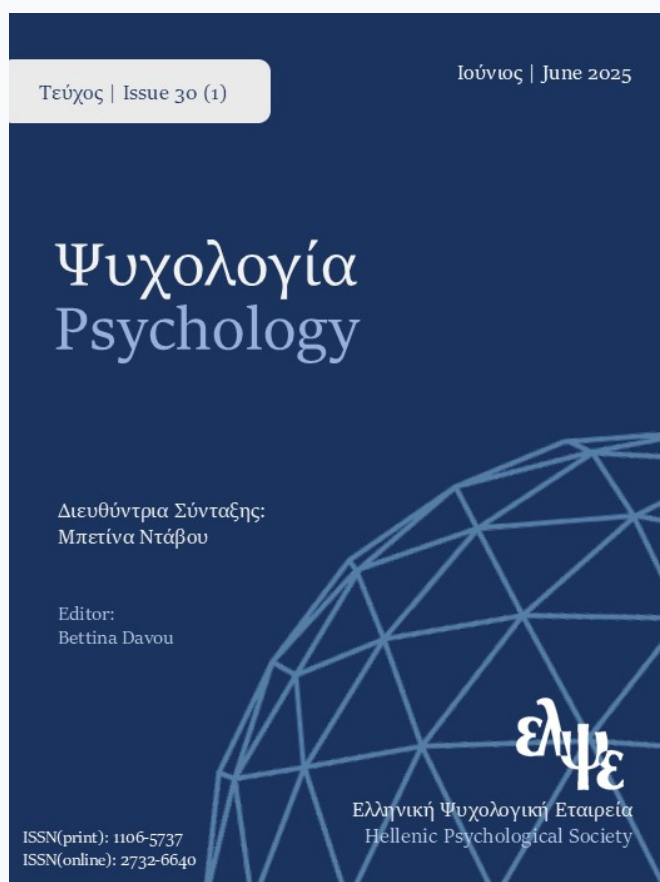


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## ΣΥΝΤΟΜΗ ΕΜΠΕΙΡΙΚΗ ΑΝΑΦΟΡΑ | BRIEF EMPIRICAL REPORT

**Sexualized drug use and its association with sexual health among men who have sex with men in Cyprus**

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## KEYWORDS

Sexualized drug use  
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## ABSTRACT

Sexualised drug use (SDU) i.e., the use of psychoactive substances in a sexual context, has been becoming the focus of researchers' interest over the past years. This is due to SDU's rising popularity, especially among the LGBTQI+ people and its impact on sexual and overall health of people engaging in it. SDU's frequency in Europe, including Greece, and Middle East among men who have sex with men (MSM) is reported to be as high as 26.7% to 51%. Our aim was to examine SDU in regard to the demographics and sexual health of MSM in Cyprus. 460 MSM, with mean age 31.2 (*SD*=9.1), completed an online questionnaire, which included questions on human immunodeficiency virus (HIV) status, Sexually Transmitted Infections (STIs) diagnoses, condom use, Post Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), frequency of SDU, number of sexual partners, and polydrug use. SDU was reported by 46.7% (215) of the participants and was predicted by age, HIV status, and the number of sexual partners. MSM in Cyprus report high rates of SDU, which is related to sexual health-related variables. Further research should focus on patterns of use, impact and needs of people engaging in “chemsex” specifically. Healthcare professionals in Cyprus should have adequate interdisciplinary training in SDU, that is, the effects, harm reduction and therapeutic approach regarding the specific substances used, as well as the overall challenges, such as sexual inhibition, minority stress and probable HIV stigma people engaging in SDU deal with.

