

# Halifax Progress Card

**Advance** is a pan-Canadian collaboration to improve the accessibility and uptake of health services among gay, bisexual, queer, and other men who have sex with men (cis and trans), and Two-Spirit people (GBT2Q) in Canada. This Progress Card presents statistics compiled from the Halifax Pride sample of CBRC's 2018 Sex Now Survey, a nation-wide survey of GBT2Q guys. It provides a snapshot of key indicators related to access and uptake of HIV & STBBI combination prevention services for service providers, policy makers, and community members.

## Participant Demographics<sup>1</sup>

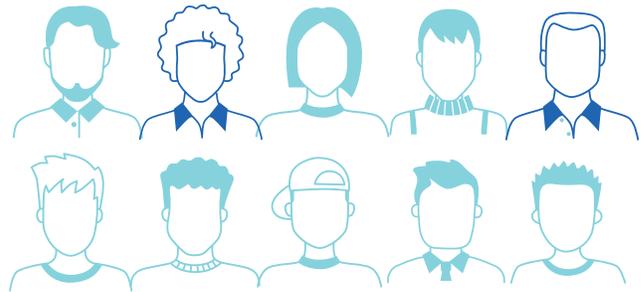
**199**

Total number of survey participants in the Halifax Sample

**7** HIV+ participants  
**12%** were born outside of Canada  
**20%** were not white  
**15%** were trans

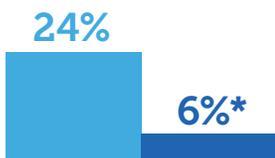
### Age breakdown

16-25	26-35	36-45	46-55	56-65	66-75	76-85
25.63%	35.18%	19.60%	13.07%	5.03%	1.01%	0.50%



**2 in 10** are either not out or unsure if their doctor knows about their sexual orientation

## Primary Health Care



**24%** of HIV- participants do not have a regular family doctor or nurse practitioner compared to **6%\*** of HIV+ participants

## Sexually Transmitted and Blood Borne Infection (STBBI) Testing

**14%** of participants had never been tested for STBBIs. We asked the 86% of participants who had been tested when their most recent STBBI testing was:

<p><b>40%</b> Within the last 6 months</p> <p>89% had a blood test 83% had a urine test</p>	<p><b>16%</b> 6 months to 1 year ago</p> <p>49% had <b>no</b> throat swab compared to 44% Nationally 63% had <b>no</b> rectal swab compared to 57% Nationally</p> <p><i>A recent Canadian study found that 88% of Chlamydia and 94% of Gonorrhoea infections are missed when only urine is tested, and no swabs are done<sup>2</sup></i></p>	<p><b>44%</b> More than 1 year ago</p> <p>Most common reasons for delaying or avoiding testing:</p> <ol style="list-style-type: none"> <li>1. Too busy to get tested.</li> <li>2. There are limited testing hours.</li> <li>3. Too stressed about test results.</li> <li>4. Long wait times at sexual health centres.</li> <li>5. Live too far from testing services.</li> </ol>
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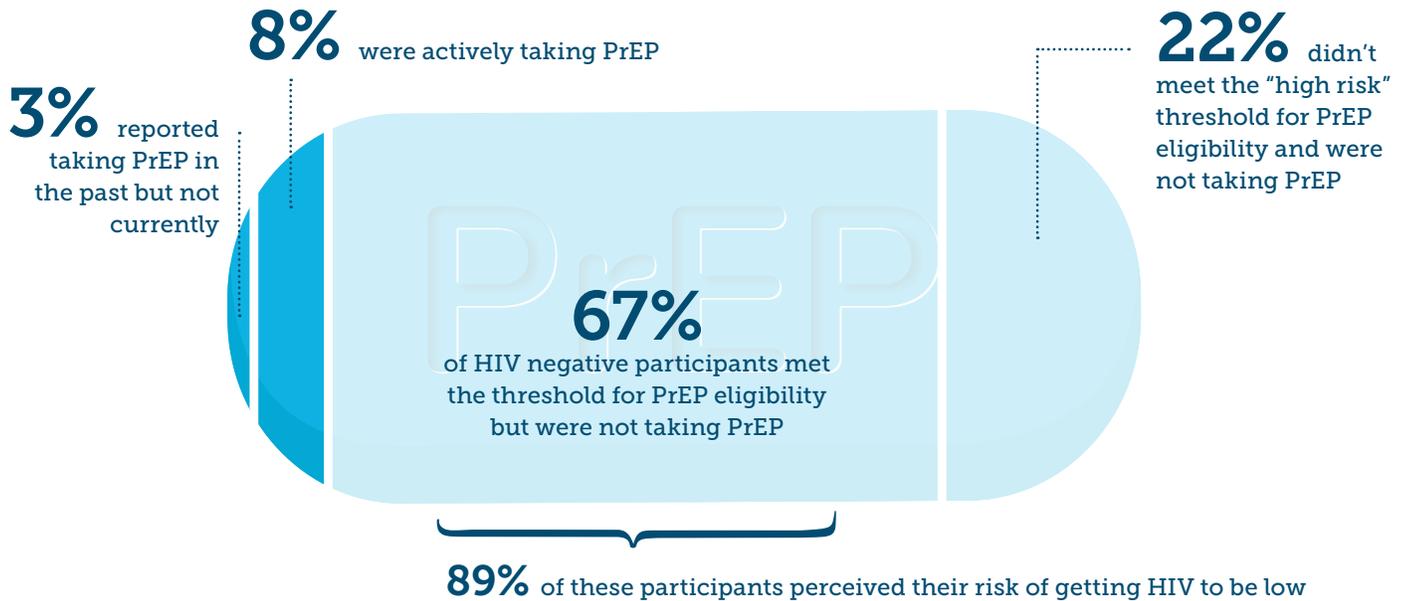
\* National frequency has been provided to ensure statistical significance.

