Use of Recreational Drugs and Sexually Transmitted Infection (STI) diagnosis among patients attending a STI/HIV reference clinic in Rome (4159825)

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Background. To assess frequency and association with recent STI and Viral Hepatitis VH diagnosis with reported recreational drug (RD) use among clients of a reference center in Rome. Patients attended the center for HIV treatment or asking for STI visit.

Methods. Patients attending the clinic from January to May 2018, after signing informed consent, self-compiled a questionnaire concerning RD and sexual behaviors. Association with STI or VH diagnosis in the past six months, HIV status, demographic and behavioral data was assessed. In particular, drugs used during sex were analyzed: Crystal Meth, GHB and Mephedrone (3 chems) or plus MDMA, Cocaine, Ketamine, Erectile dysfunction agents, Poppers, Steroids (9 chems).

Results. Overall, 401 patients attended the center (203 for STI and 198 for HIV treatment), of them 235 (59%) were MSM, 113 (28%) heterosexual males and 53 (13%) females. The proportion of HIV infection was higher among MSM (76% vs. 10%). Figure 1 reports the frequency of RD used, although cannabinoids the most widely used RD, Cocaine, Poppers, EDA, Crack and Mephedrone use are significantly more frequently reported by MSM, who also reported more often poly-drugs use. Among MSM, STI or VH diagnosis in the past six months were significantly associated with reported RD use, overall and Syphilis, Hepatitis A and unspecified urethritis (Figure 2).

Fig 1: Proportions of Chemx Used in the Past Year

Fig 2: Proportions of STDs in the Past Year among MSM by Use of Selected Chemx, (Amphetamines, Poppers, GHB, Cocaine, Ketamine, Crystal, Crack, Erectile Dysfunction Drugs, Steroids).

Patients who reported any of 3 chems use also reported poly-RD use (means number of RD reported: 6.3, ±3.0, vs. 0.8, ±1.2 among patients who did not reported use of any 3 chems. Moreover, Condomless sex with non-steady partners was significantly (p<0.05) more frequently reported by HM and females (72% and 73% respectively) vs. MSM (41%); by HIV positive patients (65% vs. 41% by HIV neg) and by patients with STI diagnosis in the past six months (63% vs. 42% by patients without STI) (Figure 3a and 3b) (Fig 4).

At adjusted logistic regression, use of any of 9 chems among MSM was significantly associated with younger age, sex with contemporarily multiple partners and STD diagnosis, and marginally associated with sex with reported sex with partner contacted online. Still, the use of 3 chemsex drugs was associated with STD among MSM (Table 1).

Table 1. Adjusted Logistic Regression for Association with Use of Chemx (a. 9 chemx, all patients, b. 3 chemsex drugs, MSM).

Table 2. Adjusted Logistic Regression for Association with Use of Chemx (3 chems only, all patients, b. MSM).

Conclusions. Our data suggest that recreational drug use is an increasing behavior in Italy among MSM. The used of classic chems (crystal, mephedrone, GHB) is still limited and cocaine, poppers and erectly dysfunction agents are preferred. However, recreational drug use appears associated with higher risk sexual behavior and generally higher risk of STI and viral hepatitis diagnosis.