

# Mapping for Communicable Disease Inclusion Health Programme: Report on men who have sex with men (MSM)

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## **Executive summary:**

This report forms part of a broader mapping exercise for the Inclusion Health Programme, undertaken by Public Health Wales. The report focuses specifically on men who have sex with men (MSM) in Wales, seeking to provide understanding of MSM health needs, the services available to MSM and the impact of related policy on this group.

The findings presented within are informed by four research activities; a literature scoping review, a policy scoping review, a support service organisation search and an online survey administered to support service organisations.

## **The key findings of the report include:**

- Notes on the difficulty of accurately estimating and mapping the population of MSM in Wales, though recent census data provides some indication that services for MSM are required pan-Wales.
- A number of key health needs experienced by MSM highlighted by the literature, including significant emphasis on HIV and sexual health, and physical health conditions related to sexual intercourse such as enteric infections.
- Chemsex was highlighted as a significant health concern, though understanding of this issue within Wales remains limited.
- Discussion of chemsex is also absent within Welsh Government literature related to tackling HIV and substance misuse, highlighting a key gap in policy.
- Support specific to MSM is scant across Wales, with 7 organisations of interest identified, and significant gaps in what is available for MSM evident; including gaps related to in-person delivery, and support for those MSM who do not identify with LGBTQ+ identities.

## 1. Introduction

This research is part of a broader project commissioned by Public Health Wales, which seeks to understand the health needs of 'inclusion health groups' and identify gaps in service provision for such groups across Wales. Inclusion health groups are described as facing complex social exclusion, with factors such as poverty, violence and complex trauma increasing their risk of facing poor health outcomes (NHS England, n.d). Indeed, health outcomes for inclusion health groups have been identified as poor in comparison to those who do not share their identity or experiences, with the average life expectancy of such groups lower than that of the general public (ibid). Inclusion health groups are known to experience barriers to accessing health and social care services, underpinned by their position in society and informed by the ways in which services are delivered, and also by specific negative experiences of accessing said services (Public Health England, 2021).

The specific groups identified by Public Health Wales as being 'inclusion health groups' are sex workers, men who have sex with men (MSM), those who misuse substances, those in contact with the criminal justice system, those who experience homelessness, asylum seekers and refugees, and Gypsy, Roma and Traveller groups (GRT). This report is focused specifically on the health needs of, and service provision for, MSM. In order to produce the most pertinent knowledge and understanding of the health needs of and service provision available to MSM, this research will begin from the following definitions of the group:

*This research adopts a definition of men who have sex with men (MSM) which is based on sexual activity and is not limited to understandings of sexual orientation. Therefore, this research captures the provision of services for those who self-identify as gay or bisexual, as well as those who do not self-identify in this way and for various reasons, engage in sexual activity with other men. This may include, but is not limited to, self-identified heterosexual men who are fluid in their sexual interactions or questioning of their sexuality, and 'self-identified heterosexual men who engage in sex with other men as a means of survival during incarceration, periods of homelessness, or for economic gain'(Loue, 2008:3).*

The overall aim of this research is to identify the gaps in service provision for MSM in Wales, with the following four objectives identified as pertinent to achieving this aim:

- To identify where populations of MSM are based in Wales.
- To understand the health needs of MSM in Wales.
- To consider the impact of related policy on MSM in Wales.
- To identify and map existing service provision for MSM in Wales.

The report is structured in 7 individual sections, with this being the first. The next section will detail the methodology of the project, before section 3 considers the existing estimates as to the size of the MSM population in Wales and their distribution. Section 4 reviews the health needs of MSM described in the literature and raised by services in Wales, before section 5 considers the policies related to and impacting MSM in both this and an international context. Section 6 provides a view as to the service availability for MSM in Wales, before the report concludes with section 7 which provides a summary of the key messages emergent from this research.

## 2. Methods

This section of the report provides a brief overview of the research methods utilised in order to address the research questions set out within section 1. There will also be some commentary on the ethical issues raised by this work, and how these were managed throughout the delivery of the project.

### 2.1 Research design

Given the research aim and objectives focus on identifying gaps in service provision, understanding health needs, mapping populations and service provision and understanding the impact of related policy, this study took a mixed-methods approach combining quantitative empirical and secondary demographic data and qualitative empirical and secondary data. Using either a qualitative or quantitative approach in isolation would not have been sufficient in meeting the overall aim of this study, therefore adopting an approach which combined the two was deemed most appropriate.

### 2.2 Data collection methods

This section outlines each of the data collection methods utilised in order to gain access to the data most useful in addressing the research aim identified.

#### *Literature scoping review*

A literature scoping review was performed using the search engine *Google Scholar* in order to identify the existing academic literature which is relevant to this work. The below table outlines the search terms utilised and the results found:

Search engine	Search terms and parameters	Results
Google Scholar	“Men who have sex with men” AND “Wales” – 2013 to 2023	13,400 initial results – 38 relevant results found after initial scan of first 10 pages of results.

Google Scholar	“Men who have sex with men” AND “Health needs” AND “England and Wales” – 2013 to 2023	257 initial results – 22 relevant results found after initial scan of first 10 pages of results.
Google Scholar	“Men who have sex with men” AND “Policy” AND “England and Wales” – 2013 to 2023	2270 initial results – 21 relevant results found after initial scan of first 10 pages of results.

Once duplicate publications were removed, 76 documents were further reviewed for access and relevance. Of these 76, 56 were fully reviewed against the following criteria:

- Discussion of population estimates
- Discussion of health needs
- Discussion of policy issues

Data from these documents was collected against the above criteria within an Excel document in preparation for more detailed analysis.

#### *Policy scoping review*

In order to perform the policy scoping review a more general Google search was performed using the search terms ‘Men who have sex with men’ combined with ‘policy’, ‘strategy’ and ‘action plan’. In order to ensure that the search revealed the relevant international, national and local context, specific organisations were also included within the search, such as World Health Organisation, Public Health England and Wales and UNAIDS. Once identified and briefly scanned, documents were saved and then reviewed using a template designed by Public Health Wales (see appendix 1).

#### *Support service organisation search*

Support services who are directly focused on providing support for MSM in Wales were identified through a Google search using terms highlighted within the literature review of

health needs. For example HIV and chemsex were both heavily highlighted within the literature, therefore searches of 'HIV support Wales' and 'chemsex support Wales' were utilised. Broader searches were also undertaken, including 'LGBTQ+ support Wales'. Organisations that provide both local and national support were included within the review, and data was captured using another template provided by Public Health Wales (appendix 2). Services were also asked to identify other similar availability of support within the support service organisation survey, detailed below.

#### *Support service organisation survey*

The brief survey developed for this research combined both quantitative and qualitative questioning, seeking information on both the level of service delivery offered and relevant information relating to the service using populations. The survey was sent to organisations identified within the initial support service organisation search, and would have been sent to other organisations identified by participants had there been further available support identified. It was anticipated that this survey would receive a low response rate given the knowledge of the lack of available support within Wales, therefore the data generated by this survey was intended to help inform and contextualise the data gathered by the other methods highlighted above.

## **2.3 Data analysis**

#### *Qualitative literature data*

In order to analyse qualitative data gained from the review of literature a template was created within Excel, and data was extrapolated from the respective documents and labelled as relating to either 'population estimates', 'health needs' and 'policy issues'. This data was then copied into respective word documents and arranged thematically. For example, HIV was commonly cited within the literature and therefore made up a significant theme within the review of health needs.

