



COME OUT FIGHTING

Come Out Fighting (COF) is a collaboration between Butcher Queens and masc.life for ACT UP Dublin. COF features submissions from writers, activists, artists and photographers.

We would like to include your writing, art, photography and thoughts. It may suit our zine, it may not. Whatever it is, we ask that you do it with passion. Send us an email to act.up.dublin@gmail.com or visit www.actupdublin.com.

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COME OUT FIGHTING

Created by

MASC.

www.masc.life

Butcher
Queers

ACT UP Dublin was formed in July 2016 in response to rising rates of new HIV diagnoses in the LGBTQ community in Ireland. Our meetings are open to anyone interested in taking action to end the HIV crisis.

This is our mission statement:

ACT UP Dublin is a diverse, non-partisan group of individuals united in anger and committed to direct action to end the HIV crisis.

Our members include both HIV-positive and HIV-negative people. We are open, democratic, consensus-driven, and committed to grassroots empowerment.

We recognise that the HIV epidemic is a political crisis.

We therefore challenge indifference and neglect on the part of government, state agencies, non-governmental organisations, community institutions, and the public at large.

We fight the greed of corporations.

We investigate and educate.

We fight ignorance and shame about sex and the institutions that perpetuate them. We promote sexual freedom and we support the reproductive rights of all people. We oppose hostility toward and discrimination against HIV-positive people.

We understand that HIV vulnerability reflects social inequalities and that combatting the epidemic is part of a broad struggle for social justice. We fight for equitable access to health care and services. We support a drugs policy that prioritises health rather than criminalising people who use drugs.

WE PROTEST.

WE DEMONSTRATE.

WE ARE NOT SILENT.



ACT UP DUBLIN

Twitter: @actupdublin ▲ Facebook.com/ACTUPDublin ▲ www.actupdublin.com

Meanwhile back on Grindr...

I can tell if someone has HIV..

Shut the fuck up!



10 OUTRAGEOUS LIES

GAY MEN STILL BELIEVE ABOUT HIV

HIV has been around for over 35 years. So you would think that men that have sex with men would know everything there is to know about this virus and how it's transmitted, right? Unfortunately gay men of all ages continue to spread lies about HIV, which not only breeds ignorance and fear it also stigmatizes those of us living with HIV.

1 “HIV is a problem for an older generation”
Incorrect. Gay and bisexual men of all ages are at risk of contracting HIV. In Ireland, the highest rate of new diagnosis are among men aged 25 to 34. HIV doesn't care what age you are.

2 “If I avoid having sex with HIV-positive men, I will stay negative”
WRONG, It's dangerous to think that. According to some estimates, 30% of people living with HIV in Ireland are unaware of their status.

3 “I'm a Top, so chances are I won't get HIV”
Topping is less risky than bottoming, but it's possible for you to contract HIV through the opening of your dick or through small abrasions, cuts or sores on your dick.

4 “Only slutty guys and drug users get HIV”
You know who gets HIV? People who have unprotected sex. In fact, many cases of HIV transmission happen within monogamous relationships.

5 “He said he's HIV negative, so he must be”
People may not lie about their status but a lot of us don't really know what our current status is. When was the last time you got an HIV test? Have you had a possible exposure since then? Unless you're with a partner you know and trust and you have tested together recently, trusting what someone tells you about their HIV status isn't a reliable prevention strategy.

6 “I can tell if someone is HIV-positive”
No you can't. People living with HIV no longer experience the same physical side effects associated with the 'look' of HIV and people on effective HIV treatment do not transmit HIV sexually. So that hot guy you fancy at your gym could be positive and even if you aren't, there's no reason why you shouldn't ask him on a date.

7 “I don't know anyone who is HIV-positive”
Not likely. No one you know has told you that they're HIV-positive. What can you do to let your friends know that they could trust you and you would be supportive if they had HIV?

8 “I don't have sex with HIV-positive people”
If you are a gay or bi man with an active sex life, chances are you have already had sex with someone living with HIV. You just didn't know it and they may have not known either.

9 “I mostly have safe sex”
It doesn't matter what your intentions are. Condoms only protect you when you use them. If your condom use has been inconsistent, you should know about other options like PEP and PrEP and regular testing. After all, being idealistic about safe sex isn't a form of safe sex.

10 “PrEP users are irresponsible”
Nope. People who use PrEP are taking responsibility for their health by getting tested regularly, paying for PrEP and trusting it to protect themselves from HIV. Contrary to some stereotypes, many people using PrEP combine it with condoms for protection against other STIs.

SHAME ABOUT THE BODY



'YEP!...Still Dead Inside!!' - Design by John Criscitello
Tee-Shirt from www.jcriscitellostudio.bigcartel.com

In a society of smartphones, instant gratification with hookups a quick 'Hi man' away, does the gay and bi community put too much focus on their exterior and not enough on their interior? Dig a little deeper though, beyond the smartphone screen and things are not as glossy as they might seem.

