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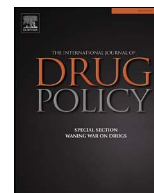

Implications of survey labels and categorisations for understanding drug use in the context of sex among gay and bisexual men in Melbourne, Australia

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ABSTRACT

Background: Reliably measuring drug use by gay, bisexual and other men who have sex with men (GBM) in the context of sex can inform sexual health service responses. We report changing drug use patterns among GBM testing for HIV at a community-based service in Melbourne in response to behavioural survey modifications.
Methods: Surveys were completed by GBM prior to all HIV tests. Survey one asked about use of “party drugs for the purpose of sex” and survey two asked about specific drug use (alcohol, amyl nitrate, methamphetamine, cocaine, ecstasy, GHB, Viagra®/Cialis®) before or during sex. Differences in drug use prevalence and demographic and sexual risk correlates are reported.
Results: Reported drug use increased from 16.9% in survey one to 54.0% in survey two. Among GBM completing both surveys, 45% who reported no drug use in survey one reported drug use in survey two. Drug use was associated with high HIV risk behaviours across both surveys.
Conclusion: Survey modification improved ascertainment of drug use in the context of sex among GBM. Continued monitoring of drug use in this setting will improve our understanding the relationship between use of specific drugs and sexual health and help inform client focused health promotion.

Introduction

Compared to surveys of the general population, greater proportions of gay, bisexual and other men who have sex with men (GBM) report recreational drug use (Bourne & Weatherburn, 2017). The study of recreational drug use among GBM is overwhelmingly undertaken in the context of its association with sexual risk behaviours and HIV and other sexually transmitted infection (STI) acquisition (Thu Vu, Maher, & Zablotska, 2015). Yet challenges in accurately capturing drug use among GBM persist, resulting in inconsistent findings and a lack of comparable data that can limit the utility of research findings in guiding health care and public health responses(Melendez-Torres & Bourne, 2016).

Characterisations used by researchers to define drug use among GBM and the settings in which it occurs may limit the generalisability of research between places and over time and may potentially not align with the labels used by GBM. For example, Chemsex, a term originating in the UK and originally used to describe the use of mephedrone, methamphetamine and gamma hydroxybutyrate (GHB) in the context of sex, can have different meanings in Australia, the US and other parts of Europe (Hammoud et al., 2016; Melendez-Torres & Bourne, 2016; Schmidt et al., 2016) where mephedrone is less frequently used by GBM, while also attracting difference meanings over time (e.g., Chemsex has since been used to describe the use of a broader array of drugs in the context of sex) (Glynn et al., 2018). While ‘Party and Play’ is a term sometimes used interchangeably with Chemsex, it can encompass a broader range of motivations for drug use and substances used (Bourne & Weatherburn, 2017). Similarly, the term party drugs, which has typically referred to recreational ecstasy or amphetamine or cocaine use, is a term also commonly used to describe an array of drug types used by both GBM recreationally and in the context of sex (Bracchi et al., 2015; Hammoud, Jin, Maher, & Prestage, 2017; Noor et al., 2017).

Drug use features in risk-based guidelines that recommend STI testing frequency for GBM (NICE/PHE, 2016; STIGMA Group, 2014). Reliably measuring drug taking behaviours and determining their

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relationship with sexual health is therefore important for ensuring such guidelines are suitably evidence-based. However, direct evidence to inform STI testing guidelines is limited because few behavioural surveillance systems routinely collect prospective information on drug use alongside HIV/STI outcomes among GBM attending for HIV/STI testing. To overcome this paucity in surveillance data, PRONTO!, a community-based and peer-led HIV testing service targeting GBM, incorporated a question on drug use into a behavioural survey completed by clients at each visit. To improve data collection, this question at PRONTO! was amended in October 2014.

We report the prevalence of drug use among PRONTO! clients completing each version of the survey. In response to a much higher reported prevalence of drug use in the second version of the survey, we also explore the relationship between drug use and sexual risk across the two surveys to understand the implications of the survey modification.

Method

Setting

The PRONTO! service model has been described in detail elsewhere (Ryan et al., 2016). Briefly, PRONTO! opened on 15 August 2013 in an inner suburb of Melbourne, Australia. Peer-staff deliver pre- and post-test counselling and perform a HIV rapid point-of-care test during 30 min appointments. During test incubation, clients and peer-staff remain in the room, during which time a client-centred conversation is had.

Sentinel surveillance behavioural survey

PRONTO! data collection has been described elsewhere (Goller et al., 2010; Ryan et al., 2016). All clients attending PRONTO! are invited to complete a sentinel surveillance behavioural survey in the reception area prior to testing which contributes to a wider surveillance network of local HIV high caseload clinics (Goller et al., 2010). The survey collects information on client demographics, test history, and sexual risk. Unique numeric identifiers allow linkage of client-level test and behavioural data over time. Survey completion is voluntary and consent is implied by survey completion.