<sup>1</sup> The figures in this Progress Card depict information collected at the 2018 Halifax Pride Festival for Halifax-specific data and for National data, Vancouver, Kelowna and Nelson, Calgary, Winnipeg, Edmonton, London, Toronto, Ottawa, Montreal, and Halifax.

<sup>2</sup> Harvey-Lavoie, S., Labbé, A., Apelian, H., Cox, J., Messier-Peet, M., Moodie, E., & Lambert, G. (2019, April 4). Chlamydia trachomatis and Neisseria gonorrhoeae Infections Among Gay, Bisexual, and Other Men Who Have Sex With Men: Extragenital Infections are More Prevalent than Urogenital Infections. Association of Medical Microbiology and Infectious Disease Canada. AMMI Canada Annual Conference, Ottawa, Canada.

# The 'PrEP Gap'

Pre-Exposure Prophylaxis (PrEP) is a prevention approach that uses medication to prevent acquiring HIV. PrEP has been shown to be up to 99% effective as an HIV prevention method<sup>3</sup>.



*The Canadian PrEP guidelines<sup>4</sup> suggest that HIV negative guys with a HIV Incidence Risk Index (HIRI) score of 11 or more are eligible for PrEP.*

Nationally, commonly cited reasons for not taking PrEP:

1. High Cost: PrEP can cost as much as \$500 to \$1000 per month without coverage.
2. Other barriers to taking PrEP (side effects, taking pills, frequent testing and clinic visits).

*Nationally, Indigenous participants were half as likely to be on PrEP than their white counterparts, even though pre-exposure prophylaxis (PrEP) is available to status First Nations people who are deemed to be at high risk of HIV infection at no cost via the federal Non-Insured Health Benefits (NIHB) program<sup>5</sup>.*

## HIV Prevention Knowledge

**4 in 10** HIV- participants were unaware of PEP (post-exposure prophylaxis) as an HIV prevention method

**1 in 10** HIV- participants were unaware of PrEP (pre-exposure prophylaxis) as an HIV prevention method

**U=U** is the concept that a person with an undetectable viral load cannot transmit HIV through sex

**37%** of HIV- participants were unaware of this concept  
**0%** of HIV+ participants were unaware of this concept

<sup>3</sup> Centers for Disease Control and Prevention. (2019, December 3). PrEP. <https://www.cdc.gov/hiv/basics/prep.html>.

<sup>4</sup> Tan, D. H. S., Hull, M. W., Yoong, D., Tremblay, C., O'Byrne, P., Thomas, R., Kille, J., Baril, J.-G., Cox, J., Giguere, P., Harris, M., Hughes, C., MacPherson, P., O'Donnell, S., Reimer, J., Singh, A., Barrett, L., Bogoch, I., Jollimore, J., ... Shafraan, S. (2017). Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis. *CMAJ*, 189(47), E1448–E1458. <https://doi.org/10.1503/cmaj.170494>.

<sup>5</sup> Evan Adams. (n.d.). Get the Facts on PrEP. First Nations Health Authority. Retrieved 27 July 2020, from <https://www.fnha.ca/about/news-and-events/news/get-the-facts-on-prep>.

# Publicly Funded Vaccines

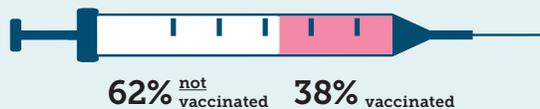
## HPV

The Human Papilloma Virus (HPV) vaccine can protect against as many as 6 strains of HPV that cause:

- Anal, penile, genital, cervical, mouth, and throat cancers
- Genital warts
- Transmission of HPV to partners

The vaccine is offered for free to GBT2Q guys 26 years old and under in all provinces. In 2019, Nova Scotia updated its publicly funded vaccine schedule to offer free HPV vaccination to People Living with HIV and Men who have Sex with Men up to and including 45 years of age.