#### *Quantitative literature data*

Whilst the majority of quantitative data gathered from the literature is represented as it was presented within the original research publication, some of the data accessed has been

filtered in order to be more relevant to this research. For example, specific census data on gender and sexuality in Wales was accessed and has been included here, though the data included in the original report did not present analysis relating to gender, and the data relating to sexuality which is broken down by local authority was not separated by gender.

#### *Quantitative survey data*

There are a number of different areas of quantitative data captured within the survey sent to services. The sample for this survey was anticipated to be small from the outset, therefore data generated from this were set out to be informative and contextualising of the findings of the literature review and scoping exercise elements of the work. For example, services were asked to provide estimates of the size of their service using population, which could help support local estimates which have been provided in the existing research.

#### *Qualitative survey data*

The qualitative questioning within the survey predominantly related to how the services identified health needs, the health needs they saw as being most pertinent to their service using group and the barriers that services saw particular groups facing in accessing support. Data from these questions were integrated within the broader discussions of these subjects, compared to themes identified within the literature and used to support, challenge or contextualise the findings of the review.

## **2.4 Ethical considerations**

Ethical approval for the research was granted by Swansea University's faculty of Humanities and Social Sciences in April 2023. For any empirical element of the research involving human participants, informed consent was sought prior to participation and was stored alongside responses within a Qualtrics account accessible only by the primary researcher. Those approached to participate in the research were employees of the respective services, as opposed to service-users. Individual participant responses are anonymised throughout, though information about the services themselves will be presented within the report.



### **3. About the population group**

A significant objective of this work is to develop the understanding of both the size of the MSM population in Wales, and its geographical distribution. Whilst the difficulty in achieving an accurate understanding of both is discussed later in this section, some insights can be drawn from the available data.

It has been estimated that there are around 700,000 MSM in the United Kingdom (Rodger *et al.*, 2022). Estimates based on Census 2021 published more recently have suggested that there are around 692,000 gay, bisexual, pansexual and queer men living in England and Wales (Office for National Statistics, 2023). In Wales specifically, these groups were estimated to number around 32,000, or 2.6% of the male population.

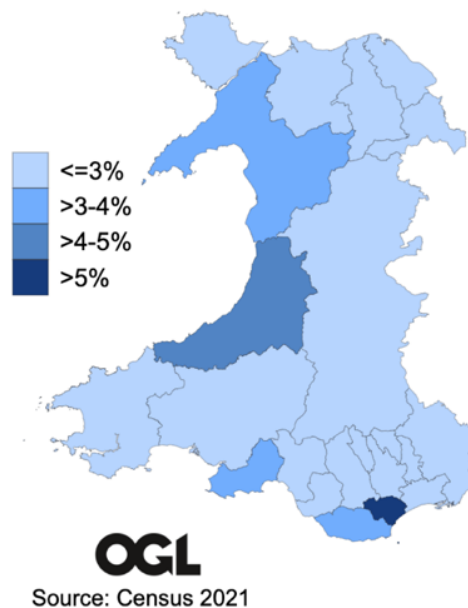
Much of the existing LGBTQ+ literature which has considered the spatial characteristics of the population of gay men in England and Wales has emphasised 'the development... of lesbian and gay spaces in urban settings' (Brown, 2015: 550). Whilst cities such as London, Manchester and Brighton are noted as having distinct and established gay social settings, the population of MSM is of course not limited to larger cities and metropolitan areas.

Census data provides some insight as to the areas of Wales most heavily populated by individuals who identify as lesbian, gay, bisexual, pansexual or queer, though data relating specifically to men has not been published. What can be drawn from the Census data is that in Cardiff (5.2%), Ceredigion (4.61%), Swansea (3.32%), Gwynedd (3.19%) and the Vale of Glamorgan (3.01%), the previously specified groups make up the most significant proportion of the local population. The local authority areas of Wales made up with the smallest proportion of these groups are the Isle of Anglesey (1.99%), Powys (2.19%), Flintshire (2.19%), Monmouthshire (2.24%) and Pembrokeshire (2.25%). What can be drawn from these estimates is that individuals who identify as lesbian, gay, bisexual, pansexual or queer make up a minimum of 1.99% of the population of each local authority area in Wales (For a full breakdown of the figures by local authority, please see appendix 3).

The areas with the greatest estimated LGB+ populations were interestingly home to 1 or more universities (with the exception of the Vale of Glamorgan amongst those listed above), suggesting a link between student populations and more diverse sexual identity. This may also be a result of the areas being more heavily populated and more diverse, therefore any links made without further investigation are tenuous.

Whilst a number of insights can be drawn from this data, there are some key limitations. Firstly, the data reported does not differentiate by gender, meaning that lesbian, bisexual, pansexual or queer women are also included within the figures presented above. The data presented above is also limited in the sense that it cannot provide a clear picture of MSM populations within local authority areas, as it is based on questioning around sexual identity as opposed to sexual behaviours. Researchers have noted the difficulty in accessing samples of heterosexual identifying MSM, highlighting cultural factors, the stigmatisation of homosexuality and the insignificance of sex with men to the identity of some as being factors which create barriers to this group's participation in research efforts (Curtis, 2019). These barriers are likely to also exist for heterosexual identifying MSM seeking support, meaning that this is a population of MSM where understanding and support is particularly limited.

**Figure 1:** Proportion of usual residents aged 16 + who identified as LGB+ in Wales, by local authority (ONS, 2023)



## **4. Population group health needs**

This section of the report details the health needs of MSM identified within the existing literature. Within the review, themes of sexual health were most prevalent for this group, including discussions of HIV and the related global response to this issue. Physical health issues were less commonly discussed, though there is specific consideration to the potential risks associated with chemsex and developments around mpox outlined within the below. The section is split into themes of HIV, STIs, enteric pathogens, mpox, chemsex and barriers to accessing support, though some of the discussions transcend the themes set out. The section will conclude with a summary of the key health needs identified within the review.

### **4.1 HIV**

Sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV) are described by Clutterbuck and colleagues (2018) as being a 'significant public health priority'. Indeed, HIV prevalence, risks of transmission and the prevention of transmission were key themes amongst the majority of the literature reviewed for this study, and has been an emphasis within much of the existing literature considering MSM more broadly.

MSM are described as being disproportionately at risk of HIV infection, with the risk of acquiring HIV said to be 26 times higher for MSM compared to other groups globally (WHO, n.d). This may be explained by the suggestion that anal sex (both insertive and receptive) is associated with an increased risk of HIV transmission, with high levels of the HIV virus found in rectal secretions and the rectum itself containing easily broken tissue, through which HIV can gain direct access to the bloodstream (Pebody, 2019).

In Wales, between 2012 and 2021 there were 1,022 new cases of HIV diagnosed (UK Health Security Agency, 2022). Between 2015 and 2021, Wales has seen a reduction in new diagnosis of HIV of 75% (ibid.). Of the aforementioned diagnoses, sex between men was the probable exposure listed in 584 cases (ibid). Prevention is listed as the first priority of the HIV Action Plan for Wales 2023-2026, targeting antenatal screening, condom use and Pre-Exposure Prophylaxis (PrEP) (Welsh Government, 2023). PrEP, the use of HIV antiretroviral drugs in HIV-negative people to reduce their risk of becoming infected, has been provided through NHS Wales since 2018 (Wales PrEP Project, n.d, Gillespie *et al.*, 2022). In 2021, 1302

people were prescribed PrEP in Wales, an increase on the number of individuals prescribed PrEP in the previous two years combined (Welsh Government, 2023).

