



Our Sex Lives

All-Ireland findings from the 2010 European MSM Internet Survey (EMIS)

Man2Man: Report Three

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November 2013



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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'Our Sex Lives' is the third of four thematic reports in the 'Man2Man' series. These reports aggregate data generated in the 2010 European MSM Internet Survey (EMIS), and represent the largest ever research sample of men who have sex with men (MSM) across the 32 counties of Ireland. Each report contains information relevant to those working to improve the sexual health and well-being of MSM and presents evidence relevant to policy and programme design for gay and bisexual men in both Northern Ireland (NI) and the Republic of Ireland (RoI).

The EMIS data was significant to the development of the first National HIV Prevention and Sexual Health Programme for MSM in Ireland, a joint initiative by the Gay Health Network and Health Service Executive (HSE). Launched on December 1st 2011, information and materials from this ongoing campaign are available at www.man2man.ie

Thank you!

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Man2Man Report Three:	Our Sex Lives	
Published by:	Gay Men's Health Service HSE, Gay Health Network, and the Rainbow Project (November 2013)	
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GMHS, GHN and the Rainbow Project would like to acknowledge all of you who completed the questionnaire; the HIV, sexual health and LGBT groups and organisations, social venues and websites who promoted the survey in Ireland and the scientists who organised and conducted EMIS between 2009 and 2011: Axel J. Schmidt (Project co-ordination); Ulrich Marcus (Project initiation and supervision); Peter Weatherburn (Promotion co-ordination); Ford Hickson and David Reid (Technical implementation); Harm J. Hospers (Questionnaire drafting).

The EMIS survey - Introduction:

The European MSM Internet Survey (EMIS) was a joint project of academic, governmental, and non-governmental partners from 33 countries in Europe (EU and neighbouring countries) to simultaneously run an online questionnaire in 25 different languages. This pan-European survey collected information on the knowledge, attitudes, needs and behaviours of men who have sex with men (MSM), including those who identify as gay or bisexual, in relation to HIV, sexual health, and well-being. The EMIS questionnaire was available online between June 4 and August 31, 2010. Following the slogan **“Be part of something huge!”** more than 180,000 MSM living in 35 European countries completed the survey, making EMIS the largest international study ever conducted on MSM. The full European report was released in May 2013 and is available at www.emis-project.eu.

The lead agency in Ireland, the Gay Men’s Health Service, Health Service Executive (GMHS HSE), collaborated with the Gay Health Network (GHN) and the Rainbow Project NI to produce additional analysis and reporting for the all-Ireland dataset. In total there were 2,610 valid respondents from all of Ireland: 2,194 from RoI and 416 from NI. Man2Man Reports are available at www.ghn.ie and www.emis-project.eu.

Sex Lives

This third report* focuses on sexual happiness, experience and behaviour, condom access and use, as well as substance use. All results are disaggregated by country of residence (NI and RoI). Further analysis was conducted against other demographic variables presented in the first report, including age, area of residence, education level, and sexual identity.

This report includes all 2,610 respondents as described in the first Man2Man report ‘Our Community’.

Country of residence	# of respondents	%
Northern Ireland (NI)	416	15.9
Republic of Ireland (RoI)	2194	84.1
Total	2610	100

*** This report should be read in conjunction with Report 1 and 2. Of the 2,610 respondents 92.4% identified as gay or bisexual, 73.5% were only attracted to other men, 25.2% were aged 24 and younger, rising to 44.5% for those aged 29 and younger. 5.5% were living with HIV (9% of those men who had ever tested).**

1. Sexual happiness

This section reports findings regarding sexual happiness among MSM in Ireland, including the reasons men reported for being unhappy sexually. The survey asked a series of questions related to the sex lives of respondents. All men were asked: **'Are you happy with your sex life?'** A slight majority of respondents (53.3%) reported that they were happy with their sex lives (NI: 53.7%; ROI: 53.3%).

Sexual unhappiness was most commonly reported by younger men (under 20 years), those living in more rural areas (populations of less than 100,000), men who did not identify as gay or bisexual, men reporting low level of 'outness', men without a steady partner, and those who had never received an HIV test.

Men who responded that they were not happy with their sex lives (46.7%) were asked: **'Why are you not happy with your sex life?'** and could select as many as applied from a list of 14 possible reasons.

