

BACKGROUND

Research has noted the recreational use of erectile dysfunction medications (EDM) (Viagra®, Cialis®, Levitra®), regardless of physiological need, among gay, bisexual and other men who have sex with men (MSM). EDM is often recreationally used with illicit substances, in particular, club drugs. Also, previous studies in many high-income countries reported associations between EDM use and risk behaviors among MSM. Little is known about the extent and pattern of use of EDM by MSM in Spain.

OBJETIVE

To examine the relationships between EDM, recreational drugs, sexual risk behaviour, and STI in MSM.

METHODS

The European MSM Internet Survey (EMIS) was implemented in 2010 in 38 European countries on websites for MSM and collected data on socio-demographics, drugs use, sexual behaviour, and other sexual health variables. Univariate (chi-square test) and multivariate logistic regression analysis were conducted to assess variables associated with EDM use in the previous 12 months. Final model was adjusted for educational level.

RESULTS

A total of 13,111 respondents living in Spain completed the questionnaire. Thirteen percent of MSM reported using EDM in the previous 12 months. The distribution of EDM use according to socio-demographic characteristics is shown in the Figures 1, 2 and 3.

Table 1 shows the multivariate analysis results:

Figure 1: Erectile dysfunction medications use by age and settlement size

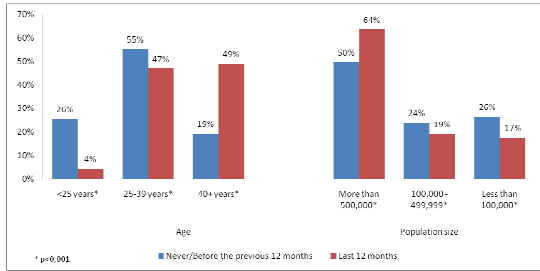
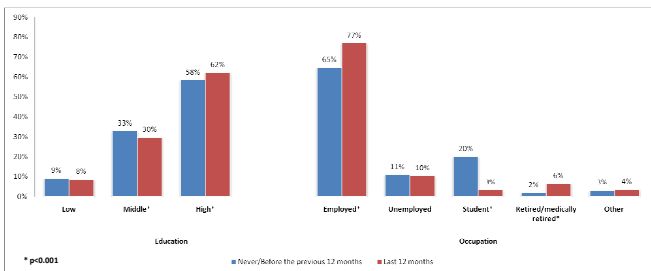


Figure 2: Erectile dysfunction medications use by education level and occupation



Education level: Low: ISCED 1 and 2, Middle: ISCED 3 and 4, High: ISCED 5 and 6

Figure 3: Erectile dysfunction medications use by origin and HIV-status

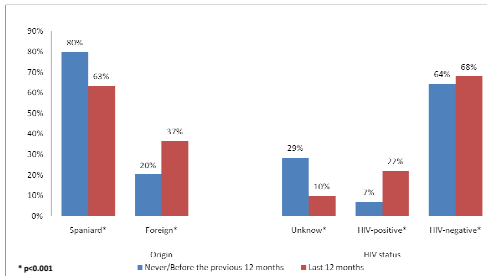


Table 1: Variables associated with EDM use in the previous 12 months

	aOR	95%CI
Being older:		
25-39 years old.	3.5	2.6 - 4.7
40 or older	14.4	10.7 - 19.3
Population size:		
100,000 – 499,999	1.3	1.0 – 1.5
More than 500,000	1.3	1.1 – 1.6
Born abroad	1.7	1.5 – 1.9
Selling sex*	1.9	1.5 – 2.5
Drugs use*:		
Ecstasy/MDMA	1.3	1.1 – 1.6
Cocaine	1.4	1.2 – 1.7
Popper	1.6	1.4 – 1.9
Mephedrone	1.7	1.1 – 2.6
GHB/GBL	2.9	2.3 - 3.8
Number of non-steady partners*		
1 – 2	0.5	0.4 – 0.7
3 – 5	0.6	0.4 – 0.8
6 – 10	0.6	0.4 – 0.9
11 – 20	0.7	0.5 – 1.0
21 – 50	0.7	0.5 – 1.0
More than 50	0.8	0.6 – 1.2
Having UAI with a non-steady partner*	1.3	1.1 – 1.5
Having practised insertive fisting*	1.5	1.2 – 1.8
Visiting a sex-focused venue*:		
Public sex venue (e.g. sex-club)	1.2	1.1 – 1.4
Private sex venue (e.g. orgy)	1.4	1.2 – 1.7
Sauna	1.4	1.2 – 1.7
Having being diagnosed with gonorrhoea*	1.5	1.1 - 2
HIV-status:		
HIV-negative	1.4	1.2 – 1.7
HIV-positive	1.9	1.5 – 2.4

* In the previous 12 months
UAI: Unprotected anal intercourse

CONCLUSIONS

The use of EDM is associated with the use of many drugs (some of which interact dangerously with EDM, e.g. sildenafil citrate vs. popper), attendance at sex-focused venues (that provide opportunities for multiple sexual partners) and having sexual risk behaviors which expose MSM to STI acquisition. Comprehensive response to reduce the non-medical use of EDM and its consequences, as well as harm reduction of other drugs should be addressed to MSM.

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