The effectiveness of PrEP in preventing HIV is contingent on proper adherence, with particular levels of the drugs prescribed needed within the body in order to fight off HIV infection. In a study of PrEP users in Wales, Gillespie and colleagues (2022a) found that only between '51 to 63% of condomless anal sex episodes were covered by an adequate supply of PrEP among daily PrEP users.' Similarly, in a further publication, Gillespie and colleagues (2022b) found adherence rates of 66% for correct daily dosing, with 51% of condomless anal sex episodes covered adequately by PrEP. Focusing on the time period where control measures were imposed to combat the spread of COVID-19, Gillespie and others (2022a) note that only 28 to 36% of condomless anal sex episodes were covered by adequate PrEP dosing, suggesting that said measures may have had a negative impact on sexual health in Wales.

The idea that proper PrEP use can reduce the risk of being infected by HIV may lead to some adapting their sexual behaviours based on this lesser risk, such as increasing incidents of unprotected sex and the amount of partners. It is these behaviours, along with improper adherence to PrEP dosing which may have a negative impact on HIV and other STI transmission (Punyacharoensin *et al.*, 2016). However, PrEP is suggested to be vital to the substantial reduction of HIV incidence in MSM (*ibid.*) and has also been suggested to 'enhance sexual wellbeing, with the sexual freedom coupled with reduced fear and anxiety' (Gillespie *et al.*, 2022c). Thus, it may be suggested that education and guidance around the proper use of PrEP is of the foremost importance in Wales.

## **4.2 STIs**

Sexually transmitted infections (STIs) outside of HIV remain a significant health concern for MSM in Wales. Data reported by the Communicable Disease Surveillance Centre (2019) suggested that a significant proportion of STI diagnoses across Wales are in MSM. This included over half of all syphilis diagnoses (62%) and just under half (43%) of gonorrhoea diagnoses. Indeed, within the literature more broadly, MSM are presented as facing particular risks around STI transmission. Moncrieff (2018) suggests that:

‘MSM tend to report higher rates of partner change than heterosexual populations and they are more likely to belong to complex, densely connected sexual networks that facilitate rapid STI transmission’

Wayal and colleagues (2019) also discuss the impact of densely connected sexual networks, suggesting that these are among factors which have underpinned STI epidemics amongst MSM – in particular syphilis, hepatitis C and shigella.

Another risk factor for STI transmission suggested within the literature are seroadaptive and serosorting behaviours associated with HIV. Seroadaptive and serosorting behaviours refer to risk reduction strategies employed by MSM whereby partners of the same HIV status are sought (i.e HIV negative seeking HIV negative partners). Such strategies, and involvement in condomless anal intercourse, have been linked with the increased risk of transmission for bacterial STIs (Malek *et al.*, 2015, Prah *et al.*, 2016), with lymphogranuloma venereum (LGV), hepatitis C, syphilis and shigella specifically highlighted (Frankis *et al.*, 2017, Moncrieff, 2018).

Whilst HIV and the risk of its transmission are quite rightly well documented, and the seroadaptive behaviours discussed above demonstrate a level of awareness of the virus, STI knowledge amongst MSM has been described as ‘poor’ within the literature (Wayal *et al.*, 2019). In particular the authors highlight the limited knowledge of gonorrhoea, syphilis and shigella, and suggest that HIV negative or unknown status men have more limited knowledge of these STIs than HIV positive men. This was also consistent of STI testing within Wayal and colleagues (2019) sample, with 71.6% of HIV negative/unknown status men testing in the previous 12 months in comparison to 87.2% of HIV positive men.

Testing remains a key feature of limiting infections of HIV and other STIs, and is indeed listed as priority 2 within the HIV Action Plan for Wales 2023-2026 (Welsh Government, 2023). Frankis and colleagues (2017) suggest that regular HIV testing in their sample was related to participants regular STI testing, citing policy which screens MSM for all STIs as the reason for this. The authors also suggest that once linked into services, regular testing becomes the norm for some, suggesting the importance of the initial engagement. Findings focused on community-testing for HIV highlighted that the average diagnosis was made at an earlier stage of infection in comparison to tests within a clinical setting (Freeman-Romilly *et al.*, 2017),

therefore it is reasonable to suggest that the introduction of home testing through Sexual Health Wales may bear some success in this regard.

### **4.3 Enteric pathogens**

As well as STIs and HIV, the literature also notes the potential for MSM transmitting enteric pathogens through sexual intercourse. Of note within the literature were discussions of campylobacter, giardia lamblia, shigella and entamoeba hisolytica (McNeil *et al.*, 2022, Mitchell *et al.*, 2018). Enteric pathogens are transmitted through direct or indirect oral-anal contact, with rimming (direct), fingering, fisting and oral-penile contact after anal sex (indirect) listed as being risks of exposure (*ibid.*). Shigella infection risks highlighted by (Clutterbuck *et al.*, 2018, Charles *et al.*, 2022, Frankis *et al.*, 2017) included high numbers of casual partners, chemsex and meeting sex partners through social and sexual networking applications.

In terms of managing the risk of enteric pathogen infection, McNeil and colleagues (2022) highlighted the importance of:

‘avoiding direct contact with faeces during sex, delaying sex until diarrhoea has resolved, using barrier protection (condoms during insertive anal sex, gloves during digital–anal sex and fisting, and dental dams, natural rubber latex sheets, or a cut-open nonlubricated condom placed over the anus during anilingus), changing condoms after anal sex, and performing hand hygiene during and bathing after sex to reduce the risk of disease transmission.’

In terms of guidance for services, the authors continue to suggest that enteritis or proctocolitis in MSM should be acknowledged as potentially having been sexually transmitted, and therefore targeted STI testing should be considered.

### **4.4 Mpox**

Mpox (formerly known as monkeypox) is a rare disease, related to but varying from the viruses which cause smallpox and cowpox. The disease can be transmitted through physical contact, contact with contaminated materials or with infected animals, and is endemic in West and

Central Africa. Mpox transmission is rare in the UK, with only 7 confirmed cases of the disease between 2018 and 2021, all of which had originated outside of the UK.

Cases of mpox acquired within the UK were confirmed in May 2022, and data up until the end of December 2022 had revealed an outbreak of mpox with 3,575 cases confirmed by the UK Health Security Agency (2023). The outbreak has been described as mainly affecting gay, bisexual and other MSM, with data suggesting 'transmission has been occurring through direct person-to-person contact in defined sexual networks of GBMSM since at least April 2022' (Department of Health and Social Care, 2022).

In Wales, confirmed cases of mpox have been more limited than in England, with 48 of the above presented 3,575 cases relating to residents of Wales. The latest Public Health Wales statement regarding mpox released in December 2022 confirmed that there had been no additional cases confirmed in Wales, and the risk of catching the disease in Wales is currently described as low. There have been no new cases reported in Wales in 2023, and cases in England have been extremely limited in comparison to 2022.

