CHAPTER 4

RISK BEHAVIOURS

men's health FORUM in ireland

4. RISK BEHAVIOURS

A man who does gender correctly... would spend much time in the world away from home. The intense and active stimulation of his senses would be something he would come to depend on. He would face danger fearlessly, take risks frequently, and have little concern for his own safety (Courtenay 1998: p.21).

... to take risks, from a male point of view, it's seen as macho and you're seen as great... you get attention and you get praise... women actually can talk things out and get acknowledgement from friendships... with men, it's more from their actions and their deeds (M47, Richardson 2003d).

- There is growing evidence that in constructing, displaying and maintaining their male identity, men engage in risk behaviours that can be seriously hazardous to their health and be a major cause of male's higher mortality (Courtenay, 2000). It seems that there is a moral acceptability of risky behaviour among men, where injuries from high-risk activities are culturally legitimated within their social and occupational worlds (Stakelum and Boland 2001).

  There is compelling evidence of quite dramatic increases in certain high-risk behaviours that are almost exclusively perpetrated by males. For example, in the RoI the number of 'joyriding' incidents (categorised as 'the unauthorised taking of mechanically propelled vehicles', to distinguish it from vehicle larceny), increased from 11,754 in 1995 to 15,964 in 2000 (Humphreys 2002: p.3). During the same period, the number of proceedings in the RoI under the 1994 Public Order Act increased from 10,209 to 37,749 (Sheridan 2002: p1).

4.1 ROAD TRAFFIC ACCIDENTS (RTAs)

... unfortunately they've got way bigger machines under them now, that have powerful engines and you know, I don't think they fully appreciate the power they have under them (M42, Richardson 2003d).

TABLE 1.5 ANNUAL NUMBER OF DEATHS AND STANDARDISED MORTALITY RATES DUE TO TRANSPORT ACCIDENTS (PER 100,000) 1989-1998

	All Ireland		Northern Ireland (NI)		Republic of Ireland (RoI)		EU-15 Countries
	Number	Rate	Number	Rate	Number	Rate	Rate
Females	161	5.9	46	5.1	115	6.2	6.1
Males	**454**	**17.2**	**121**	**14.6**	**333**	**18.4**	**19.1**
Persons	615	11.4	167	9.8	448	13.3	/

Source: The Institute of Public Health in Ireland (2001).

- **Key Facts**

  - During 1989-1998 an average of six hundred people died each year on the island of Ireland from transport accidents. The age specific mortality rates due to transport accidents clearly show a dramatic rise starting in the teenage years and continuing until the mid twenties (Balanda and Wilde 2001);

  - In the RoI, the standardised death rate in 1998 was significantly higher for males (18.4 per 100,000) than it was for females (6.2 per 100,000) (Eurostat 2000);

  - When compared to the (combined) EU-15 countries, the all Ireland rate for males was lower (Eurostat 2000);

  - In both NI and the RoI there were clear occupational class gradients in mortality from transport accidents. In both jurisdictions the mortality rate in the lowest occupational class was significantly higher than the rate in the highest occupational class (Balanda and Wilde 2001);

  - In the RoI alcohol is estimated to be associated with at least 30% of all road accidents (National Safety Council 2002).

- In the RoI, between 1993 and 1997 there were 32,351 hospital admissions due to a RTA. Two thirds of admissions were young males, and males accounted for almost 74% of RTA-related deaths. In the under sixty-five year population the peak in both deaths and in admissions is in males aged twenty to twenty-four years (Department of Public Health Medicine and Epidemiology 2001).

- In a survey of men in Donegal aged between seventeen and twenty-four years of age, 30% of respondents admitted to driving over the legal alcohol limit; 88% claimed to have seen friends driving over the legal limit; 94% thought they were 'safe' drivers and only 45% always wore a seat belt in the car (Kievits 1998). In the latest National Health and Lifestyle Surveys (Kelleher *et al*. 2003), 21.8% of men reported driving having drunk at least two drinks compared to 8.6% of women.

- In 2001, 6,790 persons in the RoI were convicted of drink driving offences, with 93% of those convicted being male (Garda Siochana 2001). The number and gender of persons convicted of drink driving offences is shown in Table 1.6 (Note: MPV = mechanically propelled vehicle). Connell (2000) cites drink driving as an example of a resource for the active construction of masculinity, particularly in the context of young men, and also as a means of defining gender practice. It is the peer group, more than the individuals within it that sustains the definition of masculinity (Richardson 2003).

- There has, however, been a marked decline in RTAs among males and females between 1990 and 2001, in both north and south of the country. In 1990 on the island of Ireland, RTAs accounted for 485 of male deaths, by 2001 this figure had fallen to 387 (20% decline) (CSO 2002b). This may be attributed to stiffer penalties being imposed for driving offences.

- In the context of speeding, the NEHB found that young men were somewhat pragmatic about the 'adrenalin buzz' versus the associated risks:

The buzz was guaranteed, whereas the injury was only something that could or might happen (Stakelum and Boland 2001: p.28).

