
Preface
and Sample Pages from
Chapter 6: Healthy, Hot Sex
and
Chapter 7: Risk Reduction
for HIV- and HIV+ Men

October 17, 2014

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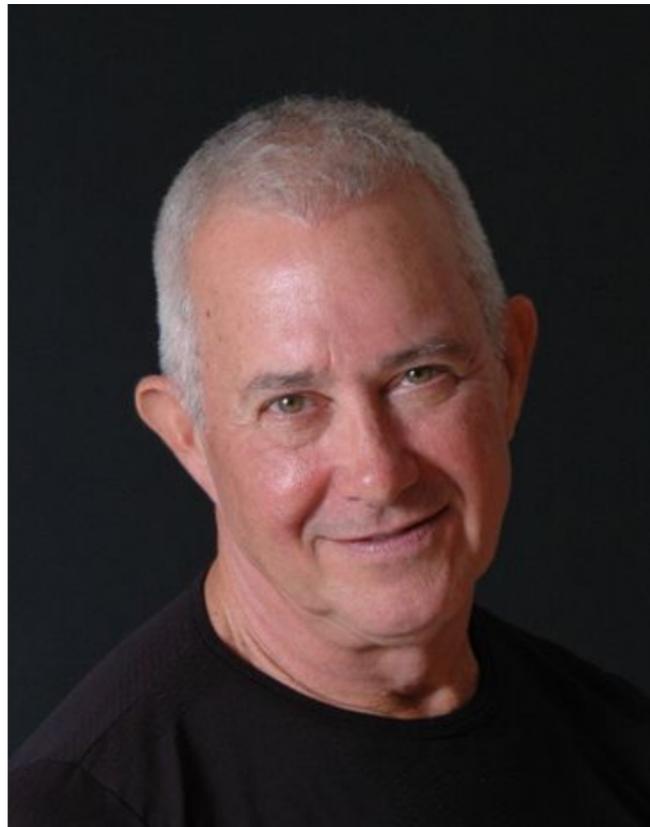
Preface

Dick Keiser, Jr., PhD

Get Informed and Be Healthy

ABOUT DICK

Dick has a PhD in Biology and is a writer of over a dozen scientific papers. Married in a monogamous relationship for 27 years and the father of 2 great sons, he came out as a gay man at the age of 51. After 14 years living openly and experiencing virtually every facet of gay life in America, at age 65 he learned during routine testing, that he was HIV+.



Dick writes a first person testimonial relating his coming out late in life and the joy and relief of accepting his sexual orientation, the tumult and turmoil of negotiating life socially among other gay men, the physical and mental challenges of living with HIV, and navigating the complexities of the healthcare industry. This book is a direct, no nonsense guide for living as a gay man today.

Healthy, Hot Sex -Tool Kit

THIS CHAPTER IS FOR BOTH HIV- AND HIV+ MEN.

- SafeR Sex now includes:
 - Condoms (+ PEP),
 - PrEP, and
 - Treatment as Prevention.
- PEP (Post Exposure Prophylaxis).

“Did I get HIV because I was promiscuous? Nope.

I got HIV because I was *naive*.”

Kristian Johns, The real life of a positive person,

(www.gmfa.org.uk FS9)



**Get educated and informed,
Have fun, and
Enjoy great sex!**

I've been bare-backing for 10 years and am still negative.

Hep C? Just another pill to take.

Any-one who doesn't use a condom is crazy

I always have safe sex.

Which of these statements applies to you?

I only have oral sex

I only bare-back

I'm positive anyway so what's the risk?

I'm med compliant and have bb sex with same

Bare-back sex is natural and fun

I have safe sex: some of the time, most of the time, when appropriate

I only have sex with HIV-guys to be safe

It's only about taking a few pills. If I get HIV, what's the big deal?

Don't pull out

Any-one who doesn't use a condom is crazy

I like it 'raw and wild' with other clean, neg guys

What is Pre-Exposure Prophylaxis (PrEP)?