Vaccines typically given for smallpox were introduced in response to mpox, and are currently offered for all MSM in Wales. Since September 2022 a second dose has also been offered to MSM who are at the highest risk of mpox infection, with the aim of providing lasting protection and minimising the impact of introduction from countries where mpox has been more prevalent (PHW, 2023). The criteria identified for individuals meeting this highest level of risk are; 'a recent history of multiple partners, participation in group sex, attending sex-on-premises venues and a proxy marker such as a bacterial sexually transmitted infection (STI) within the last year' (Department of Health and Social Care, 2022), bearing similarity to the risk factors discussed for HIV and STIs within this review thus far.

Whilst the response to mpox in Wales is ongoing and seemingly successful up until the point of writing, the outbreak of the disease has reiterated the ever-evolving nature of the health needs of MSM. This latest concern for MSM has served as a reminder that public health responses are required to be agile in seeking to limit the spread of communicable diseases.

#### **4.5 Chemsex**

Research has indicated a greater prevalence of illicit substance use amongst MSM compared to other groups, highlighting cultural factors around belonging and coping, as well as the

enhancement of pleasure during sex, as motivating factors (Bourne *et al.*, 2017). Chemsex refers to sexual activity whilst under the influence of drugs. There are three specific substances which are commonly referred to within understandings of chemsex, being methamphetamine, mephedrone and GHB/GBL (Hibbert *et al.*, 2020). Within Pufall and colleagues (2018) sample, 3 in 10 HIV positive MSM had been engaged within chemsex within the previous year.

A UK review of chemsex amongst MSM found that prevalence varied, with studies predominantly focused on London or urban environments (Ahmed *et al.*, 2016). Whilst knowledge and understanding of chemsex prevalence in Wales is lacking, a study is currently being undertaken by a group within NHS Wales. Whilst Wales may indeed not have as active of a chemsex scene as London and other urban environments such as Brighton, it is important to acknowledge the mobility of MSM in seeking sexual interactions. For example Thomas and colleagues (2016) highlight the links between MSM in North Wales and the Northwest of England and further, as well as the use of social and sexual networking applications to develop local sexual networks.

The literature has highlighted chemsex as facilitating STI epidemics amongst MSM, with particular references to outbreaks of syphilis, hepatitis C and shigella (Wayal *et al.*, 2019). Substance use during or around sex has been linked within the literature to behaviours and practices which increase the risk of acquiring HIV and STIs, including; injecting drug use, condomless anal sex group sex, transactional sex, fisting, anilingus and 'scat play' (Sewell *et al.*, 2017, Tomkins *et al.*, 2018, Edmundson *et al.*, 2018). Indeed, Ahmed and colleagues (2016) discuss how chemsex may differ from sex without a substance use element in that there is a disparity between the behaviours permitted and expected within the interaction. The authors (*ibid*) go on to suggest that as well as increasing pleasure and sexual satisfaction, there is also the potential of physical and mental health-related harm.

Tomkins and colleagues (2018) relate the potential mental-health related harm to depression, anxiety and psychosis, though they are clear that it is difficult to know whether this is caused by the sexualised drug use or whether the sexualised drug use is prompted by these conditions. Pufall and others (2018) also note the link between chemsex and depression and anxiety, whilst also suggesting that it may be linked with non-sexual drug use.

In a qualitative study with needle exchange practitioners in London and Newcastle Smiles and others (2023) suggest that the practitioners involved demonstrated broad



understanding of chemsex, but ‘were often unable to offer the appropriate advice to reduce harm for the drugs associated with chemsex’. One significant issue identified was the practitioner’s hesitancy to broach conversations of pleasure related to chemsex, through a fear of glamourising sexualised drug use and impeding messaging around risk. This is particularly relevant where service users engage in chemsex drug use recreationally, and interventions are targeted at problematic and dependent use. The research also recognised that there is a ‘culture of heteronormativity within mainstream services’, which may act as a barrier to MSM seeking support for their involvement in chemsex (Smiles *et al.*, 2023).

#### **4.6 Barriers to accessing support**

Within the existing literature related to MSM there are several barriers to seeking support outlined. Amongst the most significant of these barriers is the stigmatisation of same sex sexual behaviours (Witzel *et al.*, 2019, Tangerli *et al.*, 2022). Stigma is raised as potentially contributing to judgement and rejection by healthcare providers (Tangerli *et al.*, 2022, Hibbert *et al.*, 2021), and general negative experiences with healthcare providers which contribute to ongoing barriers (Isano *et al.*, 2023).

Specifically relating to HIV/STI testing, barriers such as the difficulty in getting an appointment, the opening times of clinics and the intrusive nature of some tests (i.e for those who are needle-phobic) were also raised as barriers (Witzel *et al.*, 2019, Hibbert *et al.*, 2021). The latter study also found that the lack or limited number of MSM specific services was seen to be a barrier to accessing support.

In terms of seeking support for sexualised drug use, or chemsex, Thomas and colleagues (2016) highlight how substance misuse services are ‘designed to meet the needs of heteronormative drug practice and have not evolved to emerging drug practices’. There is a suggestion within this particular research that this created ‘an unconscious barrier and bias to addressing sexualised drug use’. Tangerli and colleagues (2022) suggest that practitioners within addiction and mental health related roles are in need of training related to sexual health and MSM practices such as chemsex, in order to appropriately support those who seek help relating to their substance misuse.

## **4.2 Summary of key health needs**

Based on the above review, it may be suggested that the key health needs of MSM in Wales include the following:

- Access to PrEP
- Advice around the proper use of PrEP
- Advice around the risks related to seroadaptive behaviours
- Access to HIV and STI testing
- Access to and provision of condoms
- Access to and provision of clean injecting equipment
- Appropriate support for the risks associated with chemsex
- Advice around the risks of enteric pathogen infection
- Understanding and non-judgemental support
- Specific provision for MSM

## **5. Policy issues**

Similar to how the review of the literature identified the health needs of MSM as primarily relating to sexual health, much of the policy and guidance related to this group is focused on reducing the transmission of STD's and STI's. For the purpose of this review, policy documents from both the international and Wales specific context will be discussed in terms of how they have set out to better support MSM, as well as commenting on how policies related to MSM both directly and indirectly may impact this group.

### **5.1 International context**

To begin with, two recent publications from the World Health Organisation (WHO) were of particular note. The first related to the global response to HIV, Hepatitis and STIs more generally (WHO, n.d). It suggested that WHO supports efforts within individual countries to 'address structural barriers such as criminalisation, stigma and discrimination'. Whilst sex between men was decriminalised in England and Wales in 1967, the lingering effects of criminalisation and the ongoing stigmatisation and discrimination of this group remain an issue impacting support-seeking behaviours. The guidance also suggests that WHO are supportive of HIV and PrEP programmes (which have been rolled out in Wales), in response to re-emerging HIV epidemics which have been documented in MSM.

The second document reviewed related to mpox (WHO, 2022), providing information for MSM themselves on the symptoms of mpox, the factors which lead to its transmission and the ways in which the risks of mpox may be reduced. Importantly, there is a suggestion within the document that community members play a role in addressing stigma and discrimination related to mpox, with such issues having played a significant part in establishing barriers to support seeking in relation to HIV.

### **5.2 Welsh context**

In a Welsh specific context 5 documents were identified as being relevant to this review, with 2 directly relating to MSM and 3 having indirect links. This section will present the directly and indirectly affecting documents in turn.

