

# Portrait of the Health and Well-being of Gay, Bisexual and Other Men Who Have Sex with Men in Metro Toronto

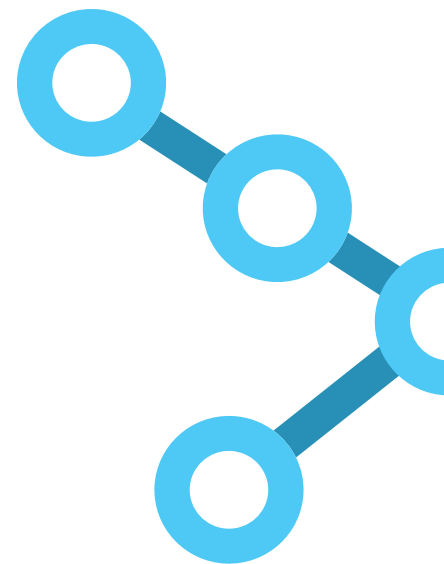
Toronto site of the national Engage study  
(2017-2019)



**The Engage Toronto study surveyed a total of 517 transgender (4.1%) and cisgender (95.9%) gay, bisexual and other men who have sex with men (GBM) about their sexual and mental health.** The study recruited participants from diverse racial and ethnic backgrounds, ages, gender identities, HIV statuses, as well as risk factors for HIV and other sexually transmitted infections (STIs). More than a third (40.3%) of participants identified as a member of a racialized group. It is therefore likely that at least some racialized populations, such as Aboriginal/Indigenous participants, African, Caribbean, or Black participants, and South Asian participants might be underrepresented in our data.

Overall, we are seeing some positive health and well-being outcomes among GBM in Toronto. The city is on target to meet its UNAIDS goals for 2030 with a significant number of GBM living with HIV engaged in the cascade of care. GBM with multiple partners are also accessing PrEP at a higher rate and being tested more regularly for STIs.

More work is required, though, on a number of fronts. Further education is needed in order to reduce HIV stigma and improve the health and well-being of Toronto's GBM population. More also needs to be done to test, treat and prevent sexually transmitted infections in the province, as well as informing GBM about the effects and availability of PrEP. GBM continue to use substances, sometimes requiring culturally competent harm reduction programs and treatment options. This community report presents some of the findings from our baseline data, however, for the full technical report, you can visit: [www.engage-men.ca/wp-content/uploads/2021/08/Engage-Toronto-q5.pdf](http://www.engage-men.ca/wp-content/uploads/2021/08/Engage-Toronto-q5.pdf)



# About Engage



**The Engage Study** is a longitudinal cohort study of GBM from the community that collects detailed sociodemographic, behavioural, attitudinal, and biological information related to sexual health, HIV, hepatitis C, other STIs, substance use, and psychosocial health. Recognizing the significant lack of understanding of the needs of GBM across Canada—and that GBM continue to be affected by HIV and STIs at alarming rates—the study was designed to address critical knowledge gaps in HIV and STI prevention. With study sites in Vancouver, Toronto, and Montreal, it represents a national partnership of researchers, public health leaders, and community leaders whose shared goal is to conduct, support, and facilitate high-quality and policy-relevant HIV research on GBM.

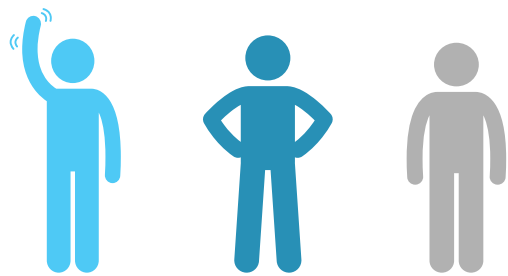


# Our Sample

The majority of GBM in our study (57.4%) were born in Canada, with participants reporting their ethnicity as: **White** (59.7%); **Black** (5.6%); **Latin American** (8.4%); **East/South-East Asian** (10.3%); **Aboriginal/Indigenous** (2.2%); **South Asian** (3.6%); **West Asian/North African** (3.6%); **Unidentified/Others** (2.8%); or **Mixed Race/Ethnicity** (3.7%).