A belief in their own invulnerability seems to be particularly prevalent among young men, and is linked to underestimating various risk behaviours, failing to adopt positive health behaviours and failing to connect long-term risks with current habits (Davies *et al*. 2000).

TABLE 1.6 DRINK AND DRIVING OFFENCES BY AGE AND GENDER OF PERSONS CONVICTED IN THE ROI IN 2001

	Persons Convicted		17 and under 21 years		21 years and over	
Offences	**Male**	Female	**Male**	Female	**Male**	Female
Driving or attempting to drive MPV while drunk or with a blood/urine/ alcohol concentration above the prescribed limit	**3,404**	267	**173**	27	**3,231**	240
Driving or attempting to drive MPV with breath/alcohol concentration above the prescribed limit	**2,118**	124	**148**	13	**1,970**	111
Being in charge of MPV while drunk or alcohol concentration above prescribed limit	**154**	13	**10**	2	**144**	11
Being in charge of MPV with breath/ alcohol concentration above the prescribed limit	**62**	2	**4**	0	**58**	2
Refusing/failing to give evidential breath sample	**264**	26	**23**	3	**241**	23
Refusing to provide or permit the taking of blood/urine specimen at Garda Station	**272**	30	**18**	1	**254**	29
Refusing to provide or permit the taking of blood/urine specimen at the hospital	**10**	1	**0**	0	**10**	1
Refusing to provide a preliminary specimen of breath	**38**	5	**1**	0	**37**	5

Source: Garda Siochana, Year 2001 Crime Statistics.

4.2 ALCOHOL ABUSE

Alcohol is widely used in society but the heaviest users are young men. It is a great social lubricant that is associated with fun, enjoyment, and good life. It has a darker side, which is often hidden from the general practitioner; particularly as adult males are absent from the doctor's consulting room anyway (Smail and Rollnick 1998: p.129).

TABLE 1.7 ANNUAL NUMBER OF ALCOHOL MISUSE DEATHS AND DIRECTLY STANDARDISED MORTALITY RATES (PER 100,000) 1989-1998

	All Ireland		Northern Ireland (NI)		Republic of Ireland (RoI)		EU-15 Countries
	Number	Rate	Number	Rate	Number	Rate	Rate
Females	24	1.1	9	1.2	15	1	1.1
Males	**50**	**2.3**	**19**	**2.8**	**31**	**2.1**	**4.9**
All	74	1.7	28	2	46	1.5	1.5

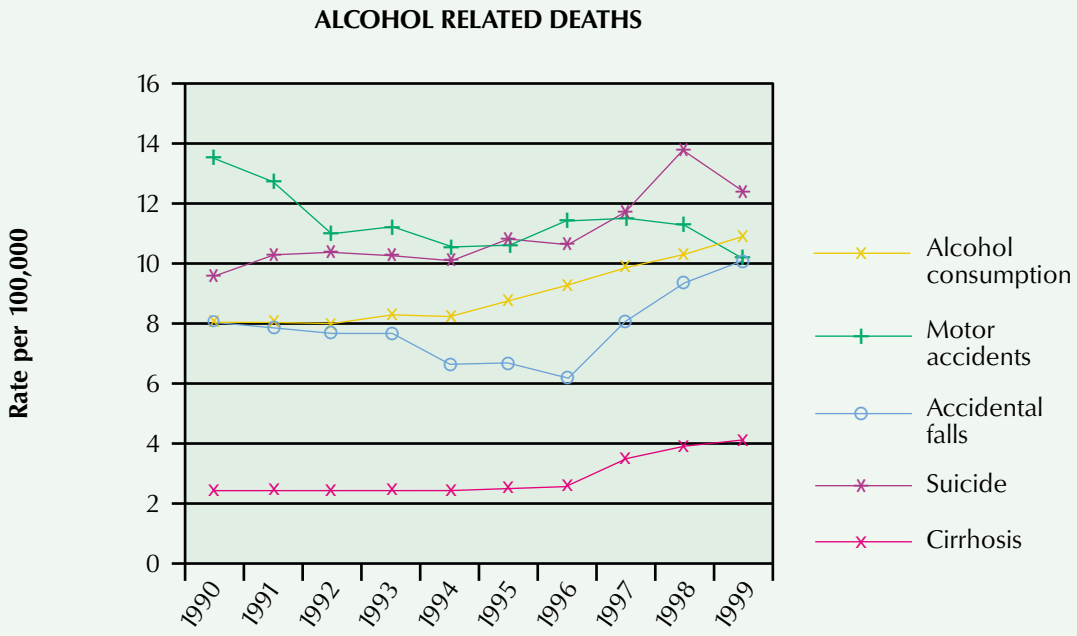
Source: The Institute of Public Health in Ireland (2001).