### **5.2.1 Directly affecting or relating to MSM**

The LGBTQ+ Action Plan for Wales (Welsh Government, 2023) was set out to 'make Wales the most LGBTQ+ friendly nation in Europe. The plan was presenting as acting as a framework upon which LGBTQ+ policy could be developed in Wales, setting out a number of themes and related visions for Wales, as well as highlighting action points which may help achieve these visions. There is recognition that whilst Wales has made various strides in strengthening equality for LGBTQ+ communities, 'we cannot be complacent'. The main themes impacting MSM within the report include the vision of making Wales a safer place for all LGBTQ+ people, with actions committed to reducing hate crime, improving the relationship between police and LGBTQ+ communities in Wales and ensuring that homelessness services are inclusive of any specific needs these communities may have. There is also a commitment to inclusive education (discussed in more detail below), which may increase understanding of MSM communities and reduce the stigma and discrimination experienced by them. Of note within the report, is the use of LGBTQ+ terminology which, whilst understandable in this context, does exclude MSM who do not identify with this umbrella term.

The HIV Action Plan for Wales 2023-2026 (2023) is not limited to identity in quite the same way, however, suggesting acknowledgement that this is not an issue specific to sexuality. The action plan sets out priorities for meeting Wales' commitment to eliminate new diagnoses of HIV by the year 2030. The plan identifies 5 priority areas; prevention, testing, clinical care, living well with HIV and tackling HIV-related stigma. Significant within the plan is the commitment to a zero-tolerance approach to HIV-related stigma, which was identified within the WHO document discussed above as vital to tackling the ongoing issue of HIV. The action plan represents a structured and considered approach to reducing the transmission of HIV within Wales, whilst also providing support for those living with HIV. Should the actions set out within the plan be implemented, MSM in Wales may be at less risk of HIV infection, may face less discrimination and stigma related to HIV and be better supported whilst living with HIV. One potential issue picked up on by a participant of the survey related to this action plan and subsequent policy for the administration of PrEP however, was its availability being limited to in-person visits to a sexual health clinic, which may discourage uptake for some and mitigate the potential of PrEP in reducing HIV transmission in Wales.

### **5.2.2 Indirectly affecting or relating to MSM**

As mentioned above, inclusive education was noted as a priority within the LGBTQ+ action plan for Wales. Another document identified on this theme was *The Future of the Sex and Relationships Education Curriculum in Wales* (Welsh Government, 2017). Whilst this was not necessarily directly aimed at MSM communities, there guidance has a number of implications for them. For example, the report identifies that sex and relationship education as it stands is too ‘heteronormative’, and identifies that more inclusive sex and relationship education may help increase the safety and wellbeing of LGBTQ+ groups. This related both to the understanding of LGBTQ+ issues of those who do not identify with this community label, and also to young people making better informed decisions around intimacy and sexual health. The HIV Action Plan for Wales (2023) notes that education is the most effective way to reduce HIV related stigma. Changes in the curriculum may therefore support this, and also the knowledge around the risks of HIV and STI’s and their transmission, to help support Welsh Governments aim to tackle HIV in Wales.

Another publication from Welsh Government (2022a) which may indirectly impact MSM is the Equality, Race and Disability Evidence Units Priorities 2022 to 2027. Whilst this document focused broadly on a number of groups whom may face inequality, there was specific mention of a plan to deliver research into the experiences of LGBTQ+ communities in Wales. Whilst a developing understanding of these experiences may be welcome, there is again the issue here that this is focused on sexuality and identity, and may exclude consideration of some MSM who do not identify as gay or bisexual.

The other Welsh-specific document considered was the Substance Misuse Delivery Plan 2019-2022 (Welsh Government, 2021). What was noteworthy about this document was its lack of specific mention of chemsex, sexualised drug use, MSM or LGBTQ+ more broadly. This is in sharp contrast to Public Health England (2015) which published a briefing entitled ‘Substance Misuse Services for Men Who Have Sex With Men Involved in Chemsex’, which offered guidance to those commissioning substance misuse services in order to help tackle health inequalities for MSM. Chemsex is also discussed in the more recently published Public Health England resource entitled ‘Sexually Transmitted Infections: Promoting the Sexual Health and Wellbeing of Gay, Bisexual and Other Men Who Have Sex With Men’ (2021a). As noted within the review of health needs, there remains a lack of understanding of the context of chemsex in Wales, though it may be suggested that responses to the issue are lacking in

Wales in comparison to England, and MSM involved in chemsex may face difficulties in accessing the appropriate support for the issue.

### **5.3 Summary of key policy issues**

With regards to MSM, the response to HIV has been made a priority in Wales. The introduction of the HIV Action Plan for Wales 2023-2026 (Welsh Government, 2023) is a significant step in the ongoing response to the issue, and incorporates both a consideration for preventing new cases as well as supporting those who already live with the virus, both through individual support and also structural change which aims to reduce the stigma related to the virus. The more general stigma experienced by MSM is also a consideration within approaches to education and inclusion more generally, which may influence access to support if stigma is diminished.

Of note within this review of policy related to and impacting MSM is the lack of direction given on the issue of chemsex in Wales, and the issues that this may pose to work done in the other areas highlighted above. The health needs section of this report notes ongoing research related to chemsex being undertaken by NHS Wales. Developing the understanding of this issue in Wales may indeed reveal a need to update policy in this area, with more clear direction given to sexual health and drug and alcohol services.

## **6. Service providing stakeholders**

This section of the report outlines the organisations identified within the support service organisation search, and any which were recommended by practitioners as part of the support service survey. The section will conclude with commentary on the identified gaps in service provision for MSM in Wales.

### **6.1 Terrence Higgins Trust (THT) Cymru**

THT was founded in 1984, and is a registered charity. The specific focus of the organisation is on HIV and sexual health, supporting those who live with HIV and working with various organisations to respond to HIV throughout the UK. Whilst the organisation does work nationally, there is a branch specific to Wales - THT Cymru. The physical location of THT Cymru is in Swansea, based at YMCA, Kingsway Road. THT Cymru works with the Welsh Government to support HIV and STI testing provided remotely online for anybody in Wales, as well as more general support through the THT direct helpline. Through the Swansea Clinic, THT Cymru provide access to counselling for people living with HIV. There are no eligibility criteria for accessing support from THT, though the counselling element is intended for those living with HIV.

### **6.2 Umbrella Cymru**

Umbrella Cymru is a gender and sexual diversity support specialist organisation, working nationally in Wales. The organisation provides a broad range of support including the provision of information and signposting to relevant support, or the in-house provision of support related to issues such as experiences of crime, or expressing gender or sexual identity. There is no physical location listed for Umbrella Cymru, with support accessed via email, telephone, text message and social media profiles.

Umbrella Cymru do not set out specific eligibility criteria for accessing support, though its focus on gender and sexual identity would suggest that the intended target audience are those who identify with an identity under the LGBTQ+ umbrella. However, the service does discuss offering support to those who do not identify as LGBTQ+, using the example on their website of a non-LGBTQ+ identifying individual experiencing 'hate motivated by hostility towards a gender or sexual identity' who may access their support.