I am unhappy about my sex life because... (n=1137, missing 5)	% Overall	% by country	
		NI (n=174)	ROI (n=963)
I want a steady relationship with someone	25.6	27.9	25.2
I am not as sexually confident as I want to be	21.9	23.4	21.7
I would like more sex with the man/men I have sex with	16.1	17.8	15.7
I worry about picking up HIV or other STIs	14.3	14.9	14.2
I would like more sexual partners	13.8	14.1	13.7
I am not having any sex	11.1	12.8	10.7
I have problems getting or keeping a hard-on (erection)	7.3	6.6	7.5
My sex drive is too low	6.5	5.1	6.8
I worry about having too many sexual partners	6.0	6.6	5.9
I have problems in my steady relationship	5.6	4.5	5.8
I worry about passing on HIV or other STIs	3.5	3.2	3.6
My health problems interfere with sex	3.7	5.1	3.5
My partner's health problems interfere with sex	1.3	1.6	1.2
Other reason	2.7	2.1	2.8

The two most frequently cited reasons for sexual unhappiness were wanting a steady relationship with someone (25.6%) and not being as sexually confident as desired (21.9%). These were followed by wanting more sex with current sexual partner/s (16.1%) and concern about picking up HIV or other STIs (14.3%).

Sexual happiness is important for gay and bisexual men and other MSM, and should be addressed by programmes intended to improve the sexual health and well-being of these men, including men living with HIV. Programmes should not focus solely on preventing transmission of HIV and other STIs, but should include information about pleasure, technique and sexual dysfunction as well as training in assertiveness and negotiation skills.

2. Sex with men

This section reports on the key findings related to sexual experiences and behaviour with men. In the survey, the term 'sex' was defined as 'physical contact to orgasm (or close to orgasm) for one or both partners'. Almost all respondents (97.0%) reported some sexual experience with men, and reported some sexual contact within the last 12 months (93.2%). Those who had indicated they had never had sexual contact with a man (n=79) were excluded for the remainder of this section. The following data includes only those men who reported ever having had sexual contact with a man.

About half of respondents (50.7%) reported having their first homosexual experience before the age of 18 (median age 17 years). Most men (93.8%) reported having had anal intercourse with a man (either 'insertive' or 'receptive') at some time, with 88.8% reporting anal intercourse during the past 12 months. The median age of first male anal intercourse was 20 years, with 27.5% reporting first anal intercourse before the age of 18.

First sexual experience (n=2479, missing 52)	% Overall	% by country	
		NI (n=398)	RoI (n=2081)
Before the age of 18	50.7	56.8	49.6

First experience of anal intercourse (n=2296, missing 235)	% Overall	% by country	
		NI (n=370)	RoI (n=1926)
Before the age of 18	27.5	29.1	27.2

The young age at which men reported their first sexual experiences with other men highlights the importance of including information about sexual diversity, sexual health and related issues in school programmes. There is also a need for tailored programmes to be made available in out-of-school settings through organisations that work with young people and younger men.

Sex with steady partners

The survey defined the term 'steady partner' as a boyfriend or husband in a relationship where the respondent did not consider himself 'single.' The term did not include regular partners who are considered 'simply sex buddies'.

Respondents were asked: '**In the last 12 months have you had any kind of sex with a steady partner?**'. Overall, 53.4% of respondents (n=1,293) reported that they had sex with a steady male partner in the past 12 months. Of these 68.8% reported sex with one steady partner, 17.3% with two steady partners, and 13.9% with three or more.

Among men who had sex with a steady male partner, 89.8% reported having anal intercourse with their partner in the last 12 months. These men were asked: '**In the last 12 months, how often were condoms used for anal intercourse with your steady male partner?**' and could select one of the following responses: Not at all; Seldom; Sometimes; Mostly; or Always. For the purpose of this report, those who selected 'always' (26.4%) were considered consistent users of condoms. Those who selected 'seldom,' 'sometimes,' or 'mostly' (34.7%) were considered inconsistent users of condoms. Finally, 38.9% reported that they never used condoms during anal intercourse with their steady partner.

