RECREATIONAL DRUG USE AMONG NEW ZEALAND GAY AND BISEXUAL MEN AND ITS ASSOCIATION WITH HIV AND STI RISK

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Background: Anecdotally there is a rise in “chemsex” and HIV risk among New Zealand gay and bisexual men (GBM) but data are lacking. We analysed data available on recreational drug use from a study of GBM to establish a baseline estimate and investigate associations with sexual health and HIV risk.

Methods: We analysed cross-sectional HIV behavioural surveillance samples conducted in gay community settings and online in 2006. Participants were asked their frequency of using nine drugs (poppers, cannabis, ecstasy, methamphetamine, amphetamine, cocaine, LSD, GHB, ketamine) in the previous six months. We examined associations between selected drugs and number of recent partners, unprotected anal intercourse with a casual partner (UAIC), and sexually transmitted infections (STIs) using odds ratios adjusted for potential confounding by age and recruitment site (AORs).

Results: Overall 3211 participants provided information of whom 55.8% reported any drug use and 37.1% cannabis, 35.9% poppers, 16.2% ecstasy, 10.3% amphetamine, 7.3% methamphetamine, 6.4% LSD, 6.0% cocaine, 5.2% GHB and 4.3% ketamine use. A quarter (25.6%) reported using one drug, 22.8% 2-4 and 7.4% 5 or more drugs (“polydrug”). Consumption of any drug was higher among gay bar recruits (73.7%), those aged under 30 (60.2%), Maori (69.1%) and HIV positive respondents (72.7%) (all p<0.001). Cannabis, methamphetamine and polydrug users were significantly more likely to report >20 recent partners (AORs 2.1, 3.0 and 7.0 respectively), UAIC (AORs 1.7, 2.2 and 3.2 respectively) and an STI (AORs 2.0, 2.9 and 4.3 respectively).

Conclusions: These are the first data examining drug use and sexual health among New Zealand GBM. Drug use was common in this sample, and GBM who consumed recreational drugs had more partners, more unprotected sex and were more likely to have had an STI diagnosed recently. Polydrug and methamphetamine users had especially high sexual health needs. Limitations include an inability to attribute causation. Future surveys can monitor changes in consumption and associations with behaviours.

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