Living in Ireland eleven years now, Janusz Halys is serious about body image. Full-time personal trainer in Iveagh Fitness and part-time go-go dancer, Janusz gave up his job in banking to make a living doing something he loves: working out and training others to help them look and feel good in their body.

"I have to say that lately all this 'body image' is very important and it does play an important role, especially in the gay community," Janusz said. "Everybody is trying to look the best they can and they work hard to get there. If I didn't care how I looked, I wouldn't give a crap about going to the gym and sweating my ass off lifting weights."

When asked if he finds that body image affects his career, Janusz responded with another question. "Would you go to a fat personal trainer?" he asked, letting the question linger for a few moments. "You don't need to answer this question. But obviously, if you look good people look at you and think: 'He know's what he's talking about.'"

"Online, you see these beautiful bodies. When they don't message back, you instantly feel shit about yourself"

Private gym owner and personal trainer Alan Agusta (Alan Agusta Fitness) takes a different approach to body image and body positivity. Before he got into fitness at sixteen, he admits that he used to be bullied because he was "the fat kid." - "It got to the point where I was sick of daily bullying," Alan said, explaining his move into fitness. "Originally, I did it for me, just to get myself in shape but then I realised that I could help other people too."

Alan takes a holistic approach to health, working on both body and mind to improve his own confidence. But sometimes all it takes is a nasty comment from body conscious men to knock one's spirit. "There's always that constant fear of judgement because there is serious judgement on the gay scene if you're not ripped.

"I think it's just to do with the way gay men are portrayed in the media. I mean, anytime there is any sort of media around gay men they always use these Adonises of perfect men. There's that pressure if you don't fit into that box."

Everybody has the power to have a positive body image, Alan believes, no matter what they look like. But people rarely work on what's inside enough to let their inner confidence shine through.

The focus on the outer shell as Alan puts it is never more obvious than on social media and dating apps. "If you're messaging people online, you see these beautiful bodies and when people don't message you back you instantly feel shit about yourself. There are massive body image issues in the gay community," Alan said.

To help combat this, Alan is advocating for more awareness around body shaming. I think as a community we are the worst people in the world for shaming ourselves. It's almost like an internalised homophobia from the way you're raised."

The use of steroids amongst gay men is a growing issue in Ireland which is unmistakably linked with body image. "I know they are quite popular in the gay community now because again, there is a huge level of vanity and trying to look your best," said Alan. "They just reinforce bad body image, people take them as a fix. They're not going to fix the problem that's on the inside. You're going to have a great shell, but you're still going to have a horrible body image on the inside."

Alan is speaking from first-hand experience. He took steroids in college to help with his body image, but even at the peak of his physical fitness levels, he struggled to appreciate it.

If fixing your exterior isn't the solution to a happier you, then what is? Alan gives some insightful advice: "Be true to yourself, figure out who you are, figure out your values in life and just focus on what's important."

Robbie Lawlor talks to masc.life about life & activism

“The LGBT community can be the most supportive or the most stigmatising. It’s a shame. You saw [it] come together in full [almost] for the marriage equality referendum and you get tingles. But then I tell someone I’m HIV-positive and they don’t want to know me.”

Despite his fluency now, it is only relatively recently that Robbie became conscious to HIV’s complexities: “I was a 21 year old gay man who didn’t know HIV existed in Ireland”. Since his diagnosis, he has brought himself back from, “the rock bottom” of his life: “I was unemployed. I had side effects from the medication that gave me symptoms as if I was paranoid schizophrenic, but it was just the medication. I went into depression. I had to move back home”.

Having gone through a HIV identity transition, accepting HIV as part of his self, he created “a new normal”, embracing his status. “I set up the first peer support group for people living with HIV ⁽¹⁾ in the clinic at St James’s. If people want to get in contact with other people living with HIV, I give them my number and we can chat over the phone – by the third conversation they don’t talk about HIV anymore. If I had that resource when I was first diagnosed, everything would have been a lot easier for me”.

In everything, Robbie puts inclusivity and intersectionality to the fore given his experience



of “feeling like a vector”. Acutely aware of how the issues he is passionate about are cross cut by class and race, he says, “the only reason I’m alive today is because of the country I was born in”. But even in Ireland, the full range of measures that will play a huge role in ending HIV are not widely available: “We need PrEP. Condoms are great if you use them – but not everyone does. Everyone’s individual in terms of what they use or don’t use. What we need to do is to have every tool in our arsenal to stop HIV and PrEP is one of the best”. Realistically, people are going to have bareback sex and having effective options besides condoms is essential.

“I have people coming to me constantly saying they got HIV from casual partners or long term relationships because they didn’t get checked at the beginning.”