Condom use among men who had anal intercourse with steady male partners (n=1129, missing 32)	% Overall	% by country	
		NI (n=173)	RoI (n=956)
Consistent	26.4	22.5	27.1
Inconsistent	34.7	32.4	35.1
Never	38.9	45.1	37.8

Men with steady partners were asked: **'Do you and this steady male partner have the same HIV status?'** and could select one of three options: Yes, we have the same HIV status (either both positive or both negative); No, one of us is positive and the other is negative; Don't know whether we have the same status or not. Among men who reported having the same HIV status as their partners, 21.5% were consistent users of condoms, 35.1% were inconsistent users of condoms and 43.4% never used condoms. Among men who reported having a different HIV status from their partner, 66% were consistent users of condoms, 29% were inconsistent users of condoms and 5% never used condoms. Finally among men who reported not knowing if they had the same HIV status as their partners, 34.9% were consistent users of condoms, 34.9% were inconsistent users of condoms, and 30.2% never used condoms for anal intercourse with their steady partner.

Inconsistently or never using condoms with a steady partner with an unknown or different HIV status was more commonly reported by younger men (under the age of 25), men with a lower level of education, and men who have never received an HIV test.

This information suggests that many men take their HIV status and that of their steady partner into account when deciding whether or not to use condoms for anal intercourse. However, more research is needed to understand how these decisions are made. Of the men who did not consistently use condoms with their steady partner 30% reported inconsistently or never using condoms for anal sex with non-steady partners. On the other hand, men who consistently used condoms with steady partners reported consistently using them with non-steady partners at a significantly higher rate than the other two groups. There is clearly a need to promote condom use with steady and non-steady partners and mutual HIV testing and disclosure of HIV status in steady relationships with a particular focus on younger men and those with lower levels of education.

Sex with non-steady partners

The survey defined the term 'non-steady partner' to mean men who respondents had sex with only once, or men they had sex with more than once but who they didn't consider a steady partner. Overall, 79.2% of respondents (n=1,888) reported having sex with at least one non-steady male partner in the past 12 months.

Men who reported sex with a non-steady partner were asked: **'How many different non-steady male partners have you had sex with in the last 12 months?'** While about one-quarter of respondents (25.9%) reported having more than ten non-steady sexual partners in the previous 12 months, a majority (55.0%) reported having five or fewer non-steady sexual partners.

Number of non-steady male sexual partners in last 12 months (n=1885, missing 3)	% Overall	% by country	
		NI (n=282)	RoI (n=963)
One	11.5	12.4	11.4
2 to 5	43.5	47.5	42.7
6 to 10	19.4	15.9	20.1
11 to 30	18.8	18.1	18.9
More than 30	6.7	6.1	7.0

A total of 82.0% of respondents who had sex with a non-steady partner reported having anal intercourse with a non-steady male partner in the last 12 months. These men were asked: **'In the last 12 months, how often were condoms used for anal intercourse with a non-steady male partner?'** and could select one of the following responses: Not at all; Seldom; Sometimes; Mostly; or Always. Those who selected 'always' (49.5%) were considered consistent users of condoms. Those who selected 'seldom,' 'sometimes,' or 'mostly' (44.6%) were considered inconsistent users of condoms. Finally, 5.9% reported that they never used condoms during anal intercourse with non-steady partners.

Condom use with non-steady male partners (n=1532, missing 1)	% Overall	% by country	
		NI (n=229)	RoI (n=963)
Consistent	49.5	45.0	50.3
Inconsistent	44.6	46.7	44.2
Never	5.9	8.3	5.5

Overall, 50.5% of men did not consistently use condoms for anal intercourse with non-steady male partners. These men were asked: ***'Have you had unprotected anal intercourse with a non-steady partner whose HIV status you did not know or think about at the time?'*** A large majority (72.8%) indicated that they did not know whether they had the same HIV status as these non-steady partners. This was more commonly reported by younger men (under 25 years), those with lower levels of education, and those with ten or more non-steady sexual partners in last 12 months.

Unprotected anal intercourse with a partner of unknown or different HIV status carries a high risk of HIV transmission. The high frequency of these encounters reported in this survey indicates the continuing need to promote consistent condom use with non-steady sexual partners, HIV testing with a particular focus on younger men, those with lower levels of education, and men with greater numbers of sexual partners.

Sexual practices with non-steady partners

The survey included a series of questions about the kinds of sex men engaged in with non-steady male partners. Men who had at least one non-steady sexual partner in the past 12 months were asked: ***'Thinking about the sex you've had with non-steady male partners only, how long has it been since you engaged in each of the following?'*** and were presented with a list of 9 specific sexual practices. The table indicates the percentage of men who reported engaging in each of the sexual practices within the last 12 months.