- PrEP is one pill a day that prevents you from getting HIV. Currently, the only drug approved for PrEP is **Truvada**, a combination drug therapy which stops the virus at the reverse transcription phase of its life cycle (Chapter 1).
- Individuals are carefully screened prior to being put on PrEP for an existing HIV infection, Hep B, and any existing drug or medical therapies that may have an effect on your liver or kidneys, as well as for any existing environmental or behavioral indications that may impede you from taking the pill every day.
- Truvada cannot be used as a “morning after pill” as a high level of the drug must be present to be effective. This requires taking the pill daily for a full week before having at-risk behavior. When taken as prescribed, Truvada provides **close to 100%** protection.
- Adherence to medication and regular testing (for HIV and all STDs) is integral to the PrEP protocol. If you become HIV+, you must immediately go on the complete drug therapy for HIV.

Truvada is a combination of two HIV treatment drugs: tenofovir, and emtricitabine. These drugs interrupt the reverse transcription process in HIV replication (Chapter 1) thereby keeping you HIV negative even when exposed to high levels of the virus.



PrEP is not a morning-after pill or even one pill before going out. The **CDC has a strict protocol** for use. Here is a **checklist** for prescribers and new patients.

**PrEP
99% effective when used as
directed to keep you HIV-.**

You must be screened to ensure that you are HIV negative and not have certain other existing conditions. You must have taken one pill a day for at least a week before having condom-free sex. Regular counseling and testing is a part of the PrEP protocol.

If you consistently use condoms, you probably do need PrEP. Condoms are a lot cheaper and work.

PrEP is controversial because some in the health field believe it gives a green light to gay men having unprotected sex. (Since Truvada provides protection, the very argument against it is an oxymoron.). It definitely violates the cornerstone of HIV prevention of only using condoms. However, the

fact remains: more and more gay men ARE having condom-free sex. Why deny gay men a methodology that can protect against HIV infections?

PrEP puts guys at risk for contracting HIV into a cascade of care that includes not only access to Truvada but also counseling and regular STD counseling.

You cannot get your next 90-day prescription without returning for your 90-day lab workout and results.

PrEP is relatively new. By the end of 2013, only 1,700 prescriptions were written and 48% of them were for women. What is not generally understood (and used as a reason for *not* prescribing PrEP) is that the low number of prescriptions does not reflect the tens of thousands of individuals who have been enrolled in PrEP clinical trials.

Some health agencies consider the following as reasons to consider putting gay men on PrEP:

1. If you have had unprotected sex and exposed to HIV and been placed on **PEP** (Post Exposure Prophylaxis) several times (a clear indication you are at risk). (See next section) or
2. If you have had at least one rectal STD (gonorrhea, syphilis or chlamydia) in the past year (another indication that you have had unprotected anal sex as a bottom and are at extreme risk.)

Remember, it is very important to prevent yourself from becoming HIV positive (even with the new drug regimes) (Please read section in the next chapter of the importance of remaining HIV-)

Let's look at some arguments Pro/Con for PrEP.

<Read rest of section in actual book>

Post Exposure Prophylaxis (PEP)

Plan B if you get exposed to HIV.

PEP - POST-EXPOSURE PROPHYLAXIS

- PEP was originally approved by the FDA in 1996 to treat hospital workers and others exposed to blood or bodily fluids by individuals known to be HIV+. Best when started within hours of exposure. Must be administered no later than 72 hrs after exposure.
- Clinics may also prescribe it for men who have been exposed to HIV as the bottom partner during condom-free anal sex. They will first attempt to discover if you are at risk although with the small window of opportunity, this is difficult to determine.
- PEP is a 28-day course of treatment using a combination of 2-3 antiviral drugs.
- PEP must be started early before the virus has created latent T-Cells which form permanent reservoirs of virus in the body.
- PEP often causes side effects similar to those experienced by new HIV+ patients before their bodies adjust to these anti-viral medications.

So what is PEP?

Post Exposure Prophylaxis was developed over a decade ago to treat hospital workers exposed to HIV in the course of their work. Later, the CDC approved PEP for treatment of anyone exposed to HIV.

