

Hazardous drinking and the overlap with recreational drug use: a cross-sectional study of gay and bisexual men in Melbourne, Australia.

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Introduction and aim

Both alcohol and recreational drug use are prevalent among gay and bisexual men (GBM); in 2015 one in three Melbourne GBM reported >four drinks on one occasion at least weekly and two-thirds reported recreational drug use in the past six months.¹ Both alcohol and drug use have been associated with impaired decision making and sexual risk.²

Understanding the intersection between alcohol and recreational drug use is important for tailoring sexual health promotion and harm reduction strategies.

We aim to explore hazardous drinking and recreational drug use among GBM in Melbourne.

Methods

The HIV Prevention Initiatives Evaluation aims to assess the effectiveness of current Victorian HIV prevention initiatives.³

A series of online surveys have been completed periodically (~ annually) since 2009, targeting GBM ≥18 years, residing in Victoria for the past 12 months. Participation is anonymous.

Surveys include questions on socio-demographics, sexual behaviours, sexual health knowledge and recognition and message recall of current sexual health campaigns.

In July 2014, GBM were also asked about the use of alcohol, amyl nitrate, cannabis, ecstasy, gamma hydroxybutyrate, heroin and methamphetamine in the past six months. The AUDIT-C tool was used to classify alcohol use; a score of ≥4 was considered hazardous drinking and was the primary outcome.⁴

Multivariable logistic regression examined associations with hazardous alcohol use.

Results

In 2014, a total of 328 GBM completed the survey; median age was 35 years and most men (72%) reported being HIV-negative.

The majority (89%) of men reported any alcohol use in the past 6 months; two-thirds (63%) had an AUDIT-C ≥4 (hazardous drinking) with 40% reporting >6 drinks on one occasion at least monthly.

Approximately half (49%) of men reported any recreational drug use in the past 6 months. Of the responses to “drugs used for the purpose of sex” (n=180); the three most commonly reported were amyl nitrate (60%), methamphetamine (16%) and cannabis (10%).

Younger age and reporting use of ecstasy or amyl nitrate was associated with hazardous drinking.

Table 1. Associations with hazardous drinking among GBM, 2014, Melbourne, Australia (n = 280)

Variable	aOR (95% CI)
Age <30 years	2.1 (1.1-4.0)
Used amyl nitrate	1.9 (1.1-4.0)
Used ecstasy	4.6 (1.5-13.9)
Used marijuana	2.0 (0.9-4.3)
Has a regular sex partner	1.4 (0.8-2.5)
Has a casual sex partner	0.8 (0.4-1.5)

CI, Confidence Interval; GBM, Gay and Bisexual Men; aOR, adjusted Odds Ratio
Analysis adjusted for all variables in the table.

Discussion and conclusions

Hazardous drinking was commonly reported among GBM, particularly young GBM, and overlapped with use of recreational drugs.

The complexities and commonality of alcohol and recreational drug use need to be considered in planning harm reduction and health promotion initiatives targeting GBM.

Disclosure of Interest Statement:

The Victorian Department of Health funds the Centre for Population Health to conduct the HIV Prevention Evaluation project.

References: 1. Lee E, et al. (2015) *Gay Community Periodic Survey: Melbourne 2015*. Centre for Social Research, UNSW, Australia. 2. Lea T, et al. Alcohol use among a community-based sample of gay men: correlates of high risk and implications for service provision. *Drug and Alcohol Review* 2015; 34:349-357. 3. Pedrana A, et al. Stop the drama Downunder: a social marketing campaign increase HIV/sexually transmitted infections knowledge and testing in Australian gay men. *Sex Trans Dis* 2012; 39(8):651-8. 4. Royal Australian College of General Practitioners (2013). *Guidelines for preventive activities in general practice*. Available: <http://www.racgp.org.au/your-practice/guidelines/redbook/>.

For more information on the HIV Prevention Initiatives Evaluation project, go to :
http://www.burnet.edu.au/projects/134_hiv_prevention_initiatives_evaluation

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