



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

National Men's Health Policy Consultations

July 2009

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1. ABOUT ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1984 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Community Support Network (CSN), the Positive Living Centre (PLC), the Lesbian and Gay Anti-Violence Project (AVP) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

2. GENERAL COMMENTS

ACON congratulates the Department of Health and Ageing and welcomes the opportunity to make a submission to the development of a National Men's Health Policy. As an organisation which understands health to be "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"¹, ACON supports the social determinants of health approach that the government is taking in developing the national policy.

However, we are disappointed that the *Development of a National Men's Health Policy: an Information Paper* did not include men from the GLBT community as a population group that requires specific policy attention. Men from the GLBT community, like men from rural communities, Aboriginal and Torres Strait Islander communities or culturally and linguistically diverse communities, experience barriers in accessing the health system. At the same time, they face some unique health problems, such as HIV/AIDS, or disproportionately experience other health issues, such as depression and anxiety. This submission will outline some of the key areas where men from the GLBT community require specific policy attention.

It is however important to remember that although men from the GLBT community experience some health issues disproportionately or uniquely, it is still the case that many are healthy and productive.

3. DEFINITIONS AND BACKGROUND

The GLBT community is a diverse community that includes gay men, lesbians, bisexual people, transgender and intersex people and others. The GLBT community is also diverse in that many members of the community are from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander communities, have a disability and are at different stages of the ageing process. According to the 2005

¹ Preamble to the Constitution of the World Health Organisation as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organisation, no. 2, p. 100) and entered into force on 7 April 1948.

Australian Longitudinal Study of Health and Relationships, approximately 2% of all men identify as gay or bisexual².

In addition to those men who identify as part of the GLBT community, there are others who do not consider themselves to be gay or bisexual, but have sex with other men. In many instances these men identify as heterosexual and are in heterosexual relationships. Data from the *Australian Longitudinal Study of Health and Relationships*³, shows that 6% of all men have had sexual experiences with other men, which amounts to a significant sub-group of the male population.

Although they do not identify as gay or bisexual, these men will often experience the same health issues associated with men from the GLBT community. In many cases they may experience poorer health outcomes than gay or bisexual men because they do not receive health care which is appropriate. Therefore, for the purposes of this submission, any reference to men from the GLBT community should be taken to include other men who have sex with men who do not necessarily identify as part of the GLBT community.

A strict gender binary approach is however not the most appropriate approach to health policy, especially in relation to people who are sex and gender diverse. Intersex people may not identify with the male or the female sex or may identify with both to varying degrees. Female to male transgender people identify as male, this can be the case with or without gender reassignment surgery. Male to female transgender people identify as female, again this is the case for those who have, have not or do not have surgery. A national men's health policy should be flexible enough to include all people who are transgender or intersex.

ACON's submission is informed by the history of gay men's health movement. ACON was created as the community response to the newly emerging HIV/AIDS epidemic at a time when people didn't even know what HIV was or that it caused AIDS. What people in the GLBT community did know was that gay men were getting sick and dying and that fear, stigma and discrimination meant they were being denied access to the most basic of services. In this context the GLBT community organised around HIV.

Research has consolidated on the fact that the social determinants of health significantly impacts on the health of a nation and specific groups within the nation.⁴ Health equity in particular has significant impacts on marginalised and minority groups in a number of ways, discrimination and barriers of access to the health system prevents people from accessing appropriate care, discrimination, abuse and violence cause physical and mental health problems and discrimination and inequity impacts on other social determinants of health such as a healthy workplace, appropriate levels of income and equitable access to housing, education and other government services.

² *Australian Longitudinal Study of Health and Relationships*, La Trobe University, (2005). Available at: http://www.latrobe.edu.au/alshr/wave1_2005.htm

³ *Ibid.*

⁴ Commission on Social Determinants of Health, *Closing the gap in a generation: Health equity through action on the social determinants of health*, WHO, (2008).

4. PRINCIPLES OF A NATIONAL MEN'S HEALTH POLICY

Principle 1: gender equity

Gender should not be viewed through a strict binary of men and women. As already mentioned in Section 3, there are people who do not fit neatly into the two concepts of men and women. Rigid gender stereotypes in particular can be problematic. By imposing a cultural standard of masculinity or femininity; those who do not prescribe and behave in such manners are discriminated against in policy, service delivery and in society. Such constructs act as a social determinant of negative health outcomes.

Gender equity necessarily includes equity between genders; however, gender equity should also appropriately include people who do not prescribe to the dominant gender stereotypes. Many gay men, bisexual men and transgender and intersex people do not 'fit' into the gender roles or stereotypes. To promote gender equity, ACON firmly believes that the GLBT community needs specific policy attention, as sexuality and gender identity is a social determinant of health. In assisting to achieve such equity, gender roles necessarily have to be challenged so that people who do not prescribe to these roles are not disadvantaged in their health outcomes.

Although women generally experience more inequity in health generally, men face particular diseases disproportionately or uniquely. Some of these issues have already been pointed out in the *Development of a National Men's Health Policy: an Information Paper: Summary of Men's Health Issues*. There are however other key issues that men from the GLBT community face disproportionately or uniquely. Gay and bisexual men and other men who have sex with men face heightened risk of contracting HIV and other STIs; developing mental health issues, anal cancer; experiencing problematic drug use, violence and problems related to ageing and facing discrimination and barriers to accessing health services. These issues will be specifically examined in Section 5.

Recommendation:

1. Include gay, bisexual and men who have sex with men as a specific group facing unique health challenges in the National Men's Health Policy, akin to Aboriginal and Torres Strait Islander men, culturally and linguistically diverse men and rural men.

Principle 2: an action plan to address need across the life course

An action plan acknowledging the different health needs of men at different ages makes sense, and provides a strong foundation for the health system to deliver services that are age appropriate. However the needs of different age groups should also reflect the diverse communities that Australian men live in. Across the course of their life, men from the GLBT community have many similar needs to their peers but also experience distinctive needs.