**Introduction**

Sexualized drug use (SDU), the use of illicit and legal psychoactive substances in sex (Hibbert et al., 2019), is more common among queer population and especially among men who have sex with men (MSM) (Desai et al., 2018). Over the last decade, there has been rising interest in a specific version of SDU, known as chemsex, defined as the consensual use of crystal methamphetamine, gamma-hydroxybutyric acid/gamma-butyrolactone (GHB/GBL), and mephedrone before or during sex (Bourne et al., 2015; Maxwell et al., 2019; Poullos et al. 2024; Stuart, 2019), often simultaneously (polydrug use) (Glynn et al., 2018; Platteau et al., 2019; Stuart, 2016). The predominant SDU substances among MSM include cannabis (Hibbert et al., 2019; Schmidt et al., 2016), methamphetamines, GHB/GBL, and amyl nitrates (poppers) (Tomkins et al., 2019). While poppers are often

included among substances involved in SDU, and there is some evidence that their use is related to human immunodeficiency virus (HIV) transmission (Nevendorf et al. 2023), their purchase is not illegal in many countries, and their use is considered rather harmless and with a short duration (Yu & Lasco, 2023). Such findings question the inclusion of poppers in SDU due to their much lesser effect in comparison to other substances and to avoid stigmatising people using them, taking into consideration the fact that these people are very probable to be already facing discrimination, as sexual minorities, as drug addicts etc. (Yu & Lasco, 2023).

SDU and chemsex rates among MSM seem to be affected by various cultural and geopolitical factors and are more frequently reported in metropolitan cities. For instance, in the United Kingdom (UK), 51% of MSM reported recreational drug use during sex (Daskalopoulou et al., 2014), 36% in Ireland (Barrett et al., 2019), and 36,1% in the Netherlands (Coyer et al., 2022). On the other hand, the data on the Middle East are rather limited, due to the strict legal and cultural barriers to collection (Pebody, 2019). According to Matarelli (2013), SDU rates in Middle Eastern countries are rather lower (26.7%), while the European MSM Internet Survey, with key findings from 50 countries (Weatherburn et al., 2019) only gives evidence on Turkey (4.1%) and Lebanon (2.8%). Such findings underline the need of country-specific data to get an adequate understanding of SDU. Regarding age, SDU is reportedly more common between the middle 20s and 30s (Hegazi et al., 2017; Hibbert et al., 2019), when individuals are more likely to experiment and explore their sexuality (Platteau et al., 2015; Poullos, 2020a; Poullos et al. 2022).

Interest in SDU research focuses mainly on the transmission of sexually transmitted infections (STIs) and especially HIV (Bourne et al., 2018). This is due to the fact that substance-induced disinhibition may lead to high-risk sexual behaviours, like condomless sex and multiple sex partners (Benotsch et al., 2012; Bourne et al., 2015; Nevendorf et al. 2023; Glynn et al., 2018; Poullos, 2022a; Poullos et al., 2022; Poullos et al. 2024). SDU and chemsex seem to be more common among MSM living with HIV (Bourne et al., 2015; Hegazi et al., 2017; Nevendorf et al. 2023) who may employ these practices as a means of coping with the diagnosis of HIV and the stigma related to it or even get acquainted with them through changes of social networks after the diagnosis (Platteau et al., 2015; Poullos, 2020b). In either case, the association of HIV with SDU should not be simplistically interpreted, as SDU involvement could lead to HIV transmission, or an HIV diagnosis could also lead to SDU and chemsex involvement; but also, even more importantly, other factors, such as personal history and past trauma, intersecting experiences of discrimination (e.g., due to gender identity and expression, sexual orientation, ethnicity, being occupied as a sex worker), barriers to access to psychosocial support etc., could contribute to higher probabilities of both HIV infection and SDU engagement (Nevendorf et al. 2023; Platteau et al. 2015; Poullos, 2022a; Strong et al. 2022).