Sexual practices with non-steady male partners in past 12 months (n=1787, missing 101)	% Overall	% by country	
		NI (n=282)	RoI (n=963)
Mutual masturbation	94.3	93.8	94.5
Oral sex receptive	97.9	98.9	97.7
Oral sex insertive	98.1	98.5	98.1
Rimming (anal-oral)	65.2	64.5	65.3
Being rimmed (anal-oral)	76.9	72.9	77.6
Insertive 'active' anal intercourse (IAI)	73.3	68.9	74.1
Receptive 'passive' anal intercourse (RAI)	74.3	70.7	75.0
Put your hand into a man's rectum (Fisting)	13.5	14.7	13.3
Have a man's hand in your rectum (Fisting)	10.1	9.2	10.2

Mutual masturbation and oral sex with non-steady partners were nearly universally reported with almost 95% reporting mutual masturbation and about 98% reporting receiving or giving oral sex. Anal-oral sex (rimming) was also common, with 76.9% of respondents reporting being rimmed and 65.2% reporting rimming another man. Almost equal numbers of men reported insertive (active) anal intercourse (73.3%) and receptive (passive) anal intercourse (74.3%). Anal-brachial sex (fisting) was much less common, with only 13.5% reporting fisting another man, and 10.1% reporting being fisted.

This information about the prevalence of specific sexual practices helps sexual health service providers better address the needs of gay and bisexual men and other MSM. In particular, the data highlights the importance of screening for throat, penile, and ano-rectal STIs among all sexually active MSM. While fisting is less common, health providers should be aware of the potential risks and colorectal complications, and be able to provide information about safer fisting.

3. Sex with women

All survey respondents were asked: **'When did you last have any kind of sex with a woman?'** Respondents were reminded that the term 'sex' was defined as 'physical contact to orgasm (or close to orgasm) for one or both partners'. Almost half (48.9%) of men reported ever having sex with a woman, and 13.3% of respondents (n=344) reported having had sex with a woman within the past 12 months.

Recency of any kind of sex with a woman (n=2589, missing 21)	% Overall	% by country	
		NI (n=415)	RoI (n=2174)
Less than 1 year ago	13.3	10.1	13.9
1-5 years ago	10.4	8.9	10.7
5 or more years ago	25.3	28.7	24.6
Never	51.1	52.3	50.8

Among those men who had sex with a woman in the past 12 months, 90.1% (n=310) reported having vaginal or anal intercourse with one or more female partners. These men were asked: **'In the last 12 months, how often have you used condoms when you had vaginal or anal intercourse with women?'** and could select one of the following responses: Not at all; Seldom; Sometimes; Mostly; or Always. Those who selected 'always' (37.2%) were considered consistent users of condoms. Those who selected 'seldom,' 'sometimes,' or 'mostly' (30.1%) were considered inconsistent users of condoms. Finally 32.7% reported never using condoms during vaginal or anal sex with women in the past 12 months.

Condom use with female partners in last 12 months (n=309, missing 1)	% Overall	% by country	
		NI (n=35)	RoI (n=274)
Consistent	37.2	37.1	37.2
Inconsistent	30.1	25.7	30.7
Never	32.7	37.1	32.1

Overall, 62.8% of these men did not consistently use condoms during vaginal or anal intercourse with women and 37.6% of these men (23.6% of all men who had sex with a woman in the last year) reported at least one instance of unprotected anal intercourse with a male partner in the same time period. Inconsistently or never using condoms with female partners was more commonly reported by men who were currently in a steady relationship with a woman, were aged 25 years or older, had a low level of education, identified as bisexual, and had never tested for HIV. This highlights a need to provide tailored HIV prevention and sexual health interventions for MSM with female sexual partners.

4. Condom use

The survey asked a number of questions about access to and proper usage of condoms.

All survey respondents were asked: **'When was the last time you wanted a condom but did not have one?'** Among men who had any sex with a male partner in the past 12 months, about a quarter (25.9%) reported one or more instances in the past 12 months when they wanted a condom but did not have one.

Respondents were then asked: **'When was the last time you had unprotected anal intercourse solely because you did not have a condom?'** Among men who had any sex with a male partner in the past 12 months, 16.7% reported having had UAI in the past 12 months solely because they did not have a condom at the time. This was more commonly reported by men aged 25 and younger, with a lower level of education, unemployed, not in a steady relationship with a man, or living in more rural areas with a population under 100,000. Men who reported visiting a sex-focussed venue (e.g. bathhouses, saunas) in the previous 12 months were also more likely to report UAI because they did not have a condom.