Key Facts

- During the last decade the increase in alcohol consumption mirrors the increases in cancers relating to alcohol and in particular alcohol poisoning and alcohol dependency (Strategic Task Force on Alcohol 2002);
- Between 1989-1998, the all Ireland annual standardised mortality rate was significantly higher for males than it was for females (Balanda and Wilde 2001);
- Men drink about three times as much alcohol as women do, have a much higher prevalence of binge drinking than women and experience greater adverse consequences from drinking (Ramstedt and Hope, 2003);
- In both NI and RoI there were clear occupational class gradients in mortality from alcohol abuse (including alcoholic psychosis). The annual standardised mortality rate in the lowest occupational class was significantly (over 280%) higher than the rate in the highest occupational class (*ibid*);
- In the RoI alcohol is estimated to be associated with at least 30% of all road accidents and 40% of all fatal accidents (National Safety Council 2002).

In the last decade, the RoI has seen many changes that have influenced the context and nature of drinking and increased alcohol related harm. Against the backdrop of the fastest growing economy in Europe, the RoI has had the highest increase in alcohol consumption among EU countries. Between 1989 and 1999, alcohol consumption per capita in the RoI increased by 41% while ten of the EU Member States showed a decrease and three other countries showed a modest increase during the same period. Ireland's consumption continued to increase in 2000 and ranked second after Luxembourg for alcohol consumption with a rate of 11 litres of pure alcohol per head of population. The EU average for 2000 was 9.1 litres of pure alcohol per capita (Strategic Task Force on Alcohol 2002).

FIGURE 1.6 ALCOHOL RELATED DEATHS IN ROI, 1990-1999



- There have been parallel increases over the past two decades in the incidence of cancers related to alcohol consumption, cirrhosis of the liver and a range of other alcohol-related conditions, such as alcohol psychosis and alcohol dependency (Strategic Taskforce on Alcohol 2002). Alcohol is also a major contributory factor in relation to mortality from accidental falls, suicide, homicide and accidents, all of which disproportionately affect males (Rossow, Pernanen and Rehm 2001).

- According to the latest National Health and Lifestyle Surveys (Kelleher *et al*. 2003) in the RoI, the level of binge drinking (which is defined as six drinks or more in a session) is rising each year. Statistics show heavy drinking among men has increased form 35% to 41% over the past four years; compared to women, which has risen from 12% to 16% (Andrew 2003). Brooks (2001) argues that many male settings, such as military units or college fraternities, encourage men to abuse alcohol as a common male rite of passage. Lemle and Mishkind (1989) highlight that alcohol use is in fact symbolic of being male, and is part of the male sex role and of being manly.

- In NI, the most worrying figures, in terms of alcohol misuse, relate to the prevalence of drinking above sensible limits and drinking at dangerous levels, which increased for both men and women. For example, in 1988 15% of men drank above sensible or at dangerous levels; this figure rose to 28% in 2000/01 (McWhirter 2002).

- For both men and women in NI, the proportion drinking over the sensible limits decreased with age. Men aged 16-24 were almost three times as likely to drink above the sensible limits (37%) as those aged 65-74 (14%) (NISRA 2001).

- According to the Northern Ireland Health and Social Well-being Survey (DHSSPS, 2001) there is no significant difference in the prevalence of respondents drinking above sensible weekly limits between manual and non-manual SEGs. In fact, respondents who were non-smokers and non-drinkers were more than twice as likely to be from an unskilled manual socio-economic group (SEG) background (46%) than a professional/managerial SEG background (19%).

- Alcohol abuse is a significant risk factor in suicide and compounds the other factors which lead to suicide. There has been a sharp increase in male suicides, especially among the 15-29 age groups, and overall it is the biggest cause of death for men aged 15-35 years.

- Alcoholic disorders continue to be a main cause of admissions to psychiatric hospitals especially for males. In 1999, out of all psychiatric hospitals in the RoI, alcoholic disorders accounted for 26% of male admissions and 11% of female admissions (Daly and Walsh 1999). Research in a RoI general hospital reported that 30% of all male patients (compared to 8% of female patients) were identified as having underlying alcohol abuse or dependency problems, many of which were not detected by the admitting medical team. The study highlights the deficiencies and the under recording of alcohol related problems in the medical setting (Strategic Task Force on Alcohol 2002).

The challenge provided by male problem drinking is not just a clinical one. Because drinking is so much part of the social fabric of our culture and subcultures, general practitioners cannot avoid the social context by simply treating the problem as a clinical one... A non-confrontational approach, based on a good rapport and supported by a clear understanding of the effects of heavy drinking, will produce better results than simply telling the patients that they should do something about the problem (Smail and Rollnick 1998: p143-144).

- At a time of growing concern in Ireland with regard to the strong links between alcohol advertising and sport, there is a strong case for exploring what many would deem to be a 'drink culture' in Irish sport, and in particular to investigate the possible relationship between alcohol advertising and the nurturing of this 'drink culture' (Richardson 2003a).