I am interested to learn more about disclosing a positive status to potential partners, and how that has gone for Robbie [quite well – he’s been in a relationship for almost two and a half years]. “If I’m dating someone, I want to show them who I am and when it gets to that point I’ll tell them. I have this five date rule. I wouldn’t have sex until the fifth date because for me personally I have better sex with people who I have this connection with”. Five dates is a lot. Robbie agrees and owns up that he only went to the fourth.

Be it four or five, his attitude remained constant, “if you’re dating and you look depressed and say that HIV is ruining your life, the person is going to run a mile. Be confident in yourself, feel empowered in your status: ‘this is what I’m living with, these are the facts and if you don’t like it, that’s okay’.” He continues, “because people can really take advantage when you’re vulnerable and sensitive. We allow people to take advantage, we almost feel like we deserve it when we’re living with HIV”.

Robbie is having “amazing” sex with his man Maurice – who is negative – and talk turns to mixed status sex. The Partner Study ⁽²⁾ analysed



A NEW NORMAL

58,000 sex acts between mixed status couples. Not one new transmission occurred if the HIV-positive partner was 'undetectable' [treatment reduces the amount of virus in the body to a very low level]. Bringing Maurice into [phase two of the] research has only been good for them, "that decision has opened us up to talking about what we want in our relationship and our sexual desires".

Sex is safer with someone who is positive status and on medication than someone who does not know their status [and many do not]: "I have people coming to me constantly saying they got HIV from casual partners or long term relationships because they didn't get checked at the beginning – nobody knows. It is going to be safer with me". Robbie continues, "let's say I did cheat because, let's be honest, people cheat, it's sexual desire, and we need to talk about cheating a lot more in a non-sex negative way – if I'm on medication, I won't give him HIV. I could give him another STI but not HIV".

"In a neoliberal world, full of these messages of 'look after yourself', if you're given something like HIV it's shame on you – it's your own fault"

Sex negativity and shame come up in conversation a lot and Robbie would know: "People living with HIV are the walking embodiment of the shame we attribute to sex. I know people who have great sex lives, but feel they can't talk openly about it because they'll be shamed. If they can't talk about it, how are they supposed to negotiate it? Will they feel obliged to get a sexual health check? What will they feel if they get HIV?".

"In a neoliberal world, full of these messages of 'look after yourself', if you're given something like HIV it's shame on you – it's your own fault". Rather, a more sensitive and nuanced approach is key, be it around chemsex, bug chasing – whatever: "We demonise people who do drugs or have chemsex without thinking about the person individually and why they might want this

to happen. It could be a number of things. What's happening in their life that they want to get HIV? What services could we provide? What language do we have that they can relate to? You can't just think about it in terms of responsibility and irresponsibility, you have to ask what brought them to that point".



Photo by masc.life

Links:

- (1) **Plus Friends Dublin**
www.meetup.com/Plus-friends-Dublin
- (2) **The Partner Study**
www.chip.dk/Studies/PARTNER/Publications
- (3) **Youth Stop Aids**
www.youthstopaids.org