Note: PEP is *not* PrEP!

PEP is a combination HIV regimen to neutralize a potential HIV infection whereas PrEP is designed to prevent you from ever getting HIV.

When is PEP indicated?

If you know for sure that you have been exposed to HIV, you have a maximum of 72 hours to begin treatment. (Some recommend <36 hours, my doctor recommends within one hour).

What is the PEP treatment?

PEP consists of several drugs taken daily for 28 days. If, after that 28-day period, you are tested and found to be HIV+, you will be put on HIV drugs. For PEP to work, you must know about it, and have a medical provider that can prescribe within the narrow window of effectiveness.

Is PEP a *morning after pill*?

PEP is far from “a morning after pill”. It is 28 days of anti-viral drugs with no guarantee. What is known: the sooner after exposure you begin PEP, the better your chances are of staying negative. You have a maximum window of 72 hours.

This is another reason why you need a doctor who is your advocate.

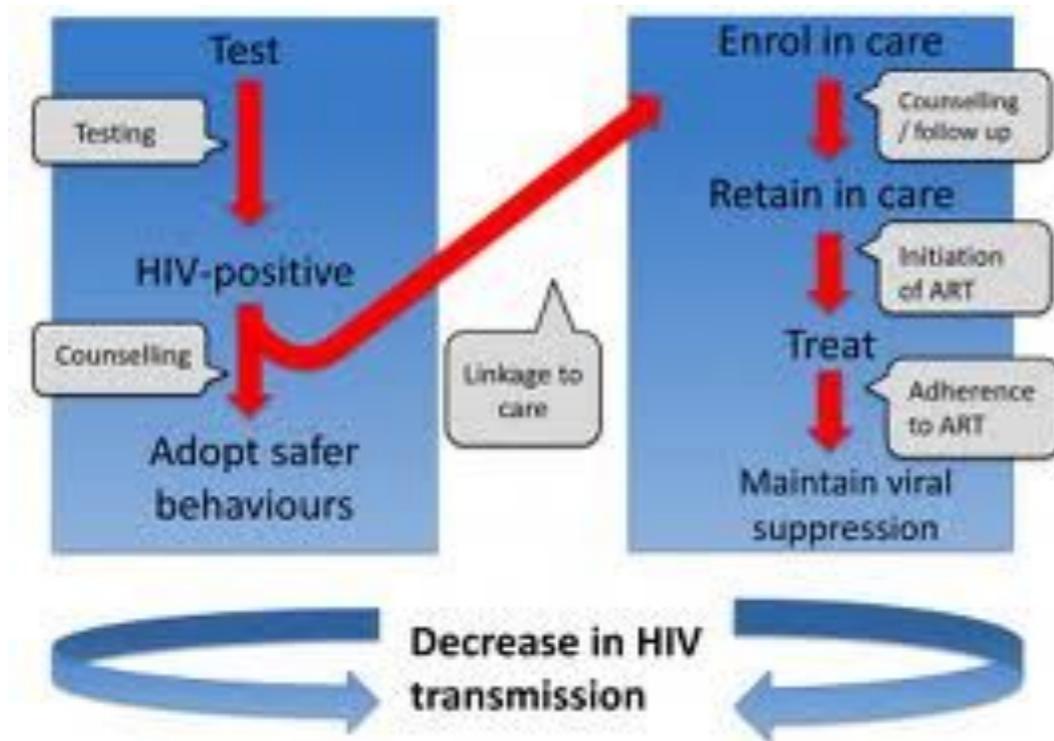
PEP consists of a triple combination of anti-HIV drugs [3]. A number of different drugs may be used, but the recommended combination is Truvada (one tablet taken once daily) and Kaletra (two tablets twice daily, or four tablets once daily). Truvada is a combination pill consisting of tenofovir (TDF) and emtricitabine (FTC). Kaletra is a combination of lopinavir and ritonavir. The drugs should be taken as prescribed for 28 days.

Few gay men and medical providers know about PEP.