ACON welcomes the inclusion of homophobia, sexual orientation/gender identity and sexual health as health issues for young men in the *Development of a National Men's Health Policy: an Information Paper ('Information Paper')*. These issues are of particular importance to young men from the GLBT community. ACON also supports the inclusion of suicide, alcohol, tobacco and recreational drug use for this age group in the

Information Paper. ACON would however note that HPV and its corresponding vaccine deserves particular attention also, as it is a glaring area where young men from the GLBT community are at a disadvantage in comparison to young women with both groups being at higher risk of developing cancer without the HPV vaccine.

Working age men (aged 25-64) from the GLBT community also share some of the health issues that young men face, such as homophobia, recreational drug use and sexual identity/gender identity issues. In addition, men from the GLBT community also face additional barriers to maintaining the health of their families as a result of ongoing legal discrimination at both federal and state level in relation to relationship recognition, adoption and recognition of both same-sex parents. However these issues are not included for working age men.

Older men has been defined as 64 years and older in the *Information Paper*, however, some men with HIV experience health issues related to older men at a young age, starting at age 50.⁵ Specifically, men with HIV may experience health problems related to drug toxicity. For both men with HIV and men from the GLBT community, non-discriminatory and GLBT sensitive aged care services are important social services for older men from the GLBT community.

Recommendation:

2. The National Men's Health Policy take into account specific health issues of men from the GLBT community in their different age groups.

Principle 3: a focus on prevention

ACON supports the focus on prevention as the most effective and efficient way of addressing many health issues. Australia's experience in its response to the HIV epidemic provides a world's best practice model for future policies focused on prevention. Australia has one of the lowest rates of HIV prevalence, due to commonwealth and state governments acting in partnership with researchers, academics and community organisations that delivered effective messages and tools for community members of at risk groups to be empowered and take action to protect themselves from HIV.

At the core of prevention is the process of empowering individuals and communities to be able to take responsibility for their own health and wellbeing. This approach necessarily includes the health care system and primary health care providers, however prevention is much broader than merely early intervention by health care providers. The framework of health promotion, as set out in the *Ottawa Charter for Health Promotion*⁶ has been an effective framework for ACON to promote health and prevent negative health outcomes.

An important aspect of the *Ottawa Charter for Health Promotion* is the focus on equity and enabling individuals and communities to take control of their health. Another aspect of a successful health promotion approach is the partnership between government,

⁵ I Down, *Social Research Brief: Ageing with HIV*, NCHECR, (forthcoming).

⁶ See: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

community and researchers, this is especially important in reaching marginalised or minority communities.

Principle 4: a strong and emerging evidence base

ACON strongly supports the development of national health policy that based within evidence. An essential element of this is supporting research, especially research into the health of men from the GLBT community. ACON appreciates and supports the funding of world-class research centres in HIV and other health issues. However, research needs to be more inclusive and aware of specific health issues of concern to the GLBT community. This can be done through asking a question about sexuality in health research surveys, as has been successfully done in the National Drug and Alcohol Household Survey, and disaggregating the data based on sexuality so that issues can be clearly identified and compared between GLBT and heterosexual men.

To understand health issues facing GLBT men, research conducted at the community level is particularly useful. Using community based organisations that already have expertise in engaging the community and analysing qualitative and quantitative data is important to gain quality information. It is also important to engage with community based organisations that the community trusts, especially if that community has had past experiences of discrimination and exclusion. ACON's partnership with researchers and government funders at the state and federal level is a good example for future research partnerships between government, researchers and community based organisations.

Recommendations:

3. Base health policies on qualitative and quantitative evidence.
4. Support research, especially community-based health research to form an evidence base for policy.
5. Enable future research that specifically includes GLBT men by asking a sexuality question and disaggregating the data based on sexuality so disparities are identified.

Principle 5: needs of specific groups of men most at risk

Recognition in the *Information Paper* that Australian men includes men from diverse groups is welcomed by ACON. Aboriginal and Torres Strait Islander men, men from culturally and linguistically diverse backgrounds and rural men do face additional health challenges. Men from the GLBT community should also be included as a specific group that face additional health challenges.

Men from the GLBT community are most at risk for diseases including HIV, syphilis, and anal cancer; have a higher risk of experiencing violence and abuse and mental health issues; have higher levels of drug and alcohol use; and experience discrimination and barriers of access to health services and other social services. Section 5 will expand on these issues.

The exclusion of the GLBT community in the *Information Paper* as a specific group and many of the vital health issues facing men from the GLBT community, further underlies the invisibility of GLBT men in health policy. In this context, it is particularly important to

specifically include the GLBT community as a specific group so issues of central concern to the wellbeing of men from this community are included in health policy going forward.

5. KEY ISSUES

HIV/AIDS

Human immunodeficiency virus (HIV) remains a real health concern for many Australian men, with 16,692 people current living with HIV in Australia and 6,767 people having died from AIDS related illnesses since the start of the local epidemic in 1982.⁷ Newly diagnosed HIV infections have increased every year since 1999, an increase of 50% from 718 cases in 1999 to 1051 cases in 2007.⁸ Men account for the overwhelming majority of new diagnoses, with 86.6% of people newly diagnosed with HIV in 2007 being men.⁹

Historically, HIV has impacted the gay community the most in Australia. Current statistics shows that around 71% of people newly diagnosed with HIV in 2007 were gay and bisexual men and other men who have sex with men (MSM).¹⁰ This very high percentage has been reflected in the statistics since the start of the epidemic.¹¹ While many men from the GLBT community do not have HIV, the virus does disproportionately impact on the GLBT community and has a high prevalence amongst gay men (9.6% in 2008).¹² This calls for special attention of HIV at the National Men's Health Policy level, as well as specific policy developments that are appropriate and effective for GLBT men and MSM.