### 6.3 Stonewall Cymru

Stonewall are an organisation who campaign for LGBTQ+ inclusion across the UK, with Stonewall Cymru focused specifically on Wales. The organisation provides support, information and guidance on LGBTQ+ inclusion, including providing personal and professional development programmes, and holding a 'workplace' conference focused on best practice to create inclusive workplaces. The organisation describes itself as having been at the forefront of 'every major fight for LGBTQ+ rights since 1989. There is an option on the Stonewall Cymru website for the 'Stonewall Information Service' which offers signposting support at the individual for mental health and wellbeing, housing, discrimination at work, hate crime, marriage and civil partnerships, fertility and parenthood, immigration and asylum and domestic abuse. This support can be accessed via email, an online form or by writing to Stonewall's London office. A Cardiff address is listed for Stonewall Cymru, at Floor Transport House, 1 Cathedral Road. No in-person provision is listed for the organisation.

### 6.4 Body Positive Cheshire and North Wales

Body Positive is a Cheshire based charity whose work relates to sexual health and LGBT+ awareness, which has been running for over 25 years. The organisation has three main streams of provision:

- **SexSmart** – Providing sexual health support and education to the public, local organisations and in education settings. Includes the provision of condoms, education and outreach through pop-up clinics.
- **Technicolor** – Providing support or information around sexuality, sexual identity or gender identity. Services include counselling, phone support, peer support and bespoke interventions.
- **Silver Rainbows** – A project to tackle social isolation, creating a peer support network for older LGBTQ+ people to share experiences and provide support to one another. The project also seeks to improve health and social care services through training and education.



Body Positive is based in Bridgewater House, Crewe, though as mentioned above provide pop-up clinics within the Cheshire area. Other services such as 1:1 guidance can be accessed in person, by email, letter, telephone and online.

### **6.5 LGBT+ Cymru Helpline**

The LGBT+ Cymru Helpline provides counselling for LGBTQ+ individuals, allies and families within Wales. The organisation was founded in 2004 to provide a confidential helpline to support those in need. Based in Swansea, the organisation has also partnered with the YMCA to establish the GoodVibes LGBT+ Youth Group, bringing LGBT+ young people (11-25) together to provide a community space. The counselling element of LGBT+ Cymru Helpline can be delivered in-person, through Zoom or over the phone. The sessions are free for those who qualify, and £15 for those able to afford it, and include support related to sexual health.

### **6.6 Dyn Wales**

Dyn Wales is part of Safer Wales, and provides support for men who are experiencing domestic abuse from a partner. Whilst the main provision through the Dyn Wales Helpline is focused on providing support and information related to experiences of domestic abuse, the service is also able to signpost men to accessible services across Wales.

### **6.7 Llamau – Tŷ Pride**

Llamau, through Tŷ Pride, offer supported housing for 16 to 25-year-olds who identify as LGBTQ+ and have experienced, or are at risk of, homelessness. Young people who are supported by Tŷ Pride have access to 1:1 counselling, individual and group support, and social activities which are aimed at building a sense of community and belonging. Tŷ Pride is located in Denbighshire.

### **6.4 Gaps in service provision for MSM**

What is evident from this review, is that there are several key gaps in the provision for MSM across Wales. The health needs section of this report has highlighted that there is significant need around HIV and STIs, and also potentially around the issue of chemsex. Whilst the remote testing through Sexual Health Wales and in-person provision within many local health

board areas provide significant access to sexual health screening for some, there is a considerable lack of non-mainstream provision in Wales. This is particularly important where it is considered that a significant proportion of the in-person provision that is available does not offer any drop-in support, instead being by appointment only.

The scarcity of in-person support is also relevant outside of sexual health screening, with THT, Body Positive, LGBT+ Cymru Helpline and Llamau offering in-person support, but these provisions are limited physically to Swansea, Cheshire and Denbighshire. It is also notable that the in-person provision of THT and LGBT+ Cymru Helpline relate to counselling, so may therefore not be accessed by those seeking more general support and advice (though this would likely be available).

In terms of chemsex related provision, THT offer an online group for discussing participation in chemsex, which offers support in making 'a positive change to their use of chems' including using more safely. None of the listed organisations offer in-person support for chemsex. Support for the drug use associated with chemsex may be sought from one of the various substance and alcohol misuse services across Wales, though it is likely that this support would not be specific to a chemsex nor an MSM/LGBTQ+ context. Issues of this vein were highlighted as barriers to those involved in chemsex seeking support, within the health needs section of this report, and it may be suggested therefore, that the existing provision would not be sufficient.

## **7. Concluding remarks**

This final section of the report provides concluding remarks against the four research objectives set for this project. The section will conclude with a summary of suggested actions based on the evidence reviewed for this research.

### **7.1 To identify where populations of MSM are based in Wales**

It is difficult to accurately estimate and map the population of MSM in Wales, which is to be expected given the historical stigmatisation faced by those who engage in same sex relationships. This research found there to be an estimated 32,000 gay, bisexual, pansexual and queer men living in Wales using Census data, though it is noted that this estimate excludes MSM who do not identify with any of these sexual identities. In terms of mapping this group, there was no data available specific to men identifying with LGB+ identities, though Census data highlights that all of those who identify as LGB+ make up an estimated minimum of 1.99% of the total population of each local authority area in Wales, an estimated maximum of 5.20% and an average of 2.73%. Whilst this data is limited for a number of reasons, what can reasonably be suggested from this is that support for MSM is required pan-Wales.

### **7.2 To understand the health needs of MSM in Wales**

The review of existing literature for this research highlighted a number of key health needs faced by MSM. Unsurprisingly given the emphasis on this particular group of men being rested on their sexual behaviours, HIV and sexual health more generally emerged as key themes. Wales has undertaken significant work in response to HIV, pledging to reach zero new transmissions of the virus by 2030 and rolling out a PrEP programme. There has also been the introduction of online sexual health screening, which may be considered as increasing access to testing for some. There were a number of issues revealed which may challenge Wales' intentions however, which must be considered. For example, the literature revealed the potential of seroadaptive behaviour relating to HIV status and PrEP use which may increase the risk of transmitting HIV and other STIs. There is also the issue of chemsex to be considered, which is little understood in the Welsh context and which may also pose the risk of negative sexual health outcomes.

### **7.3 To consider the impact of related policy on MSM in Wales**

In terms of policy, Wales' HIV action plan is welcomed, and shows a real commitment to appropriately responding to the issue. There is an issue of note however, relating to the administration of PrEP being limited to in-person visits to a sexual health clinic and the potential barriers to some accessing this form of prevention. It should also be noted that chemsex is an issue which is not covered in either the HIV Action Plan for Wales nor the Substance Misuse Delivery Plan 2019-2022 (Welsh Government, 2021). Whilst understanding of this issue remains limited in Wales (an issue which may be addressed via the research on chemsex being undertaken in Wales currently), this may represent a particular gap in policy.

### **7.4 To identify and map existing service provision for MSM in Wales**

In terms of service provision across Wales for MSM, the support available specifically for MSM is scant. Seven organisations of interest were identified, with significant gaps in what is available for MSM evident. For example, in-person services are practically non-existent across much of Wales within this non-mainstream support, and available by appointment only in much of the mainstream sexual health provision. It is also notable that much of the support outlined within this review is LGBTQ+ oriented, meaning that for some MSM these may not necessarily present as inclusive of them, though in reality it is.