TABLE 1.8 ADULT DRINKING PATTERNS IN THE ROI, NATIONAL HEALTH AND LIFESTYLE SURVEYS 1999

	18-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64	65+ yrs
High risk drinking per session*						
Male	**51.5**	**46.8**	**30.3**	**24.5**	**23.4**	**9.1**
Female	61.3	44	26.1	13.8	10.3	11.1
Over recommended weekly upper limits**						
Male	**35.5**	**29.9**	**24.7**	**22.7**	**31.4**	**16.2**
Female	34.8	20	12.6	16.1	13.2	21.2
Driven a car after consuming 2 or more drinks in the last year***						
Male	**16.8**	**30.1**	**36.1**	**31.9**	**25.5**	**10.1**
Female	6.4	12.8	16.7	11.2	7.4	2.7
As a result of someone else's drinking, in the last year						
Verbally abused						
Male	**20.3**	**10**	**6.3**	**5.1**	**6.5**	**1.7**
Female	17.6	11	6.9	6.7	4.7	1
Family/marital difficulties						
Male	**6.7**	**6.5**	**5.8**	**5.5**	**4.9**	**1.2**
Female	11.2	11.3	9.5	7.2	5.9	2.4
Passenger with drunk driver						
Male	**16.7**	**10.3**	**3.8**	**3.4**	**5.2**	**2.5**
Female	13.6	6.6	3.4	3	3.4	1.9
Financial trouble						
Male	**6.5**	**4.3**	**2.9**	**3.2**	**4.5**	**1.2**
Female	4.7	4.2	3.3	3.2	3.1	0.7
Hit/assaulted						
Male	**10**	**3.8**	**1.2**	**1.9**	**1.6**	**1**
Female	3.2	2.7	1.5	1.5	0.9	0.3

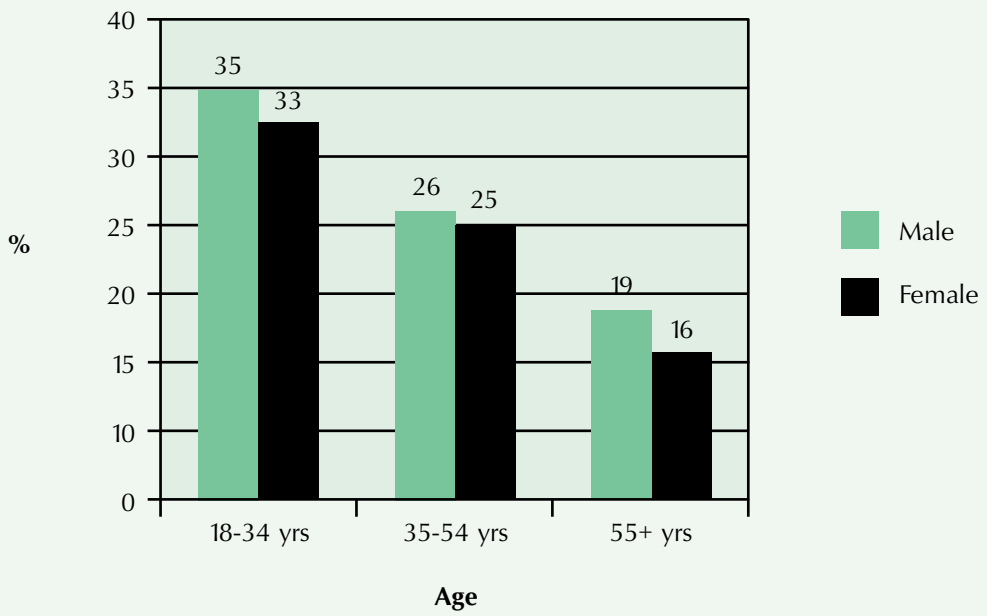
*High risk drinking (70 grams or higher of pure alcohol for males; 50 grams for females)
**Weekly upper limits (14 standard drinks for females; 21 standard drinks for males)
***based on those who drive

4.3 SMOKING

Men smoke themselves into an early grave. About 11 men die every day in Ireland due to smoking, compared to 6.8 female smoking-related fatalities a day (Armstrong 1999).

- The latest National Health and Lifestyle Surveys in RoI (Kelleher *et al*. 2003) highlight that people are smoking less than they were four years ago. The study found that more than 31% of the RoI population were smoking in 1998, but by 2002, the number of smokers had dropped by 4% to 27%. Minister for Health, Michael Martin, believes that *"This pattern may be indicative of the success of the anti-tobacco campaign"* (2003, p.8).

FIGURE 1.7 AGE AND GENDER DISTRIBUTION OF SMOKERS IN THE ROI (2002)



Source: The National Health and Lifestyle Surveys (Kelleher *et al*. 2003).

- According to the National Health and Lifestyle Surveys findings (Kelleher *et al*. 2003), the prevalence of smoking is slightly higher among males (28%) than females (26%). Marked age gradients continue to exist among both men and women, with highest smoking rates among younger people.

- The rates of current smoking increase with age, and by age 15-17 both boys and girls of all social classes are exceeding the national targets for those aged 15+. Although boys are starting to smoke at an earlier age, by age 15-17, the smoking rates for girls exceed those for boys (Kelleher *et al*. 1999). According to the latest National Health and Lifestyle Surveys in the RoI, however, the number of 15-17 year old males smoking is increasing (Keane 2003). Although, overall the trend is consistently downwards (Kelleher *et al*. 2003).