DICKS ON YOUR PHONE

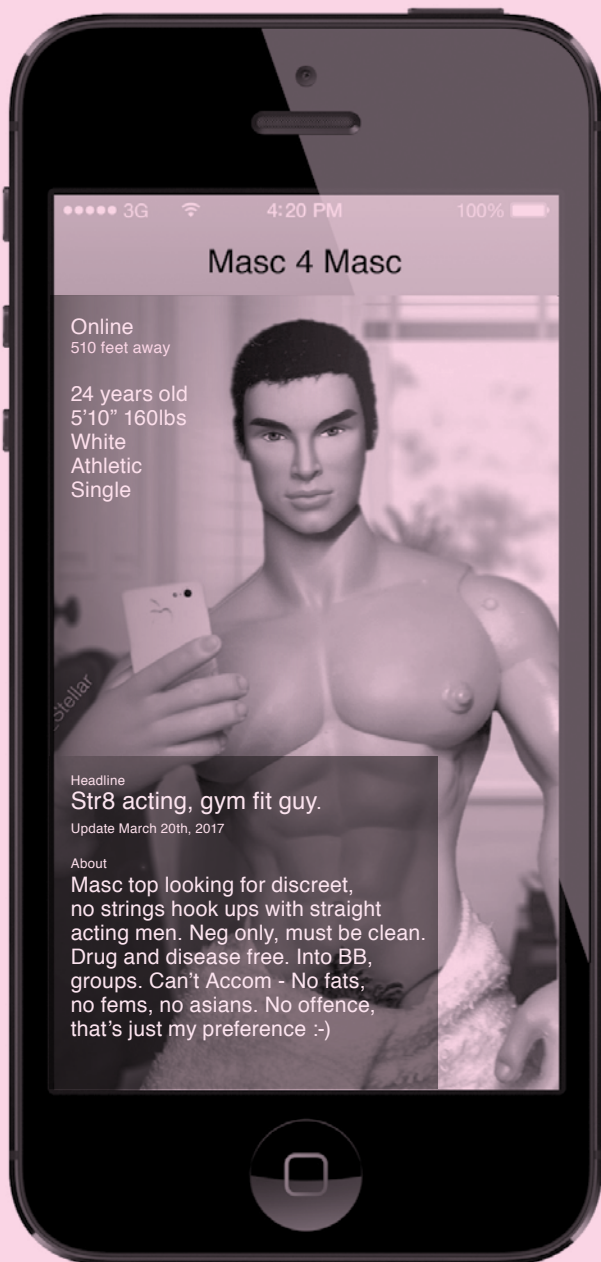


Image Credit: 'Action Man' by Eilan Stellar. Text: The Stigma Project & Pride.com

“Clean”

The term ‘Clean’ implies that people with HIV are dirty or unclean. ‘Clean’ can also be confusing in a conversation because the term has many different meanings. Sometimes you want to make sure he’s had a shower recently.

“Drug & Disease Free”

Suggests that the two are mutually inclusive and that people with HIV also use drugs.

“Neg Only”

Saying ‘Neg Only’ reinforces prejudice against people living with HIV and discourages others from getting tested. It ends the conversation before it should begin.

“No Fats, No Fems, No Asians”

It shows a certain kind of arrogance for people to share their pejorative views of others on their publicly visible accounts. More disturbing is the ease with which some people will confess extreme prejudice or use racist tags, somehow made allowable as a language of sexual attraction or personal preference. The big question is, since when is it okay to judge an entire group of people before you meet them? We’ve got a word for that: Bigotry.

“Straight Acting”

Right... How do you act ‘straight’ with a guy’s dick in your mouth?



'Embrace' - Photo by Giovanni Dall'Orto
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Let's make one thing really clear:

A person with HIV who is on effective treatment and virally suppressed will not transmit HIV to a sexual partner.

If you don't remember anything else from this article, remember that.

I'll say it again:

If you have HIV and you're on treatment with an undetectable viral load, you're not going to pass on HIV through sex.

Whether or not a condom is used. Whether you're a top or a bottom. Whether you're having oral, anal, vaginal, or pretty much any other kind of sex.

So long as you take your meds and the virus stays suppressed, nobody is going to contract HIV from you. You can be completely confident that it won't happen.

That's the meaning of the slogan "undetectable=untransmittable" or "U=U".

"Undetectable" refers to the way that someone's viral load (the amount of HIV circulating in their blood) is measured by doctors. When treatment suppresses HIV to a very low level, it gets too low for the standard tests to pick up. It can't be detected.

"Untransmittable" means that when the amount of HIV gets that low in your blood, it's also low in other bodily fluids (like semen, or anal or vaginal fluids). So low that it can't be transmitted sexually.

For a lot of people just that idea takes some getting used to. It sounds crazy. It might even be a little scary to think about. But it's been proven by several very large studies^[1] involving thousands of people and many thousands of condomless sexual encounters.

Not one HIV-negative person contracted HIV from an undetectable partner.

The thing is, these results weren't really a surprise to anyone who's been paying attention.

Way back in 2008 the Swiss National AIDS Commission released what's become known as the "Swiss Statement," which said the same thing: a person whose virus is suppressed and undetectable "cannot transmit HIV through sexual contact."

But even back then it wasn't a new idea. This was just the first time an official medical body had endorsed it. Countless people in the real world had been successfully relying on treatment to stop transmission for years already, and continue to today. People knew from experience that it worked, it just took the science a while to prove it beyond a doubt. And now it has.

So ok, that's great. I mean, shit, it's incredible.

It means that doing something that's really fucking good for people living with HIV - making sure they have access to medical care and treatment—is also hugely helpful for preventing anyone else from contracting HIV.

That's a big deal, and not just for HIV-negative people who can feel safe with an undetectable partner. It's an even bigger deal for people living with HIV.

The fear of passing the virus to a partner can be a huge weight. Sex can become a source of anxiety as well as pleasure. Some people with HIV find it difficult to enjoy sex at all because of this fear. Understanding that effective treatment means you don't have to worry about this can be hugely liberating. It dispels the cloud of "threat" and "danger" around HIV-positive sex and sexuality.

So why don't more people know about this? Why isn't this something that everyone in the community understands?

Well for one thing, despite all we know now and the incredible advances in treatment and prevention, HIV is still a really scary thing to most people. Even the smallest possibility of transmission can be overblown by this exaggerated dread into a

risk that seems unacceptable. So it takes time to accept that something you can't see or touch - an undetectable viral load - can be as effective for prevention as a condom.