To test the awareness of Emergency Rooms in NYC, ACT UP sent a patient in and **asked for PEP**. He was told no product existed (this was in July of 2013).

In a 2011 study done in gay bathhouses found that while **63% of the men reported having unprotected sex in the past 90 days, only 36%** knew about PEP or PrEP.

Treatment as Prevention Works to Prevent HIV Transmission



BE MED-COMPLIANT

What does it mean to be *Med-compliant*?
For HIV drugs to work effectively, they must be taken every day. Individuals who follow the daily regime have a very low viral load and have a low likelihood of transmitting HIV.

For several years, it has been suspected that reducing one's viral load to “**undetectable**” makes it less likely to transmit HIV. This was difficult to prove because of ethical issues.

Recently, a 2-year study was completed consisting of 1110 couples with the partners of different HIV status (one HIV- and the other HIV+). In this study, nearly 40% of the couples were gay. The early results of this study, known as the **Partner Study**, found no transmission of HIV from the positive partner to the negative partner. For the study, each couple tracked their sexual activity. In 16,400 occasions of condom-free sex between gay couples and 28,000 heterosexuals **ZERO transmission of HIV** occurred from the HIV+ to the HIV- partner. To restate: ZERO infection of the negative partner in a sero-discordant relationship where the positive partner was med-compliant whether gay or straight!

What further proof of concept is needed to confirm that Treatment as Prevention (TasP) works?

Caution on Interpretation of These Phenomenal Results

<Read rest of section in actual book>

Note a recent CDC compilation of studies on gay couples and infection rates found that close to **70% of all new HIV infections occur within partners**. Guys in open relationships need to be able to have explicit discussions as to what is and is not permitted in open relationships. **If you do not trust your partner to be honest and safe outside the relationship and are HIV-negative, talk to your doctor about PrEP!**

“A recent U.S. modeling study estimated that 68 % of infections among MSM (95 % CI: 58– 78 %) may be attributable to primary partners (Sullivan et al., 2009). Using different data (from the U.S. and Peru) and a more complex model, another team estimated that from 32 to 39 % of infections among MSM occurred in main partnerships (Goodreau et al., 2012). In light of these results, it has been hypothesized that gay couples may have more difficulties managing HIV risk with primary partners than with casual partners and that prevention strategies must better account for relationship context to be successful”. (Cited by Purcell et al. 2014. Incorporating Couples-Based Approaches into HIV Prevention. Arch Sex Behav (2014) 43:35–46)

SECTION 4

Condom Use-for the 50% or less that use condoms, please continue use!

USING A CONDOM FOR INSERTIVE ANAL INTERCOURSE REMAINS THE ONLY WAY TO REDUCE BOTH THE RISK OF HIV INFECTION AND STDs.

- Use condoms consistently each and every time you have sex - do NOT reuse a condom.
- Use condoms correctly with quality lubes. Note: oil-based lubes such as *Gun-oil* are not condom-friendly. Silicon- and water- based lubes are condom-friendly. Lube also reduces likelihood of condom breakage.
- Make condom use an integral part of sex - do not wait till the last moment to try to rush and get it on.
- Note: injecting drugs with shared or dirty needles may negate any risk reduction by using condoms (be sure to understand how to safely inject - no shared needles).



If this is your date for Saturday night, you don't need to visit our store.



The Challenge of Condom Use

CONDOMS MUST BE USED 100% OF THE TIME

If you include the following in your profile under safer sex:

- some of the time,
- most the time,
- usually, or
- when appropriate,

then you are at potentially 100% risk of acquiring HIV even with using condoms. This includes having sex with your best friend or a close group of friends. It does not apply to those in committed monogamous relationships. To be compliant with condoms requires 100% usage. This is the same recommendation for PrEP (100%) but PrEP is more forgiving -- under certain conditions, you can miss a dose and still be protected. If condom-use is your preferred method of having safer sex, be consistent. Only you can protect yourself and take responsibility for your own welfare. It is also your responsibility for your partner's safety even if he does not recognize the importance of avoiding HIV.

