

TO BLOW OR NOT TO BLOW? THAT IS THE QUESTION

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WELL INTO THE SECOND DECADE of AIDS, gay men are still becoming infected with HIV despite enormous efforts at safer sex education. While pretty much everyone knows that being fucked without a condom is *the* sure-fire way to get infected, there is still a great deal of uncertainty about the risks of oral sex.

IS ORAL SEX SAFER SEX? Over the last few months, a debate has been raging in the United States about the safety of sucking. Some believe that the risk from oral sex is so high a condom should always be used, while others consider that the risk is so small that urging condom use actually increases unsafe activity overall because it fosters a feeling of fatalism. The latter's

ently. We might think that the US is more advanced as far as AIDS treatment goes, but AIDS education is a different matter entirely.

In America, safer sex education has been a largely simplistic effort of risk elimination, leaving little open for interpretation. This strategy has led HIV educators to use simple messages like 'Always Use a Condom', that can be made into soundbites and drummed into people's heads repeatedly.

Anything too controversial or too complicated for use in mass prevention campaigns – such as admitting that safer sex contains many grey areas – has been ignored in favour of a one-size-fits-all approach.

In Canada, Australia, Britain and the rest of

Prevention still classify unprotected receptive oral sex as high-risk behaviour, Canadian AIDS experts decided in 1993 not to change a 1988 statement that unprotected oral sex was a low-risk activity.

While discouraging coming in the mouth, Ken Morrison, co-ordinator of the National Prevention and Education Programme of the Canadian AIDS society, says that the guidelines did not urge the use of condoms. He adds that researchers "recognise that there is a certain reality that people won't use condoms with oral sex, no matter what you tell them".

SUCK AS I SAY, NOT AS I DO In the USA, a world of difference exists between what educators put in pamphlets and on posters, and what

argument is that if gay men are encouraged to believe that they're taking a risk sucking cock, they may as well take the risk of getting fucked.

Although the vast majority of US AIDS organisations and health officials still state officially that oral sex is safer with a condom than without, most educators also acknowledge that the vast majority of gay men never use condoms for sucking (one study put the figure at more than 95 per cent). So some US AIDS educators have begun to endorse unprotected oral sex, and others have stopped condemning it.

THE POLITICS OF SUCKING How should this concern us here in Britain? Do Americans know more about the risks of oral sex than we do? Actually, no. It's simply that, thanks to politics, the same information from the same worldwide studies (reproduced below) are interpreted differ-

Europe, safer sex education has centred on risk reduction, where individuals are encouraged to work out for themselves what is the best approach for them. The suggestion that 'you might choose to use condoms' is an entirely different message to 'put a condom on that cock'.

LEAVE YOUR CONDOMS AT THE BORDER It's long been a joke in Vancouver, Canada, that if you suck dick in Seattle (just over the US border), it's unsafe, but do it at home, and you're fine. Comparing the difference in attitudes towards oral sex risk between the USA and Canada shows just how politics makes all the difference when it comes to safer sex education.

While the US Centers for Disease Control and

they believe personally. Few major agencies will state publicly that they support oral sex without a condom. Yet educators at some of these same organisations will admit privately that in their own sexual behaviour they wouldn't dream of licking latex.

At a recent Safer Sex Summit of 150 community AIDS professionals, educators and activists, a physician ran down the research indicating the probably small, but real risk of transmission of HIV through oral sex.

Immediately afterwards, he asked the audience how many practised unprotected oral sex; a large number of hands went up. "After what you have just heard about risks," he then asked, "how many of you intend to change those practices?" No hands went up.

MANY AIDS EDUCATORS ADMIT PRIVATELY THEY WOULDN'T DREAM



SUCK ON THIS

Two gay men out of 6,705 participants in the San Francisco City Clinic Cohort became HIV-positive despite reporting no anal intercourse for five years. Both denied any other risk behaviour but had engaged in many episodes of receptive oral sex. One had a history of dental disease, including gingivitis. The other reported 1,100 episodes of unprotected receptive oral sex (900 with ejaculation, 200 without) in the 11 months between his last negative and first positive HIV test. *American Journal of Public Health 80/1990*

In one study, the pre-cum from a sample of HIV-positive men was studied. Specimens from six of the 14 men (43 per cent) repeatedly showed detectable levels of HIV-infected cells. In another, researchers detected HIV-infected cells in a significant number of samples from HIV-positive men. They noted, however, that detection of infected cells did not prove the infectious potential of pre-cum. *The Lancet 340/1992*