And after more than 30 years of promoting condoms, it's hard for many people, and especially many organisations to turn around and say "if your partner is undetectable, when it comes to HIV, it doesn't matter if you use condoms or not." That's a radical change. But it's real, it's true.

Remember, these days we think of condoms as just obviously a safe and reliable way to prevent HIV transmission. But that wasn't always the case. It was people in the gay community who started promoting condoms for HIV prevention - before HIV had even been identified! It took several years for health officials to endorse condoms.

So here we are again. People in the community have been saying this for years, but cautious institutions have avoided it. Now there's irrefutable evidence, and we're still having a hard time getting the word out. It's up to us to talk about it. To share this news.

"People in the community have been saying this for years, but cautious institutions have avoided it. Now there's irrefutable evidence"

And we need to let health authorities and organisations know that they have a responsibility to catch up with the science. We all - whatever our HIV status - deserve to know the truth that undetectable really does mean untransmittable.

Andrew Leavitt

Links:

[1] **Prevention Access Campaign**
www.preventionaccess.org

Viral Load

Viral load refers to the amount of HIV in a blood sample of a person living with HIV

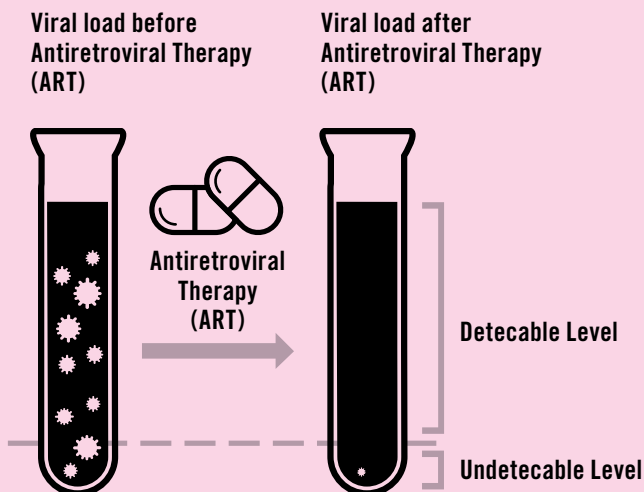
Antiretroviral Therapy (ART)

The daily use of a combination of HIV drugs to suppress the virus.

Undetectable Viral Load

Undetectable means the amount of HIV in the blood is too low to be detected with a viral load test. Effective ART may reduce a person's viral load to an undetectable level; Undetectable does not mean the person is cured - they are still HIV-positive - but they will not sexually transmit HIV to others.

UNDETECTABLE = UNTRANSMITTABLE





'Shower' - Photo by Giovanni Dall'Orto
Licensed under CC BY 2.0

UNREAD MESSAGES

Twenty years of experience as a designer has taught me that effective adverts are not only designed to educate your target audience; they are made to motivate them.

In 2006, when I was designing for an Irish LGBT magazine, I would receive 'safer sex' adverts from various sexual health agencies for placement. I thought the adverts were 'vanilla' and generic in comparison to awareness adverts run by our European counterparts, but I wasn't that concerned because back then there were about 60 new HIV diagnoses among gay and bisexual men per year in Ireland. While even that number was too many, there seemed to be no cause for immediate alarm.

10 years on, new HIV diagnoses among men who have sex with men (MSM) have risen four fold: 247 new cases were reported in 2015. In addition, there has been a significant rise in sexually transmitted infections (STIs) among the general population, but the increase of STIs among MSM is even greater.

As a designer and activist, I find it frustrating to see the Health Service Executive (HSE) roll out these same vague and dated adverts in the face of a HIV crisis. We need to change the medium and the message. Prevention campaigns aimed at men who have sex with men must reflect the language, habits and real world experiences of the people they want to reach.

Show us people that we can relate to.

The Muscular Advert

[1] Advert by NHS (2007). We've all seen these types of prevention adverts, (A) stylized photo of a muscular torso (face always cropped out), (B) A tag line about, 'getting tested'. By using the aesthetic of designer underwear adverts in a vein hope that, 'Sex sells' - This advert sells you a fantasy, then it creates anxiety and suspicion by literally putting a label on a person with a STI.

The Humorous Advert

[2] Advert by VAC/GMHC (2006) The more light-hearted and humorous approach of, 'Drama Downunder' - a series of different adverts tackling men's sexual health issues, has been a huge success in Australia for almost 10 years. The campaign's strength is its frankness about sexual health and the rejection of drama about getting your bits looked at, treated if needed and getting on with it.

Among men aware of the campaign, 16% reported that it had directly prompted them to discuss HIV/STI testing and transmission with their doctor and 25% with their peers.