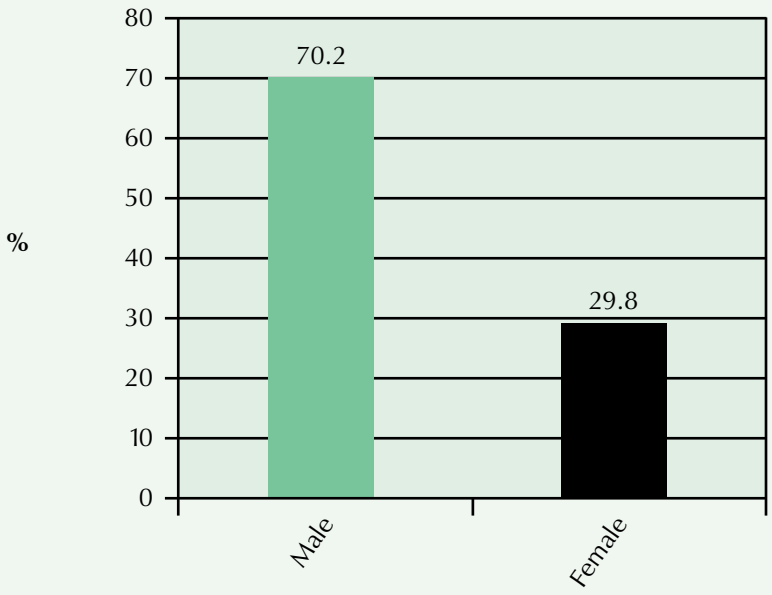
- The proportion of people in NI aged 16 and over who smoke has dropped in recent years - from 33% in 1984 to 27% in 2000/01 (Continuous Household Survey 2001). Whilst the decrease has been marked among men (39% in 1984, 26% in 2000/01), the prevalence amongst women has changed little (29% in 1984, 28% in 2000/01) (McWhirter 2002). In addition, men between the ages of 16-24 are almost twice as likely to smoke cigarettes (32%) as men aged 75 or above (19%) (NISRA 2001).

- Connell (2000) stresses that the mass marketing of nicotine and alcohol provides key examples of the collective dimension of masculinity, and does so at two levels. There is the 'boardroom masculinity' of the corporate executives who drive these industries, and the cultural imagery of 'he-man masculinity', which is frequently used to sell these products (Richardson 2003a). A recent report on the impact of alcohol advertising on teenagers in Ireland, found predominantly positive beliefs among older teenagers towards alcohol, and these beliefs related in particular to *"affective enhancement and social facilitation"* (Department of Health and Children 2002: p.36). Connell (2000) suggests that the advertising used in these industries frequently addresses anxieties that are most acute in adolescence, and attempts to connect tobacco and alcohol use with prominent displays of masculinity. These include clear connotation of sexual freedom and sexual prowess, and the achievement of optimum performance in elite sport (Richardson 2003).

4.4 DRUG MISUSE

Many young people experiment with drugs. Most use them on an occasional basis and do not develop significant problems. For others the 'buzz' they get from the drugs can prove an effective way of getting temporary relief from personal and social pain and draws them back again and again for more and more. What began as casual drug use can soon spiral out of control: at the beginning the person takes the drug to feel good; later on they need it just to feel ok (Merchants Quay Ireland 2003).

FIGURE 1.8 ALL CONTACTS WHO PRESENTED FOR TREATMENT FOR PROBLEM DRUG USE IN ROI, 1997 & 1998



Source: Drug Misuse Research Division, Health Research Board (2002).

- Figure 1.8 clearly reinforces the findings of the UK Health Authority i.e. *"Men are less likely than women to see drug-taking as a health risk"* (1992: p.37). Statistics from Merchants Quay Ireland (2003) show men outstripping female users 2:1, with three times as many men reporting to services for drug users.

- According to the National Health and Lifestyle Surveys (Kelleher *et al*, 2003), a clear gender difference emerged in relation to drug misuse:

  - 12% of men, compared to 7% of women, reported smoking cannabis in the past twelve months. Interestingly, cannabis use is notably higher among people educated to third level (Keane 2003b);

  - Lifetime use of marijuana or cannabis among adults has increased by 4.2% in men (compared with 3.2% in women) over the last 4 years *(ibid)*;

  - Since 1998, cocaine usage has also increased from 1.8% to 3% in men and from 0.6% in women to 1.9% (*ibid*);

  - The rate of ecstasy used by men is also higher than the rate amongst women (1.5% higher) *(ibid)*.

