New Zealand MSM who use recreational drugs report higher rates of STIs

Ongoing analysis of the Gay Auckland Periodic Sex Survey (GAPSS) and the nationwide Gay men’s Online Sex Survey (GOSS) has revealed new information on recreational drug use among New Zealand men who have sex with men (MSM).

Of the 3369 respondents, 53.2% reported any use of amyl, cannabis, GHB, Ecstasy, amphetamines, methamphetamines, cocaine, ketamine or LSD in the six months prior to survey. The majority of these had only used amyl and/or cannabis however (32.4%), with 1 in 5 (20.8%) of all respondents reporting any of the latter 7 drugs.

The most common drugs were amyl (used by 36.9% of all respondents) and cannabis (38.3%), with 17.2% reporting Ecstasy, 7.9% reporting methamphetamine, and 4.7% reporting ketamine in the last six months. Men were also asked about their frequency of use over this period. Almost half of amyl and cannabis users used these drugs twice or more a month (hereafter referred to as “high frequency use”), whereas the majority of other drugs were used occasionally (i.e. once a month, 2-5 times in the last six months, or just once in the last six months).

Examining the characteristics of MSM reporting amyl, cannabis, Ecstasy, methamphetamine and ketamine more closely, consumption of most drugs was found to be highest among MSM aged under 30, with the exception of amyl which was higher among men aged 30 and over. Use of many drugs was also higher among Maori MSM. Men with 20 or more sexual partners in the previous six months were also more likely to report using each drug, compared to men with fewer recent sexual partners.

The analysis then explored whether unprotected sex, attitudes to HIV and safe sex, and STI diagnosis were associated with consumption of these 5 particular recreational drugs. “Outcomes differed markedly depending on the type of drug, and the frequency of use” said Peter Saxton, Senior Researcher at NZAF.

"In general, unprotected casual sex was only associated with high frequency recreational drug use (i.e using twice or more a month), not occasional drug use. For certain drugs such as methamphetamine however, even occasional use corresponded with an elevated rate of unprotected sex. Ecstasy use was not associated with reporting unprotected anal sex at all, regardless of how often respondents used it."

"The picture changes in terms of recent STI diagnosis. Any use of any of the recreational drugs increased your risk of STI acquisition. Frequency of drug use modified this risk upwards, but even occasional use increased your STI risk relative to not using drugs."
“For example, 40.6% of high frequency ketamine users reported an STI in the previous year, compared to 23.3% of occasional users, and 7.4% of MSM who had not used ketamine. With methamphetamine, 20.3% of high frequency users had an STI diagnosed, compared to 20.3% of occasional users, and 7.3% of non-users.” These findings also held when taking into account the potential confounding effects of age, number of sexual partners, and ethnicity on your risk of acquiring an STI.

High frequency recreational drug users were more likely to report complacent attitudes towards the HIV epidemic, and were more likely to agree that “I would sometimes rather risk HIV transmission than use a condom during anal sex”.

“These preliminary findings clearly show that MSM who use certain drugs at certain levels are more likely to report unprotected sex, and are more likely to report a recent STI than other MSM” reported Saxton.

The questionnaire was not able to link drug use to specific sexual episodes. Therefore, “at this point we can only speculate about the nature of these associations. Naturally, one direct mechanism is behavioural disinhibition when combining sex and drug use. Another is that high frequency drug use is a marker of risk taking in general. A third is that your risk isn’t dependent on behavioural disinhibition in the heat of the moment, but on the ways you meet and choose sexual partners even when you’re not using.”

"For example, we’ve found that MSM who report high frequency recreational drug taking also report higher numbers of sexual partners than other men. If men who frequently use recreational drugs tend to choose other frequent recreational drug users as sexual partners (i.e. if their social and sexual networks overlap), then they’ll be sexually mixing with men who have higher than average rates of partner change, and consequently with men who have higher than average rates of STIs."

"It would be a case of your STI risk being higher because of the men you’re having sex with,” said Saxton.

Compared to these New Zealand findings, consumption of most recreational drugs was substantially higher among Sydney MSM, in many cases twice the rate. “This raises the question as to why you don’t find twice the rate of unprotected sex among Sydney MSM” noted Saxton. “A possible explanation is that in New Zealand, networks of high frequency meth use for example, and high risk sexual activity, are more closely overlaid than in cities where certain recreational drugs are more available, cheaper, and where use is more normative”.

“In cities like Sydney and London this could then place the average meth user more peripheral to sexual networks with high rates of STIs. In New Zealand, it probably places you more centrally.”

One way to test this hypothesis would be to see if gay men returning home from these cities and who continued to consume drugs at the same levels ironically started to acquire more STIs than they did overseas. “As often happens, when you find yourself placed in a new social or sexual network, the habits that helped you avoid infection in the past may no longer be protective in the same way” concluded Saxton.

A slide presentation of these findings is available from the NZAF website at this link:
The GAPSS and GOSS studies are a collaboration between the New Zealand AIDS Foundation’s Research, Analysis and Information Unit and the AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago.

The GAPSS and GOSS studies recruited MSM from the Big Gay Out, gay bars, gay saunas and Internet dating sites, and the findings should not be generalized to all gay and bisexual men.