Drop the fear

And finally. Being scared of people with HIV will not keep you negative. It just makes you an ass. (Ian Howley, Editor. @IanHowley FS Magazine)

Recent **CDC** analysis showed that anything less than **100% compliance** with condom use puts you at complete risk.

When it comes to preventing H.I.V. the perceived efficacy of condoms “exceeds their public-health value.” According to the C.D.C.’s Smith, condoms provide a high degree of protection when they’re used consistently, but data shows that very few people use them consistently enough to derive a substantial benefit, and self-reported condom use falls precipitously when people are asked repeatedly if they’re using condoms over an extended period of time. In the data analyzed by the C.D.C., the difference in protection levels for those who sometimes use condoms and those who never use them was not statistically significant.

Condom failure rate is less than 1%.

Note: you may soon have more innovative choices. The Bill and Melinda Gates’ Foundation just awarded **11 finalists \$100,000** to continue development of newer, more innovative condom ideas. This **winning idea** is in development.

SUMMARY:

Protect yourself

Bring condoms and lube with you on nights out: bars, sex parties, bath houses (or even on a coffee date!). In Wilton Manor, the Publix Supermarket year-after-year is noted as the number 1 pickup place for *dates*! Depending on someone else to

provide condoms is risky and often provides gus an excuse to bareback in the “heat of the moment”.

Don't assume you will be able to predict someone's status. And status doesn't matter anyway as your last HIV test result may not equate with the absence of HIV virus.

MAKING CONDOM-USE FUN

Many guys give up on condoms after the experience with the free ones distributed by the health centers. There are some really neat ones available -- all sizes, colors, and thickness. And for those of you with latex-allergies: latex-free condoms are available. I recommend a trip to the local condom/sex store. I suggest talking to individuals at the store -- they probably have tried them all. I did some investigative work at *Condom Sense* in Dallas and came away with a variety. Provincetown has a store called Toys of Eros staffed by knowledgeable *sex educators*. Or just go on-line, e.g., [Condomania](#). [Amazon.com](#) also offers a wide variety of condoms and lubes. There is no reason not to have access to quality condoms and lube.

Be aware that **water-based lubricants are irritants**. Astrolube which was once touted as the latest in HIV prevention has been now shown to be a major facilitator for the virus due to its irritation of the anal mucosal membranes. **Recent studies** have shown that the majority of lubes used alone are mucosal

irritants. However, a good good lube, in concert with a quality condom, will add heightened pleasure to both the top and bottom with no increased risk of HIV.

As a top, experiment getting off with a condom. Bottoms, don't put all the responsibility on the top. Slippery hands in sex does not lend to getting condoms open and properly on. Have supplies ready and slip the condom on your partner at an opportune moment.

Get a group of friends together and experiment with the different types and just enjoy sex worry-free.

**<Read rest of section in
actual book>**

Risk Reduction for HIV- and HIV+ Men

REDUCING RISK: WHAT WORKS:

- Condom only?: **Effective**
- HIV negative men selecting for other HIV negative men for bareback sex?: **NO-**
- HIV negative men using PrEP?: **YES**
- Avoiding immune compromising behaviors and using protection: **YES**
- Selecting sexual partners on the basis of med-compliance, condom-only, or using PrEP: **YES** (HIV+ and HIV-)

A **recent survey** asked young MSM who cruised for sex on line to list their main worries. The answers? That the person they met wouldn't look like their profile or that they wouldn't look like their profile, or that they'd be rejected by the person -- or to be robbed or beaten or raped.

HIV wasn't the top concern.

Options Available To Stay HIV-:

- **PrEP (Pre-Exposure Prophylaxis)**
- **PEP (Post Exposure Prophylaxis) (as Plan B)**
- **TasP (Treatment as Prevention) Reduces Risk of Transmission from an HIV+ Individual to an HIV- Individual and**
- **Condoms (The Cornerstone of HIV Prevention)**

<Read rest of chapter in actual book>

Untitled

Related Glossary Terms

Drag related terms here

Index

Find Term