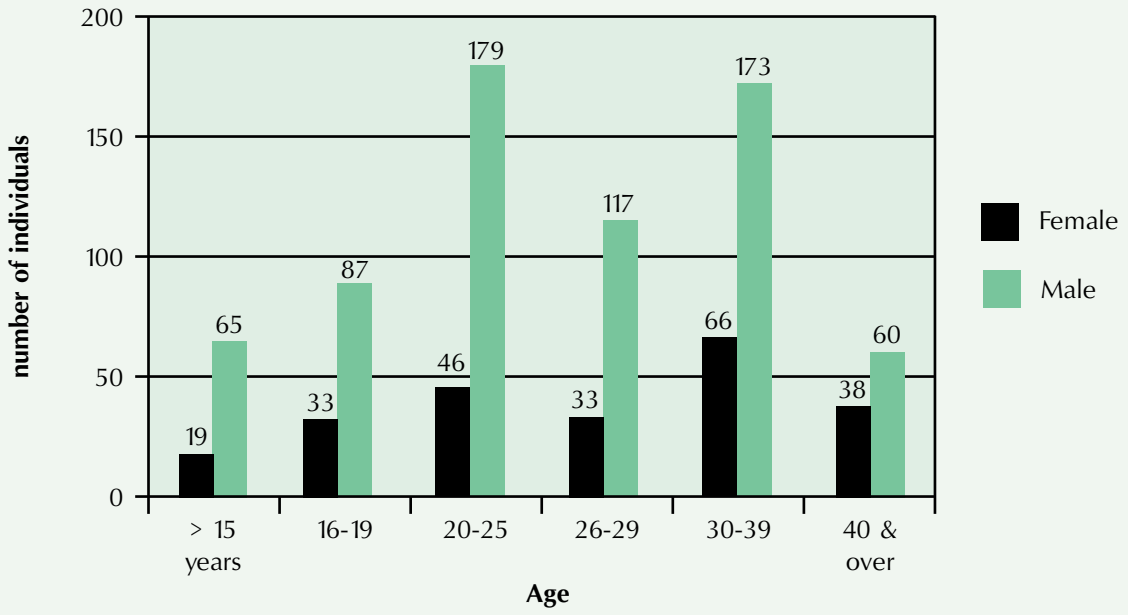
- In NI during the twelve-month period ending 31st March 2002, information relating to 969 individuals presenting to drug misuse agencies was received. Almost three-quarters of users presenting were male, just over two-fifths of users were in their twenties whilst more than a fifth were aged under twenty (see Figure 1.9). This gender ratio of around three males to one female is similar to the typical distribution found in the UK over recent years. There was also considerable variation between males and females in the main drugs used. Nearly two-fifths (39%) of males reported cannabis as their main drug misuse (almost double the proportion of females). Heroin misuse amongst males (24%) was also higher than the corresponding figures for females (14%) (Department of Health, Social Services and Public Safety 2002).

- Research clearly shows that drug misuse and addiction is primarily a male problem:

Although addiction does not discriminate against women, it does seem to be a disease that is closely associated with men (Rosenfield 1989: p.332).

Brooks (2001) also notes that although the aetiology of substance abuse is a complicated matter that requires consideration of genetic as well as environmental factors, there can be little doubt that the social construction of masculinity plays a significant role.

FIGURE 1.9 AGE AND GENDER DISTRIBUTION OF INDIVIDUALS PRESENTING FOR DRUG TREATMENT IN NORTHERN IRELAND: 2001-2002



Source: Department of Health, Social Services and Public Safety (2002).

4.5 CRIME, RAPE, SEXUAL ASSAULT AND VIOLENCE

The motivation for all male violence is related to males attempting to reinforce and render incontestable their heterosexual masculinity (Hong 2002: p.16).

It is possible that the pursuit of status - perhaps through involvement in the drug trade - and the desire to establish a reputation for toughness have contributed to the development of a code of violence in some of our urban areas (O'Donnell 2003).

TABLE 1.9 CONVICTION AT ALL COURTS BY GENDER AND OFFENCE GROUP IN NORTHERN IRELAND, 1999

Gender	Male	Female
Violence against the person	**1,551**	148
Sexual offences	**89**	1
Burglary	**689**	14
Robbery	**127**	2
Theft	**1,625**	370
Fraud and Forgery	**372**	104
Criminal damage	**865**	66
Offences against the State	**171**	7
Other offences	**899**	44

Source: Northern Ireland Annual Abstract of Statistics (2002).

- In NI, the total number of convictions for males was around eight times the corresponding female rate (Table 1.9). Similar trends are also reported for the RoI (Garda Siochana 1999). Men's fascination and respect for violence is often tied up with proving their manhood which, in part, explains their greater risk of being perpetrators or victims of homicide than females (Stillon 1995, Staples 1995, Reed 1991).

- According to the Irish Prison Service Report, (CSO, 2002b) the number of male prisoners in custody in the RoI was around forty times the corresponding female rate (see Table 2.0).