The layered relationship between SDU, chemsex, and HIV shows the complexity of the phenomena at hand, which underpins every aspect of participants' lives. Despite the fact that the main aims in chemsex involvement seemingly are to enhance sexual pleasure, prolong sexual activity and encounters - which can last from several hours to days -, to shed inhibition and strengthen connection, as well as to sexually experiment and realise one's sexual fantasies within a destigmatised context (Bourne et al., 2015; Maxwell et al., 2019; Poullos, 2022b; Poullos et al., 2022), those practices also appear to function as coping mechanisms (Tan et al., 2021). Specifically, chemsex involvement seems to help deal with negative emotions like guilt and shame, as well as internalised homophobia stemming from the stigma and discrimination regarding gender identity and expression, sexual orientation, nationality etc. (Tan et al., 2021), and minority stress (Meyer et al., 2003), which also significantly impact seeking help and motivation for taking Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) (de Sousa et al., 2023). Studies indicate that many people involved in chemsex and SDU often report depression and anxiety symptoms, which are managed through substance use (Hibbert et al. 2021; Íncera-Fernández et al. 2021). Despite the fact that taking part in SDU and/or chemsex do not automatically indicate a problem (Stuart, 2015), systematic involvement does seem to have negative physical and psychological effects, including exposure to STIs and HIV, cardiovascular disease (Lagojda et al. 2025), physical exhaustion (Stuart, 2019) or other health issues due to overdoses, which can be lethal, and the emergence of psychiatric

disorders, especially related to impulse control, mood and substance addiction (Arends et al., 2020). In their review, Increra-Fernandez et al. (2021) mention that chemsex and SDU involvement is associated with addiction behaviours, depressive, anxiety and psychotic symptoms, and suicidal ideation, with these dangers becoming more prominent with intravenous use (Curto Ramos et al., 2023). Consequently, substance use during sex seems to be both a result of psychological difficulties due to an inhospitable social context that stigmatises non-heteronormative sexualities, and a contributing factor in their emergence.

Despite the significant challenges inherent in SDU involvement, data regarding SDU in Cyprus are still scarce. For this reason, and taking into consideration its significant public health, social and legal implications (Giraudon et al. 2018; Hibbert et al. 2021; Tommkins et al. 2019) as well as the fact that SDU seems to be influenced by different regional, social and cultural contexts (Maxwell et al. 2019), the investigation of SDU specifically in Cyprus would both contribute to the global mapping of the phenomenon and also provide insights that could contribute to evidence informed action to appropriately address SDU in Cyprus. The Republic of Cyprus is a member of the European Union, yet it is an island country geographically located near western Asia. The population consists of two main communities, the Greek community (majority) and the Turkish community (minority), as well as smaller groups, including Armenians and Maronites. The internationally recognized government of the Republic of Cyprus does not exercise control over the northern part of the island, which has been occupied by Turkey since a military intervention in 1974. Both Cyprus' geographic position near regions affected by conflict and war, as well as its role as a place of residence or a transit hub for tourists, migrants and refugees, could contribute to higher accessibility of psychoactive substances and their use prevalence which, on its turn, might be contributing to the increase of new HIV incidents observed in Cyprus and which disproportionately affect MSM (Health Ministry, 2019; World Health Organization & European Centre for Disease Prevention and Control, 2022). At the same time, the conservative values that seem to be still strong among the Cypriot population (Pantavou et al. 2017), could push SDU underground, thus fueling stigma, and posing barriers to access to care when needed. These barriers could be further strengthened by Cyprus' drug policies that may not fully account for the complexities of SDU. In terms of HIV prevention, as of June 2025, pre-exposure prophylaxis (PrEP) for HIV prevention remains officially unavailable in the Republic of Cyprus, nearly 15 years after the first randomized controlled trial demonstrated its effectiveness (Grant et al. 2010). However, it is promising that the National HIV/AIDS Committee and the Ministry of Health have recently approved a plan for its national rollout.

Consequently, the present study aims to contribute to the mapping of SDU among MSM from Cyprus or living in the country. In order to do so, we investigate the following research questions. (a) What is the prevalence of SDU among MSM in Cyprus? (b) what substances are prevalent in the context of SDU? (c) To what extent is there a combination of substance use in the context of SDU? (d) Is there a significant association between SDU and demographics (i.e., age and place of residence) (e) Is there a significant association between SDU and sexual health variables (i.e., HIV status, STI transmission, condom use, Post-exposure prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP) use).