In a study of 757 HIV-negative men in Amsterdam, 102 became HIV-positive during the study. Of these, in a written questionnaire, 20 initially denied having receptive anal intercourse in the previous six months, but 11 later contradicted the statement in follow-up interviews. Nine men remained consistent in their story: four of them may have been infected by oral sex and five may have been infected either through oral sex or insertive anal intercourse. The researchers concluded that because gay men are well-informed about the risks of anal intercourse, they may have psychological and social reasons for denying the practice. This factor may lead to an overestimation of the transmission rate through oral sex. *Aids 6/1992*

To examine the transmission probabilities of receptive anal and oral sex in gay men, researchers fitted data from the Multicentre Aids Cohort Studies into two types of probability models. The results showed receptive oral sex to be less than one sixth the risk of receptive anal sex. *International Conference on Aids/1992*

THE LIBERATION OF ORAL SEX The shift in attitudes to oral sex in the United States comes as gay men's groups find themselves caught in a controversy over whether AIDS education has painted so bleak a picture of the future that some, especially younger, gay men have abandoned any effort at safe sex. The news from the major gay cities is bleak – after a decade of falling rates of HIV infection, the trend now is up again, particularly among the under-thirties.

The problem, says psychologist Walter Odets of Berkeley, California, is that US AIDS education has been too strict by insisting that gay men be '100 per cent safe, 100 per cent of the time'. Odets advocates changing the messages about condom use and safer sex, based on his observation of the psychological forces at work among gay men. He calls for what he terms the 'liberation of oral sex',

SO WHAT ARE THE RISKS? The following is the most up-to-date information on the relative risks of oral sex, adapted from the Canadian AIDS Society's *Sexual Safety: A Guide* (1994).

There is a theoretical risk of HIV infection from getting sucked – with or without a condom. There is no evidence of anyone having been infected with HIV from being sucked, due to the fact that saliva contains only low concentrations of HIV. Saliva itself is not a good environment for HIV, as it contains a molecule which inhibits viral activity.

You *can* get HIV from sucking, but it appears to happen rarely. There are a few cases where men are thought to have been infected this way.

The presence of gum disease, recent dental work, mouth sores and/or large numbers of oral sex partners are all believed to be risk factors. The numbers are very small, however, in comparison

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arguing that the risk of transmission is so small, particularly if supplemented by care in one's choice of partners, that removing 'sucking without a condom' from the lists of unsafe behaviours will lead many more men to conclude that a safer sex lifestyle is one they can realistically sustain.

For most people, it's difficult to accept running any risk of being infected with HIV. Nevertheless, the idea that oral sex represents a level of risk which is not only acceptable but even a kind of typically modern hazard (like driving a car or flying), has become increasingly prevalent.

While this may be true, it's the wrong frame of mind in which to accept risk. It has too fatalistic a quality about it, which doesn't encourage an analysis of the conditions in which sucking is more or less risky.

to the number of people who have acquired HIV from unprotected anal intercourse or shared needles.

SAFER SUCKING GUIDELINES If you have a cut or sore in your mouth or your gums bleed easily, use a condom for oral sex. Oral cuts or gum disease may give HIV access to the bloodstream. When you brush or floss your teeth, or even when you eat, you cause small cuts in the mouth. These heal quite quickly, often within an hour, so under those circumstances it's probably best to wait a while before giving head. And if you want to freshen your breath, use a mouthwash instead of brushing your teeth.

If you are sure your mouth is in good overall health there is only a 'theoretical risk' of getting

HIV from sucking *without him coming*. If your partner comes in your mouth, the chance increases to a 'low risk' of contracting HIV, whether or not you swallow. HIV has been found in both pre-cum and – in greater, more dangerous quantity – in cum itself.

The issue of spitting or swallowing is almost beside the point: the most likely entry for HIV is not the oesophagus or the stomach, but the mouth itself, especially the gums. However, you may decide to make it a rule not to allow a partner to come in your mouth, or else to spit it out and rinse your mouth with warm, salt water.

Remember, only you can decide whose arguments to listen to, what behaviour to engage in, and what degree of risk you're willing to take. Just make sure your decision is an informed one.