Since there is still no vaccine for HIV, prevention is the most economically and socially appropriate public health approach to combating the spread of HIV. For HIV prevention efforts to remain effective however, policy makers and service providers need to be stay informed of the issues facing at risk groups and develop policies and strategies that will effectively engage with these groups. This approach requires governments to continue to develop specific policies and strategies for and in consultation with the GLBT community, MSM as well as other at risk groups such as sex workers and intravenous drugs users.

Prevention should contain the key elements of education and community awareness, but also understanding and addressing the social and economic forces that influence risky behaviour for gay, bisexual and MSM. At the same time, individuals and communities must be empowered to assert responsibility and control over their own health. This holistic approach would necessarily include issues beyond HIV, but retains a focus around the health needs of the GLBT community.

⁷ National Centre in HIV Epidemiology and Clinical Research, *HIV/AIDS, Viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2008*, (2008), p. 7. ('Annual Surveillance Report')

⁸ *Ibid.*

⁹ *Ibid.*, Table 1.2.1, p. 42.

¹⁰ *Ibid.*

¹¹ *Ibid.*

¹² I Zablotska, A Frankland, G Prestage, I Down, & D Ryan, *Gay Community Periodic Survey: Sydney, February 2008*, National Centre for HIV Social Research, (2009), p. 4.

Australia's historical experience has demonstrated that tailored policies for at risk groups are effective in reducing the spread of HIV within the group and within the general population. Australia's experience also demonstrates that community based organisations, such as ACON, have policy, service delivery and community expertise that are helpful in assisting the government's aim of reducing the spread of HIV through community education, improving awareness and community services.

HIV can now be appropriately viewed as a chronic illness that can be managed to maintain the health and wellbeing of people with HIV. People who are positive constitute a diverse community with different needs. Some will require more health and social services while many others will lead healthy lives, with minimal need for interaction with the health system.

Consequently, there needs to be a diverse range of health services available for men who are HIV positive. For those who are newly diagnosed, it is important that adequate information about HIV and support is provided, while for the majority of positive men who will seroconvert and remain healthy, the key service needed is access to information about maintaining a healthy lifestyle. Men who are living long-term are more likely to require support in working with issues such as poor health through toxicity from sustained treatments, smoking cessation, AOD and mental health co-morbidity, and in some cases, social isolation and poverty.

These services need to be adequately funded, delivered in a non-discriminatory and accessible manner and be culturally appropriate to the groups they are servicing. These services also need to approach health from a holistic perspective, considering co-morbidity issues as well as psychological, economic and social wellbeing.

Removing stigmatisation, discrimination and harassment against people with HIV, and other forms of discrimination they may face (sexuality, gender identity, race, gender, age etc) from institutions and broader society is also important as discrimination can often be the root of many negative social, economic, psychological and physical determinants of health for people with HIV.

Recommendations:

6. Recognise that HIV has, is and will continue to be a major health issue for men from the GLBT community. The relatively high prevalence rates deserve recognition from the Commonwealth government through revitalising policy responses and continuing support for education and health promotion.
7. Focus on prevention of HIV through targeting specific groups, building partnerships with communities, taking a holistic approach to prevention and adequately funding prevention programs.
8. Provide adequate funding to essential services that people with HIV rely on, including but not limited to antiretroviral drugs, mental health services, assisted living programs and housing, employment and other social services.

Sexually transmissible infections

Sexually transmissible infections (STIs) affect men from the GLBT community disproportionately, which has particularly negative implications in conjunction with the disproportionately high rate of HIV as STIs increase the likelihood of HIV transmission.

Data from recent years has shown a drastic rise in STIs in Australian men. For example Chlamydia has increased 400% from 46.7 per 100,000 men in 1998 to 199 per 100,000 men in 2007.¹³ Syphilis has more than doubled in men between 2004 and 2007, with the increase almost completely occurring between homosexually active men.¹⁴

The *Development of a National Men's Health Policy: an Information Paper* included "Contraception/STIs" for the 15-24 years age group and "sexual health" for the 25-64 age group. ACON supports the retention of STIs/sexual health as key health issues affecting those two groups in the information paper. However specific targeting of the GLBT community is required to stem the increase in STI transmissions. Previous preventative campaigns built in partnership with community organisations have provided a model of engaging with GLBT men around sexual health.

Recommendations:

9. The National Men's Health Policy continue to include STIs/sexual health as a health issue for 15-24 and 25-64 age groups.
10. The National Men's Health Policy explicitly includes men from the GLBT community as a target group in health policy, especially sexual health.
11. Support and fund community based organisations in holistic prevention campaigns around STIs.

Mental health and access

Mental health is an increasing problem for all men in Australia. However, evidence shows that men from the GLBT community are disproportionately impacted by mental health concerns. Research from the *Private Lives: A report on the health and wellbeing of GLBTI Australians* reported that 30% of gay men have been told by a doctor that they have depression, with even high rates for transgendered and intersex men (58.8% and 63.6% respectively).¹⁵ ACON recognises that research into the mental health of GLBT men is still inadequate, and supports more research into this area.

The drastically higher levels of depression are also translated into suicide ideation rates. 15.7% of respondents in the *Private Lives* report (of which gay men accounted for a majority) indicated suicide ideation in the past two weeks, showing a much higher rate than research on heterosexual men which indicated around 10%.¹⁶ Furthermore,

¹³ *Annual Surveillance Report*, (2008), p. 16

¹⁴ *Id.*, p. 17

¹⁵ Australian Research Centre in Sex, Health & Society, *Private Lives: a report on the health and wellbeing of GLBTI Australians*, (2006), p. 31. ('*Private Lives*').