These responses suggest that lack of access to condoms during sexual activity is relatively common and can be a significant contributing factor to otherwise avoidable unprotected anal intercourse. There is a clear need to expand condom distribution programmes with a particular focus on reaching younger men and men living outside of major cities. It is critical to ensure that condoms are easily available in sex-focussed venues such as bathhouses or saunas, as well as in other venues where men meet other men for sex, such as gay bars and nightclubs. In addition it is worth investigating if other barriers to condom access, such as price, could be addressed.

All respondents were asked: **'Have you worn a condom when having active anal intercourse in the last 12 months?'** A total of 65.3% of respondents reported using a condom for insertive (active) anal intercourse in the past 12 months. Of these men, 21.9% reported that a condom they were wearing tore or slipped off during intercourse, with 5.4% reporting more than one occurrence of condom failure.

Men who used condoms for insertive anal intercourse were asked if they had engaged in any of seven listed practices in the last 12 months, each of which may contribute to condoms tearing or slipping off during intercourse. The table below indicates the percentage of men who reported each practice in the past 12 months among men who responded to all 7 questions.

Practices that may contribute to condom failure in the past 12 months (n=1379, missing 90)	% Overall	% by country	
		NI (n=205)	RoI (n=1174)
Using saliva as a lubricant	37.1	34.6	37.5
Not using any lubricant	35.8	32.7	36.4
Not using lots of lubricant on the outside of the condom	31.0	31.7	30.9
Having intercourse for over half an hour without changing the condom	23.3	24.4	23.1
Using an oil-based lubricant	17.2	13.7	17.8
Using a condom that is too large or small for my penis	15.3	16.6	15.1
Putting lubricant inside the condom before putting it on	11.9	11.7	11.9
Put your hand into a man's rectum	13.5	14.7	13.3

Using saliva as a lubricant and not using any lubricant were most common, with over a third of men reporting these practices (37.1% and 35.8% respectively). These were followed by, not using lots of lubricant (31.0%) and having intercourse for over half an hour without changing the condom (23.3%). While this points to a need for education and awareness about appropriate and correct condom use practices, this may also indicate that obtaining appropriate lubricant is a challenge for many men. As with condoms, it is worth investigating what barriers exist to easily obtaining condom-compatible lubricants.

5. Sex outside of Ireland

This section gives an overview of men who had sex with other men outside of Ireland. Studies suggest that travel to foreign countries can present opportunities to disregard conventional norms and indulge in risk-taking behaviours such as drinking, drug use, or increased numbers of sexual partners.

All men who have had sex with other men were asked: **'When did you last have sex in a country outside the one you live in, with a man who does not also live in Ireland?'** Overall, 36.6% of men reported having sex abroad in the previous 12 months. These men were asked which foreign country they last had sex in. The most common responses were Spain, England, USA, Germany, and France. This table shows results for the top 8 most reported countries.

Top countries where men had sex abroad in the past 12 months (n=884, missing 30)	% Overall	% by country	
		NI (n=110)	RoI (n=774)
Spain	21.0	27.3	20.2
England	19.1	24.5	18.3
USA	7.7	5.5	8.0
Germany	7.1	5.5	7.4
France	4.9	1.8	5.3
Netherlands	2.8	1.8	3.0
Scotland	2.6	3.6	2.5
Italy	2.4	2.7	2.3

Men who had sex abroad within the past 12 months (n=914) were asked: **'Where did you first meet him?'** and given a series of 9 different venues. The most common way of meeting men for sex when abroad was by using the internet (31.3%). The second most common was at a gay disco or nightclub (17.4%). Other venues included a gay sauna (13.0%), a backroom, sex club, or public sex party (10.1%), and a gay café or bar (9.8%). A total of 3.8% indicated that they paid the man for sex.

Among men who had sex abroad within the past 12 months, 58.9% reported having had anal intercourse with the last sex partner they had met abroad. These men were asked: **'On that occasion did you and that partner have anal intercourse (fucking) without a condom?'** A significant percentage (28.7%) reported having had UAI the last time they had sex abroad.

