

# Drug-using MSM had higher HIV risk behaviours despite more prevention than non-drug using counterparts

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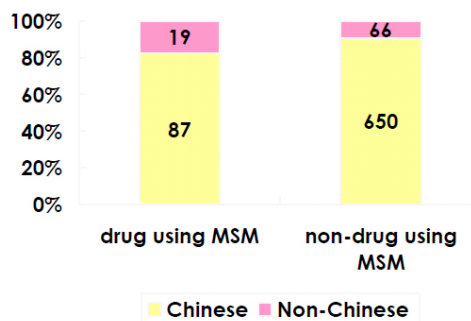
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**Background** : A territory-wide seroprevalence study among men who have sex with men (MSM) was conducted in end of 2006. The result has been alarmed that HIV prevalence was about 4.05%, which is many folds higher than other at-risk populations, such as commercial sex workers. Recent overseas documents demonstrated drug using was positively associated with HIV infection among sexually active MSM, which could be one of the reasons contributed to upsurging HIV cases. Up to now the situation in Hong Kong (HK) is still not clear, although drug possessing and drug trafficking are prohibited by laws.

**Methods** : A venue-based survey was conducted in bars/clubs and saunas by trained MSM interviewers, which was composed of self-administered behavioural questionnaire on the subject of sexual risk, condom usage and testing habits; together with unlinked anonymous HIV antibody (Western Blot) test by way of urine sample collection. Stratified random sampling method was adopted to enhance representativeness.

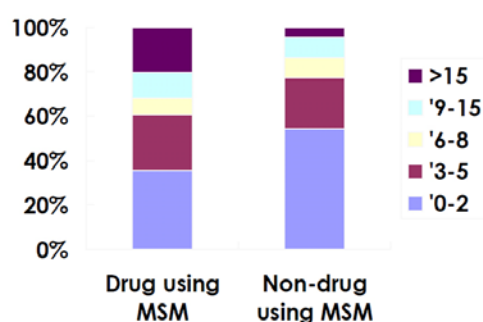
**Results** : 859 valid samples were collected; of it 12.3% (106) reported drug use; commonly were poppers, ketamine, ecstasy and Viagra. The seroprevalence (non-adjusted) of drug-using MSM was 8.5%, compared with 3.7% of non-drug user ( $p < 0.05$ ). More non-Chinese than Chinese MSM (22.4% versus 11.8%) claimed to have drug use practice (Figure 1).

Figure 1 Ethnicity distribution of drug using MSM



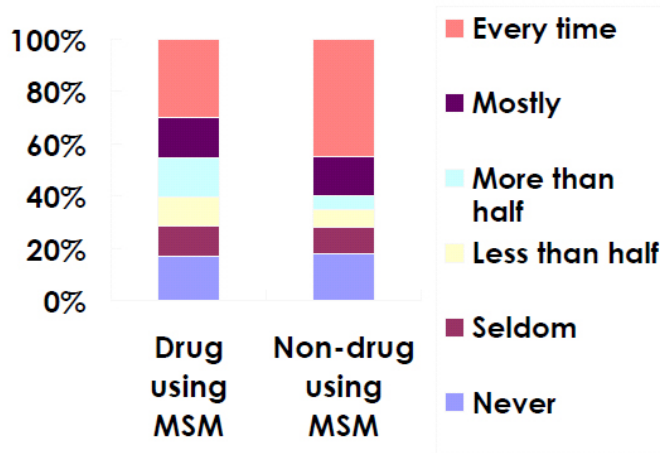
Drug using MSM tended to have more anal sex partners than non-drug users (Figure 2). Yet they also engaged in more anal intercourse (AI) with casual sex partners ( $p < 0.00$ ), not to mention a higher proportion of casual sex partners was observed in this group (93.5% versus 81.9%,  $p = 0.005$ ).

Figure 2 Number of anal sex partner(s) in previous 6 months



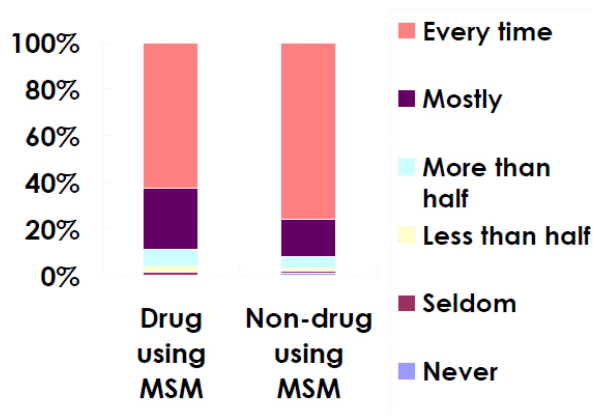
Of their safety measures, there was apparently a smaller proportion of consistent condom use with their regular sex partners in drug using MSM (30.2% versus 44.9%). Despite of this, the overall condom usage rate between any of the groups was not accountable (Figure 3).

**Figure 3 Condom usage rate with regular sex partner(s)**



It was obvious that more drug users failed to perform safe sex persistently (i.e. 100% use of condom) than MSM not taking drugs during sex with their casual partners. Concerning unsafe sexual behaviours (more than half of unprotected sex), no difference was noticed between groups either (Figure 4).

**Figure 4 Condom usage rate with casual sex partner(s)**



In addition, a double of proportion (Table 1) of drug using MSM compared with non-drug using ones had sex outside HK as well as drinking alcohol before or during the anal or oral sex.

**Table 1 Other significant factors correlated with drug consumption**

	Drug using MSM n (%)	Non-drug using MSM n (%)	<i>p</i> -value
Sex outside HK	35 (33.3%)	109 (16.6%)	0.00
Drink in 6 months	70 (66.0%)	241 (33.4%)	0.00

In view of the health promoting service delivery, it showed that drug using MSM received more HIV preventive information (free condom & HIV prevention message) and a 20% higher utilisation of HIV/STI screening service than non-drug users ( $p < 0.00$ ), but there was no dissimilarity regarding the location of having HIV/STI testing service.

**Conclusions** : Drug using MSM were covered by preventive activities and received health messages. They were also more proactive in testing behaviours. On the contrary, their sexual behaviours – for example, number of sex partners – multiplied their risk of contracting HIV, in addition to the effect of recreational drugs.

Hence, screening of drug use can be considered to serve as proxy indicator of high risk sexual behaviours among MSM. It is also important to explore underlying factors of recreational drug use so that target interventions can be implemented to reduce the harm of substance abuse.