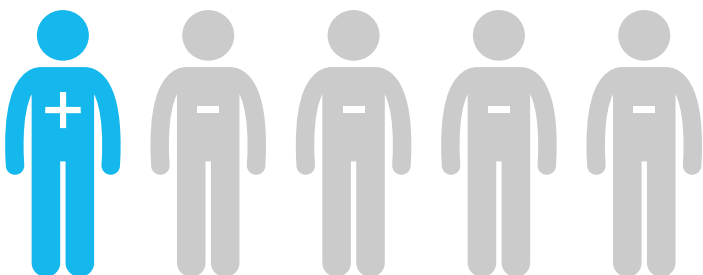
Participants were of varying ages: 50.7% were under 30 years old, 28.3% were between 30 and 44, and 21.0% were 45 years old or more. With respect to gender identity, 4.1% identified as transgender. 78.6% of participants self-reported their HIV status as negative/unknown. In terms of highest level of education reached, 42.9% of participants

reported having a bachelor's degree and above, 37.5% reported some college, and 19.6% reported a high school education or less. Regarding annual income, 57.4% of participants reported an income of less than \$30,000, 32.0% reported an income between \$30,000 to \$59,999, and 10.6% reported an income of \$60,000 or higher.



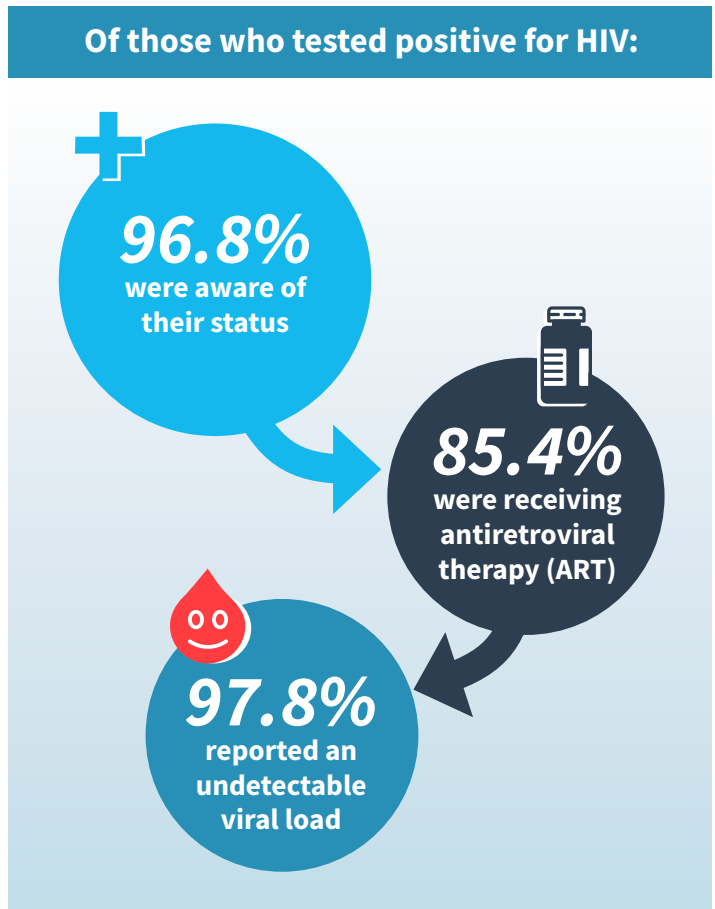
## HIV Cascade of Care

The HIV cascade of care is a model that outlines the steps of care that people living with HIV go through from initial diagnosis to viral suppression (becoming undetectable). The cascade shows the proportion of individuals living with HIV who are engaged at each step. One goal of the model is to identify any gaps in services for people living with HIV. Our study measured key cascade of care indicators for GBM living with HIV in Toronto.



