WHY THE FIRST LUBE THAT CAN KILL HIV WILL BE FOR LADIES ONLY

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PICTURE THIS: You’re out on a fantastic fourth (okay, second) date with a sexy, funny, wickedly smart guy, and the two of you have just left a trail of crumpled shirts, pants, and shoes from your front door to your bedroom. Soon after you hit the sheets, your dream guy reaches for a condom, but you shake your head, “No” and grab a bottle of lube from inside the nightstand drawer. “This,” you say with a sly smile, “is all we need to be safe.”

Sound like a far-fetched scenario? Perhaps even a little controversial? Well, researchers around the globe are racing to make something like it a reality—by developing microbicidal gels, creams and suppositories that can kill or disable HIV on contact.

But don’t go making balloon animals out of your condom stash just yet. (There’s always a catch, right?) Even though some microbicidal products have already reached Phase III clinical trials, they unfortunately won’t be revolutionizing what happens in your bedroom anytime soon. First, scientists aren’t certain they’ll ever develop a gel or lube as effective at preventing HIV infection as a condom. And what’s more, the dozens of microbicides in development right now are only being tested for vaginal use—so if you’re a regular reader of this magazine, you’re not going to do your ass much good.

What gives? Well for starters, you can bet government funding of studies focusing on anal sex isn’t a priority for the Bush Administration. In fact, for now research for rectal microbicides will have to be kept under the radar. “It’s not a good funding time for anything having to do with sex,” says Jim Pickett, the director of public policy at the AIDS Foundation of Chicago. “We have a science-averse administration, in which faith trumps logic every time.” And, of course, if we’re talking about anal sex, things get exponentially more controversial.

Furthermore, funding for studies of HIV-killing microbicides almost has to come from the government. Most of the world’s big pharmaceutical companies are not exactly chomping at the bit to do the costly and complicated research necessary to develop a product that may never prove to be more effective than a condom.

But before you get your panties in a wad, there are also plenty of legitimate reasons why development of microbicides for vaginal use is racing ahead before rectal testing even gets to the starting blocks—and homophobia isn’t entirely to blame. “The need for a vaginal microbicide, for woman-controlled prevention, is desperate,” says Pickett.

In many developing nations, the majority of women aren’t in a position to insist on condom use, says Dr. Elof Johansson, head of biomedical research at the Population Council, a not-for-profit organization working to improve reproductive health worldwide. When it comes to sex, they are usually at the mercy of their husbands or boyfriends—and sometimes at the mercy of other men too.

“From a public health point of view, microbicides would be a very good thing,” says Johansson. “We have to break the epidemic through prevention,” especially since both an effective vaccine and affordable treatment options (let alone a cure) are still far-off prospects at best.

The latest sobering HIV statistics back up Pickett and Johansson’s alarming assessments. Over half of new HIV infections globally are occurring in females. Seven-thousand women are infected with HIV every day worldwide—and the majority are exposed by their primary sex partner, says Anna Forbes, program coordinator for the Global Campaign for
Microbicides in Washington, DC.

Still, ladies have rectums that need protection too, says Dr. Craig W. Hendrix, associate professor of medicine at Johns Hopkins University School of Medicine. And that means the focus on vaginal (instead of rectal) microbicides isn’t entirely a case of “women and children first!”

Indeed, there are practical reasons why scientists haven’t begun to study microbicides rectally: It’s much easier—not to mention more economical—to test these products inside the vagina. “There are significant and real biological challenges in developing an effective and safe rectal microbicide,” admits Pickett, who is one of the few people agitating for research on rectal use of the compounds to begin.

Johansson’s own work developing Carraguard, a potential microbicide in Stage III trials for vaginal use, provides a good example of this quandary. “We know that it’s safe for rectal use, but it’s too early to say if it’s useful,” he says.

The rectum is a very different—and larger—animal than the vagina. “The vagina is basically a closed pouch, so you know how much product is needed to effectively coat it,” says Forbes. Your rectum, on the other hand, is just a foley leading into the vast expanse of your colon. Scientists don’t have data on how far up the intestinal tract semen (and potentially HIV) travels during anal sex, nor how much microscopic damage is typically done to the rectum during sex, and therefore, how much product might be needed to prevent HIV infection.

