Hidden in plain sight: MSM engaging in Chemsex as an emerging risk group for STI/HIV

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Background

• Men who have sex with men (MSM) are increasingly using drugs during sex (‘Chemsex’). Chemsex might contribute to the high incidence of STI/HIV among MSM in many developed countries.
• Most previous research focused on MSM in the UK and four typical chemsex drugs: crystal meth, mephedrone, GHB and GBL.
• The current study uniquely examines a wide variety of drug types used during sex, and their associations with STI/HIV laboratory test results of MSM visiting two Dutch STI clinics.

Methods

Study population:
- 348 MSM recruited at two STI clinics
- 250 MSM (71.8%) completed the online questionnaire

• Participants were representative for MSM STI population regarding age and STI test results (data not shown).
• Median age participants: 35 years

Analysis:
• Questionnaire data and STI client registry data, including STI/HIV test results.
• Outcome: any STI (CT, NG, syphilis, hepatitis B, or HIV at most recent consultation of clients).
• Determinants: chemsex (any drug use during sex, excluding alcohol, cannabis, erection medicines), drug types used during sex in preceding six months.
• Univariate logistic regression analyses.

Results

• Prevalence any STI: 19.2%
• Prevalence chemsex: 51.6% (121/250)
• Top six most used drugs during sex:
  1. Poppers: 42.0% (105/250)
  2. XTC/MDMA: 27.2% (68/250)
  3. GHB/GBL: 25.6% (64/250)
  4. Ketamine: 12.4% (31/250)
  5. Speed: 10.8% (27/250)
  6. Cocaine: 9.2% (23/250)
• Crystal meth (2.0%; 5/250), mephedrone (1.6%; 4/250), and research chemicals (3.2%; 8/250) rarely used during sex.

<table>
<thead>
<tr>
<th>Drug use during sex ≤ 6 months</th>
<th>Any STI</th>
<th>Univariate OR</th>
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</thead>
<tbody>
<tr>
<td>Chemsex</td>
<td>24.8% (32)</td>
<td>2.17 (1.12-4.19)*</td>
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<tr>
<td>Four chemsex drugs</td>
<td>36.9% (24)</td>
<td><strong>3.93 (2.03-7.61)</strong>*</td>
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<tr>
<td>Poppers</td>
<td>26.7% (28)</td>
<td><strong>2.27 (1.20-4.31)</strong></td>
</tr>
<tr>
<td>XTC/MDMA</td>
<td>35.3% (24)</td>
<td><strong>3.59 (1.86-6.93)</strong>*</td>
</tr>
<tr>
<td>GHB/GBL</td>
<td>35.9% (23)</td>
<td><strong>3.61 (1.86-7.00)</strong>*</td>
</tr>
<tr>
<td>Ketamine</td>
<td>35.5% (11)</td>
<td>2.71 (1.20-6.12)*</td>
</tr>
<tr>
<td>Speed</td>
<td>25.9% (7)</td>
<td>1.55 (0.62-3.92)**</td>
</tr>
<tr>
<td>Cocaine</td>
<td>47.8% (11)</td>
<td><strong>4.71 (1.93-11.47)</strong>*</td>
</tr>
</tbody>
</table>

* <0.05, **<0.01, ***<0.001

• Over half of MSM visiting Dutch STI clinics recently engaged in chemsex and this was associated with any STI, indicating the need for monitoring and improved care and prevention.
• A broader definition of chemsex, incorporating more drug types than the four typical chemsex drugs, might be more appropriate to reflect the STI risks.

Conclusion

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