This relatively high rate of unprotected anal intercourse among men travelling outside of Ireland highlights the need for further interventions targeting these men.

6. Buying and selling sex

The survey asked two questions about paying for or being paid for sex with men. A total of 4.7% of respondents (n=112) indicated that they had paid a man to have sex at least once in the past 12 months. A total of 4.0% (n=97) reported that they had been paid by a man to have sex in the past 12 months.

Respondents were asked: **'In the last 12 months, how often have you paid a man to have sex with you in your country of residence (Ireland)?'** and offered the following possible responses: not at all; 1-2 times; 3-10 times; 11-50 times; or more than 50 times. Among the 4.7% of men who had paid a man for sex in the last 12 months, the majority (71.4%) had done so only once or twice, while 6.3% had done so more than 10 times. Having paid for sex was more commonly reported by older men (aged 40-59 years), men with a high level of education, men who were employed, and men who did not identify as gay or bisexual.

Paid a man to have sex in the past 12 months (n=2395, missing 136)	% Overall	% by country	
		NI (n=379)	RoI (n=2016)
Not at all	95.3	97.1	95.0
1-2 times	3.3	2.6	3.5
3-10 times	1.0	0.3	1.2
11-50 times	0.3	0	0.3

Men who buy sex are an important at-risk population, yet little is known about these men. With older men and those whose sexuality is hidden most likely to pay for sex, specific prevention strategies should be designed to reach these men.

Respondents were also asked: **'In the last 12 months, how often have you been paid by a man to have sex with him in your country of residence (Ireland)?'** and were offered the same response set as above. Among the 4% of men who had sold sex in the last 12 months, 46.4% had done so only once or twice, while 17.5% had done so more than 10 times. Being paid for sex was more commonly reported by younger men (under 30 years), men born outside of Ireland, men with a lower level of education, men who were unemployed, and men who identified as bisexual or other non-gay identity.

Been paid by a man to have sex in the past 12 months (n=2398, missing 133)	% Overall	% by country	
		NI (n=379)	RoI (n=2019)
Not at all	96.0	96.3	95.9
1-2 times	1.9	0.3	2.2
3-10 times	1.5	2.1	1.3
11-50 times	0.5	1.1	0.4
More than 50 times	0.2	0.3	0.2

Having been paid for sex does not necessarily indicate that a person is a sex worker. Many men who had sold sex in the last year had done so only once or twice, suggesting that these were opportunistic exchanges. Men who have been paid for sex are also an important at-risk population, however men who sell sex are neither visible nor easy to access. Further research and specific interventions are required to better reach these men.

7. Substance use

The use of drugs, alcohol and other substances has been associated with sexual risk behaviour in gay and bisexual men and other MSM. To help assess rates of use and attitudes, the survey asked a series of questions about the consumption of various substances, including alcohol and recreational drugs, as well as concern about their use.

Consumption of alcohol

Men were asked: **'When was the last time you consumed alcohol?'** Almost 40% (39.4%) of men reported having consumed alcohol in the 24 hours prior to responding to the survey, with over three-quarters (77.8%) consuming alcohol within the past week. All respondents were asked to indicate to what extent they agree or disagree with the following statement: **'I worry about how much I drink'** and offered a five-point scale.

I worry about how much I drink (n=2590, missing 20)	% Overall	% by country	
		NI (n=412)	RoI (n=2178)
Strongly disagree	27.1	25.5	27.4
Disagree	24.2	26.5	23.8
Neither agree/disagree	16.5	15.5	16.7
Agree	16.4	14.1	16.8
Strongly agree	6.9	7.3	6.8
I don't drink	9.0	11.2	8.6

Almost one-quarter (23.2%) reported being worried about their level of alcohol consumption. Worry was greatest among men aged 20-39 years, those living in larger cities (Dublin or Belfast), with a high level of education, not currently in a steady relationship with another man, and those who do not identify as gay or bisexual.

Consumption of tobacco and other regulated substances

All men were asked: **'When was the last time you consumed tobacco products?'** Over one-third (36.2%) of men reported tobacco use within the past 24 hours, potentially indicating they are regular tobacco smokers. Almost half (47.5%) of respondents reported the consumption of tobacco products within the last 4 weeks.

Respondents were then asked specific questions about the last time they consumed the following substances: poppers (nitrite inhalants); Viagra, Cialis, Levitra or other substances that help to keep an erection; and sedatives or tranquilizers (Valium, Rivotril, Rohypnol). The following table outlines reported use of these substances in the preceding four weeks.

