



Research Paper

Prevalence of drug use during sex amongst MSM in Europe: Results from a multi-site bio-behavioural survey

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ABSTRACT

Background: Substance use has been consistently reported to be more prevalent amongst Men who have Sex with Men (MSM) compared to the general population. Substance use, in particular polydrug use, has been found to be influenced by social and contextual factors and to increase the risk of unprotected intercourse among MSM. The objective of this analysis was to investigate the prevalence and predictors of drug use during a sexual encounter and to identify specific prevention needs.

Methods/design: A multi-site bio-behavioural cross-sectional survey was implemented in 13 European cities, targeting MSM and using Time-Location Sampling and Respondent-Driven Sampling methods. Multivariable multi-level logistic random-intercept model (random effect of study site) was estimated to identify factors associated with the use of alcohol, cannabis, party drugs, sexual performance enhancement drugs and chemsex drugs.

Results: Overall, 1261 (30.0%) participants reported drug use, and 436 of 3706 (11.8%) reported the use of two or more drugs during their last sexual encounter. By drug class, 966 (23.0%) reported using sexual performance enhancement drugs, 353 (8.4%) – party drugs, and 142 (3.4%) the use of chemsex drugs. Respondents who reported drug use were more frequently diagnosed with HIV (10.5% vs. 3.9%) before and with other STIs during the 12 months prior to the study (16.7% vs. 9.2%). The use of all the analysed substances was significantly associated with sexual encounter with more than one partner.

Discussion: Substance and polydrug use during sexual encounters occurred amongst sampled MSM across Europe although varying greatly between study sites. Different local social norms within MSM communities may be important contextual drivers of drug use, highlighting the need for innovative and multi-faceted prevention measures to reduce HIV/STI risk in the context of drug use.

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¹ The list of Sialon II Network members is included as Annex 1 in Supplementary file.

Background

Substance use has been consistently reported to be more prevalent amongst men who have sex with men (MSM) populations compared to the general population (Hunter, Dargan, Benzie, White, & Wood, 2014; Mercer et al., 2016; Mor & Davidovich, 2016; Wohl, Frye, & Johnson, 2008). Studies have addressed legal substances such as alcohol or tobacco as well as diverse illegal substances and medications used without prescription, the use of the last two referred to as drug use.

The available literature suggests that patterns of drug use among MSM differ from men who report sex with women only (Feaster et al., 2016; Hunter et al., 2014; Lhomond et al., 2014; Wohl et al., 2008). Moreover, the evidence also suggests that particular MSM populations may also be more likely to use drugs associated with visiting clubs or venues (e.g. cocaine, ecstasy, γ -hydroxybutyrate – GHB/ γ -butyrolactone – GBL, hallucinogens, methamphetamines) (Feaster et al., 2016; Wohl et al., 2008) and less likely to inject opiates (Feaster et al., 2016).

Substance use amongst MSM has also been shown to be associated with societal contextual factors like stigma, poverty, trauma, and, at individual level, internalised homophobia, resulting from negative attitudes towards homosexuality in the environment (Edelman et al., 2016; Wilson et al., 2016). Perceived stigma towards gay/bisexual individuals has also been found to be an important predictor of reduced service use, for example reduced HIV testing uptake, of increased risk behaviours and poorer mental health (Martinez et al., 2016; Pachankis, Hatzenbuehler, Miranda, et al., 2017; Vanden Berghe, Nöstlinger, & Laga, 2014). The co-occurrence of these negative health outcomes can be framed within the emergent approach of syndemics, consisting of interacting diseases and the social and environmental factors that promote their negative effects on individuals and populations (Singer, Bulled, Ostrach, & Mendenhall, 2017). Syndemics of substance use, depression, and violence have been identified amongst MSM (Jie, Ciyong, Xueqing, Hui, & Lingyao, 2012; Stall et al., 2003; Vanden Berghe et al., 2014) and could be explained within the framework of the minority stress model (Meyer, 2003).