¹⁶ *Ibid.* p. 33.

research from Suicide Prevention Australia reported that 20.8% of gay men have reported attempts of suicide, compared with 5.4% of heterosexual men.¹⁷

As discussed in the *National Mental Health Action Plan 2003-2008* there are a number of factors that impact on the mental health of men, however, men from the GLBT community have specific factors that impact on them, such as homophobic harassment and violence and social exclusion. ACON commends the inclusion of homophobia as a risk factor for young men aged 15-24 years and suicide and sexual identity/gender diversity as health issues for that age group in *Development of a National Men's Health Policy: An Information Paper*. However, the GLBT community continues to experience homophobia and homophobic abuse beyond the age of 24, at work, in education settings, from family members and on the street.¹⁸ The NSW Attorney General's Department reported that 56% of respondents had reported some form of homophobic abuse during the previous year while 85 per cent reported experiencing some homophobic abuse, harassment or violence at some time.¹⁹

Trans or intersex people also experience discrimination and abuse due to rigid stereotypes. The continuing perception that trans and intersex people are "mentally ill" with gender dysphoria and the continued inclusion of "gender identity disorder" in the *Diagnostic and Statistical Manual of Mental Disorders IV*²⁰ stigmatises trans and intersex people and causes social exclusion. The categorisation of trans and intersex people as having a mental disorder places the burden on the individual to be "normal" rather than acknowledging the problem as one of discrimination and social exclusion by society and some health professionals. Sex and gender diverse people also face difficulties in having their gender recognised officially, accessing government services and protecting themselves from discrimination.²¹ These problems experienced by trans and intersex people can be a cause for daily stress, leading to depression and other mental health issues.

The fear of discrimination and abuse are a factor in itself for developing mental illnesses, however men from the GLBT community also face barriers accessing mental health services. Discrimination by service providers, concerns about privacy issues and difficulties in accessing mainstream mental health services that provide support which is culturally appropriate deter men from the GLBT community in seeking mainstream mental health care. Thus, it is important for service providers to specifically understand the needs of GLBT patients.

Barriers of access for the GLBT community exists when discrimination is actual or perceived, direct, indirect or systemic. Discrimination can occur when negative comments are made, when an institution is perceived to be unfriendly towards GLBT clients or even at a systemic level when health professionals do not have the expertise,

¹⁷ J Nicholas & J Howard, *Same sex attracted suicide: Why are we still talking about it?*, Suicide Prevention Australia, (2001).

¹⁸ *Private Lives*, p. 49.

¹⁹ NSW Attorney General's Department, *You shouldn't have to hide to be safe: a report on homophobic hostilities and violence against gay men and lesbians in New South Wales*, (2003).

²⁰ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders IV*, (2000).

²¹ Australian Human Rights Commission, *Sex files: the legal recognition of sex in documents and government records*, (2009).

understanding or sensitivities to appropriately provide health services to male clients from the GLBT community.

The discrimination and abuse that men from the GLBT community must face are unique to that community, and thus must be addressed through specific policies rather than general mental health policies that are generally targeted at, and reflect the situation of heterosexual men.

Recommendations:

12. The National Men's Health Policy specifically includes the needs of GLBT men in mental health policies such as the *National Men's Health Action Plan*.
13. Improve referral pathways to GLBT specific services from mainstream health services, including GPs.
14. Develop programs that prevent the onset of mental health illnesses, this should include addressing the social determinants of mental health, including discrimination, homophobia and abuse across the entire life cycle of men.
15. Fund more research into mental health issues and their causes in the GLBT community.

Alcohol and other drugs

While many men from the GLBT community do not have problematic experiences with alcohol or drugs; it is evident that some do. There is a growing body of evidence linking same-sex attraction with higher levels of drug use. 38.6% of men surveyed in the *Sydney Gay Community Periodic Survey* with a large sample size of 2222 men, reported having used ecstasy in the previous six months, 33.7% reported using cannabis, 15.8% speed, 17.6% cocaine and 15.5% crystal methamphetamine (ice).²² These levels are significantly above the levels reported for heterosexuals in the National Household Survey.²³

There are also strong links between drug use and mental health issues, demonstrating the importance of addressing the health of men from the GLBT community in a holistic way. While research on co-morbidity within the GLBT community is limited, there is evidence to indicate that young people from the GLBT community report higher levels of alcohol and drugs and are more vulnerable to developing mental health issues than their heterosexual peers.²⁴

Another face of drugs that the GLBT community experience is the nexus between drugs and sex. The relationship between drug use, risky sex and HIV transmission is complex and varied, with there being no simple causal relationship. There is however some

²² I Zablotska, A Frankland, G Prestage, I Down, & D Ryan, *Gay Community Periodic Survey: Sydney, February 2008*, National Centre for HIV Social Research, (2009), p. 11.

²³ ACON, *Pills and Powders, Parties and Pubs: ACON's strategy for addressing alcohol and other drug use in the GLBT community 2009-2012*, (2009) p. 10.

²⁴ L Hillier, A Turner, A Mitchell, *Writing themselves in again: 6 years on, The 2nd national report on the sexuality, health and well-being of same sex attracted young people in Australia*, Australian Research Centre in Health & Society, La Trobe University, Melbourne, (2005).

evidence to support a link between drug use and risky sexual behaviour.²⁵ 16% of men who seroconverted reported using 'ice' during the event that led to seroconversion, and an even higher 18% reported using ecstasy.²⁶

The unique characteristics of drug use in the GLBT community would be most effectively addressed through developing culturally appropriate social marketing campaigns and resources which target men from the GLBT community. ACON has already engaged in social marketing, education, safety projects, needle and syringe program, treatment programs and service delivery in partnership with government under harm minimisation principles, such as those outlined in the *National Drug Strategy*.

Recommendations:

16. Support GLBT specific health promotion informing community members about the risks of specific drugs and poly-drug use, services for drug users and the nexus between drugs and risky sex behaviour.
17. Support further research on drug use within the GLBT community.
18. Continue supporting comorbidity services and holistic health services.
19. Recognise that problematic drug use is not only limited to the 15-24 age group.