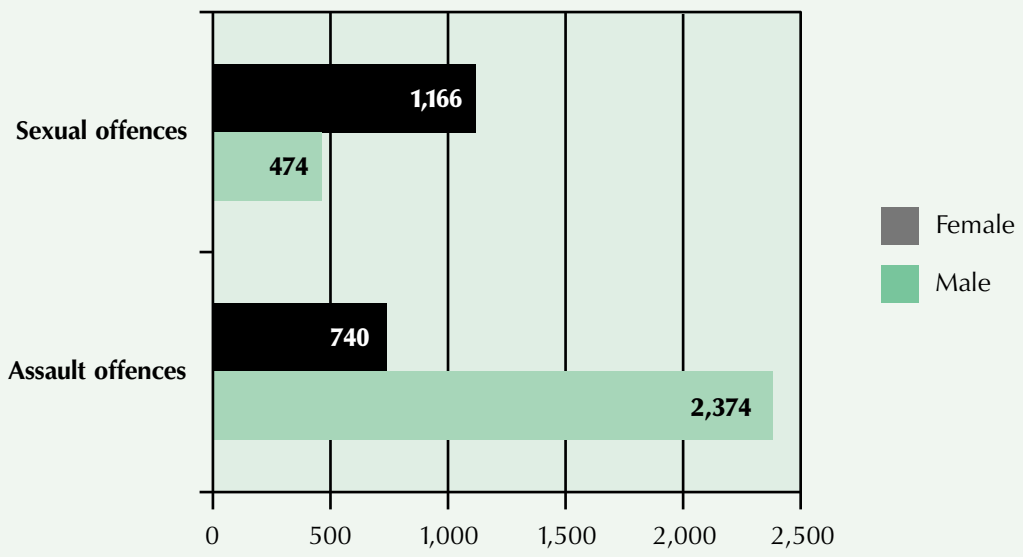
TABLE 2.0 PRISONERS IN CUSTODY BY AGE AND GENDER ON THE ISLAND OF IRELAND 2001

Age	Male	Female
15-16	**20**	5
17-20	**438**	8
21-24	**572**	21
25-29	**573**	14
30-39	**575**	9
40-49	**246**	4
50+	**215**	5

Source: Central Statistics Office (2002b).

- The number of adult prisoners (21 years of age +) in custody on the island of Ireland was significantly higher for males than females (forty-five times higher). In 2001, there were 2,714 male adult prisoners in custody and only 53 female adult prisoners (Statistical Yearbook of Ireland 2002; Northern Ireland Annual Abstract of Statistics 2002).

FIGURE 2.0 HEADLINE ASSAULT AND SEXUAL OFFENCE VICTIMS BY GENDER IN THE ROI 2001



Source: Garda Siochana Year 2001 Crime Statistics.

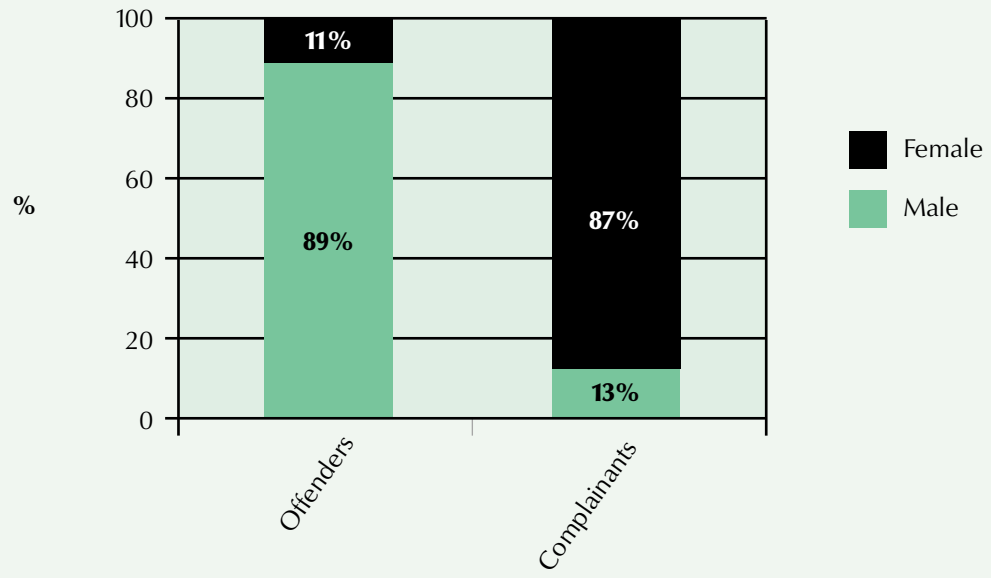
The perpetrator is usually male but the patient is usually female. At the core is the need of one gender to control the other. Doctors (and perhaps authors) turn a blind eye to it, fearing the opening of a can of worms or perhaps offending women by mentioning it (Bradley 1998: p.241).

If a man hits a woman it's assault. If a woman hits a man it's funny. This is the common view of violence in a relationship. Cases are biased in favour of females as they are seen as the 'weaker sex'. Yet males can be physically and mentally battered by their partner too (The Male Link 2000).

It isn't right for women and it isn't right for men. For women the political and legal changes and social conscious raising has travelled many miles in recent years and still has more to go. For men the journey has been a slower one. In many ways the suitcases haven't even been packed yet (Anonymous 2003).