The Typographic Advert

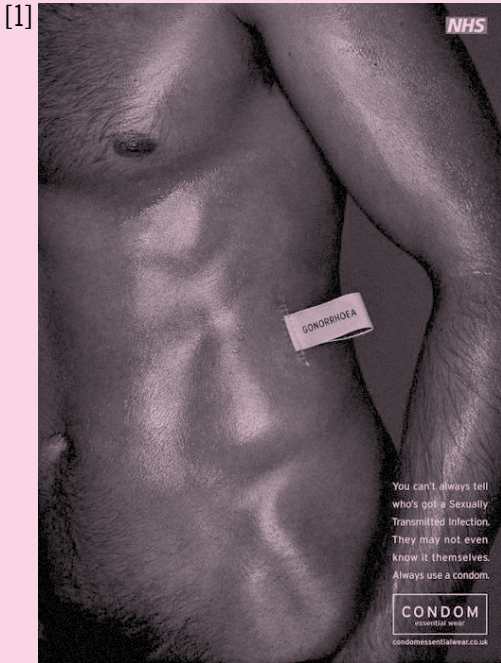
[3] Advert by ACON in Australia (2017) These purely typographic adverts have the advantage of being relatively inexpensive to produce - no costly photo shoots or models to pay. However, their impact relies on a good copy writer who understands the target audience and can speak to them directly.

Clear, bold typography is easier and quicker to read and creates 'cognitive ease' which is simply the ease with which our brain processes information; this level of ease impacts how positively (or negatively) we feel about something.

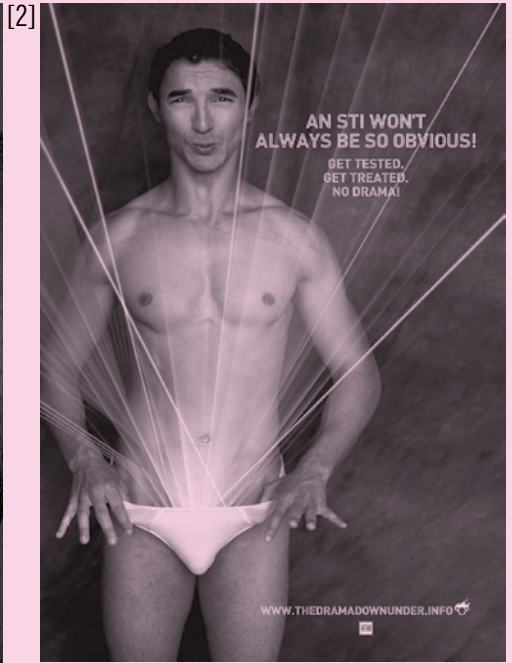
Studies have shown that we are more likely to believe and therefore trust statements that are printed in clear bold text.

The Real World Advert

[4] Chicago PrEP Working Group (CPWG) launched PrEP4Love, a sex-positive media campaign designed to increase awareness of PrEP. Using real life couples with a simple tagline. The posters pairs words often used when discussing HIV transmission like "spread," "transmit," "contract" and "catch" with the reasons we enjoy sex - things like love, desire and tingle.



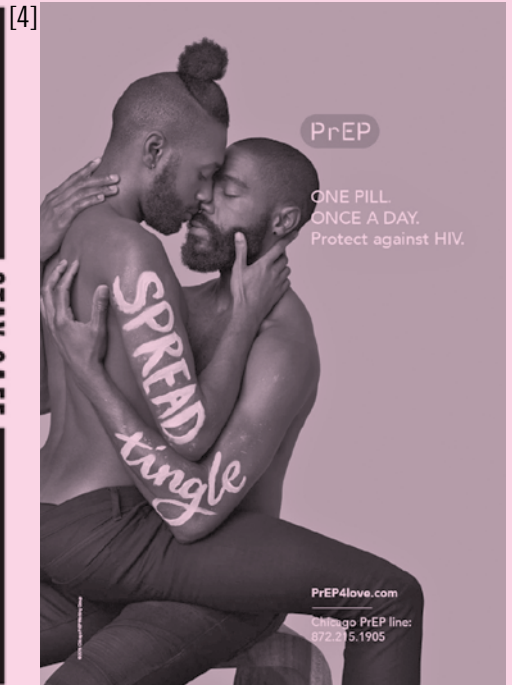
'Gonorrhoea Label' (2007) Part of a STI print campaign by NHS in the UK.



Advert by VAC/GMHC (2006) A series of light-hearted adverts tackling various men's sexual health issues.



Advert by ACON in Australia (2017) These purely typographic adverts use strong, bold messages



Advert by Chicago PrEP Working Group (2017) Featuring real couples who have a higher risk to HIV exposure.

The trouble with fear based messaging

Fear-based messaging does not take into account the messy environments in which decisions take place. Sexual encounters occur in a context that can be influenced by extraneous factors - such as alcohol or drug use - which can shift our priorities away from our safer sex intentions.