Violence and safety

Men from the GLBT community have very high rates of being targets of violence or abuse. 61% of gay men in NSW reported some form of abuse in the past year,²⁷ with this high percentage being mirrored in the *Private Lives* report.²⁸ The most common forms of abuse in NSW were verbal abuse and harassment, although 49% of gay men have ever experienced threatened or attempted physical attack and 15% have been attacked with a weapon.²⁹ Alarming, of all respondents who reported experiencing abuse, harassment or violence, 75% reported experiencing these incidences on two or more occasions.³⁰ 10% of gay men who have experienced abuse suffered physical injury.³¹

53% of the gay men in the NSW report felt worried, stressed or anxious in relation to their experience or concerns about abuse and a higher 60% reported that they modified their behaviour due to abuse.³² 34% reported the incident made them feel bad about their sexuality, 32% reported the incident made them decide they would hide or keep hiding their sexuality, 32% reported depression as a result, 15% had trouble sleeping,

²⁵ ACON, *Pills and Powders, Parties and Pubs: ACON's strategy for addressing alcohol and other drug use in the GLBT community 2009-2012*, (2009) p. 10.

²⁶ J Volk, G Prestage, J Fegyi, J Kaldor, J Ellard, S Kippax, A Grulich, 'Risk factors for HIV seroconversion in homosexual men in Australia', *Sexual Health*, vol 3, (2006) p. 47.

²⁷ NSW Attorney General's Department, *You shouldn't have to hide to be safe: a report on homophobic hostilities and violence against gay men and lesbians in New South Wales*, (2003), p. ix.

²⁸ *Private Lives*, p. 50.

²⁹ NSW Attorney General's Department, *You shouldn't have to hide to be safe: a report on homophobic hostilities and violence against gay men and lesbians in New South Wales*, (2003), p. 36.

³⁰ *Id.*, p. ix.

³¹ *Id.*, p. 42.

³² *Id.*, p. ix.

12% increased alcohol or drug consumption and 6% increased use of prescription drugs as a result of the abuse.³³

The key locations where abuse occurs are likely to be near a gay/lesbian venue, near the respondent's home, near their place or work or study and on the street generally.³⁴ Although there is not objective method to ascertain the sexual orientation of perpetrators, the anecdotal evidence from those who have suffered abuse suggests that the perpetrators do not identify as a part of the GLBT community.

Young gay men reported even higher levels of abuse, and were more seriously impacted by the abuse, for example anxiety and depression.³⁵ Furthermore, young people were much less likely to access support services including the police.³⁶ The participants did identify school education as a key mechanism to address and reduce homophobia and abuse. This would particularly be of use to young men from the GLBT community as they are disproportionately abused and mentally affected by abuse.

Men from the GLBT community should have the right to be who they are and the right to express their identity and love for their partner without their health being threatened as a result. The current situation where men must face a trade off between expressing their identity and love and risk abuse or hide their identity and love and face psychological and emotional stresses can be in itself another cause of ill health, as well as the trade-off being fundamentally unjust.

Recommendations:

20. Conduct education campaigns in schools and in the general community and require schools to discuss and address homophobic violence and abuse.
21. Fund support services and promote these services within the GLBT community, especially GLBT specific services.

Same-Sex Domestic Violence

Domestic violence occurs in both heterosexual and homosexual relationships, however there are elements of domestic violence occurring in same-sex relationships that make it distinct from other forms of domestic violence such as threats to disclose sexuality to family, employers etc. Same-sex domestic violence is not well understood within the GLBT community, and at times may be confused as a part of being in a same-sex relationship or seen as only happening in heterosexual relationships. Social exclusion and discrimination from family, friends and broader society may make gay men more vulnerable in same-sex relationships as they may not be 'out' to their family and friends or fear discrimination if they speak about it to family, friends or access government services.

³³ *Id.*, p. 51.

³⁴ *Id.*, p. 39.

³⁵ *Id.*, p.x.

³⁶ *Ibid.*

The current data does not deliver a full picture, and more research needs to be conducted in this area, however, the data suggests that domestic violence within same-sex relationships is similar in type and prevalence to heterosexual relationships. 28% of male respondents in *Private Lives* indicated that they have been in a relationship where their partners abused them.³⁷

A study into same-sex domestic violence conducted by ACON revealed that 35.3% indicated their partner humiliated them and 25.8% indicated that their partners physically abused them.³⁸ However, there are also some gay specific aspects of domestic violence such as threatening to 'out' them to their "family, friends or work", which 10.3% of respondents reported.³⁹

A very high percentage of men, 67.1%, who reported some form of abuse did not seek any support from family, friends, police, health or social services.⁴⁰ This was significantly higher than for the female respondents in the same report. When men did seek support, 24.3% contacted family/friends, 11.4% used counsellor, psychologist or social worker, 7.1% accessed the police service and 5.7% contacted ACON.

The low usage rate of formal and informal support services is reflective of the fact that the current domestic violence services in place are not adequately equipped to provide support to men who have been subject to violence within a same-sex relationship. Women's refuges are not appropriate places for men who have experienced DV, which means that they may end up being homeless if they are not able to find accommodation through friends or family. Seeking accommodation through a homelessness shelter, having experienced SSDV, will not result in an adequate level of support being given to a man in this situation.

ACON recognises the historical reason for this, given that domestic violence is overwhelming experienced by women as a result of the actions of their male partners. We were pleased to note that the recent *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and Their Children*, explicitly identifies same-sex domestic violence as an issue for women in same-sex relationships. The issue of same-sex domestic violence where both partners are male also needs to be addressed at both the national policy and service delivery level, to prevent a continuation of physical or mental harm.

Recommendation

22. Recognise and address the gap in information and awareness of same-sex domestic violence at the policy, service delivery and community level.
23. Include same-sex domestic violence as a specific area for research within domestic violence and/or GLBT studies.

