

Wellbeing of Men who have Sex with Men (MSM): Lifestyle

Key Facts

MSM when compared with men in general

- exercise less
- smoke at least as much
- have at least the same if not more alcohol related problems
- report higher drug problems

For some MSM drug use around high risk sexual behaviour is a particular concern

What can I do?

- Be alert in MSM with physical and mental health concerns that lifestyle issues may be contributing to their ill health
- Acknowledge possible reasons behind increased levels of dependency in MSM
- Recognise specific drug dependencies affecting some MSM eg 'chemsex'
- As with all patients where the lifestyle issues are of concern, if unable to assist the patient to change behaviour then consider onward referral to other agency
- Get information about support groups available, this may include community based organisations such as LGBT Youth Scotland and The Terrence Higgins Trust

Background

Less gay and bisexual men meet the recommendations for 30 minutes of **exercise** four or more times per week compared to men in general (40% compared to 45%)¹.

Despite this under half of gay and bisexual men in Scotland are **overweight or obese** compared to around two thirds of men in general¹.

Current **smoking** rates are similar between gay and bisexual men and men in general (28% compared to 26%)¹.

Likewise, recent measures of **alcohol** consumption suggest similar drinking patterns in gay and bisexual men in Scotland compared to men in general¹. Earlier studies have reported that MSM are twice as likely to be dependent on alcohol than the rest of the male population².

Recreational drug use is considerably more prevalent in gay and bisexual men in Scotland. 44% of gay and bisexual men having taken drugs in the past year compared to 11% of men in general¹.

Proportion of gay and bisexual men reporting using a specific drug in the past year (compared to the general male population where figures available) ¹

26% amyl nitrates (poppers) (1%)	21% cannabis (9%)
10% cocaine (4%)	9% ecstasy (3%)
7% mephedrone (< 1%)	4% amphetamines and tranquillisers (2%)
4% ketamine (< 1%)	2% GHB (gammahydroxybutrate)
1% crystal meths	

Recent research in London had identified a growing trend for sex that occurs under the influence of drugs, which are taken immediately preceding and / or during sex. This is known as 'ChemSex'³. The drugs most commonly used are crystal methamphetamine. GHB/ GBL, mephedrone and to a lesser extend cocaine and ketamine. Drugs used in 'ChemSex' are powerful disinhibitors that enhance sex. 'ChemSex' is often associated with high-risk sexual behaviour, poor use of condoms, extended episodes of (often traumatic) sexual activity often lasting two to three days with multiple sexual partners.

MSM traditionally have used drugs like ecstasy and cocaine and have been less exposed to the culture of safer injecting messages. In addition they may be reluctant to access mainstream drug services. MSM who do inject may be unfamiliar with safer injecting practices

'ChemSex' most frequently takes place within private homes as opposed to saunas and sex in the premises venues so is hard to reach in terms of interventions.

56 Dean Steet, a London HIV / GUM clinic has produced a guide for a health professionals to raise awareness amongst clinicians of the HCV risks MSM experience when participating in ChemSex activity and to improve confidence and skill in communicating these risks and the importance of hepatitis C testing to patients . The guide is available on line at <http://www.chelwest.nhs.uk/services/hiv-sexual-health/professionals/links/ChemSex-Hep-C-Guide.pdf>

References

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2. King M, et al (2008). A systematic review of mental disorders, suicide and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*. 8 (70): pp 1-17.
3. Public Health England (2014) *Promoting the health and wellbeing of gay, bisexual and other men who have sex with men (updated July 2014)* [online]. [Accessed 21 January 2015]. (53)
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