



Research paper

Illicit drug use among gay and bisexual men in 44 cities: Findings from the European MSM Internet Survey (EMIS)



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ABSTRACT

Background: Anecdotal evidence suggests that men who have sex with men (MSM) are increasingly combining sex and illicit drugs (an activity referred to as 'chemsex'), in particular GHB/GBL, ketamine, crystal meth, or mephedrone (here called 4-chems). Use of such drugs has been associated with mental health and sexual health harms. We aim to compare patterns of illicit drug use among MSM in 44 European urban centres.

Methods: In 2010, EMIS recruited 174,209 men from 38 countries to an anonymous online questionnaire in 25 languages. As harm reduction services for drugs and sex are organised at a local level, we chose to compare cities rather than countries. We defined 44 cities based on region/postal code and settlement size. For multivariable regression analyses, three comparison groups of MSM not living in these cities were applied: MSM living in Germany, the UK, and elsewhere in Europe.

Results: Data from 55,446 MSM living in 44 urban centres were included. Use of 4-chems (past 4 weeks) was highest in Brighton (16.3%), Manchester (15.5%), London (13.2%), Amsterdam (11.2%), Barcelona (7.9%), Zurich (7.0%) and Berlin (5.3%). It was lowest in Sofia (0.4%). The rank order was largely consistent when controlling for age, HIV diagnosis, and number of sexual partners. City of residence was the strongest demographic predictor of chemsex-drug use.

Conclusion: Use of drugs associated with chemsex among MSM varies substantially across European cities. As city is the strongest predictor of chemsex-drug use, effective harm reduction programmes must include structural as well as individual interventions.

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Introduction

Illicit drug use among men who have sex with men (MSM) is higher than among age comparable non-MSM (Office for National Statistics (United Kingdom), 2014). While the use of opiates among MSM has typically been low (Bourne, 2012), stimulants such as amphetamines (speed), cocaine and ecstasy/MDMA have been commonplace on gay scenes in many European cities for decades, as have poppers (various alkyl nitrites, including amyl nitrite). There is little evidence to suggest an increase in the proportion of

European MSM using illicit drugs (Bochow, Lenuweit, & Schmidt, 2011; Keogh et al., 2009; Schmidt & Bochow, 2009). However, reports from health and social care providers in several countries suggest increasing use of four newer drugs: the stimulants crystal methamphetamine and mephedrone (a synthetic amphetamine), as well as the dissociative anaesthetics ketamine and gamma-hydroxybutyrate/gamma-butyrolactone (GHB/GBL) (Daly, 2013; Drugscope, 2014; Kirby & Thornber-Dunwell, 2013; Stuart, 2013). These newer drugs possess similar properties to the earlier drugs in terms of increased heart rate, sociability and feelings of euphoria. Like existing stimulants (amphetamines and cocaine), the two newer stimulants (crystal meth and mephedrone) can also enhance sexual arousal and eroticism (Toates, 2009). This has led to their use in sexual contexts, a behaviour known colloquially as 'chemsex' (also called 'Party and play', sometimes abbreviated to 'PnP').

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Motivations for chemsex include enhanced sexual confidence, longevity of contact and an ability to push sexual boundaries (Weatherburn, Hickson, Reid, Torres-Rueda, & Bourne, 2016). Chemsex typically takes place in private homes (facilitated by smart-phone geospatial networking apps) and also in sex-on-premises venues, such as gay saunas or sex clubs (Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2015). Polydrug use is common, as are prolonged sexual sessions, often involving multiple sexual partners. Potential harms include sex that carries a risk of HIV/STI transmission, acute mental distress (particularly from intensive crystal methamphetamine use), and overdosing, especially on GHB/GBL (Bourne, Reid, Hickson, Torres-Rueda, Steinberg et al., 2015; Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2015; Foureur et al., 2013).

Overdose on GHB/GBL typically results in a state of unconsciousness (colloquially known as a ‘G-sleep’) and can lead to respiratory depression or choking. A number of GHB/GBL related deaths have been reported in gay sex-on-premises venues in London, Cologne, Berlin and other European cities (Fieguth, Albrecht, Weller, Kuhnle, & Teske, 2009).

Travel across Europe is common among MSM, both temporarily for clubbing and socialising, and for more permanent migration (The EMIS Network, 2013). Brussels, Paris, London, Amsterdam, Cologne, Berlin, Madrid, and Rome have been highlighted as examples of the connectedness of the organised circuit-party culture that establishes a “continuum between psychotropic experiences and the manifestations of intense multi-partner sexuality” (Gaissad, 2013). This occurs at the circuit-parties themselves and extends to other clubs, sex clubs, saunas, and, increasingly private parties in homes and hotels. As such, there is a need to understand the patterns of drug use, and chemsex, among MSM across the European continent.