## Method

### *Participants & Sampling Procedure*

The present research was held online during the period 2019-2020. The study link was forwarded through social media and web pages of the organization conducting the research and other collaborating institutions in Cyprus, as well as a dating app for MSM. The dating app used was Grindr, one of the most popular dating apps among MSM. The study was promoted by its 'Grindr for Equality' service via an advertising banner, which remained on the dating apps interface during the recruitment period. Inclusion criteria for participants were (a) MSM identification, (b) adulthood (set at the age of 18), (c) Cypriot nationality (including both Greek and Turkish ethnicity) or (d) other ethnicity provided that their permanent residence was in Cyprus (across the island, in

both areas controlled and not controlled by the Republic of Cyprus). The inclusion criteria were met by 460 MSM who also gave consent and their answers were valid. The participants took part in the research after reading information related to the aim of the study, the organizations involved, and the statements regarding anonymity, confidentiality, and the right to withdraw consent at any time, and provided their consent. The study was designed in line with the Helsinki Declaration in regard to the ethical principles for medical research involving human subjects. It was approved by the Republic of Cyprus National Bioethics Committee (protocol number: ID EEB K EII 2019.01.159).

### **Measures**

We employed the questionnaire that was used in the Greek study (Poulios et al. 2022), which was already in Greek. This self-administered questionnaire was also back-translated from Greek to English and Turkish by bilingual speakers, was afterwards proofread by MSM from the network of the organisation that conducted the study, and then converted in online form. It has to be noted that during the translation procedure no changes were deemed necessary for the questionnaire's items or their articulation among the three different languages. This questionnaire was based on the 56-Dean-Street gum clinic's screening tool for SDU and chemsex (Stuart, 2014). The questionnaire measured demographics (age, place of residence: Cyprus, Athens or other) on its first page and sexual health variables (HIV status, transmission of STIs the past 6 months, whether condom was used during the last sexual encounter, the number of sexual partners they had had during the past 12 months as well as PEP and PrEP use during the past 6 months) on its following page. On the third the participants were presented with a number of illicit substances used in SDU (GBL/GHB, crystal methamphetamine, mephedrone, cocaine, ketamine, crack and cannabis) and were asked to answer whether each substance was used before or during sex by them and, if they were used, to choose whether they had used the aforementioned substances once thus far, once per month or less, a number of times per month, once per week. Lastly, on the same page participants were asked whether they used the aforementioned substances simultaneously during sex (i.e., assessing polydrug use). We were based on the Greek study due to the fact that Greece and Cyprus share the same language and some cultural similarity and, thus, the questionnaire would be more easily adapted to the Cypriot population. Furthermore, the replication of the Greek study, which was conducted in line with other similar studies all over Europe, would provide easily comparable data to the already assimilated body of knowledge regarding the phenomenon we studied.

### **Statistical analyses**

We measured absolute and relevant frequencies of categorical variables and used chi-square tests to examine possible significant associations. Data screening procedures included assessing missing values, identifying outliers, and testing for normality and multicollinearity where applicable. Since chi-square tests indicated that the missing values were not systematically related to the data, suggesting randomness and no association with age and residence, no specific adjustments were required. Outliers were examined using standardized residuals, and no extreme cases were identified. Significant predictors from bivariable analyses were included in a multivariable logistic regression model. The dependent variable was the involvement, or not, in SDU among MSM. All categorical variables, dependent and predictors were coded as binary variables: SDU (0 = No, 1 = Yes), HIV status (0 = Seronegative, 1 = Seropositive) and STI diagnosis (0 = No, 1 = Yes). Multicollinearity was assessed using Variance Inflation Factor (VIF) and tolerance values. All predictors had VIF values close to 1 (ranging from 1.029 to 1.088) and tolerance values well above the recommended threshold of 0.2 (ranging from 0.920 to 0.972). These results indicate no significant multicollinearity among the independent variables, suggesting that the regression estimates are reliable. The Hosmer/Lemeshow test was used to measure the goodness of fit of the model. Statistical analyses were conducted with the IBM SPSS Statistics package, version 25.