To reduce the number of new transmissions, we need to find ways to support men in reducing their risk. Are some men having unsafe sex because they do not fully understand the implications of acquiring HIV? Are they ignorant about the realities of HIV transmission? Are there other factors that make it difficult to align behaviour with intentions.

We need to re-engage with men who are suffering from 'safe sex fatigue'

The idea that we can alter men's behaviour with posters or advertisements oversimplifies the issue. I believe we must employ a multi-faceted approach, looking at different groups within the gay community and other men who have sex with men outside of it. We need speak to men using relevant messages and the right language. [5]

One of the things we need to do is talk to men about their lives using more than just ad campaigns. We need to get groups of gay men in social settings to talk to each other about the issues they encounter in their everyday lives - we need to talk about loneliness and isolation outside of the towns and cities, for example. I think that would go a lot further towards empowering them in their sex lives than another advert with faceless, gym fit models holding condoms.

“Safer sex campaigns aimed at men who have sex with men must mirror the language, habits and real world experience of the men they want to influence.”

Its time that we in the community take a central role in the decisions about the imagery, content and messaging of these adverts and campaigns. Without our involvement how can they reflect our real world experience of sex and desire? How can they help us build confidence and self-esteem?

Will St Leger, artist / activist

[5]



French HIV-awareness campaign (2016) showed different male couples embracing. The posters, which were put up in 130 towns across France, showed men embracing with the words, “with a lover, a friend, with a stranger: the situations vary, the protection modes too.”

PAST - FEAR BASED AIDS CAMPAIGN

[6]



1986, The UK government produced a TV and print campaign, 'Don't Die Of Ignorance' that featured a tombstone with "AIDS" chiselled onto it. Not only were there fears that a new, incurable disease that would cause death on a massive scale, but there was alarming public ignorance about it.

PRESENT - EDUCATIONAL HIV CAMPAIGN

[7]



2016, AIDES (France) released, "Revelation" a series of seductive - but also serene print adverts that convey everything else an HIV-positive person has to share with a partner. The ads reveal couples in impressive acts of multitasking - parachuting, diving, dancing and studying the piano, all while naked. In each advert, one of the partners is HIV-positive.



Adam Houlihan talks to masc.life about going on PrEP

Why did you decide to go on PrEP?

I use condoms every time but there are times when you're out of it. That is the reality versus the theory of, 'well, if you use condoms it's not a thing'. You might be right, but life isn't always quite so perfect that way. You don't remember the previous night. Somebody could take advantage of you. There's the threat of sexual assault. If you meet someone who is HIV positive, you don't have to do the thing where you sit down and have 'the conversation'. It's peace of mind, it's duty of care.

Was there much of a decision-making process?

Absolutely. The big thing that drew me away from it - it's quite sad - was that I really thought people would judge me so much for it. But a lot of people don't get checked. One time, I hadn't even thought of a condom. I was so new to [sex]. The next morning, it quickly emerged that he likes to enjoy his sex life - go him - but it occurred to me that he hadn't even bothered to stop for a condom. I thought, clearly, he doesn't use one regularly. I had a massive panic that I put myself at such risk.

Did you involve your friends in the decision-making process?

I didn't. I didn't feel totally comfortable talking to them about it. But, while I absolutely expect certain people to take a certain view of it, if [being public about being on PrEP] helps someone to decide that it's also for them, and it helps them, then why not?

You go to the GMHS on Baggot Street. Tell me about its role in the process.

They were quite supportive of it. They said that if I did decide to go on PrEP [and obviously they can't supply it or anything like that], to come back to them and they can check my levels and make sure everything is okay.

What kind of sense did you get from healthcare professionals towards PrEP?

I got a sense from them of hoping things would move along quickly. But their hands are tied. I imagine there is a fear whereby you order something online and something happens to you - and suddenly they're responsible.

Describe the process you went through to get PrEP.

I went to, *I Want PrEP Now*, [www.iwantprepnw.co.uk] It has all the information and no jargon. They recommend five or six different websites with different prices. I found the one that was cheapest - naturally.

What is the cost?

€120 for three months [supply of PrEP]. It's another €30 to €40 for delivery but you could pool with others. There's also the risk of getting taxed. (if you had a big enough stock coming in). It's like sneaking condoms across the border in the 1970s - what the fuck is this? I'm trying to look after my health and save the state money.

What is the dosage?

For Ricovir-Em, it's 300mgs in a little blue pill. I take one every day and keep it sellotaped to my toothbrush. In London there's a NHS sexual health clinic called, 56 Dean Street that do therapeutic drug monitoring every month so you can see if it's effective.

Do you still use condoms? Why?

Yes. Because PrEP offers no protection against other sexually transmitted infections.

Do you anticipate complacency towards condoms as PrEP becomes more mainstream?

I would love to say I don't. But I do. That is the biggest risk associated with it. With the rise of super [antibiotic resistant] gonorrhoea, that might pull people back from not using condoms but would require information around it to prevail in the community which currently isn't there.

