Sexually Transmitted Infection and Chemsex Also Highly Prevalent Among Male Sex Workers Outside Amsterdam, The Netherlands

Citation for published version (APA):

Peters, C. M. M., Evers, Y. J., Dukers-Muijrs, N. H. T. M., & Hoebe, C. J. P. A. (2020). Sexually Transmitted Infection and Chemsex Also Highly Prevalent Among Male Sex Workers Outside Amsterdam, The Netherlands. *Sexually Transmitted Diseases*, 47(6), E15-E15. <https://doi.org/10.1097/OLQ.0000000000001174>

Document status and date:

Published: 01/06/2020

DOI:

[10.1097/OLQ.0000000000001174](https://doi.org/10.1097/OLQ.0000000000001174)

Document Version:

Publisher's PDF, also known as Version of record

Document license:

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Sexually Transmitted Infection and Chemsex Also Highly Prevalent Among Male Sex Workers Outside Amsterdam, The Netherlands

Male sex workers who have sex with men (MSW) are a high-risk group for acquiring sexually transmitted infections (STI) including human immunodeficiency virus (HIV).¹ Substance use among MSW is associated with higher-risk sexual practices.¹ Studies conducted inside and outside of the highly urban Amsterdam region have already presented high rates (17.6% up to 34.8%) of chemsex (intentionally using substances before or during sex) among men who have sex with men (MSM).^{2,3}

We have read the article by Drückler et al.⁴ with great interest. It described STI positivity, substance use, and chemsex among MSW in Amsterdam, the Netherlands. We would like to raise attention to the findings that STI and chemsex in MSW is also prevalent outside the highly urban Amsterdam region.

In a previously conducted study (2015) among 119 MSW in the less urbanized region of South Limburg we presented an STI positivity rate of 40% and 8% newly found HIV infections.⁵ Comparably, Drückler et al.⁴ found a bacterial STI positivity rate of 31.3% and new HIV-infections in 6.1% among 99 MSW.

In another, more recent study we have looked at chemsex among a large group of MSM, including 37 MSW, who visited public health service's STI clinics in nine regions in the Netherlands.⁶ We conducted a subanalysis of this data ($n = 558$) to review chemsex among MSW. Chemsex is defined by us in a broader definition: using cocaine, crystal meth, designer drugs, gamma-Hydroxybutyric acid (GHB)/gamma-Butyrolactone (GBL), ketamine, speed, or Ecstasy (XTC)/methylenedioxymethamphetamine(MDMA)

during sex in the past 6 months. In our study 48.6% (18/37) of MSW had chemsex, comparing to 40.5% (28/69) in Drückler et al. (using same chemsex definition without designer drugs).⁴ The percentage in our study mainly reflects the use of GHB/GBL (29.7%; 11/37), followed by XTC/MDMA (27%; 10/37). The STI positivity rate among MSW who had chemsex was 11.8% (2/17) in our study, whereas Drückler et al.⁴ found an STI positivity rate of 23.8% (5/28) among this group.

When using the more limited classic UK chemsex definition used by Drückler et al. (use of mephedrone, GHB/GBL or methylamphetamine before or during sex) 29.7% (11/37) in our study had chemsex, compared with 17.4% in the Amsterdam region.⁴ This percentage mainly reflects the use of GHB/GBL (29.7%; 11/37) followed by crystal meth (10.8%; 4/37) and mephedrone (0%). This confirms our research group's view that GHB/GBL is one of the most commonly used chemsex substances among MSM outside of Amsterdam.³ A respondent of a qualitative study we conducted among 20 MSW in the province of Limburg confirmed common GHB/GBL use: "GHB is a requirement during sex. I think so, eh it is, GHB is, so to speak, a sex drug."

In conclusion, both STI positivity and chemsex rates are not only high among MSW inside but also outside of the highly urban Amsterdam region. This suggests the need for a nationwide public health approach for chemsex in MSW. Nevertheless, most MSW remain hidden to care for STI and chemsex consequently arguing for better reach.

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The authors have no conflicts of interest to declare. The authors have received no specific funding for this work.

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