



Commentary

The new MTV generation: Using methamphetamine, Truvada™, and Viagra™ to enhance sex and stay safe



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ABSTRACT

Introduction: Gay and bisexual men (GBM) often use illicit drugs to enhance sexual pleasure, commonly referred to as ‘chemsex’ or ‘party n play’. In particular, the use of methamphetamine and Viagra™, and other erectile dysfunction medications, both together and separately are strongly predictive of subsequent HIV infection. Truvada™, as pre-exposure prophylaxis (PrEP), virtually eliminates HIV transmission during condomless anal intercourse (CLAI). HIV-negative GBM in intensive sex partying networks may be adding PrEP to their drug regimen to actively reduce the possibility of HIV transmission during chemsex.

Aim: We describe the prevalence and context of concurrent use of methamphetamine, Truvada™ (or its generic formulations), and Viagra™ or other erectile dysfunction medication (collectively, MTV).

Method: The *Following Lives Undergoing Change* study is an online prospective observational study of licit and illicit drug use among Australian GBM. Between January and July 2017, 1831 GBM provided details about their use of MTV. Binary logistic multiple regression analysis were used to estimate adjusted odds ratios (aOR) and associated 95% confidence intervals (95%CI).

Results: Concurrent MTV use was reported by 6.0% of participants; 3.1% used methamphetamine and Viagra™ or other erectile dysfunction medication (‘MV only’) and 11.2% used Truvada™ as PrEP (‘T only’). In multivariate analysis, compared to use of ‘MV only’, MTV was independently associated with CLAI with casual partners (aOR = 6.78;95%CI = 1.42–32.34) and ‘fuckbuddies’ (aOR = 3.47;95%CI = 1.41–8.56) in the previous six months. Compared to use of ‘T only’, MTV was independently associated with being older (aOR = 3.95;95%CI = 1.55–10.03) and engaging in group sex (aOR = 3.31;95%CI = 1.82–6.00). Greater social engagement with other gay men (aOR = 1.44;95%CI = 1.18–1.76) and having more sexual partners (aOR = 2.30;95%CI = 1.10–4.82) were independently associated with use of MTV compared to use of ‘MV only’ or ‘T only’.

Conclusion: GBM in intensive sex partying networks are increasingly adding PrEP alongside other drugs they use to enhance sexual experiences. Interventions that promote the use of PrEP during chemsex could mitigate HIV risk.

1 Introduction

Gay and bisexual men (GBM) often use illicit drugs to enhance sexual pleasure, particularly in the context of ‘chemsex’ or ‘party n play’¹; (Ahmed et al., 2016; Bourne, Reid, Hickson, Torres-Rueda, Steinberg, et al., 2015; Bourne, Reid, Hickson, Torres-Rueda,

Weatherburn, 2015; Bui et al., 2018). Chemsex involves the use of drugs to maximise the potential for intense bodily pleasure while engaging in sex partying, often involving multiple partners. Intensive sex partying involves these chemsex practices, often including condomless anal intercourse (CLAI), in the context of greater involvement in gay community social and sexual networks (Hurley & Prestage, 2009).

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¹ The terms ‘chemsex’ and ‘party-n-play’ both refer to using drugs to enhance sexual pleasure. While the use of these terms varies across countries, both refer to the same practice. Although ‘party n play’ has tended to be more commonly used in Australia, for the purposes of this paper, we use ‘chemsex’.

Intensive sex partying practices occur within the context of sexually adventurous networks and tend to be associated with HIV infection (Kippax et al., 1998).

Within the setting of intensive sex partying networks (Hurley & Prestage, 2009), chemsex has been associated with HIV sexual risk behaviours (Bourne, Reid, Hickson, Torres-Rueda, Weatherburn, 2015; Prestage et al., 2007), possibly because intensive sex partying networks facilitate an environment of heightened sexual activity in which sexually transmissible infections, including HIV, may be more common. In particular, the use of methamphetamine and Viagra™, and other erectile dysfunction medications, both together and separately has been found to be strongly predictive of subsequent HIV infection (Fisher, Reynolds, & Napper, 2010; Prestage, Jin et al., 2009; Swearingen & Klausner, 2005).

The drugs associated with chemsex are location specific (Bourne, Reid, Hickson, Torres-Rueda, Steinberg et al., 2015; Bourne, Reid, Hickson, Torres Rueda, & Weatherburn, 2014; Buchacz et al., 2005; Hammoud et al., 2017). In Australia, methamphetamine is commonly used during chemsex (Prestage et al., in press) but other drugs can include gamma hydroxybutyrate (Hammoud et al., 2017), cocaine, ketamine, and mephedrone (Bourne et al., 2014). These drugs are used to increase the levels of sexual excitement and reduce inhibitions. In this context, men often also use Viagra™ and other erectile dysfunction medication, usually off-label, specifically to enhance and extend their sexual functioning or to overcome the erectile dysfunction that often accompanies methamphetamine use (Hammoud, Jin, Lea, Maher, & Prestage, 2017; Fisher et al., 2010). While most drug use has been found to be associated with sexual risk behaviour among GBM (Prestage, 2009; Prestage et al., 2007; Prestage, Grierson, Bradley, Hurley, & Hudson, 2009), the particular use of these two drugs, separately and concurrently (using both drugs within a specified time period, but not necessarily on the same occasion), has been independently associated with HIV seroconversion (Prestage, Jin, et al., 2009).