³⁷ *Private Lives*, p. 51.

³⁸ ACON, *Fair's Fair: A snapshot of violence and abuse in Sydney LGBT relationships 2006*, p. 13

³⁹ *ibid.*

⁴⁰ *ibid.*

Cancer (including HPV)

GLBT men face similar cancer concerns to Australian men as a whole; however, they experience much higher rates of some cancers such as anal and rectal cancers. Men from the GLBT community are 100 times more likely to develop anal and rectal cancers when compared to the general population.⁴¹ HIV further increases the likelihood of anal and rectal cancers.

Despite this, there is currently no prevention or screening programs in place addressing these cancers. This is much more likely to delay the discovery of cancer and thus cause unnecessary emotional, social and economic costs for the individual, their families and the government.

The Human Papillomavirus (HPV) is known to cause anal and rectal cancer in men from the GLBT community. Currently there is a vaccine, Gardasil, that can prevent infections caused by HPV types 6, 11, 16 and 18 (which causes cervical, vulva, vaginal and anal cancers, precancerous and dysplastic lesions, and genital warts). Given the very high emotional, social and economic costs of cancer and the efficacy of Gardasil, vaccination is an appropriate response to prevent and reduce anal and rectal cancers in men.

Men from the GLBT community also have much higher rates of smoking⁴² and thus are likely to face higher risks of other cancers related to smoking such as lung cancer.

Recommendation

24. Fund education and awareness programs about the impact of HPV on men, especially same-sex attracted men. This program should be targeted at and in partnership with the GLBT community, but also at schools and the general community.
25. Gay and other same-sex attracted men who self-identify, but are not yet sexually active should be able to access Gardasil for free. This vaccination program could be run through GLBT community health and HIV organisations, in partnership with local sexual health centres.
26. Based on the success of cervical cancer screening programs, introduce anal cancer screening programs for HIV positive men.

Ageing

As Australia ages, so do men from the GLBT community and men with HIV . However, the experiences may be significantly different due to the key health issues already mentioned in this submission.

Men with HIV are more likely to enter 'old' age ten years before the general population, starting to be confronted with issues of ageing at 50 rather than 60. Although the cause of this early onset of ageing is still an area that requires more research attention, drug toxicity from highly active antiretroviral drugs, depressed immune functions due to the impact of HIV as well as behavioural factors such as smoking can all contribute to the

⁴¹ R Hillman, *Anal Dysplasia and Cancer. An Australian Experience*. The Australasian Sexual Health & Medicine Conference Presentation, (2008).

⁴² *Private Lives*, pp. 34-35.

ageing of men with HIV.⁴³ Men with HIV can also face specific health needs. Older people with HIV are also more susceptible to developing cardiovascular disease, hypertension, diabetes and mental illnesses.⁴⁴

Social factors such as discrimination in aged care facilities and less family support often means that men with HIV and men from the GLBT community have less support available to them in old age and rely more on their friends and partners.⁴⁵ The lack of relationship recognition places further pressures on ageing men from the GLBT community. Many older men with HIV⁴⁶ and older men from the GLBT community also live alone in old age. Their physical and mental health can be significantly poorer due to social exclusion and a lack of access to the care and support that they need.

Health promotion strategies advocating regular medical check ups, smoking cessation, healthy diet and exercise are important to the GLBT community and people with HIV to prevent negative consequences of ageing. This should be done in a culturally appropriate and socially engaging manner.

Aged care services, whether provided by the government or non-government sources should be prohibited from discriminating or vilifying on the basis of sexual orientation, gender identity or HIV status. These mainstream services should be trained in servicing clients who are from the GLBT community or are HIV positive. Specialised services targeting the care of older men from the GLBT community and men with HIV are also necessary as perceived or real discrimination will still deter users from mainstream services. Specialised services are also more likely to understand the specific needs of older men with HIV and older men from the GLBT community that are discussed above.

Recommendations:

27. Recognise the specific ageing needs of men with HIV and men from the GLBT community in the ageing process and old age.
28. Fund community based organisations to promote regular medical check ups, smoking cessation, healthy diet and exercise targeting older men from GLBT community and older men with HIV.
29. Prohibit through legislation, regulation or contractual agreements, discrimination and vilification on the basis of sexual orientation, gender identity or HIV/AIDS status in aged care facilities. As a part of this, staff members in aged care facilities should be trained in working with men with HIV and men from the GLBT community and understand their specific needs.
30. Fund specialised aged care services for men with HIV and men from the GLBT community.

Research and Evidence Base

In developing effective health policy it is crucial that it be informed by strong evidence, arising from comprehensive research. Australia's relative success in containing the

⁴³ I Down, *Social Research Brief: Ageing with HIV*, NCHECR, (forthcoming).

⁴⁴ ACON, *Ageing Disgracefully: ACON's healthy GLBT ageing strategy 2006-2009*, (2006), p. 19.

⁴⁵ *Id.*, p. 8.

⁴⁶ I Down, *op. cit.*

spread of HIV is partly the result of a strong research and evidence base that has been useful for policy development.⁴⁷ Although some areas explicitly include sexuality indicators (such as HIV), for the vast majority of research data, sexuality is not included as an indicator. It has been GLBT specific research that has provided some data on key issues such as STI transmissions, levels of alcohol, tobacco and other drug use, mental health, violence and abuse, domestic violence, cancer and ageing. The GLBT focused research has shown that men from the GLBT community are uniquely or disproportionately affected in relation to those key issues.

While these research initiatives are very important to inform policy and service delivery, mainstream research projects need to start including sexuality indicators so that data on this specific group, GLBT men, can be examined and compared with other groups. The data collected across different health issues should be disaggregated by GLBT identification. This will assist in recognising emerging health trends and issues that are uniquely faced or disproportionately faced, by the GLBT community, thus reducing the policy and service delivery blind spots in relation to men from the GLBT community.

