

The influence of alcohol on sexual risk among gay, bisexual and other MSM in the context of drug use

KE Ryan^{1,2}, AL Wilkinson^{1,2}, D Leitinger³, A Pedrana^{1,2,4}, M Hellard^{1,2,5}, M Stoové^{1,2}

1 Centre for Population Health, Burnet Institute, Melbourne, Australia ; 2 School of Population Health and Preventative Medicine, Monash University, Melbourne, Australia; 3 Victorian AIDS Council, Melbourne, Australia; 4 Department of Nutrition, Harvard T.H. Chan School of Public Health, Cambridge, United States of America; 5 Alfred Health, Infectious Disease Department, Alfred Hospital, Commercial Rd, Melbourne, Australia

Background

While the association between alcohol consumption and sexual risk among gay bisexual and other MSM (GBM) is well established, the prominence of recreational drug use in HIV/STI prevention has resulted in diminished attention on the role played by concurrent risky alcohol consumption. We explored factors associated with the relationship between alcohol consumption and condom use among GBM testing for HIV.

Methods

A behavioural survey was completed by all clients testing for HIV at PRONTO!, an inner city peer-led rapid HIV testing service in Melbourne, Australia.

Surveys completed between 17 October 2014 and 30 December 2015, at the fixed site, by GBM reporting male casual sex partners were included in analyses. Correlates of reporting alcohol impacting decisions to use condoms were explored using multivariate logistic regression.

Results

1900 eligible test events occurred within the timeframe among 1402 GBM.

30% (420) of GBM reported ever having alcohol impact the decision to use condoms with casual partners .

Among 1819 test events with complete survey, in multivariate logistic regression, alcohol impacting condom use was associated with

- being aged 30-35 years,
- past six month use of ecstasy,
- past six month use of cocaine,
- alcohol impacted discussing partners HIV status.

Clients aged <40 years more commonly report risky drinking at least monthly (48.4%) compared to those aged ≥40 years (29.3%) (p<0.001).

Table 1. Multivariate logistic regression of covariates associated with reporting yes to “in the last six months, did alcohol impact your decision making in regards to condom use”

		n (%)	OR (95% CI)	aOR ^a (95%CI)
Australian born	Yes	1059 (58.2)	0.9 (0.8-1.2)	1.1 (0.8-1.4)
Age (years)	16-29	855 (47.0)	1.7 (1.3-2.3)	1.3 (0.9-1.8)
	30-39	589 (32.4)	2.0 (1.5-2.7)	1.7 (1.2-2.4)
	40+	375 (20.6)	ref	ref
Number of anal sex partners ^b	1 man	231 (12.7)	ref	ref
	2-10 men	1351 (74.3)	1.8 (1.3-2.6)	1.4 (0.9-2.1)
	11+ men	237 (13.0)	2.9 (1.9-4.4)	1.8 (1.1-3.0)
Any group sex ^b	Yes	601 (33.1)	1.5 (1.2-1.8)	1.0 (0.8-1.3)
Drugs used before sex ^b	Cocaine	112 (6.16)	3.2 (2.2-4.8)	1.8 (1.0-3.2)
	Ecstasy	212 (11.7)	2.7 (2.0-3.7)	1.8 (1.2-2.7)
	Amphetamine	154 (8.5)	2.2 (1.6-3.1)	1.5 (0.9-2.4)
	Amyl nitrate	761 (41.84)	1.5 (1.2-1.8)	1.1 (0.9-1.5)
	Viagra	239 (13.1)	1.0 (0.8-1.4)	0.8 (0.5-1.1)
	Marijuana	237 (13.0)	1.6 (1.2-2.2)	1.0 (0.7-1.4)
	GHB	82 (4.5)	2.1 (1.3-3.3)	0.8 (0.5-1.6)
	Alcohol impacted discussing partners HIV status ^b	Yes	539 (29.6)	10.4 (8.2-13.2)

a. Adjusted for all variables in table

b. Six month recall

Conclusion

The role of alcohol consumption in HIV/STI risk overlaps with the recreational drug consumption among GBM, particularly among younger GBM. Targeted sexual health promotion campaigns and risk reduction counselling should consider the contributing role alcohol plays in the context of drug use and sexual risk.