Peer norms and socialisation play a key role in drug-using behaviours. The use of drugs such as methamphetamine, gamma hydroxybutyrate, and erectile dysfunction medication is strongly associated with social engagement with other gay men who use drugs (Hammoud et al., 2017; Hammoud, Jin, Lea et al., 2017; Prestage et al., in press). The links between the use of these drugs and HIV risk have generated considerable attention about the phenomenon of chemsex, including concerns about its role in gay communities, and calls for new harm reduction approaches to prevent increases in HIV transmissions or drug-use effects (Bourne, Reid, Hickson, Torres-Rueda, Steinberg et al., 2015; Bourne et al., 2014).

The co-formulation of emtricitabine and tenofovir (Truvada™), and its generic formulations when used as PrEP, is a highly effective biomedical HIV prevention strategy (Fonner et al., 2016; Kennedy & Fonner, 2016). Among GBM, in a sub-analysis of a trial cohort, the use of seven pills/week resulted in a 99% HIV risk reduction, whilst four pills/week was associated with a 96% risk reduction (Anderson et al., 2012). Event-based dosing has been shown to be equally as effective as daily dosing in GBM, with two recent randomised trials reporting a risk reduction of 86%, and their open label extensions and subsequent analyses reporting a value closer to 99% (Molina et al., 2015; Molina, Charreau et al., 2017).

Truvada™, as pre-exposure prophylaxis (PrEP), virtually eliminates the possibility of HIV transmission during condomless anal intercourse (CLAI) (Kennedy & Fonner, 2016). HIV-negative GBM who use both methamphetamine and Viagra™ may be adding Truvada™ to their drug regimen to actively reduce the possibility of HIV transmission in the context of chemsex.

Through implementation studies, there has been a rapid roll out of PrEP among Australian GBM, particularly during 2016–2017: Prevalence of PrEP use has risen from 1.4% in 2014 to 13.9% in 2017 among GBM in Sydney (Hull et al., 2017). The introduction of PrEP in

Australia, alongside ongoing suppression of viral load at a population level (Rodger et al., 2016) and other HIV prevention strategies, has resulted in a rapid decrease in new HIV infections among GBM in New South Wales, Australia's most populous state (NSW Ministry of Health, 2017).

PrEP offers an opportunity for an HIV prevention strategy that could be usefully deployed by men who engage in chemsex (Murphy, 2015). PrEP offers practical benefits over condom-based HIV protection in intensive sex partying contexts, in that it is taken orally once daily, and is not linked to individual risk events. To date, there are few quantitative data to indicate the prevalence of concurrent use of methamphetamine, PrEP, and erectile dysfunction medication among GBM, or whether those who participate in intensive sex partying networks are utilising biomedical HIV prevention strategies such as PrEP (Kurtz, Buttram, & Surratt, 2014).

2 Aim

In this paper, we use data from an online cohort study of licit and illicit drug use among Australian GBM to describe the prevalence of concurrent use of methamphetamine, Truvada™ (or its generic formulations), and Viagra™ or other erectile dysfunction medication (collectively, MTV). We also describe the prevalence of concurrent use of methamphetamine and Viagra™ or other erectile dysfunction medication without use of PrEP ('MV only'), and the prevalence of use of Truvada™ or its generic formulations alone, without use of either methamphetamine or erectile dysfunction medication ('T only'). Methamphetamine and Viagra™, or other erectile dysfunction medication have not been assessed alongside these combinations as both have previously been reported using data from this study (Hammoud, Jin, Lea et al., 2017; Prestage et al., in press). We examine factors that distinguish men who use MTV from men who use 'MV only' and from men who use 'T only'. Finally, we investigate the relationship between each of these patterns of use and sexual risk behaviour, and intensive sex partying.

3 Methods

3.1 Procedure

The *Following Lives Undergoing Change* (Flux) Study is an ongoing, online prospective observational cohort study of licit and illicit drug use among Australian GBM. The Flux Study examines the prevalence, incidence, and context of licit and illicit drug use, and their associated motivations, pleasures, and harms. Methods have been described in greater detail elsewhere (Hammoud, Jin, Degenhardt et al., 2017).

Participants were recruited between August 2014 and July 2017 through Facebook, gay community websites and online media, mobile phone applications, and gay sexual networking websites. Participants provided informed consent and ethical approval was granted by the Human Research Ethics Committee of UNSW Sydney (HC14075).

After baseline, follow-up questionnaires were completed biannually. Invitations to participate in each follow up round were sent via email or text messaging.

3.2 Measures

The baseline and follow-up surveys included: demographic items, questions on sexual identity and social networks, HIV testing history and self-reported HIV serostatus, sexual behaviour with men, and attitudes and beliefs about drug use. Men also indicated how much they were affiliated with specific gay community tribal subcultures (Prestage et al., 2015), with responses of 'Not at all', 'Somewhat', and 'Very much'. Subcultures include 'sex pigs', those who enjoy a range of sexual experiences that are more adventurous (Mowlabocus, 2016), and 'party boys', characterised as those who barhop and cruise for sex (Griffin,

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