Recommendations:

31. Introduce sexuality indicators into all health related research and for all future research to disaggregate data based on sexuality, in the same way that data is disaggregated based on gender.

Priority Groups

The *Development of a National Men's Health Policy: An Information Paper* outlines three specific groups of men that warrants special consideration, Aboriginal and Torres Strait Islander men, men from culturally and linguistically diverse backgrounds (CALD) and men living in rural areas. ACON recognises that men from the GLBT community may also experience health differently due to their Aboriginal and/or Torres Strait Islander status, their race and their geographic location.

It is also important to recognise that within the priority groups of Aboriginal and Torres Strait Islander men, some are gay, bisexual, transgender/sistergirl. It is also the case that there are gay, bisexual and transgender men, and other men who have sex with men in rural communities and culturally and linguistically diverse communities. They may face multiple dimensions of discrimination when accessing services, and may be even more vulnerable to social exclusion. Men who are from the GLBT community and other priority groups may feel excluded from both communities as well as the broader Australian community.

Access to health and mental health are especially areas of concern. More research is also required on the level and type of services that men who face multiple dimensions of discrimination (such as on the basis of sexuality and race) would find accessible and useful.

An intersectional approach would be useful and would recognise the importance of reducing homophobia in the priority communities and reducing discrimination on the

⁴⁷ NSW Health, *A Think Tank: Why are HIV Notifications Flat in NSW 1998-2006?*, (2007), p. 1.

basis of race in the GLBT community. This would help to alleviate some of the social exclusion that men who face multiple dimensions of discrimination experiences. Providing GLBT services in rural areas and areas where priority communities live are also important to support men who are both from the GLBT community and who are from one of the mentioned priority communities.

Recommendations:

32. The National Men's Health Policy recognises that men from the GLBT community constitute a priority group and that priority groups intersect with each other.
33. Support initiatives to reduce homophobia in the priority communities as well as reducing racism in the GLBT community.

6. CURRENT INNOVATIVE PROJECTS AND INITIATIVES

ACON's experience in NSW has demonstrated that a partnership model between government, health service providers and community based organisations is the most effective and successful approach to promoting health and preventing the spread of HIV. Recent evaluations at the NSW state and at the Commonwealth Senate level have concluded that Australia's relative success in managing the HIV epidemic was a result of the partnership between government, researchers and community based organisations.⁴⁸ Australia has a low prevalence of HIV in all populations including homosexually active men when contrasted with comparable countries.⁴⁹ NSW in particular has been able to more effectively manage the spread of HIV through modifying behaviours that put people at risk of HIV infection.⁵⁰

The approach in NSW has been the result of partnerships, specific engagement with at risk groups such as homosexually active men, intravenous drug users and sex workers as well empowering these communities to take responsibility and control of their own health. ACON has been an integral part of this partnership.

For many years, ACON's social marketing and health promotion campaigns have pioneered community knowledge and education about safe sex practice. We have produced groundbreaking campaigns which address identified high-risk sexual behaviour without seeking to demonise or patronise those who we are wishing to influence. This principle of 'sex positivity' has ensured that ACON enjoys a strong relationship with the GLBT community and is widely respected as a source of information about safe sex and injecting drug use.

The success of these campaigns has been based on the proven practice of identifying a contemporary pattern of sexual practice amongst gay and other same sex attracted men and providing a message about how to ensure that that practice is done in a way to minimise risk of HIV and STI transmission. With ACON fully engaged with the

⁴⁸ See NSW Health, *A Think Tank: Why are HIV Notifications Flat in NSW 1998-2006?*, (2007); and Select Committee on Men's Health, *Senate Committee Report*, Commonwealth of Australia, (2009), p. 30.

⁴⁹ NSW Health, *A Think Tank: Why are HIV Notifications Flat in NSW 1998-2006?*, (2007), p. 1.

⁵⁰ *Ibid.*

community, the messages are much more likely to be culturally appropriate and socially persuasive.

The case study of HIV has provided a model for a particular approach; this approach and its benefits can be transferrable to other health promotion and health prevention initiatives.

Another approach pioneered by ACON has been to address health for a specific group of people in a holistic manner. For groups that experience exclusion and share a perception of discrimination in mainstream services, a holistic health approach that is beneficial to reduce barriers of accessing health services for these groups. The benefits are also that community members can present themselves to one place and receive a comprehensive assessment, which is particularly useful if comorbidity is likely within a community.

7. BARRIERS TO ACCESS FOR MEN

Accessing the health system can be complex and difficult for many men. Apart from physical, linguistic and economic barriers, there also exists social and cultural barriers. Social and cultural barriers include attitudes of health provider staff, the knowledge and ability for staff to work with clients from different backgrounds and groups and the systemic policies of health service providers.

Barriers of access for the GLBT community exists when discrimination is actual or perceived, direct, indirect or systemic. Discrimination can occur when negative comments are made, when an institution is perceived to be unfriendly towards GLBT clients or even at a systemic level when health professionals do not have the expertise, understanding or sensitivities to appropriately provide health services to male clients from the GLBT community.

In addition, privacy and confidentiality concerns are also a barrier of access for men from the GLBT community. Some men may not disclose their sexual orientation to mainstream service providers because they are concerned about being “outed”, and thus appropriate and comprehensive care cannot be provided.

8. MAKING THE HEALTH SECTOR MORE RESPONSIVE

The Australian health sector has made significant advances in being more responsive in some sectors, one of which has been the HIV prevention sector. Although HIV is still a key concern to the GLBT community it is important that the health issues facing GLBT men are included across the health sector. This can be achieved through specifically recognising the GLBT community in the health policy framework.

To respond to key issues facing the Australian community, including the GLBT community, there must be funding of more services and continued funding to established services. In particular prevention initiatives, community partnerships and holistic health services that target the GLBT community need to be adequately funded.