Across most of Europe, health services are organised at a city level for both drug harm reduction and sexual health services. In this paper we compare drug use across a large number of European cities, focussing on the drugs thought to be associated with chemsex: GHB/GBL, ketamine, crystal meth, or mephedrone (hereafter collectively ‘4-chems’). We compare the time-density of chemsex-drug use across major European urban centres by describing the recency with which the drugs were used within groups of men, identify where their use is most prevalent, and examine associations of 4-chems with visiting settings where sex with multiple concurrent partners is common.

In a second step, we compare the proportion of respondents who used chemsex drugs in the last 4 weeks to three comparison groups, while adjusting for relevant demographic and behavioural factors.

Methods

The European MSM Internet Survey (EMIS) was an anonymous, self-administered online survey conducted simultaneously in 25 languages across 38 countries. Inclusion criteria were: living in Europe; identifying as a man (including transgender/transsexual men) or transgender/transsexual woman; aged at or above the age of homosexual consent in their country of residence; and sexually attracted to men and/or reporting sex with a man in the last year and/or expectation of sex in the future; passing internal data consistency checks.

Men were recruited through over 230 social networking and dating websites for MSM. Typical completion time was 20 minutes. No financial incentives were given. No IP addresses were collected. The survey was accessible between 6 June and 31 August 2010. The English version of the questionnaire and further information are available at www.emis-project.eu. EMIS was approved by the Research Ethics Committee of the University of Portsmouth, UK

(REC application number 08/09:21). Detailed methods have also been published (The EMIS Network, 2013; Weatherburn et al., 2013).

Units of analysis

Men were allocated to a European city based on two pieces of self-reported data: area of residence (county, province, post-code, district, region, municipality, *département*, territory, collectivity, or *oblast*); and settlement size. Respondents with missing data on area or settlement size were excluded. To be included in the analysis a city required at least 400 EMIS respondents (except in Germany where 900 were required, EMIS having very heavily recruited in Germany). We also included Brighton (in England, n=290) due to its unique reputation as a gay urban centre, as well as Ljubljana (Slovenia, n=298) and Tallinn (Estonia, n=341) to represent these two EU member state capitals.

For multivariable regression analysis, men not residing in qualifying cities were assigned to one of three groups: other-Germany (the reference group, being the largest sub-sample), other-UK and other-Europe.

Measures

All measures were self-reported. Substance use and setting use were asked independently in separate parts of the questionnaire. Both used the Recency Scale Format.

Recency scales

Recency curves are a comprehensive way to look at time dynamics of population behaviour on the basis of cross-sectional data. The Recency Scale Format, or RSF (e.g. “When was the last time you X’ed”), was developed within the EMIS planning process. Several EMIS partners had previously run national surveys using Fixed Time Format (FTF; e.g. “Have you X’ed in the last 6 month?” or “How many times have you X’ed in the last 6 months?”), however the time periods chosen varied across countries and within countries for different events. RSF questions produce data that can be split at the timescales offered in the response set. In the case of EMIS we used a quasi-logarithmic scale: Within the last 24 h/ 7 days/4 weeks/6 months/12 months/5 years/More than 5 years ago/Never.

At the individual level the RSF does not give a measure of frequency. However, RSF produces data that can be aggregated to give cumulative proportions engaged in the event within each time period. EMIS partners therefore accepted the loss of frequency in order to have a question that would provide all partners with data comparable to their previous national surveys.

As large, low access-threshold community-based online surveys provide point-in-time pictures for a population (rather than being diagnostic tools for individuals), the RSF also brings other benefits. The RSF produces more valid data for people frequently involved in the event of concern (who are usually the group of greatest interest) than does the Fixed Time Format. For example, with FTF of a year, people involved in the event multiple times are likely to estimate their answer, while those involved a few times will better remember the precise number of events. Conversely, RSF captures the proportion who were involved in the event in the last 24 h, a property of the population, rather than any individual. Finally, with the RSF the same scale can be used for all events, reducing labelling variation and coding documentation, and increasing event comparability.

The ordinal data in RSF provides a variety of time-related information in cross-sectional designs. The exposed fraction is the cumulative proportion answering affirmatively up to and including

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