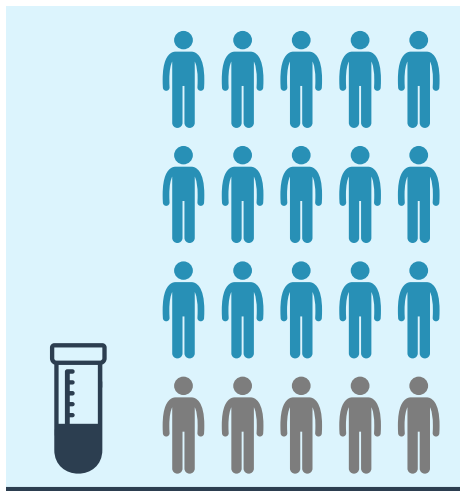
HIV prevalence among GBM in Toronto was approximately **1 in 5** (21.4%)

Among men living with HIV, 99.9% reported having a primary care provider (in comparison to 67% of HIV-negative/unknown GBM). GBM living with HIV in Toronto are very engaged in the cascade of care.

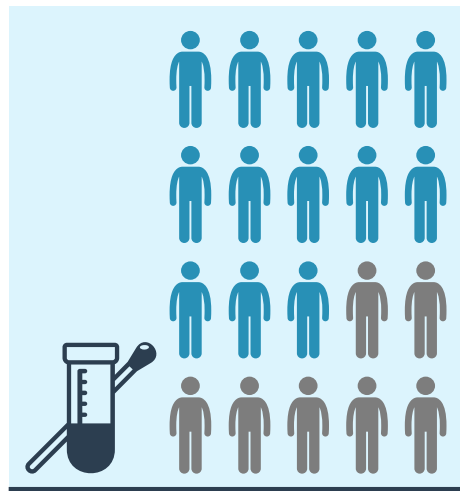


# HIV/STI Testing

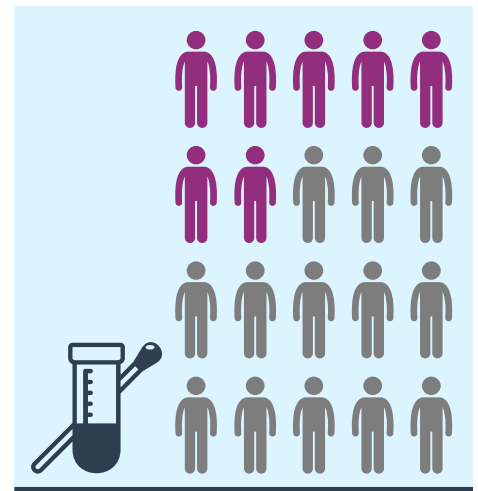
When it comes to testing for HIV and STIs, we found that:



73% HIV-negative GBM had been tested for HIV in the previous 12 months



64% HIV-negative GBM had been tested for an STI other than HIV in the previous 12 months



37% GBM living with HIV had been tested for an STI other than HIV in the previous 12 months

The prevalence of STIs other than HIV among the study participants was the following:

**Syphilis** prevalence (either a past or current infection) was 7% among HIV-negative/unknown GBM, 47.9% among HIV-positive GBM

**Gonorrhea** prevalence was 6.8% among HIV-negative/unknown GBM, 28.8% among HIV-positive GBM

**Chlamydia** prevalence was 4.4% among HIV-negative/unknown GBM, 10.4% among HIV-positive GBM

**Hepatitis C** prevalence (either a past or current infection) was 0.8% among HIV-negative/unknown GBM, 14.9% among HIV-positive GBM

Our findings demonstrate that there is still more testing for HIV than other STIs among GBM in Toronto, underscoring the need for comprehensive sexual health screening. HIV and STIs continue to disproportionately affect GBM, particularly