Have you had any negative responses?

Not yet. At a party recently, someone said, “he loves his PrEP, that’s our Adam” [implying I sleep around loads]. It was grand, he’s one of my mates. While that’s fine for me, someone comfortable in their self, I have no problem. But what about someone who might not be? I feel a slight stigma is starting to pervade.

What’s the legal status of PrEP?

I’m not 100% sure and that speaks volumes - I’m on it, I’ve researched it comprehensively, I’ve spoken to sexual health professionals, I’ve been on I Want PrEP Now and I’ve looked online.

What do you say to [Minister for Health] Simon Harris?

Legalise that shit. Make information concise and available. I would love to see it on the medical card and freely available to any at-risk group, regardless of socio-economic status and to see it in the community.

Any last words?

When making your consideration, disregard any inhibitions you may have based on others’ opinions. I hate saying it as if it’s that easy but that’s what you have to do. See it as insurance - nobody wants it until they need it.

Links:

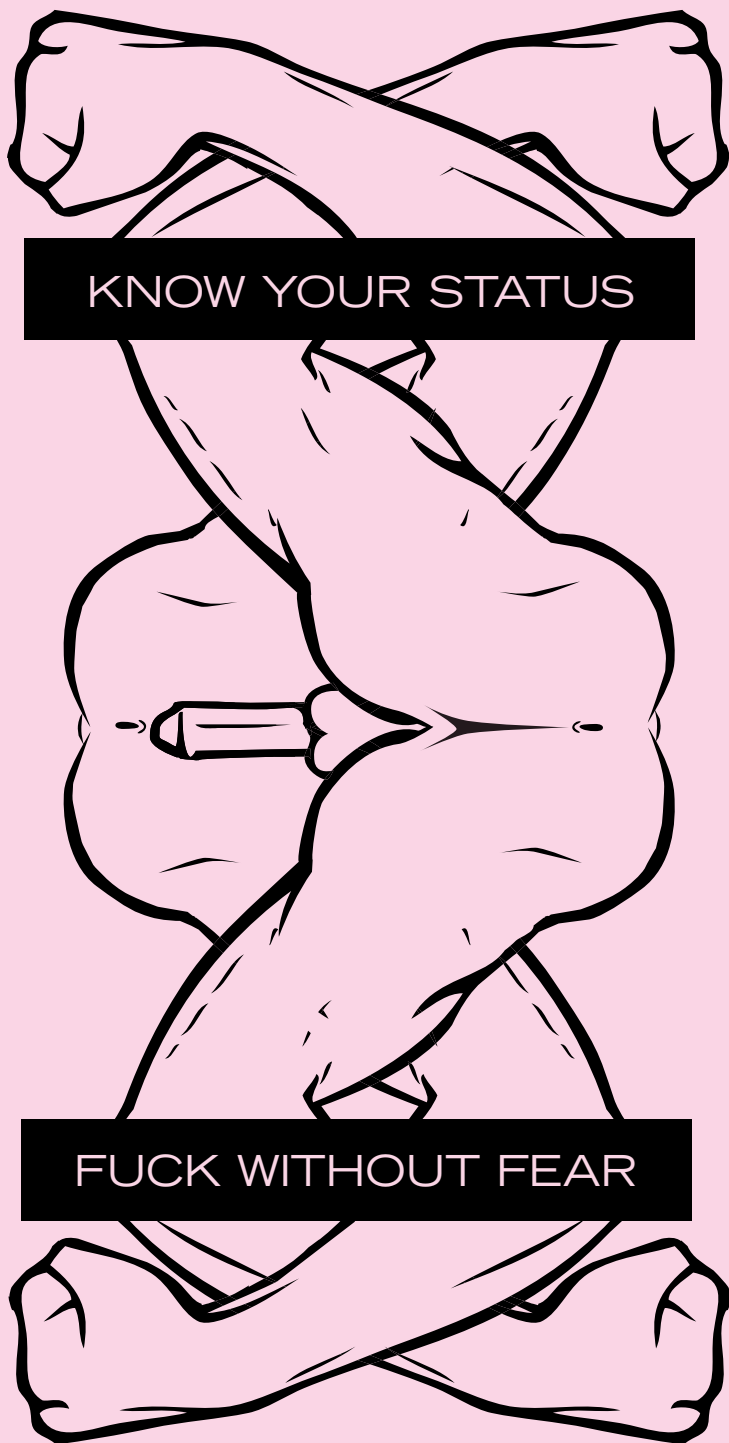
(1) **Gay Men’s Health Service** (GMHS)
www.gmhs.ie

(2) **I Want PrEP Now**
www.iwantprepnnow.co.uk

(3) **Masc.life**
www.masc.life



Photos by www.masc.life



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MINISTER FOR HEALTH