An empowered community is also important for the health sector to develop appropriate policies that are responsive to the communities needs. Capacity building and working with the community to develop policy will build relationships with the community and improve the cultural appropriateness of policies and services.

Recommendations:

34. Consult and collaborate with the GLBT community to improve the responsiveness of health policy and services.
35. Fund services tailored and targeting the GLBT community.

9. SUMMARY

Overall, statistics point out that GLBT men are at more risk of diseases such as HIV, STIs and anal cancer. These diseases can be prevented through risk mitigation strategies such as safe sex, or through vaccines such as Gardasil. An equitable, efficient and effective approach would be to fund health promotion around the prevention of HIV and other STIs as well as to fund a vaccination program for boys who request Gardasil.

Men from the GLBT community are more likely to experience discrimination and abuse at work, at school, on the street and from family members. As a consequence, men from the GLBT community are also more likely to experience problematic use of drugs and mental health issues. These factors are complexly related and require specific policy attention and research. Broader non-discrimination protections and anti-homophobia campaigns are necessary to improve the health and wellbeing of men from the GLBT community.

As the Australian population age, so do GLBT men and men with HIV, this diverse group share similarities with broader society, but also face much more complex aged care needs, especially due to social isolation and discrimination. Men with HIV are likely to experience ageing at an earlier rate due to drug toxicity and the impact of the HIV virus on the body. This calls for specific service provision, combating discrimination as well as a broader research focus that is inclusive of aged men from the GLBT community and aged men with HIV.

On top of the above mentioned challenges that men from the GLBT community can face, GLBT men are also more likely to experience discrimination and other barriers to access health services. This can be compounded by multiple dimensions of discrimination and disadvantage. These challenges affirm that men from the GLBT community experience health and the health sector differently and require different policies and approaches.

LIST OF RECOMMENDATIONS FOR THE COMMONWEALTH GOVERNMENT

1. Include gay, bisexual and men who have sex with men community as a specific group facing unique health challenges in the National Men's Health Policy, akin to Aboriginal and Torres Strait Islander men, culturally and linguistically diverse men and rural men.
2. The National Men's Health Policy take into account specific health issues of men from the GLBT community in their different age groups.
3. Base policies on qualitative and quantitative evidence.
4. Support research, especially community-based research to form an evidence base for policy.
5. Enable future research that specifically includes GLBT men by asking a sexuality question and disaggregating the data based on sexuality so disparities are identified.
6. Recognise that HIV has, is and will continue to be a major health issue for men from the GLBT community. The relatively high prevalence rates deserve recognition from the Commonwealth government through revitalising policy responses and continued support for education and health promotion.
7. Focus on prevention of HIV through targeting specific groups, building partnerships with communities, taking a holistic approach to prevention and adequately funding prevention programs.
8. Provide adequate funding to essential services that people with HIV rely on, including but not limited to antiretroviral drugs, mental health services, assisted living programs and housing, employment and other social services.
9. The National Men's Health Policy continues to include STIs/sexual health as a key health issue for 15-24 and 25-64 age groups.
10. The National Men's Health Policy explicitly includes men from the GLBT community as a target group in health policy, especially sexual health.
11. Support and fund community based organisations in holistic prevention campaigns around STIs.
12. The National Men's Health Policy specifically includes the needs of GLBT men in mental health policies such as the *National Men's Health Action Plan*.
13. Improve referral pathways to GLBT specific services from mainstream health services, including GPs.
14. Develop programs that prevent the onset of mental health illnesses, this should include addressing the social determinants of mental health, including discrimination, homophobia and abuse across the entire life cycle of men.
15. Fund more research into the mental health issues and their causes in the GLBT community.
16. Support GLBT specific health promotion informing community members about the risks of specific drugs and poly-drug use, services for drug users and the nexus between drugs and risky sex behaviour.
17. Support further research on drug use within the GLBT community.
18. Continue supporting comorbidity services and holistic health services.
19. Recognise that problematic drug use is not only limited to the 15-24 age group.
20. Conduct education campaigns in schools and require schools to discuss and address homophobic violence and abuse.

21. Fund support services and promote these services within the GLBT community, especially GLBT specific services.
22. Recognise and address the gap in information and awareness of same-sex domestic violence at the policy, service delivery and community level.
23. Include same-sex domestic violence as a specific area for research within domestic violence and/or GLBT studies.
24. Fund education and awareness programs about the impact of HPV on men, especially same-sex attracted men. This program should be targeted at and in partnership with the GLBT community, but also at schools and the general community.
25. Gay and other same-sex attracted men who self-identify, but are not yet sexually active should be able to access Gardasil for free. This vaccination program could be run through GLBT community health and HIV organisations, in partnership with local sexual health centres.
26. Based on the success of cervical cancer screening programs, introduce anal cancer screening programs for HIV positive men.
27. Recognise the specific ageing needs of men with HIV and men from the GLBT community in the ageing process and old age.
28. Fund community based organisations to promote regular medical check ups, smoking cessation, health diet and exercise targeting older men from GLBT community and older men with HIV.
29. Prohibit through legislation, regulation or contractual agreements discrimination and vilification on the basis of sexual orientation, gender identity or HIV/AIDS status in aged care facilities. As a part of this, staff members in aged care facilities should be trained in working with men with HIV and men from the GLBT community and understand their specific needs.
30. Fund specialised ageing and aged care services for men with HIV and men from GLBT communities.
31. Introduce sexuality indicators into all health related research and for all future research to disaggregate data based on sexuality, like how data is disaggregated based on gender.
32. The National Men's Health Policy recognises that men from the GLBT community constitute a priority group and that priority groups intersect with each other.
33. Support initiatives to reduce homophobia in the priority communities as well as reducing racism in the GLBT community.
34. Consult and collaborate with the GLBT community to improve the responsiveness of health policy and services.
35. Fund services tailored and targeting the GLBT community.