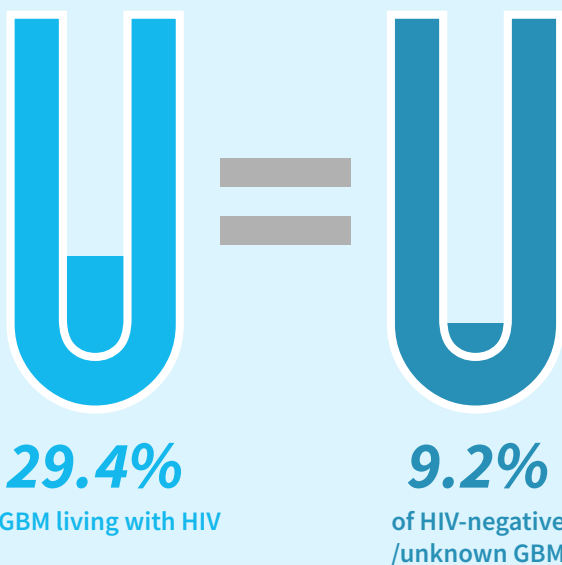
GBM living with HIV. Further public health efforts are needed to prevent, test, and treat infections to address these disparities in sexual health outcomes.



# U = U

U=U (undetectable = untransmittable) means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) cannot sexually transmit the virus to others. This concept is also known as Treatment as Prevention (TasP).

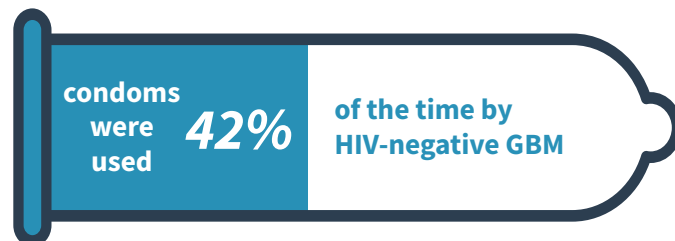
Despite U=U campaigns, uptake of the message among GBM appears low. When asked about the statement **“It is very hard to get HIV nowadays because most HIV-positive guys have undetectable viral loads,”** the following percentage of participants agreed it was true:



Further education around U=U and HIV treatment used as prevention (TasP), as well as additional anti-stigma campaigns are needed to better inform GBM of the impacts of antiretroviral therapy (ART) in reducing HIV transmission. You can read more about U=U here: [positiveeffect.org](http://positiveeffect.org).

# Safer Sex Practices

No longer the only HIV prevention tool available, condoms are still used by GBM. When it comes to condom use during anal sex, HIV-negative participants used condoms with almost 42% of their most recent sexual partners, and HIV-positive participants used condoms with almost 17% of their most recent sexual partners.



While 88% of GBM reported having anal sex with a male partner in the past six months, less than half of GBM (34.3%) reported more than six sexual partners in the past six months. About a quarter (23.9%) of HIV-negative/unknown GBM reported anal sex with six or more sexual partners in the past six months.

A relatively small minority (11%) of HIV-negative GBM reported having taken pre-exposure prophylaxis (PrEP) in the past six months. Many who would qualify for PrEP were not accessing it for various reasons. More needs to be done to promote PrEP use among GBM. The good news is that HIV-negative/unknown GBM who reported six or more partners in the past six months reported higher rates of PrEP use than other GBM in the past six months.

Further analysis is needed to examine factors associated with sexual behaviours such as PrEP use and reporting an undetectable viral load or having sexual partners who are undetectable.

For more information on how to access PrEP, visit [ontarioprep.ca](http://ontarioprep.ca).



# Substance Use

We asked questions about substance use in our study, including the use of tobacco, alcohol, cannabis, GHB, and crystal meth. Stigma, mental health, and social networks and norms impact what substances GBM use.