### Halifax participants under 26



### Halifax participants over 26



### How does Halifax's HPV vaccination rate compare to other Canadian cities surveyed?

#### Participants under 26

Montreal (highest): 55% vaccinated  
 Winnipeg (lowest): 32% vaccinated  
 National average: 46% vaccinated

#### Participants over 26

Toronto (highest): 33% vaccinated  
 Halifax (lowest): 16% vaccinated  
 National average: 29% vaccinated

## HBV

The Hepatitis B Virus (HBV) vaccine is free to all GBT2Q guys, regardless of age, in all provinces.

Nationally, 70.4% of participants indicated having been vaccinated for HBV.

### HBV Vaccination rate in Halifax

**62.7%**

### Compared to other cities surveyed

<b>Highest</b>	<b>Lowest</b>
Ottawa <b>79.6%</b>	London <b>59.6%</b>
	Calgary <b>59.4%</b>
	Winnipeg: <b>59.1%</b>



## HIV Primary Care

HIV positive participants reported strong connections to the healthcare system.

**94%\***

have a regular family doctor or nurse practitioner

**94%\***

reported having received HIV care in the past 6 months

**93%\***

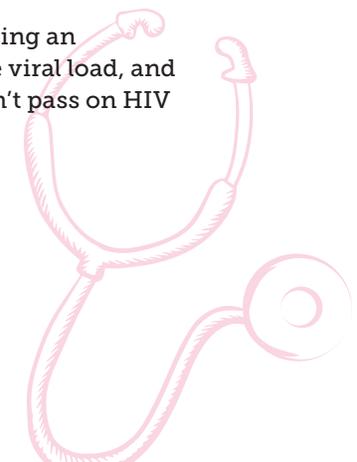
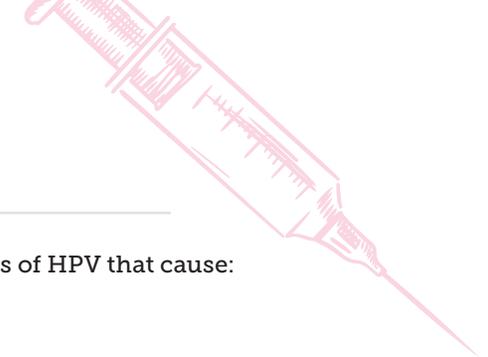
reported having an undetectable viral load, and therefore can't pass on HIV

HIV positive participants reported getting tested for STBBIs more frequently than their negative counterparts. In the past 6 months:

**67% of HIV+ participants had gotten tested for STBBIs**

**43% of HIV- participants had gotten tested for STBBIs**

\* National frequency has been provided due to small sample size.



# Mental Health

GBT2Q guys are

## 2-3 times more likely

to experience mental health concerns compared to their straight-identifying counterparts<sup>6</sup>. This makes access to mental health services an important part of a comprehensive GBT2Q health strategy.

## 42%

of participants experienced depressive symptoms (PHQ-2<sup>7</sup>) in the past 2 weeks.

OF THESE

## 6 in 10

indicated wanting help with these feelings.

## 21%

of participants experienced symptoms indicating generalized anxiety disorder (GAD-2<sup>8</sup>) in the past 2 weeks.

OF THESE

## 7 in 10

indicated wanting help with these feelings.

In all, **45%** of participants nationally indicated they wanted help with their mental health relating to topics such as: Depression, Eating disorders, Anxiety, Body image, Coming out, Relationship problems, Gender dysphoria/transition, and Suicidal thoughts.

# Substance use and Harm Reduction Services

Top reported substances used in the past 6 months:

Alcohol

## 71.6%



Cannabis

## 43.2%



Tobacco

## 27.4%



Poppers

## 20.5%



Cocaine

## 15.3%



Also commonly used were:

## 11.6%

 Ecstasy

## 11.6%

 Erection Drugs  
(e.g. Viagra, Cialis)

## 3.2%

 Crystal Meth

**8%** of all participants reported accessing any kind of harm reduction or addictions treatment services.

6 Brennan, D. J., Ross, L. E., Dobinson, C., Veldhuizen, S., & Steele, L. S. (2010). Men's Sexual Orientation and Health in Canada. Canadian Journal of Public Health / Revue Canadienne de Santé Publique, 101(3), 255-258. JSTOR.

7 Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003;41:1284-92.

8 Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Ann Intern Med. 2007;146:317-25.

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Thanks to our data collection partners:

Advance is a partnership between leading community-based organizations from across Canada dedicated to the health and wellness of GBT2Q men.



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