

343P

SUBSTANCE USE AMONG GAY MEN SPECIFIC TO ENCOUNTERS WITH CASUAL SEXUAL PARTNERS OF UNKNOWN HIV SEROSTATUS AND RELATION TO HIGH RISK SEX

AJ Schilder*¹, TM Lampinen^{1,2}, K Chan¹, ML Miller¹, MT Schechter^{1,2}, RS Hogg^{1,2}

1. BC Centre for Excellence in HIV/AIDS, 2. UBC Dept of Health Care & Epidemiology, Vancouver, British Columbia

13th Annual Canadian Conference on HIV/AIDS Research, Montreal, May 13-16, 2004.

Background: During 1997-2002 we observed in a cohort of gay men significant increases in substance use and unprotected anal intercourse (UAI) with casual partners: the latter was a strong risk factor for HIV seroconversion.

Objective: Measure the association of substance use and UAI specific to high-risk encounters.

Methods: Self-administered, cross-sectional survey during 2002-3 within the Vanguard Project, a prospective study of HIV-1 seroincidence and behavioral risk factors among MSM < 35 years old. Male sex trade workers and prevalent HIV+ MSM were excluded. Odds ratios (OR) and 95% CI were used to associate substance use and UAI during the previous year.

Results: Among 275 HIV-negative men having mean age 31 ± 4 years, 69% were white, 9% Aboriginal: 62% were employed full-time: and 54% completed college. A median of 5 (IQR 2,21) casual sexual partners were reported by 187 (68%) of the men, among whom 139 reported anal intercourse and 65 UAI. UAI with casual partners of unknown HIV serostatus was reported by 49/99 men [median frequency: 2 (1,4) times insertive and 1 (1,2) times receptive]. Four drugs used within 2 hours of these encounters were associated with UAI: Ketamine (OR 11.0, 1.3-90.7), GHB (OR 6.9, 1.5-33.2), ecstasy (OR 4.6, 1.4-15.2) (all $p < 0.009$): and Viagra (OR 3.3, 1.1-10.0, $p = 0.03$). This UAI was not associated with use of marijuana, methamphetamine, or cocaine. Among reasons cited, 60-70% of men reported being "carried away" and that "the sex was too hot". These associations were not observed for UAI engaged in with HIV-negative casual partners (reported by 36% of 74 men).

Conclusion: Our results extend those of previous studies, demonstrating an association between 'club' drug use and UAI that is specific to high-risk partners. Disinhibiting effects per se are unlikely to explain this association, as it depends on partner serostatus, disclosure, or another closely related factor.