

Montreal Progress Card

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

Participant Demographics¹

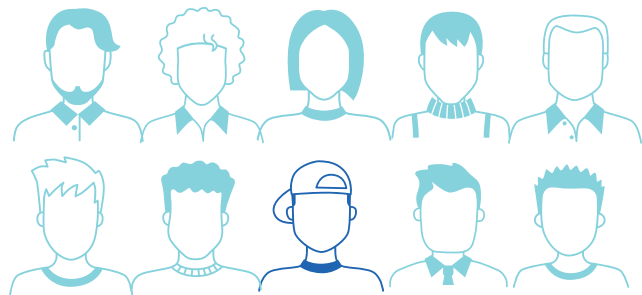
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Total number of survey participants in the Montreal Sample

32 HIV+ participants
26% were born outside of Canada
23% were not white
6% were trans

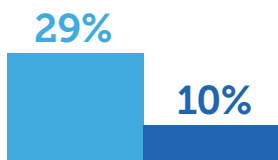
Age breakdown

16-25	26-35	36-45	46-55	56-65	66-75	76-85
16.02%	28.88%	17.96%	16.50%	14.81%	4.61%	1.21%



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

Primary Health Care



29% of HIV- participants do not have a regular family doctor or nurse practitioner compared to **10%** of HIV+ participants

Sexually Transmitted and Blood Borne Infection (STBBI) Testing

5% of participants had never been tested for STBBIs. We asked the 95% of participants who had been tested when their most recent STBBI testing was:

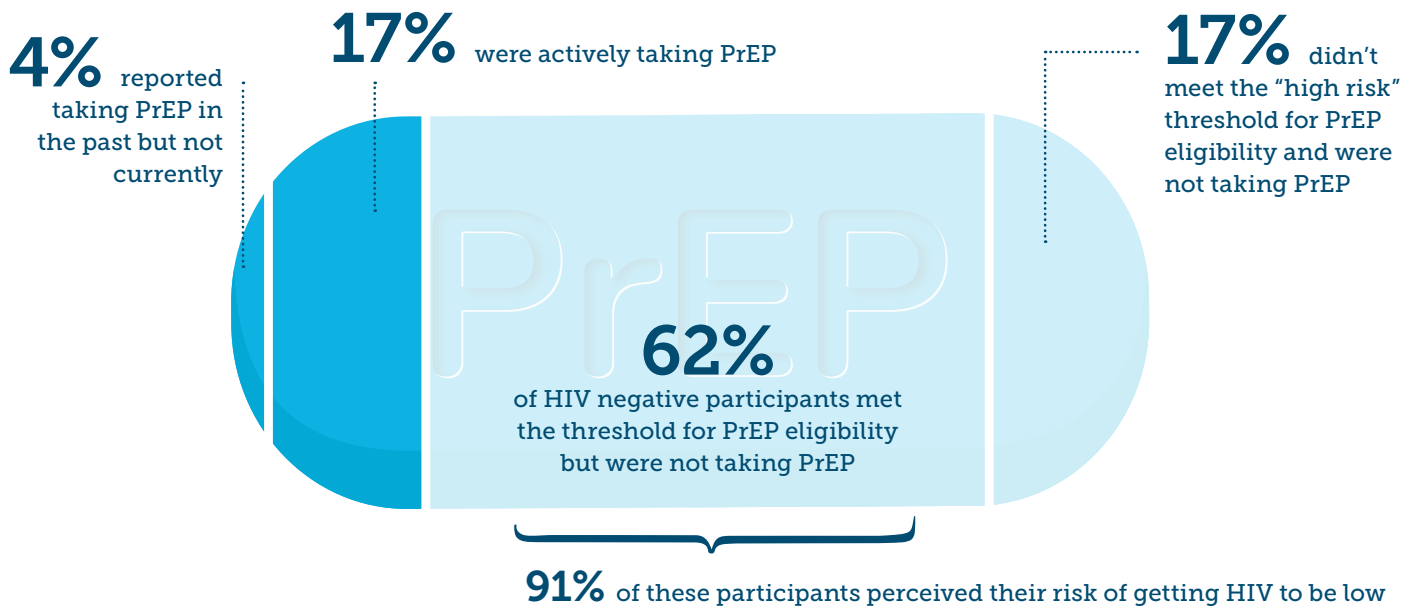
<p>54% Within the last 6 months</p> <p>96% had a blood test 86% had a urine test</p>	<p>17% 6 months to 1 year ago</p> <p>40% had no throat swab compared to 44% Nationally 48% had no rectal swab compared to 57% Nationally</p> <p><i>A recent Canadian study found that 88% of Chlamydia and 94% of Gonorrhoea infections are missed when only urine is tested, and no swabs are done²</i></p>	<p>29% More than 1 year ago</p> <p>Most common reasons for delaying or avoiding testing:</p> <ol style="list-style-type: none"> 1. Too busy to get tested. 2. There are limited testing hours. 3. Too stressed about test results. 4. Long wait times at sexual health centres. 5. Live too far from testing services.
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¹ The figures in this Progress Card depict information collected at the 2018 Montreal Pride Festival for Montreal-specific data and for National data, Vancouver, Kelowna and Nelson, Calgary, Winnipeg, Edmonton, London, Toronto, Ottawa, Montreal, and Halifax.

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

The 'PrEP Gap'

Pre-Exposure Prophylaxis (PrEP) is medication taken daily to prevent HIV. PrEP has been shown to be up to 99% effective as an HIV prevention method³.