## Results

### Descriptive Statistics

Descriptive statistics regarding participants' demographics and sexual health-related variables are presented in Table 1. Mean age of the participants was 31.2 years (*Standard Deviation-SD* = 9.1) and the majority (84.3%) lived in Cyprus. Regarding sexual health, 11.7% (54 participants) were living with HIV, 11.3% (52 participants) had been diagnosed with an STI during the past 6 months, had a mean number of sexual partners equal to 14.6 (*SD* = 28.4), while 8.6% (35) and 9.7% (39) had used PEP and PrEP respectively.

**Table 1.** Demographics and sexual health-related variables and their association with Sexualized Drug Use (SDU)

Title	Total sample		Reported SDU		<i>p</i>
	%/ [Mean- <i>M/Standard</i> <i>Deviation-SD</i> ] ( <i>N</i> )	No %/ [ <i>M/SD</i> ] ( <i>N</i> )	Yes %/ [ <i>M/SD</i> ] ( <i>N</i> )		
Age	[31.2/9.1] (460)	[30.2/8.9] (244)	[32.4/9.1] (215)		<b>.009</b>
Residence	(460)	53.3% (245)	46.7% (215)		
Cyprus	84.3% (388)	86.9% (213)	81.4% (175)		
Greece	7.4% (34)	5.3% (13)	9.8% (21)		.213
Other	8.3% (38)	7.8% (19)	8.8% (19)		
HIV <sup>1</sup> status	(460)	53.3% (245)	46.7% (215)		
Negative	88.3% (406)	98.4% (241)	76.7% (165)		
Positive	11.7% (54)	1.6% (4)	23.3% (50)		<b>&lt;.001</b>
STI <sup>2</sup>	(460)	53.3% (245)	46.7% (215)		
No	88.7% (408)	93.5% (229)	83.3% (179)		
Yes	11.3% (52)	6.5% (16)	16.7% (36)		<b>.001</b>
Condom use <sup>3</sup>	(460)	53.3% (245)	46.7% (215)		
No	37% (170)	35.9% (88)	38.1% (82)		.268
Yes	63.0% (290)	64.1% (157)	61.9% (133)		
No of sex. part. <sup>4</sup>	[14.6/28.4] (460)	[23.4/1.5] (245)	[31.9/2.2] (215)		<b>&lt;.001</b>
Post-Exposure Prophylaxis (PEP) <sup>5</sup>	(406)	59.4% (241)	40.6% (165)		
No	91.4% (371)	93.4% (225)	88.5% (146)		
Yes	8.6% (35)	6.6% (16)	11.5% (19)		.089
Pre-Exposure Prophylaxis (PrEP) <sup>5</sup>	(403)	59.6% (240)	40.4% (163)		
No	90.3% (364)	92.5% (222)	87.1% (142)		
Yes	9.7% (39)	7.5% (18)	12.9% (21)		.076

\*Note. <sup>1</sup>Human immunodeficiency virus, <sup>2</sup>Sexually transmitted infections-transmitted in the past 6 months, <sup>3</sup>Used during the last sexual encounter, <sup>4</sup>Number of sexual partners in the past 12 months, <sup>5</sup>Used in the past 6 months.

### SDU and chemsex

SDU involvement was stated by 46.7% (215) of the participants. Those whose involvement could be considered systematic, reporting SDU at least once per month, were 24.2% (106) of the sample. Polydrug use was reported by 19.1% (88) of the participants involved in SDU. The substances being used are presented in Table 2. More specifically, cannabis had been used by the majority of the participants who reported SDU (91.2%). This

percentage was followed by cocaine (49.8%), crystal methamphetamine (45.6%) and GBL/GHB (44.7%), which were reported to have been used by almost half of the participants who had engaged in SDU.

