

For bareback, how to fuck more safely

GAY AS OTTAWA / Reducing risk for those who do it raw

Nicholas Little / National / Wednesday, July 16, 2008



For heterosexuals, sex *with* condoms is considered an unfortunate but sometimes necessary exception to the otherwise natural norm. Whereas for gay guys, sex *without* condoms is considered a pathological deviation from the only acceptable option.

This double standard — instinctual for the straight crowd but demonic when done by gay dudes — creates a hell of a lot of pressure, guilt and fear.

Studies show that a majority of Canadian men who have sex with men use condoms consistently. That kind of behavioural change in just 25 years is amazing and we don't get enough credit for it.

We've been degraded as too horny to change, too reckless to bother, and too high or drunk to put a condom on even if we wanted to. We've been called bug chasers and gift givers. We've been written off as having a self-sabotaging death wish because our psyches are so damaged by homophobia. The death wish excuse has even been used to justify why health care dollars are wasted on us. It's all bullshit.

Let's be very clear. The Canadian AIDS Society classifies anal sex without condoms as a high-risk activity for HIV transmission. The overwhelming majority of HIV transmissions between two guys happen during anal sex without condoms and there is no way around this.

And living with HIV ain't a walk in the park — whether you're dealing with diarrhea, social stigma and, eventually, a truncated life expectancy.

The Canadian AIDS Society also says: "Any notion that the top partner in anal sex has a low risk of infection is untrue. Although more cases of transmission have been attributed to the bottom partner, the number of infections among tops is significant enough to make this a high-risk activity." Deny it if you want to, but that's the facts.

I get a lot of flack for giving guys harm-reduction tips if they choose to have anal sex without condoms. I'm told there is no such thing as safer barebacking. I'm told that guys who know the risk and still choose to do it raw get what they deserve — that I'm sending a dangerous message and undermining decades of prevention work.

It amazes me how most of us easily agree on some basic ways to reduce the (quite remote) risk of oral sex, yet so many are unwilling to even consider parallel methods for anal. Most gay dudes know it's better not to brush or floss about an hour before and after giving head. Is it really so farfetched that eating a barrel of peanuts before bottoming could leave your ass in rough shape?

The staunch refusal to consider multiple harm-reduction techniques for anal sex leads to higher rates of HIV. It's no different than George Bush and the pope telling folks to abstain from sex before marriage and always be faithful after. The presumption that you alone know the single solution that will work for all people is condescending, paternalistic and responsible for millions of deaths. Enough.

The tips below won't change the high risk nature of anal sex without condoms, but employing some of them can keep your good times at the lower end of the high-risk category.

- Don't ask if he's "clean." Ask when he was last tested and what the result was. Better yet, offer him that info about yourself.
HIV is mostly shared by people who don't know their status, *not* people who know they are HIV-positive. If he says he's HIV-negative but hasn't been for a test recently, he doesn't know his actual status. If one of you is HIV-negative and one is HIV-positive, talk about viral load together. If you're both poz, you may not have the same strains of the virus or the same reactions to meds.
- Get tested for other sexually transmitted infections (STIs). STIs make HIV-positive men more infectious and HIV-negative men more vulnerable to infection. The most common symptom of STIs is to show no symptom at all.
- Use *lots* of lube. *Tons* of lube. Lube reduces friction, which reduces the number of micro-tears in the sensitive tissue in your ass. Tears give an entryway to the blood stream.

- The lining of the ass is delicate and can be damaged easily. Let your top know how hard you want to ride him once you've relaxed the muscles in your butt. And barebacking after fisting or rough toy-play increases risk.
- It's safer to pull out before cumming. Pull out right before and watch your load spray all over his back. Tell him how you want him to blow his load in your face.
- For those who *know* their status: HIV-negative guys might choose to fuck rather than get fucked. HIV-positive guys might choose to get fucked rather than fuck.
- The longer and harder the fuck, the bigger the risk. Foreplay makes you a better lover!
- Try to avoid poppers when barebacking. They dilate blood vessels in the rectum, increasing blood exposure while you fuck.
- Don't douche right before or right after bottoming.
- Get vaccinated for hepatitis A and B. It's free for gay guys in Ottawa.
- You don't have to bareback with everyone. For dudes who like the intimacy of not using condoms, get that rush with one regular guy and use protection with the rest.