Consumption of tobacco and other regulated substances (n=2584, missing 26)	% Overall	% by country	
		NI (n=414)	RoI (n=2170)
Tobacco products	47.5	46.6	48.6
Poppers (nitrite inhalants)	24.8	29.0	24.0
Viagra, Cialis, Levitra or other substances that help to keep an erection	9.7	10.7	9.6
Sedatives or tranquilizers (Valium, Rivotril, Rohypnol)	5.1	3.9	5.3

In the past four weeks, almost one-quarter (24.8%) of all respondents had used poppers (nitrite inhalants), 9.7% reported using Viagra or similar substance, and 5.1% reported using various sedatives or tranquilizers in the preceding four weeks. Respondents were not asked if a doctor had prescribed the drugs for erectile dysfunction or sedatives.

Recreational drugs

To assess rates of use of other substances, the survey asked: **'Have you ever taken any other recreational or illicit drugs?'** About half of the respondents (49.5%) reported that they had. These men were asked a series of questions about their consumption of the following recreational drugs: cannabis, ecstasy, amphetamine, crystal methamphetamine, heroin (or related substances), mephedrone, GHB/GBL, ketamine, LSD, cocaine, and crack cocaine. The following table list the reported use in order of frequency among men who have used recreational drugs in the past 12 months.

Recreational drug use in the past 12 months (n=1285)	% Overall	% by country	
		NI (n=184)	RoI (n=1101)
Cannabis (hashish, marijuana)	58.6	54.9	59.2
Cocaine	28.7	28.6	28.7
Ecstasy (E, XTC, MDMA)	27.9	23.5	28.6
Mephedrone (4-MMC, meow, methylone, bubbles)	14.0	23.0	12.5
Amphetamine (Speed)	10.8	13.7	10.3
Ketamine (special K)	9.3	9.3	9.2
GHB or GBL (liquid ecstasy)	6.1	4.4	6.4
LSD (acid)	3.4	4.3	3.2
Crystal methamphetamine (crystal, meth, Tina)	2.5	6.0	1.9
Heroin or related drugs (poppy straw, kompot, fentanyl)	1.1	1.7	1.0
Crack cocaine	0.8	0.5	0.8

Among men who reported using recreational drugs in the previous 12 months, cannabis was by far the most common, with 58.6% of men reporting use. This was followed by cocaine and ecstasy (28.7% and 27.9% of men respectively). Other recreational drugs reported by more than 10% of these men were mephedrone (14.0%) and amphetamines (10.8%).

All respondents were asked to indicate to what extent they agree or disagree with the following statement: **'I worry about my recreational drug use'** and offered a five-point scale.

I worry about my recreational drug use (n=2582, missing 28)	% Overall	% by country	
		NI (n=413)	RoI (n=2169)
Strongly disagree	37.3	32.9	38.1
Disagree	12.6	11.6	12.8
Neither agree/disagree	8.1	7.3	8.2
Agree	4.1	2.4	4.4
Strongly agree	1.8	1.5	1.9
I don't take drugs	36.2	44.3	34.6

Overall, 5.9% of men reported that they were worried about their use of recreational drugs. Worry was greatest among men aged 20-39 years, those living in larger cities (Dublin or Belfast), with a lower level of education, unemployed, not currently in a steady relationship with a man, and those who do not identify as gay or bisexual.

Since no questions directly addressed how substance use affected sexual behaviour, it is not possible to make inferences on the role of these substances in increasing sexual risk behaviours. However, the responses provide a useful picture of what substances are currently popular among MSM in Ireland. It is important to provide harm reduction information on the use of these substances and the risks associated with drug consumption during or before sex. Appropriate interventions should also be made available to those who express worry about their use of alcohol or other substances.

Taking a closer look...

The study asked the 1,888 men who had sex with a non-steady partner within the previous 12 months a series of questions about their last sexual session:

- 56.8% first met him on a website, 10.5% at a gay nightclub, and 10.2% at a gay sauna.
- 69.7% reported that this was the first time that they had sex with this partner.
- 72.3% said nothing about their HIV status before or during sex, and 54.7% didn't have any thoughts about their partner's HIV status before having sex.
- 61.3% had anal intercourse (42.3% used a condom and 19.0% did not).
- 37.5% were the receptive partner in anal intercourse (25.2% used a condom, 12.3% did not, and 5.2% had their partner ejaculate into their rectum).
- 31.9% were the insertive partner in anal intercourse (23.6% used a condom, 8.3% did not, and 3.8% ejaculated in their partner's rectum).
- 14.9% ejaculated in their partner's mouth, while 13.8% had their partner ejaculate into their mouth.
- 22.5% used poppers during this sexual session, while 26.3% reported that their partners used poppers.