**Table 2.** *Substances being used in a sexual context among Men who have Sex with Men (MSM) who reported sexualized drug use*

Substance	Reported Use % (N)
GHB/GBL	44.7% (96)
Crystal methamphetamine	45.6% (98)
Mephedrone	25.6% (55)
Cocaine	49.8% (107)
Ketamine	25.1% (54)
Crack	13.5% (29)
Cannabis	91.2% (196)

### ***SDU association with demographic and sexual health-related variables***

The results of the association of SDU involvement with demographic and sexual health variables are shown on Table 1. More analytically, participants reporting SDU involvement are older ( $M = 32.4$ ,  $SD = 9.1$ ) than those who do not ( $M = 30.2$ ,  $SD = 8.9$ ),  $t(457) = -2.64$ ,  $p = .009$ . Additionally, SDU is more frequent among participants living with HIV (23.3%) than those who do not (1.6%),  $chi-square(df = 1) = 50.286$ ,  $p < .001$ . An STI diagnosis during the past 6 months was more frequent among participants who reported SDU involvement (16.7%) than those who did not (6.5%),  $chi-square(df = 1) = 11.914$ ,  $p < .001$ . Lastly, participants who had engaged in SDU reported having a greater number of sexual partners during the last year ( $M = 32.9$ ,  $SD = 2.2$ ) than those who had not engaged in SDU ( $M = 23.4$ ,  $SD = 1.5$ ),  $t(387.88) = -4.64$ ,  $p < .001$ . Residence, condom use at the last sexual encounter, as well as PEP and PrEP use, were not significantly correlated with SDU.

According to the logistic regression analysis, as shown in Table 3, age [Odds ratio (OR) 1.02; 95% Confidence Interval: 1.00-1.04], HIV status [OR for seronegative vs seropositive: 0.08; 95% Confidence Interval: 0.03-0.22], and the number of sexual partners during the past six months [OR 1.02; 95% Confidence Interval: 1.00-1.03] were associated with SDU involvement. Of interest, according to the aforementioned OR, HIV seropositive MSM were almost 9 times more likely to be involved with SDU. The fit of the model was good.

**Table 3.** *Factors associated with Sexualized Drug Use (SDU) among Men who have Sex with Men (MSM)*

Predictors	SDU involvement (yes/no)	
	Odds Ratio	95% Confidence Interval
Age	<b>1.02</b>	<b>1.00-1.04</b>
HIV status (seronegative vs seropositive)	<b>0.08</b>	<b>0.03-0.22</b>
STI diagnosis (no vs yes)	0.55	0.28-1.10
No of sexual partners (past 12 months) <sup>1</sup>	<b>1.02</b>	<b>1.00-1.03</b>

\*Note.  $R^2 = 0.21$ , Hosmer and Lemeshow Test  $chi-square(df = 8) = 2.56$ , AIC = 567.493,  $p = 0.959$ . <sup>1</sup>In the past six months.

## Discussion

This research contributes to the global mapping of SDU since, to the best of our knowledge, no similar attempts have been made in Cyprus. The Republic of Cyprus is a member state of the European Union, and even though it has developed strong relationships with other European countries, it is nonetheless geographically located closer to the Middle East. However, based on our results, it seems that SDU rates in Cyprus (46.7%) resemble those of other European countries (Abu-Raddad et al., 2010). This assumption could be further supported by the fact that we found no significant association between SDU and residence, i.e. Cyprus, Athens or other. The latter finding also lends support that SDU should be paid attention by healthcare providers in Cyprus, in a culturally sensitive approach (Poulios, 2022a); however, that would take into consideration the social structure of Cyprus and the specific challenges that MSM living there deal with. Moreover, taking into consideration that crystal methamphetamine and GBL/GHB were highly frequent, we can assume that chemsex is probably common in Cyprus, given the fact that these two substances are often reported as being two of the most popular substances used by MSM in the context of chemsex (Maxwell et al. 2019).