Why no one wins the blame game

IN CONVERSATION / Two of Ottawa's next generation of HIV activists talk bareback sex

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Recently I chatted with Mikiki, HIV activist and quick-witted loudmouth, about barebacking and the effects of fear-based HIV prevention. Here's an excerpt:

Mikiki: Whenever me and my friend hear of some straight couple that got pregnant unexpectedly, we look at each other and say, "Barebacking!"

HIV is an issue that has destroyed the sense of entitlement of our community. It has destroyed a sense of security within our own desire. Queer sexuality is still pathologized and the naturalism of unprotected sex is still so taboo to talk about.

Barebacking is not, first and foremost, even about harm reduction. It's about people's natural inclination. And about the fact that straight people get to do something that, culturally, we aren't allowed to even name.

NL: It's a relief to hear you say that. At a recent conference I went to, a doctor broke down the ways HIV could potentially be transmitted through oral sex better than I've ever heard it. And then he went through transmission with anal sex, from top to bottom and from bottom to top.

I like rooting transmission in physiology, in our bodies, because it moves HIV away from discussions of fear and hearsay and ideology and morality. It shifts it to: "No, dude, it's about your body."

Mikiki: Yup.

NL: But what that doctor didn't point out after explaining how HIV could be transmitted from mouth to dick or dick to mouth, was what the Canadian AIDS Society says about it all: there are 6 billion people on this planet and, despite searching for the last 20 odd years, we still have no recorded evidence of someone getting HIV from receiving a blow job.

[The Canadian AIDS Society's HIV Transmission Guidelines for Assessing Risk differentiate between sucking cock and getting your cock sucked. Giving head is classified as low risk and getting head is even safer: "There have been no documented cases of transmission through getting fellatio," it says.]

To me, it's unethical not to say that in a discussion of the physiology of oral transmission. I left there feeling afraid all over again. And I know how that fear eventually plays out: This week, I hooked up with a dude to give him head. I sucked this dude's dick and I had internalized what this doctor at the conference had said and I walked away wondering, "Was that really worth it?"

Mikiki: Arrggggh!

NL: But I left feeling like, "You know what, Nicholas? It would have been better to stay home, watch porn and jerk off."

Mikiki: Isolate yourself.

NL: Isolate yourself. And also: negate what is natural. Or shroud what is natural in this feeling of fear, guilt, shame, blame. Even though I'm an HIV outreach worker, even though I understand the physiology inside out, even though I know stigma and poverty have a lot more to do with HIV transmission.

But I still can't totally resist that doctor's message, which is: "Be afraid. Be very afraid."

Mikiki: And when you position transmission information that way, then the condom becomes the signifier of fear, guilt, shame, blame. Because that's the barrier that you could have used to potentially reduce that risk. Because you're no longer thinking of that activity as a remote possibility. You're now thinking of it as a risk.

All of that stuff just keeps enforcing the guilt. It repositions all of the prevention work we do and all of the condoms and harm reduction-tools we give to people. It makes those objects reminders of the fact that they are taking risks, at rates far greater than they actually are.

NL: And what I also think was lost in that moment, and what that doctor at the conference certainly didn't affirm, was that everything I did in that encounter was good in terms of harm reduction.

Mikiki: Yup.

NL: I could have taken it up the ass without a condom with that dude, but opted to suck him off. We should be applauded for choosing to reduce risk like that. Instead I left there with everything soaked in a fear of HIV. Whereas I should have left thinking, "What a laugh! I'm out doing stuff that is so ridiculously low risk that it makes no difference." I should have walked away and said, "So what's next?"

Instead I was a man who was horny, who found a great outlet for that horniness, and who walked away feeling regret, wishing I would have just not bothered.

I don't think we've taken account of what that does to gay men's psyches and our feeling of -- you talked about entitlement.

Mikiki: We're forbidden from defining for ourselves what meaning queer sex will play in our lives. Instead, it's always a negotiation of whether we're becoming an epidemiological statistic.