The survey (S1) initially asked, “In the past six months how often have you used party drugs for the purpose of sex?” with response categories: weekly, monthly, once/a few times, never. The question (adopted from an established community survey of GBM (Lee et al., 2017)) was modified in October 2014 (S2) to read, “In the past six months, which of the following substances have you used before or during sex with men?” with response categories: alcohol, amyl nitrate, methamphetamine, cannabis, cocaine, ecstasy, GHB, Viagra®/Cialis®, heroin, other, In an attempt to improve data quality.

Variables that remained constant across S1 and S2 were: age, country of birth, and number of anal sex partners (none, one, two-ten, eleven or more), condom use with casual partners (consistent, inconsistent, no anal sex/no casual partner), and any group sex (no, yes) over the past six months.

To compare reports of any drug use between S1 and S2, a binary yes/no drug use variable was created. Clients reporting any frequency of drug use in S1 or any listed drug use in S2 were categorised as yes and other responses categorised as no.

Analysis

Data from all clients aged 16 years and over, reporting any male sex partner in previous six months and testing for HIV at the PRONTO! between 15 August 2013–31 December 2015 (S1; 15/08/2013–16/08/2014, S2;17/10/2014–31/12/2015) were included in analyses.

Reported drug use across surveys was compared in two ways. First, we calculated the proportion of tests where clients reported drug use for the purpose of sex in S1 and S2 separately and compared differences with chi squared statistic. Second, within-client comparisons were made of reported drug use among clients who repeat tested across the two survey periods and assessed with a test of proportions. Multivariable logistic regression analyses of client characteristics (age, Australian born, number of anal sex partners, condom use with casual partners, any group sex) associated with reporting any drug use for each survey are reported.

Analyses were performed using Stata 14 (StataCorp, 2015) with cut-off for statistical significance at $p < 0.05$.

Ethics

The PRONTO! evaluation was approved by The Alfred Hospital Research Ethics Committee (HREC 297/13).

Results

S1 was completed by 1299 men across 1680 test events and S2 was completed by 1553 men at 2117 test events; 410 men repeat tested and completed both surveys. Client characteristics were consistent across the two surveys, with the exception of group sex which was reported by 35.4% of S1 and 30.4% of S2 respondents ($p < 0.01$) (Table 1).

Past six month drug use in the context of sex was reported at 16.9% of test events in S1 and 54.0% of test events in S2. The drugs most commonly reported in S2 were amyl nitrate (41.2%), cannabis (13.1%), Viagra®/Cialis® (12.9%), ecstasy (11.5%) and methamphetamine (8%). Any ‘party drug’ (ecstasy, methamphetamine, cocaine) was reported at 17.6% of tests in survey two (data not shown).

Of the 410 GBM completing both surveys, 185 (45%) reported drug use in S2 but no drug use in S1 (Supplementary Table 1). Five (1.2%) GBM reported drug use in S1 and not in S2. Almost 75% of GBM reporting amyl nitrate use reported no drug use in S1 and at least 50% of GBM reporting ecstasy, cocaine, cannabis and Viagra®/Cialis® use did not report any drug use in S1).Most clients reporting methamphetamine (69%) and GHB (71%) use in S2 also reported drug use in S1 (Fig. 1).

In multivariable logistic regression, any drug use was associated with reporting more than 10 anal sex partners (S1 aOR:2.26, 95%CI:1.18–4.31; S2 aOR:4.03, 95%CI:2.62–6.19) inconsistent condom use with casual partners (S1 aOR:1.83, 95%CI:1.36–2.47; S2 aOR:1.38, 95%CI:1.13–1.68) and group sex (S1 aOR:3.94, 95%CI:2.86–5.44; S2 aOR:2.21, 95%CI:1.78–2.75) in S1 and S2 and aged older than 40 years in S2 (aOR:1.56, 95%CI:1.22–2.01)) (Supplementary Table 2).

Discussion

These data are among the first to systematically record drug use in the context of sex among GBM accessing HIV testing in Australia. Question and response options significantly impacted the reporting of drug use in the context of sex, with self-reported drug use increasing from 17% to 54% following a change in survey design. While drug use in both survey versions was associated with behaviours considered high risk for HIV transmission, their magnitude of association varied considerably. These results highlight the importance of including appropriate and consistent measures of drug use among GBM in the context of sex in surveillance systems to optimise the utility of data collected for informing risk assessment.

This comparison highlights the challenges of designing surveillance surveys that balance brevity with the collection of nuanced drug use information in the context of sex so that they are consistently and unambiguously interpreted by GBM. The change in reported drug use across surveys is likely the result of two changes to the question. First, providing clients with a specific list of substances removed potential reporting bias associated with interpretation of a “party drug” in S1. The increased prevalence of drug use in S2 was driven by GBM

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