Regarding the demographic variable of age, it seems to be related to SDU, as MSM involved in SDU are older, possibly due to their economic status and self-reliance (Abu-Raddad et al., 2010; Barrett et al., 2019; Hegazi et al., 2017; Platteau et al., 2015; Poulios et al., 2022; Poulios et al. 2024). Moreover, the thirtieth decade of life involves more sexual experimentation and non-heteronormative challenges, such as coming out, HIV-related stigma, etc. (Poulios, 2020b, 2022a, 2022b).

As far as sexual health variables are concerned, condom use was not found to be significantly related with SDU. This finding seems to contradict with others supporting that SDU is associated with reduced condom use, as well as other measures of HIV prevention, such as PEP and PrEP (de Sousa et al., 2023; Tomkins et al. 2019). An interpretation of this finding could be that condomless sex is more likely associated with chemsex per se (Hammoud et al., 2018), not any kind of SDU, which was investigated in this study. Additionally, according to Bowman et al. (2021), MSM report to seroshort, that is, to choose to have sex with partners that bear the same HIV status with them, as means of HIV transmission prevention, a measure that could have prevented the use of condom, as a result.

Although causal inference cannot be drawn, MSM living with HIV are more likely to be involved with SDU. As previous studies have demonstrated, SDU is a risk factor for HIV transmission (Bohn et al., 2020; Bourne et al., 2018). On the other hand, substance use could also serve as a way to cope with an HIV diagnosis and the stigma that accompanies it (Bourne et al., 2015; Platteau et al., 2019; Poulios, 2019, 2020a, 2020b). HIV diagnosis can lead to social and sexual inhibition, especially in cases where it intersects with and/or exacerbates other challenges already faced by the person being diagnosed, which include mental health issues, past trauma, experiences of discrimination etc. (Platteau et al. 2015; Poulios 2022a, Poulios 2022b). In such cases, SDU could assist in overcoming challenges such as the aforementioned and rebuilding a new interpersonal and sexual network in which substance accessibility will as well be more probable (Nevendorf et al. 2023; Platteau et al., 2015). The aforementioned sexual experimentation and exploration interpretation, apart from the use of substances, also relates to group sex, which could explain the number of sexual partners in the past year being a predicting variable for SDU involvement in the present study (Glynn et al., 2018; Howarth et al., 2021).

Regarding limitations, we cannot predict the population reached and who of them decided to respond, as our study was conducted online. Consequently, the sample may be biased regarding its representability in relation to the subject of the study (Andrade, 2020). Additionally, and given that in our prediction model the  $R^2$  coefficient equaled 0.21, which means that only 21% of the variability of SDU was explained by our predictors, we acknowledge that there are other factors either confounding the associations we investigated or that could further contribute to its understanding.

In conclusion, health professionals providing services to MSM over the age of thirty, particularly to those living with HIV, should be informed of the probable SDU involvement of their beneficiaries. Moreover, it is important for health professionals to be properly trained to address issues related to the risks of these behaviours



in a manner that takes into consideration practices aiming to maximize pleasure, such as multiple sexual partners, in an affirmative approach (Stuart, 2019; Tomkins et al. 2019). Given the fact that SDU is common among the MSM population in Cyprus, there is a need for more extensive promotional campaigns, for affirmative and community-based services.

Further research should investigate the prevalence of chemsex involvement in particular as well as the challenges people involved with it face, its consequences and means to ameliorate them. Additionally, further research could contribute with a deeper understanding of SDU phenomenon taking into consideration psychosocial factors and their role in specific sociocultural contexts, such as Cyprus. One such factor could be the socioeconomic status, which we did not investigate but is very probable to be associated with SDU, given its relation to rather older ages and our assumption that this age group could have better access to psychoactive substances due to their better economic status. SDU should be investigated in other groups as well that also face discrimination but remain understudied. Such groups could be women who have sex with women, trans and non-binary people. Lastly, evidence that supports the fact that SDU involvement could be related to existing psychosocial challenges people involved with it struggle with but also exacerbate or even cause them means that further studies should systematically take into consideration these factors in further investigations of the phenomenon.

