

Gay and bisexual men who inject drugs: Findings from an HIV bio-behavioural surveillance study in Aotearoa/New Zealand

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Introduction: New Zealand has sustained an excellent record preventing HIV among people who inject drugs (PWID). Although HIV prevalence in PWID accessing needle exchange programmes is low (0.2%), it is higher (7.7%) among gay and bisexual men who report injecting drug use (GBM/IDU), reflecting dual transmission risks. There is scarce New Zealand evidence to inform contemporary policy and programmes; we therefore analysed data on HIV prevalence and sexual behaviour from a previous surveillance study.

Method: Data were collected among GBM in 2011 from gay community settings and internet dating sites. Participation was voluntary, anonymous and self-completed. Items included sexual behaviour, HIV and STI testing, and injecting drug use history (<6 months, >6 months ago, never). A sub-study in Auckland community sites invited participants to provide an oral fluid specimen that was tested for HIV antibodies.

Key Findings: 3,163 GBM participated of whom 5.4% had injected ever and 1.2% <6 months ("recent" injectors). Recent injectors were more likely to report: being younger, being diagnosed HIV positive (22.4% vs 4%), >20 recent male partners (35.1% vs 8.2%), recent sex with a woman (35.1% vs 15.2%), any recent condomless sex with a casual male partner (58.3% vs 29.7%), and an STI diagnosis <12 months (24.3% vs 8%) compared to other participants (all $p < 0.001$). HIV positive recent injectors typically reported riskier behaviours than HIV negative recent injectors, and the latter riskier behaviours than other participants. Of the Auckland sub-sample providing specimens (80%), actual HIV prevalence was 20%, 21.3% and 5.3% among recent injectors, former-injectors and never-injectors respectively.

Conclusion: GBM/IDU are a sentinel group with high HIV and STI burden.

Implications for Practice or Policy: Bisexual behaviour potentially means GBM/IDU play a bridging role in HIV, HCV and other STI outbreaks. Access to NEP and PrEP is critical.

Implications for Translational Research: Updated research is needed to understand the attitudes of GBM/IDU to contemporary harm reduction practices and treatments.

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