

Psychosocial Predictors of Crystal Methamphetamine Use Among Gay, Bisexual and Other Men Who Have Sex with Men: The Importance of Depression and Cognitive Escape

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Introduction

- ▶ Approximately 8-20% of gay, bisexual and other men who have sex with men (GBM) report the use of crystal methamphetamine (CM) in the past 6-12 months (1,2).
- ▶ CM is often used within a sexual context - referred to as party and play (PnP) or chemsex - as it allows for increased sexual stamina, prowess, and confidence (3).
- ▶ Although sexual health outcomes are well documented (e.g., increased condomless anal sex, poorer HIV medication adherence; 4), there is a paucity of research quantitatively examining psychosocial factors associated with CM use (5,6).
- ▶ We examined psychosocial variables associated with CM use among GBM:
 - ▶ Social support (7)
 - ▶ Depression (8)
 - ▶ Escape motives (i.e., the use of psychoactive drugs to cognitively “escape” from personal HIV-related risks; 9)

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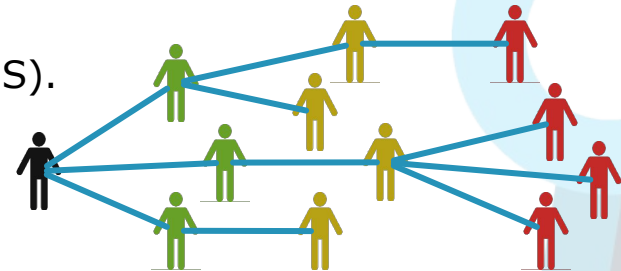
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Methods: The Engage Study

- ▶ Longitudinal cohort study conducted in Vancouver, Toronto, and Montreal.
- ▶ Recruited cisgender and transgender men who:
 - ▶ Were 16 years of age or older
 - ▶ Reported having sex with another man in the past 6 months
- ▶ Participants completed computer-assisted surveys and biomedical testing (i.e., STI and HIV testing).
- ▶ Participants recruited using Respondent-Driven Sampling (RDS).
- ▶ This study presents baseline cross-sectional data:
 - ▶ $N = 2,449$ ($V = 753$, $T = 517$, $M = 1179$)
- ▶ Multivariate logistic regressions examining correlates of CM use in the past 6 months (yes/no) were conducted for:
 - ▶ each city controlling for RDS-related clustering
 - ▶ a pooled analysis across cities, stratified by HIV status



Results

- ▶ Across cities and HIV status, one's motivation to cognitively escape was positively correlated with CM use in the past six months.

Multivariate Models of Factors Associated With CM Use Over the Past 6 Months Versus No Use

	Toronto	Vancouver	Montreal	Pooled	HIV+	HIV-
Variable	RR	RR	RR	RR	RR	RR
Age	1.00	1.00	1.00	1.00	0.99	1.01
Ethnicity ^a	0.92	0.83	1.12	0.85	0.82	0.95
Living with HIV ^b	4.02***	4.59***	3.54***	4.04**	---	---
Income	0.99	.84**	0.99	0.92	0.94	0.89
Sexual Orientation ^c	0.71	0.28	1.26	0.88	0.93	1.21
Depression	1.04	0.97	1.08**	1.03*	1.03*	1.02
Group sex, any	1.63*	0.98	2.98***	1.62***	1.50**	2.37***
Sexual Satisfaction	1.01	1.00	1.02	1.00	1.00	1.03
Escape Motives	1.04**	1.07***	1.04**	1.05***	1.03***	1.09***
Emotional SS	0.88	0.86	0.92	0.89	0.92	0.84
Interactional SS	0.99	0.97	0.97	1.02	0.99	0.98
Constant	.01***	.02***	.01***	.02**	.15***	.00***

Note. Criterion variable = CM use in the past 6 months (0 = no, 1 = yes). RR = adjusted risk ratios. SS = social support

^aReference group = white (white = 0, racialized = 1). ^bReference group = not living with HIV (0 = not living with HIV, 1 = living with HIV). ^cReference group = gay (gay = 0, 1 = other identity).

* $p < .05$, ** $p < .01$, *** $p < .001$

Conclusion

- ▶ Interventions and harm reduction efforts should target GBM most likely to use CM, who may be GBM who engage in group sex and men living with HIV.
- ▶ Effective interventions may wish to consider the psychosocial factors that motivate or result from CM use, particularly **depression** and the **desire to cognitively escape personal HIV-related risks**.
 - ▶ Interventions should focus on promoting harm reduction through group sex networks and other community based organizations.
- ▶ This study is limited by its cross-sectional nature.
- ▶ Future studies should examine:
 - ▶ How PrEP and TasP are used to mitigate risks among CM-using GBM.
 - ▶ Structural forms of HIV-related, CM-related and sexual orientation-based stigma, which are known to contribute to psychological distress and substance use among GBM (10,11,12).

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