### **7.5 Suggested actions**

Based on the evidence reviewed for this research, the suggested actions are as follows:

- The commissioning of longer-term research focused on mapping where support for MSM is most pressingly needed, and what type of support is required.
- Consideration of how PrEP may be accessed by MSM, and the potential barriers to access that might be raised.
- Increased and clear messaging around PrEP use, and any risks associated with seroadaptive behaviours.
- Consideration for how MSM may receive more specific support, which is not necessarily labelled as LGBTQ+ focused.
- Further research into the issue of chemsex and how it relates to Wales.

- Consideration of the issue of chemsex within policy responses to both HIV and substance misuse.
- The development of increased in-person support provision for MSM pan-Wales.
- Increasing the availability of more general drop-in support for MSM pan-Wales.

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## Appendix 1: Policy review template provided by Public Health Wales

Name of document	Body responsible for publication (e.g WHO/Welsh Govt/MoJ)	Date of publication	Version	Type of document (guidance/legal requirement)	Description of impact on population group
Monkeypox: public health advice for gay, bisexual and other men who have sex with men	WHO	2022	Unknown	Guidance	Report provides information on how to reduce risks, prevent transmission, deal with symptoms and stresses importance of avoiding stigma and discrimination related to mpox.  <b>Impact:</b> Potentially supporting a coordinated global response to mpox.
Global HIV, Hepatitis and STIs Programmes - MSM	WHO	n.d	Unknown	Guidance	Sets out some of the key issues impacting the global response to HIV, Hepatitis and STIs – including structural barriers such as stigma and discrimination. Also highlights the importance of including STI and HCV testing and treatment alongside existing HIV and PrEP programmes.  <b>Impact:</b> Highlighting how stigma is one of the key issues related to HIV, and potentially coordinated global response to outlined issues.
Sexually transmitted infections: promoting the sexual health and wellbeing of gay, bisexual and other men who have sex with men	Public Health England	2021	Unknown	Guidance	The report sets a number of priorities for policy and practice, including: <ul style="list-style-type: none"> <li>• Raising awareness around STIs/STDs</li> <li>• Workforce development</li> <li>• Access to services</li> <li>• Collaboration between local partners</li> </ul>

					<ul style="list-style-type: none"> <li>• Evaluation and sharing learning between service providers</li> </ul> <p><b>Impact:</b> Priority setting for sexual health service provision, including more joined up support.</p>
Substance misuse services for men who have sex with men involved in chemsex	Public Health England	2015	Unknown	Briefing	<p>The report provides prompts for commissioners of drug and alcohol services, including:</p> <ul style="list-style-type: none"> <li>• Services developing awareness of LGBT issues where specific services are not feasible.</li> <li>• Assessing local need, assessing staff comfort in discussing.</li> <li>• Treating and referring MSM in a sensitive fashion.</li> </ul> <p><b>Impact:</b> The potential to provide more tailored support for MSM engaged in chemsex.</p>
Substance Misuse Delivery Plan 2019—2022	Welsh Government	2021	2 – revised in response to COVID	Action plan	<p>The action plan makes no mention of chemsex, chemsex related substances, sexualised drug use more broadly or LGBTQ+ populations.</p> <p><b>Impact:</b> Chemsex not on the policy radar in Wales, and therefore specific support for this issue remains scarce.</p>
HIV Action Plan for Wales 2023-2026	Welsh Government	2023	Unknown	Action plan	<p>The action plan sets out an intention to have no new transmission of HIV by 2030. Amongst the proposed actions are; setting out a zero-tolerance approach of HIV-related stigma, making testing more accessible, providing a skilled workforce for HIV-related care, supporting those living with HIV.</p>

					<p><b>Impact:</b> It is difficult to suggest the impact at this stage, though this plan sets out HIV as a key priority and may therefore increase levels of support experienced by MSM for various needs.</p>
Equality, Race and Disability Evidence Units Priorities 2022 to 2027	Welsh Government	2022	Unknown	Priority setting	<p>Set a priority for research into the experiences of LGBTQ+ communities in Wales.</p> <p><b>Impact:</b> Combined with the below, increased understanding of LGBTQ+ populations may help in strengthening equality in Wales.</p>
LGBTQ+ Action Plan for Wales	Welsh Government	2023	Unknown	Action plan	<p>Sets out an aim to strengthen equality in Wales. Including making Wales safer for LGBTQ+ people, improving healthcare outcomes for LGBTQ+ populations, provide inclusive education and improve participation and inclusion.</p> <p><b>Impact:</b> Similar to the HIV Action Plan, it is difficult to suggest impact at this stage. However, the Welsh Government has set out clear intentions in addressing inequality experienced by LGBTQ+ groups, which would include MSM who identify as such.</p>
The Future of the Sex and Relationships Education Curriculum in Wales	Welsh Government	2017	Unknown	Guidance	<p>The report identifies that sex and relationship education in Wales is too heteronormative and not inclusive of LGBTQ+ identities. It sets out that more inclusive sex and relationship education can help increase safety and wellbeing of young LGBTQ+ people, and also to make better informed decisions around intimacy and sexual health.</p>



					<b>Impact:</b> There is the potential that young MSM may become better informed around sexual health through more inclusive education. More inclusive education may also help reduce the stigmatisation faced by MSM.
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## Appendix 2: Support service review template provided by Public Health Wales

Name of service provider	Starting date (year) – established service or new?	Funding stream	Type of services (statutory/voluntary)	Description of specific activities	Location (HB/LA)	Operating hours	Who may access (eligibility, area of 'residence')	How to access	Physical Accessibility	Contact (name, designation, gender, phone number)	Comments (e.g., on safety, quality)
Terrence Higgins Trust (THT) Cymru	1982 (UK)	Grant making trusts, foundations and fundraising	Voluntary	Supporting those who live with HIV and working with various organisations to respond to HIV.  Counselling service available for those living with HIV, and general support available through THT direct helpline.	Swansea and more widely via THT Direct	Live chat is open Monday to Friday 11am to 1pm, and 3pm to 5pm. 10am to 6pm phonenumber available	People living with HIV for in-person counselling. Available in Swansea but not limited to those living in the location.  Online support available to all.	Counselling can be arranged via email.  THT direct can be accessed via: <ul style="list-style-type: none"> <li>• Phone: 0808 802 1221</li> <li>• Live chat via website</li> <li>• Email: info@tht.org.uk</li> <li>• Post: THT Direct Terrence Higgins Trust, 439 Caledonian Road, London, N7 9BG</li> </ul>	Based at YMCA in Swansea, by pre-booked counselling appointment only. YMCA, 1 The Kingsway, Swansea, SA1 5JQ, United Kingdom	Cymru-Wales@tht.org.uk	Availability of in-person provision limited to Swansea.
Umbrella Cymru	2015	Government grants and contracts, donations and fundraising	Voluntary	Broad range of support including the provision of information and signposting to relevant support for LGBTQ+ individuals.	Umbrella Cymru, Gwent Con., Glantorfaen Road, Pontypool, Torfaen, NP4 6YN.  Services available across Wales via email, telephone, text message	None provided	Specific support does not have eligibility criteria.  Non-specific support not available to those who identify as straight or cisgender to try to remove	Umbrella Cymru can be accessed via: <ul style="list-style-type: none"> <li>• Email: Support@umbrellacymru.co.uk</li> <li>• Text at: 07520645700</li> <li>• Facebook: Umbrella Cymru</li> <li>• Twitter: @UmbrellaCymru</li> <li>• Snapchat: @UmbrellaCymru</li> <li>• Instagram: @UmbrellaCymru</li> </ul>	No physical address listed.	Info@umbrellacymru.co.uk	Website unclear on exactly what support is offered.