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## ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

# Σεξουαλικοποιημένη χρήση ουσιών και η συσχέτισή της με τη σεξουαλική υγεία ανδρών που κάνουν σεξ με άνδρες στην Κύπρο

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ΛΕΞΕΙΣ-ΚΛΕΙΔΙΑ	ΠΕΡΙΛΗΨΗ
Σεξουαλικοποιημένη χρήση ουσιών Άνδρες που κάνουν σεξ με άνδρες Chemsex HIV/AIDS Κύπρος	Η σεξουαλικοποιημένη χρήση ουσιών (ΣΧΟ), δηλαδή η χρήση ψυχοδραστικών ουσιών σε σεξουαλικά πλαίσια, έχει αρχίσει να προσελκύει το ενδιαφέρον των ερευνητών/τριών τα τελευταία χρόνια. Αυτό οφείλεται στην αυξανόμενη δημοφιλία της ΣΧΟ, ιδιαιτέρως μεταξύ των ΛΟΑΤΚΙ+ ατόμων, αλλά και στον αντίκτυπό της στη σεξουαλική και γενικότερη υγεία των ατόμων που συμμετέχουν σε αυτή. Η συχνότητα της ΣΧΟ στην Ευρώπη, συμπεριλαμβανομένης της Ελλάδας, και στη Μέση Ανατολή, μεταξύ ανδρών που κάνουν σεξ με άνδρες (ΑΣΑ), αναφέρεται ακόμα και μεταξύ 26,7% και 51%. Σκοπός μας ήταν να διερευνήσουμε τη ΣΧΟ σε σχέση με τα δημογραφικά χαρακτηριστικά και τη σεξουαλική υγεία των ΑΣΑ στην Κύπρο. Συνολικά 460 ΑΣΑ, με μέση ηλικία 31,2 έτη (SD=9,1), συμπλήρωσαν ένα διαδικτυακό ερωτηματολόγιο, το οποίο περιλάμβανε ερωτήσεις σχετικά με την ύπαρξη διάγνωσης HIV, διαγνώσεις σεξουαλικά μεταδιδόμενων νοσημάτων (ΣΜΝ), χρήση προφυλακτικού, χρήση προφύλαξης μετά την έκθεση (PEP) και προφύλαξης πριν την έκθεση (PrEP) στον HIV, συχνότητα της ΣΧΟ, αριθμό σεξουαλικών συντρόφων και ταυτόχρονη χρήση περισσότερων της μίας ουσιών. ΣΧΟ αναφέρθηκε από το 46,7% (215 άτομα) των συμμετεχόντων και σχετίζεται με την ηλικία, την ύπαρξη HIV και τον αριθμό των σεξουαλικών συντρόφων. Οι ΑΣΑ στην Κύπρο αναφέρουν υψηλά ποσοστά ΣΧΟ, η οποία σχετίζεται με παράγοντες που αφορούν στη σεξουαλική υγεία. Περαιτέρω έρευνα θα πρέπει να εστιάσει στα μοτίβα χρήσης, τις επιπτώσεις και τις ανάγκες των ατόμων που συμμετέχουν συγκεκριμένα στο “chemsex”. Οι επαγγελματίες υγείας στην Κύπρο θα πρέπει να διαθέτουν επαρκή διεπιστημονική εκπαίδευση γύρω από τη ΣΧΟ, δηλαδή για τις επιδράσεις, τη μείωση της βλάβης και τη θεραπευτική προσέγγιση των συγκεκριμένων ουσιών που χρησιμοποιούνται, καθώς και για τις γενικότερες προκλήσεις, όπως οι σεξουαλικές αναστολές, το μειονοτικό στρες και το πιθανό στίγμα για τον HIV που αντιμετωπίζουν τα άτομα που εμπλέκονται στη ΣΧΟ.
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