- In the RoI there were 9,983 incidents of domestic violence recorded in 2001, which represents a decrease of 8% when compared with the corresponding figure for the previous year. Figure 2.1 shows the gender of domestic violence complainants and offenders in 2001. Although the offenders were predominantly male some 11% of offenders were females. Complainants were predominantly female. Male complainants accounted for 13% of the total, a decrease of 3 percentage points over the previous year.

FIGURE 2.1 DOMESTIC VIOLENCE COMPLAINANTS AND OFFENDERS BY GENDER IN THE ROI 2001



Source: Garda Siochana Year 2001 Crime Statistics.

- According to McKeown (2002), the biggest difference between men and women in the area of domestic violence is that women end up more seriously hurt, both physically and psychologically, and are more likely to require and seek outside help. Although there is a very significant difference, it does not imply that men are unaffected by domestic violence. The general reluctance of male victims to seek outside help also needs to be taken into account.

4.6 SEXUALLY TRANSMITTED INFECTIONS AND HIV

You don't want to use them [condoms]... in my experience with the girl's consent, you won't... like if you find out they're on the pill (M20, Richardson 2003d).

A lot of girls would say they're on the pill... just tell the guy I'm on the pill and its okay (M19, Richardson 2003d).

An influx of foreign hookers, a spate of gay saunas, and the more cosmopolitan nature of Irish society are all contributing to the growth of sexual diseases (McDonald 2003: p.48).

- In Quarter 2 (Q2) 2001, 2,330 cases of STIs were notified in Ireland, compared to 2,145 during the same quarter in 2000, representing a 13.75% increase in STI notifications (National Disease Surveillance Centre, 2002a).
  Table 2.1 represents the number of male and female cases for each of the notifiable STIs. Sabo (2000 in Richardson 2003c) states that by using sexual behaviour, and in particular the pursuit of multiple sexual conquests to establish masculine adequacy, young men are putting both themselves and their female partners at risk for STIs. In the case of young men in particular, engaging in frequent sex, multiple partners, with minimal emphasis on intimacy or emotional attachment, is deemed not just to be acceptable, but also to bestow greater masculinity (Brooks 2001 in Richardson 2003c).

- Sex between men was decriminalised in the RoI in 1993. In 1998, the Virus Reference Laboratory (VRL) confirmed 124 new HIV infections, diagnosed in the RoI, where the route of transmission was known (the route for another 12 was not known). The incidence of HIV infection through sex between men has remained at about 45 cases per year between 1992 and 1999 (National AIDS Strategy Committee 2000: p.13).

TABLE 2.1 SEXUALLY TRANSMITTED INFECTIONS IN THE ROI 2001

STI	Male	Female	Unknown	Total
Ano-Genital Warts	**518**	507	-	**1,025**
Candidiasis	**44**	238	-	**282**
Chancroid	**0**	0	-	**0**
Chlamydia Trachomatis	**167**	212	-	**379**
Genital Herpes Simplex	**29**	44	-	**73**
Gonorrhoea	**84**	16	-	**100**
Granuloma Inguinale	**0**	0	-	**0**
Infectious Hepatitis B	**6**	4	-	**10**
Lymphogranuloma Venereum	**0**	0	-	**0**
Molluscum Contagiosum	**21**	17	-	**38**
Non-Specific Urethritis	**339**	82	-	**421**
Pediculosis Pubis	**20**	8	2	**30**
Syphillis	**66**	5	-	**71**
Trichomoniasis	**5**	6	-	**11**
Total	**1,299**	**1,139**	**2**	**2,440**

Source: The National Disease Surveillance Centre (2002b)

- The Surveillance Sub-Committee of the National AIDS Strategy Committee concluded that *"transitions among homosexuals have continued to rise at a steady rate"* (2000: p.20). In the first six months of 2000 there were at least 32 new diagnoses of HIV infection acquired during sex between men.

- In total, to June 2000, the VRL had made 350 diagnoses of HIV in men, acquired through sex with another man, of whom at least 120 have died (HIV/AIDS statistics 6/2000, Department of Health and Children). This suggests there are at least 410 homosexually active men living with diagnosed HIV infection in the RoI (Carroll *et al*. 2002).

- In Belfast, the Unlinked Anonymous (UA) survey between 1992-1995 tested 531 blood samples from homosexually active men attending a GUM clinic, of whom sixteen had HIV (3.0%), of which only two knew of their infection. This picture remained identical over the following four year period from 1996 to 1999 inclusive (Carroll *et al*. 2002). The UA survey tested 559 samples, of which seventeen were positive and three previously diagnosed (Carroll *et al*. 2002). This suggests only a small proportion of prevalent HIV infections in homosexually active men in NI are diagnosed. The Survey of Prevalent HIV Infections Diagnosed (SOPHID) estimated there were 58 homosexually active men living with diagnosed HIV infection in mid-1999.

- The 'official' invisibility of gay men has inevitably meant that the impact of HIV infection on gay men in Ireland was for many years played down or denied. However, in 1988, a third of gay men knew someone with HIV (GHA 1989). By 1992, this had risen to 66% (Gay Men's Health Project (GMHP) 1992).