Hendrix and his team at Johns Hopkins have already begun small studies simulating anal intercourse to accurately measure where ejaculate ends up. Now before you call to sign up, you might want to hear about the not-so-hot methodology. Study volunteers use one device for a few minutes to simulate anal sex (the scene looks alot like a gynecological exam), and then researchers simulate ejaculation with yet another contraption. Hendrix says he was surprised at how far the fluid (the mock ejaculate that is released) traveled, especially given that, unlike the vagina, the rectum is primarily designed to push substances out of, not further inside, the body.

While the amount of faux semen that traveled far into the colon may have been meager, no one really knows what the concentration of HIV in the intestine (or rectum, or vagina) has to be for infection to occur, says Hendrix. A microbicide, therefore, would have to cover all of the tissue that HIV might reach.

Beyond the physical differences between your rectum and a vagina, there is also a variety of ways the different microbicide compounds being studied actually work. The Alliance for Microbicide Development keeps track of all the products currently being explored or studied: 59 compounds in development—16 of them in clinical trials. Some work by killing HIV outright, others block HIV receptors on the outside of cells (locking the virus out), and others change the pH of the vagina to thwart the virus, for example. Microbicides that work by either of the first two methods might be effective in the rectum. But because the pH of the rectum is quite different than that of the vagina, any microbicides based on that method of attack are a lot less likely to work inside your butt.

So how effective can we expect microbicides to be when, and if, we ever get them? Forbes says that a large study by The Rockefeller Foundation in 2002 estimated that the first generation of microbicides will likely be about 50 to 60 percent effective. Over time, better microbicides will likely be developed, and by the third generation, some will probably be more than 90 percent effective, particularly as pharmaceutical companies get on board with their development. One spark of hope in that arena came in September, when the International Partnership for Microbicides (IPM) announced a joint effort with GlaxoSmithKline to explore how existing antiviral drugs might be used in microbical compounds to kill HIV. “This is precisely the kind of collaboration needed between the public and private sectors to develop innovative ways to prevent HIV,” said Dr. Richard Klausner, the executive director of the Bill and Melinda Gates Foundation’s Global Health Program, in announcing the groundbreaking alliance.

Still, even if a rectal microbicide makes it to market, will gay men use it? Some experts are not so sure. For starters, from a marketing perspective, a name change is desperately needed, says Pickett—and we wouldn’t argue with that. Rectal microbicide doesn’t quite excite like Eros or Wet or Gun Oil. (Pickett likes the name “Booty Butter” for a rectal microbicide.)

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—JIM PICKETT, AIDS FOUNDATION OF CHICAGO

Perhaps more important, though, gay men might also be distrustful of microbicides because they remember the nonoxynol-9 fiasco. Once thought to reduce HIV risk, that proven spermicide—which was added to all kinds of lube in the 90s in an attempt to add protection against HIV—turned out to actually increase the risk of infection by irritating delicate tissues in the rectum and vagina. “We’ve learned our lesson, and that won’t happen again,” says Pickett.

But let’s not get ahead of ourselves. It’s going to be a long time before we have a microbicide in our hands—or anywhere else, for that matter. Performing clinical studies is a time consuming undertaking, which, when done correctly, involves several lengthy stages. While researchers hope a vaginal microbicide might be ready for market by 2010, the lack of research to date means a rectal microbicide will arrive significantly later.

And that’s a big problem because Third World women aren’t the only ones who could use options beyond the condom. The need among gay men is urgent, too, and increasing.

“We’re sick of condoms being our only option,” says Pickett. “We want to have natural sex again. And that shouldn’t make us Satan.” After 20 years of safer sex, the consequences of condom fatigue are grim: Gay and bisexual men continue to account for the largest number of new AIDS cases year each in the United States. The availability of an effective rectal microbicide could reverse that trend in an instant, since almost all gay men already use lube for anal sex.

In the meantime, though, condoms are still the name of the game. “We are not even close to thinking about actual [microbical] products yet,” says Pickett. “We don’t have a whole lot of research on anal intercourse. But microbicides are exceptionally important for both women and gay men.” That’s why Pickett is working on a Web site, yet to be launched, called Lifelube.org, that will help build awareness among gay and bisexual men of rectal microbicides’ potential.

As Hendrix points out, if effective anti-HIV gels or lubes can be developed, they will be the most natural way for people to protect themselves during anal sex. Exactly how effective they might be will be a major consideration at that point. But first, scientists have to get moving on developing them. In a world where some gay men are increasingly unhappy with their safer sex options—and more and more likely to reject condoms, the best option available today—additional means to protect against HIV infection are urgently needed.