Regarding substance use in the past six months, the most commonly used substance was alcohol, with 94% having

reported using at least some alcohol. However, relatively few participants (8%) reported problematic levels of alcohol use (i.e., having six or more drinks in one sitting four or more times a week). Levels of alcohol use varied by self-reported HIV status.

## Other reported substances used were:



### Cocaine

14.3% reported usage among HIV-negative/unknown; and 8% reported usage among GBM living with HIV



### Tobacco

39.6% reported daily or almost daily use among HIV-negative/unknown; and 69.5% reported daily or almost daily use among GBM living with HIV



### Cannabis

21.1% reported daily or almost daily use among HIV-negative/unknown; and 33.6% reported daily or almost daily use among GBM living with HIV



### Crystal methamphetamine

5.2% had used in the past six months among HIV-negative/unknown; and 13.7% had used in the past six months among GBM living with HIV



### Non-medical injection drugs

2.9% of HIV-negative/unknown had used in the past six months; and 6% of GBM living with HIV had used in the past six months

# Discrimination & Mental Health

We asked participants if they have recently experienced anxiety or depression symptoms.

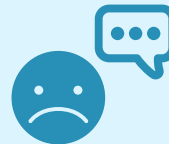


The majority of our sample (75.5%) did not report depression symptoms in the past week



However, 58.6% reported mild, moderate, or severe anxiety symptoms in the past week

We also asked participants about how often they were called derogatory names.



69.8% reported being called a derogatory name at least once in the past year



74.8% reported hearing anti-gay or anti-bisexual remarks from a family member in the past year

Despite advances in human and legal rights, GBM continue to face homophobia, even in their own families. Depression and anxiety continue to be reported by GBM in Toronto. Given the poor mental health indicators, more needs to be done to reduce stigma and shame for GBM.

As part of our commitment to GBM health, the Engage team helped develop a resource for mental health. Visit [Good Head](#) for more information.



# Moving Forward

Taken together, our findings highlight various health and well-being outcomes among GBM in Toronto, including mental health, substance use, STI prevalence, HIV risk and prevention, and community viral load. These baseline findings provide useful data specific to GBM who may often be overlooked in population health research.

Despite medical advancements, GBM remain disproportionately affected by HIV in Canada. GBM account for more than half of all Canadians living with HIV (52%) even though they represent less than 5% of the general population. These trends are consistent in Ontario, where GBM accounted for 52% of all new HIV diagnoses. Similarly, diagnoses of bacterial STIs remain disproportionately high in this population.

Overall, we are seeing some positive health and well-being outcomes among GBM in Metro Toronto. A significant number of GBM living with HIV are engaged in the cascade of care, while HIV-negative/unknown GBM with multiple partners are accessing PrEP at a higher rate than GBM with fewer sexual partners. The majority of participants did not report symptoms of depression in the past week.

More work is required, though, on a number of fronts. Further education around U=U and TasP is needed to reduce stigma and improve the health and well-being of Toronto's GBM population. This report suggests the ongoing need for sexual health and HIV prevention services for Toronto GBM, including increasing access and use of PrEP among HIV-negative GBM and further increasing access and use of antiretroviral treatment for GBM living with HIV. There are many GBM who would benefit from mental health promotion and treatment services and harm reduction services for men using crystal methamphetamines or non-medicinal injection drug use.

We expect that more detailed analyses of Engage baseline and follow-up data will provide a better understanding of these and related issues for GBM in Toronto. Future research from the study will provide additional insights on the impact of HIV, STIs, substance use, and other psychosocial health issues on the health outcomes and lived experiences of GBM. Of course, much has also changed since the start of the COVID-19 pandemic. COVID-19 findings will be available soon ([www.engage-men.ca/engage-covid-19](http://www.engage-men.ca/engage-covid-19)).

More information regarding the study and related publications are available at the national Engage website ([www.engage-men.ca](http://www.engage-men.ca)).



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