					and social media profiles.		barriers faced by minority gender and sexual identities.				
Stonewall Cymru	1989 (nationally)	Charitable trusts, foundation, government grants, fundraising, donations.	Voluntary	Stonewall campaign for LGBTQ+ inclusion, providing support, information and guidance.	Stonewall information service accessible nationally via email, post and an online form.	None provided	LGBTQ+ community and allies	Stonewall information service can be accessed via: <ul style="list-style-type: none"> <li>Email: <a href="mailto:Info@stonewall.org.uk">Info@stonewall.org.uk</a></li> <li>Website: <a href="https://www.stonewall.org.uk/contact-stonewall%E2%80%99s-information-service">https://www.stonewall.org.uk/contact-stonewall%E2%80%99s-information-service</a></li> <li>Post: Stonewall, 192 St. John Street, London, EC1V 4JY</li> </ul>	Floor Transport House, 4 <sup>th</sup> , 1 Cathedral Rd, Cardiff CF11 9SB  Not accessible by service users.	<a href="mailto:cymru@stonewallcymru.org.uk">cymru@stonewallcymru.org.uk</a>  029 2023 7744	Mainly support for organisations, though information service seems easily accessible.
Body Positive Cheshire and North Wales	1992	Foundations, fundraising, donations.	Voluntary	3 main strands:  SexSmart – Sexual health support and education  Technicolor – support and information around sexuality, sexual identity or gender identity.  Silver Rainbows – Support for older LGBTQ+ people.	Pop-up clinic outreach. In person, online, by email and by phone.	Monday – Thursday 9-5  Friday 9-4.30	Sexsmart – everyone  Technicolor – LGBT+  Silver rainbows – older LGBT+ but no mention of age criteria	Body positive can be accessed via: <ul style="list-style-type: none"> <li>Drop-in clinics</li> <li>Email: <a href="mailto:health@bpcnw.co.uk">health@bpcnw.co.uk</a></li> <li><a href="mailto:info@silverrainbows.com">info@silverrainbows.com</a></li> <li>Phone: 01270 653150</li> </ul>	Body Positive Bridgewater House 230 Edleston Road Crewe CW2 7EH	<a href="mailto:health@bpcnw.co.uk">health@bpcnw.co.uk</a>  01270 653150	In-person delivery promising, however this is limited to Cheshire so may limit accessibility.
LGBT+ Cymru Helpline	2004	Grants, donations, fundraising		Counselling for LGBTQ+ individuals, allies and families.	Counselling available in-person, through Zoom or		Available to LGBT+ people and friends,	LGBT+ Cymru helpline can be accessed via: <ul style="list-style-type: none"> <li>Phone: 0800 917 9996</li> <li>Email: <a href="mailto:info@lgbtcymru.org.uk">info@lgbtcymru.org.uk</a></li> </ul>	YMCA Building, 1 The Kingsway,	<a href="mailto:info@lgbtcymru.org.uk">info@lgbtcymru.org.uk</a>  0800 917 9996	Eligibility criteria for free counselling unclear.

		Counselling also chargeable for some clients.		Also partnered with YMCA for GoodVibes LGBT+ Youth Group.	over the phone.		families, allies.  GoodVibes open to LGBT+ young people aged 11-25.		Swansea SA1 5JQ		
Dyn Wales	2004	Welsh Assembly Government funding	Voluntary	Support for men experiencing domestic abuse from a partner.  Provides information on and supports access to services, information on safety plans, and someone to listen without judgement	Available via phone and email	Monday and Tuesday 10 – 4  Wednesday 10 - 1	All men experiencing domestic abuse	Dyn Wales can be accessed via: <ul style="list-style-type: none"> <li>• Phone: 0808 80 10 321</li> <li>• Email: support@dynwales.org</li> </ul>	No physical address listed	dyn@saferwales.com	Does not necessarily include support for health-related issues, though can offer signposting to appropriate services.
Llamau – Tŷ Pride	2019	Grants, donations, fundraising	Voluntary	Supported housing for 16-25 year olds who identify as LGBTQ+ and have experience or at risk of homelessness	Denbighshire	24 hours	16-25 year olds who identify as LGBTQ+	Referral	No physical address listed	enquiries@llamau.org.uk  029 2023 9585  Llamau 23 Cathedral Road Cardiff, CF11 9HA	Initiative limited by location, and similar projects throughout Wales may be beneficial.

### Appendix 3: Gay, lesbian, bisexual, pansexual and queer populations by local authority area (Census, 2021)

Local authority area	Gay and lesbian N & %		Bisexual N & %		Pansexual N & %		Queer N & %		Total N & %	
Cardiff	7,175	2.42	7,027	2.37	1,001	0.34	208	0.07	15411.00	5.20
Ceredigion	941	1.53	1,617	2.63	225	0.37	49	0.08	2832.00	4.61
Swansea	3,145	1.59	2,972	1.50	408	0.21	33	0.02	6558.00	3.32
Gwynedd	1,303	1.33	1,594	1.63	179	0.18	53	0.05	3129.00	3.19
Vale of Glamorgan	1,803	1.68	1,213	1.13	178	0.17	33	0.03	3227.00	3.01
Newport	1,908	1.50	1,397	1.10	275	0.22	15	0.01	3595.00	2.83
Rhondda Cynon Taf	2,947	1.52	2,158	1.11	269	0.14	38	0.02	5412.00	2.79
Neath Port Talbot	1,844	1.57	1,227	1.05	170	0.15	8	0.01	3249.00	2.78
Torfaen	1,080	1.44	758	1.01	107	0.14	4	0.01	1949.00	2.60
Wrexham	1,445	1.31	1,048	0.95	195	0.18	10	0.01	2698.00	2.45
Caerphilly	1,940	1.35	1,373	0.96	178	0.12	13	0.01	3504.00	2.44
Conwy	1,330	1.38	872	0.90	140	0.15	7	0.01	2349.00	2.44
Bridgend	1,618	1.35	1,130	0.95	156	0.13	13	0.01	2917.00	2.44
Merthyr Tydfil	682	1.43	361	0.76	64	0.13	4	0.01	1111.00	2.33
Denbighshire	1,002	1.27	699	0.89	104	0.13	9	0.01	1814.00	2.30
Carmarthenshire	1,845	1.19	1,500	0.96	202	0.13	23	0.01	3570.00	2.29
Blaenau Gwent	721	1.31	483	0.88	47	0.09	2	0.00	1253.00	2.28
Pembrokeshire	1,093	1.07	1,050	1.02	149	0.15	12	0.01	2304.00	2.25
Monmouthshire	872	1.11	763	0.98	98	0.13	12	0.02	1745.00	2.24
Flintshire	1,582	1.24	1,042	0.82	171	0.13	5	0.00	2800.00	2.19
Powys	1,205	1.07	1,060	0.94	172	0.15	30	0.03	2467.00	2.19
Isle of Anglesey	620	1.08	470	0.82	47	0.08	4	0.01	1141.00	1.99