The Canadian PrEP guidelines⁴ suggest that HIV negative guys with a HIV Incidence Risk Index (HIRI) score of 11 or more are eligible for PrEP.

Nationally, commonly cited reasons for not taking PrEP:

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

Nationally, Indigenous participants were half as likely to be on PrEP than their white counterparts, even though pre-exposure prophylaxis (PrEP) is available to status First Nations people who are deemed to be at high risk of HIV infection at no cost via the federal Non-Insured Health Benefits (NIHB) program⁵.

HIV Prevention Knowledge

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

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

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

35% of HIV- participants were unaware of this concept
6% of HIV+ participants were unaware of this concept

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

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

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

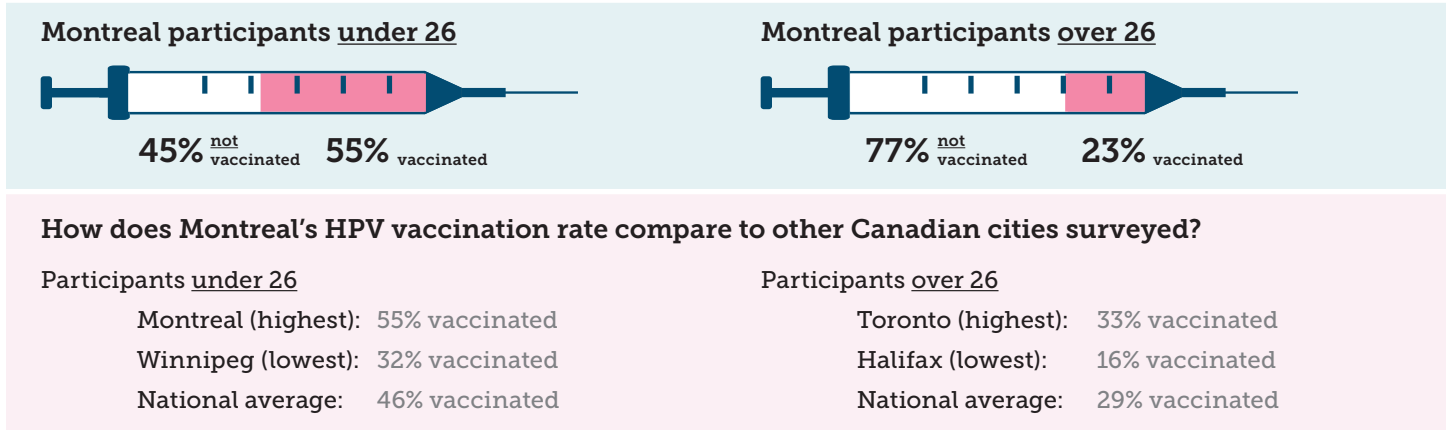
Publicly Funded Vaccines

HPV

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

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

The vaccine is offered for free to GBT2Q guys 26 years old and under in all provinces.



HBV

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

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

HBV Vaccination rate in Montreal

79.2%

Compared to other cities surveyed

Highest

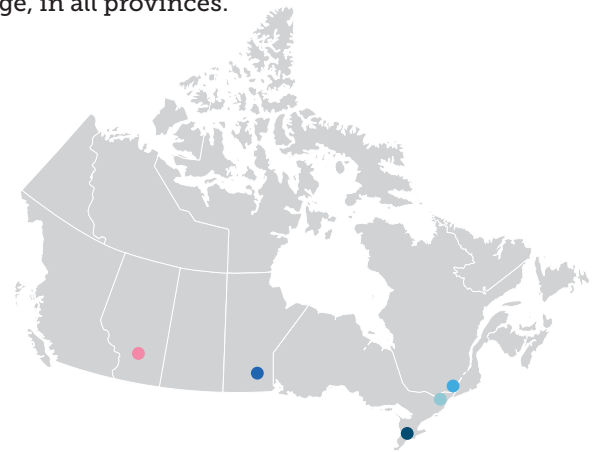
Ottawa 79.6%

Lowest

London 59.6%

Calgary 59.4%

Winnipeg: 59.1%



HIV Primary Care

HIV positive participants reported strong connections to the healthcare system.

90%

have a regular family doctor or nurse practitioner

94%

reported having received HIV care in the past 6 months

91%

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

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

86% of HIV+ participants had gotten tested for STBBIs

61% of HIV- participants had gotten tested for STBBIs

Mental Health

GBT2Q guys are

2-3 times more likely

to experience mental health concerns compared to their straight-identifying counterparts⁶. This makes access to mental health services an important part of a comprehensive GBT2Q health strategy.

33%

of participants experienced depressive symptoms (PHQ-2⁷) in the past 2 weeks.

OF THESE

3 in 10

indicated wanting help with these feelings.

15%

of participants experienced symptoms indicating generalized anxiety disorder (GAD-2⁸) in the past 2 weeks.

OF THESE

5 in 10

indicated wanting help with these feelings.

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

Substance use and Harm Reduction Services

Top reported substances used in the past 6 months:

Alcohol

59.1%



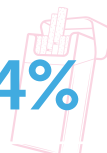
Cannabis

40.9%



Tobacco

28.4%



Poppers

27.0%



Cocaine

17.6%



Also commonly used were:

14.5% Ecstasy

16.4% Erection Drugs (e.g. Viagra, Cialis)

9.1% Crystal Meth

10% of all participants reported accessing any kind of harm reduction or addictions treatment services.

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

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

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