Recent trends in drug use amongst MSM show evolving use patterns specifically associated with sex. In this context, several stimulants termed ‘chemsex’ drugs (typically mephedrone, GHB/GBL, and crystallised methamphetamine) appear to be increasingly used (Kirby & Thornber-Dunwell, 2013). Chemsex drugs are usually taken to prolong sexual pleasure and activity, increase sexual self-confidence as well as enhance the perceived quality of sex (Weatherburn, Hickson, Reid, Torres-Rueda, & Bourne, 2017). Social and cultural norms in gay subcultures and the party context festive scenes may play an important role in explaining the increasing popularity of chemsex. For example, they may be related to the supposed ubiquity of chemsex or to what it is permitted by or expected from engaging in chemsex (Ahmed et al., 2016).

Substance use amongst MSM, and specifically drug use is a key public health concern because it is often associated with sex in specific contexts and may thus be linked to the transmission of HIV and other sexually transmitted infections (STIs) (Carey et al., 2009; Daskalopoulou et al., 2014). Substance use, in particular polydrug use, has been found to increase the risk of unprotected anal intercourse or sero-discordant unprotected anal intercourse (Daskalopoulou et al., 2014; Santos et al., 2013; Tieu et al., 2014). However, there may be differences between the impact of particular substances on risk taking and HIV/STI risk (Carey et al., 2009; Vosburgh, Mansergh, Sullivan, & Purcell, 2012).

In Europe, the use of psychoactive substances among MSM in association with sex appears to be present consistently, although with different prevalence and patterns across the region (Schmidt et al., 2016). Whilst substance use has been described amongst

MSM for some countries, the patterns of use are poorly understood in other countries, in particular in Central- Eastern and Southern Europe. Understanding this phenomenon is important in order to improve individual sexual health (e.g. through counselling) and to strengthen prevention services for STIs including HIV. This is even more so, in view of increasing mobility of MSM in Europe and worldwide and risk behaviours, including drug use, undertaken when travelling (Lee, Sullivan, & Baral, 2017; Vanden Berghe, Nöstlinger, Hospers, & Laga, 2013).

The objective of this analysis was to investigate the prevalence and predictors of drug use during a sexual encounter amongst MSM. Our focus is on the event-based analysis, including sexual partner characteristics and drug use during the same sexual encounter. We aim at characterising sexualised drug use in a large community sample of MSM who participated in the Sialon II study in 13 cities across Europe, both Western and Eastern, in view of specific prevention needs.

Methods

Study design and enrolment

This multi-site bio-behavioural cross-sectional survey was implemented in 13 European cities: Brussels (Belgium), Sofia (Bulgaria), Hamburg (Germany), Verona (Italy), Vilnius (Lithuania), Warsaw (Poland), Lisbon (Portugal), Bucharest (Romania), Bratislava (Slovakia), Ljubljana (Slovenia), Barcelona (Spain), Stockholm (Sweden), and Brighton (UK). A detailed description of the study methodology has been published elsewhere (Gios et al., 2016).

Male individuals were enrolled in the study cities during the data collection period in line with the following inclusion criteria: having had sex (any kind of sex) with another man during the previous 12 months, having provided informed consent, and agreed to donate a biological sample (oral fluid or blood depending on the enrolment approach adopted in the given city). Anonymous data collection took place from April 2013 to November 2014.

Two different data collection methods were used to identify and recruit MSM based on formative research conducted in each study site. Time-Location (or time-space) sampling (TLS) was used in nine cities (i.e. Brussels, Sofia, Hamburg, Warsaw, Lisbon, Ljubljana, Barcelona, Stockholm, and Brighton), whilst Respondent Driven Sampling (RDS) was adopted in four cities (Bratislava, Bucharest, Verona, and Vilnius).

In each city, the survey was implemented through trained community field workers using the same methodology (adopting study protocols, laboratory algorithms, and questionnaires). A target number of 400 MSM per city was planned with an expected total of $n=5,200$ participants for the entire survey. Due to difficulties with RDS recruitment in Bucharest, the intended sample size was not reached in Bucharest.

Study population

Overall, a total of 4901 MSM were surveyed: 3596 MSM through TLS and 1305 through RDS. An extensive description of the study sample characteristics is available in the Sialon II bio-behavioural survey report (The Sialon II Project, 2016).

For the purpose of this analysis, we included only those MSM who reported having had anal intercourse with another man during the last six months ($N=4266$). Another words we analysed only the anal sex events reported for a well-defined time period (October 2012–November 2014).

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