	82.9
	Islam (n=182/48)	30.8	83.3
	Judaism (n=130/60)	56.9	90.0
	Other religion (n=340/98)	33.8	81.6
HIV testing history	Never tested (n=7026/496)	7.2	63.3
	Last test negative (n=8054/4138)	52.1	88.8
	Tested positive (n=1064/36)	94.7	100.0

Gender of sexual partners in the last year	None (n=768/47)	10.2	66.0
	Women only (n=210/8)	4.3	75.0
	Men & women (n=1905/483)	27.6	85.5
	Men only (n=13384/3600)	38.5	86.1
No. of male sexual partners in the last year	one (n=3057/540)	21.5	80.9
	2,3 or 4 (n=4457/1085)	28.5	85.5
	5 to 12 (n=3716/1320)	41.6	86.2
	13 to 29 (n =2006/872)	53.9	88.1
	30+ (n=1775/799)	59.7	88.1
Self-rating of attractiveness	Much more attractive (n=1234/440)	44.1	86.1
	Somewhat more attractive (n=4733/1620)	42.0	86.9
	About average (n=8310/2244)	33.0	85.8
	Somewhat less attractive (n=1616/345)	25.1	81.2
	Much less attractive (n=312/59)	22.1	81.4

The demographic sub-groups most likely to have attended a GUM clinic in the previous year were men living in London, men in their 30s and 40s, Black men, men with 6 or more years in full-time education beyond the age of 16, men earning more than £20,000 per year, Jewish men, those with larger number of male partners, those who rate themselves most attractive and men who have tested positive for HIV.

Among men who visited a clinic in the last year and had not been previously been diagnosed HIV positive their likelihood of being offered a test only differed by their age, HIV testing history, gender of sexual partners and number of male sexual partners in the last year. Those men most likely to be offered a test at their last clinic attendance were in their 20s and 30s; had only male sexual partners in the last year; and had higher numbers of male sexual partners in the last year. Men who were offered an HIV test at their last clinic attendance were more likely to have subsequently tested positive for HIV (but had not tested positive at the time of the offer of the test).

6.2 CLINIC QUALITY INDICATORS

GMSS 2005 repeated a question from GMSS 1998 on men's experience of using clinics. Men were asked *Thinking about that visit, indicate whether you disagree or agree with the following statements...* The following table gives the service quality statements, and the proportions indicating each point of the five-point agreement scale in GMSS 1998 and in 2005. The responses concern only men living in England and Wales, as did the 1998 survey. The final statement was given in 2005 only.

		% strongly disagree	% disagree	% not sure	% agree	% strongly agree
The staff listened carefully to what I said	1998 (n=2266)	3.6	4.6	9.9	17.5	64.4
	2005 (n=5335)	1.0	3.4	7.0	46.1	42.5
I was treated with courtesy and respect	1998 (n=2265)	3.2	3.4	6.5	17.4	69.4
	2005 (n=5342)	0.9	2.6	4.7	39.1	52.7
The staff seemed to know their job well	1998 (n=2263)	2.6	2.4	7.1	18.5	69.4
	2005 (n=5332)	0.5	1.6	4.7	43.7	49.5
I'd recommend that clinic to other Gay men	1998 (n=2250)	5.2	2.7	6.9	14.0	71.2
	2005 (n=5314)	1.6	2.9	8.1	35.6	51.8
I felt able to talk about the risks involved in the sex I'd had	2005 (n=5325)	2.1	6.0	8.7	45.1	38.2

Most of the quality indicators show an improvement and a standardisation of response between 1998 and 2005. For all four statements the proportion of men who disagreed declined and the proportion who agreed increased, indicating an increase in perceived service quality. However, the proportion who *strongly agreed* decreased for all four statements while the proportion who *agreed* increased, suggesting a standardisation of service. There were fewer men indicating the extremes of the scale and a large increase in those simply agreeing.

6.3 SUMMARY AND CONCLUSIONS

Over a third of all respondents had used a genito-urinary medicine (GUM) clinic in the last year. Although GUM clinic attendance was positively associated with higher numbers of male sexual partners, 40% of men with more than thirty male partners in the last year had not been to a clinic in the same time period. Given that these men were most likely to be involved in transmission of both HIV and other STIs, more effort needs to be put into encouraging to men with larger numbers of male partners to use the GUM services available.

The increase in HIV diagnoses among Gay and Bisexual men in the UK in recent years has been partially explained by a large increase in HIV testing (see pages 12 and 13). That an offer of an HIV test is now the norm during attendance at GUM services was shown by 86% of GUM attenders having been offered an HIV test at their last visit. This figure was high across almost all sub-groups of clinic attenders.

GUM services in the UK have been under a great deal of pressure in the last few years with large increases in demand. However, the quality of services does not appear to have fallen compared to 1998 – in fact the proportion of service users that were dissatisfied with GUM services received declined between 1998 and 2005.

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