Summary

The results of the EMIS survey documented in this report show that gay and bisexual men and other men who have sex with men in Ireland engage in a wide variety of sexual practices, within diverse social contexts and types of sexual relationships.

Of particular importance for health professionals who provide STI screening services to sexually active men who have sex with men, these findings highlight the need for comprehensive screening and examination for throat, penile, and ano-rectal STIs. Health professionals working with these men should be familiar with and able to discuss the range of sexual practices described in this report in a way that is knowledgeable and non-judgemental.

These results can assist in tailoring sexual health interventions that best reflect the realities of gay male sexual relationships and practices today. Promoting consistent condom use has been the primary focus of HIV prevention for decades, but has never been entirely successful. This report documents the need to continue promoting proper use of condoms — and to make condoms and testing more easily available — while also developing new interventions reflecting the reality of men's sexual practices.

Men in Ireland are engaging in complex calculations of risk when deciding in what instances, and with whom, to use condoms. A series socio-cultural and biomedical developments impact these decisions: increasing efficacy of anti-HIV drugs, increasing awareness of risk-reduction strategies such as 'sero-sorting' and 'strategic positioning,' and the availability of new prevention technologies like PEP and PrEP. These and other factors are shifting community understandings and norms with respect to sexual health, risk, and 'safer sex.'

As this report is published, Ireland continues to see increases in new HIV infections and a dramatic rise of gonorrhoea infections among MSM, suggesting that current interventions and prevention strategies are not sufficient. Clearly, more needs to be known about what factors are shifting behavioural norms within male-male sexual relationships. Numerous areas remain to be explored in greater depth including:

What does condom use mean for men in steady relationships?

How do men negotiate risk in casual relationships?

What factors impact the ability of men to use condoms correctly and consistently?

How do men understand current anti-HIV therapies?

What factors impact the frequency of HIV testing?

What factors impact HIV disclosure within sexual relationships?

What issues characterise MSM sexual relationships or encounters with women?

The changing demographic characteristics of men who have sex with men in Ireland also need to be addressed. Alongside the different dynamics involved in reaching men in rural and urban settings and in addressing the way that social disadvantage impacts risk-taking behaviour, we need to consider how best to work with migrant communities and how best to shape interventions targeting different age groups.

The report also indicates that other factors impact psychological, sexual, and physical health, including alcohol, tobacco, recreational drug use, travel experiences, and more. In particular, a significant number of men worry about their alcohol use.

Taken together, these findings suggest that we consider embracing a comprehensive concept of 'sexual health' for men. The concept of 'sexual health' does not simply indicate the absence of disease or disorder, but should also include the ideas about well-being, happiness, and pleasure that inform men's decisions and desires. In light of the importance men place on a comprehensive notion of 'sexual happiness,' and in light of the specific desires men describe (such as those for stable romantic partnerships or more sexual relationships), sexual health and HIV prevention programmes for MSM should include a variety of accessible messages and approaches.

This third report of the all-Ireland EMIS findings is a vital call to consider 'Our Sex Lives,' in all their complexity, in enabling access to sexual health — and sexual happiness — services and information.

EMIS Partners:

EMIS was funded by a grant of the European Commission under the EU Health Programme 2008-2013.

Further funding was received from CEEISCat (Centre d'Estudis Epidemiològics sobre les ITS/HIV/SIDA de Catalunya, Spain); Department of Health for England; Maastricht University (The Netherlands); Regione del Veneto (Italy); and Robert Koch Institute (Germany).

Scientific co-ordination: Robert Koch Institute (Germany), Administrative co-ordination: GIZ -Gesellschaft für Internationale Zusammenarbeit (Germany), Technical Implementation: Sigma Research, London School of Hygiene & Tropical Medicine (UK), Questionnaire drafting: University College, Maastricht (The Netherlands)"





Our Sex Lives

**All-Ireland findings from the 2010
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