BACKGROUND
Crystal methamphetamine use (CMU) is associated with new HIV infections and other sexually transmitted infections (STIs) among urban men who have sex with men (MSM) and has not decreased despite numerous and novel interventions. Crystal methamphetamine users (CMUs), estimated at 8–13% of urban MSM, are especially risky sexual partners. More should be done to educate non-CMUs about the risks for exposure to HIV and STIs when choosing a sex partner who does use CM. Our data, which show incremental risks for incident HIV, GC, CT, and syphilis associated with CM use among an urban MSM population, will allow concrete and succinct messages that may help MSM make more informed choices. Risk stratification is a familiar concept to sexually active MSM because many already use sersorting and other so-called seroadaptive strategies in an intuitive way to help make sexual behavior choices.2,3 Most health educators caution against exclusively using such strategies because of their fallibility, since the problem with sersorting (one author has called it “serosussing”) is failing to use condoms with a partner incorrectly believed to be negative. We must continue to stress the importance of consistent condom use with all partners. However, recent CM use can identify individuals who are more likely to be infected with both HIV and STIs. MSM should understand that, for whatever reason, one does not use a condom for intercourse, or if it fails, there is a significantly greater risk of infection with a partner who uses CM than with one who does not.

OBJECTIVES
1. Define odds ratios for CMU-associated HIV, Gonorrhea, Chlamydia, and Syphilis infections using local epidemiological data.
2. Describe CMU frequency among urban MSM in Los Angeles County.
3. Develop practical messages to enable more informed sexual partner choices for this population.

METHODS
This retrospective analysis classified CMUs as individuals who reported methamphetamine use within the past calendar year. Sexual orientation, gender, race/ethnicity, and age group were controlled for in four generalized linear mixed models with CMU as the predictor and HIV, Gonorrhea, Chlamydia, and Syphilis diagnosis, respectively, as the different outcomes. Incident HIV is defined as diagnosis in the previous 6 months. Frequency estimates for CMU and odds ratios were calculated using SAS statistical software (Version 9.2).

RESULTS
CMUs had significantly higher odds for contracting HIV (OR: 3.94, CI 2.96-5.25, p-value: <0.0001), GC (OR: 2.13, CI 1.77-2.58, p-value: <0.0001), CT (OR: 1.67, CI 1.36-2.04, p-value: <0.0001), and Syphilis (OR: 4.49, CI 3.30-6.11, p-value: <0.0001). Of incident HIV, GC, CT, and Syphilis infections among CMUs, 61.76%, 62.18%, 62.70%, and 68.33% had used within the past month, respectively. CMU frequency was missing for 16.18% of incident HIV, 19.87% of GC, 17.46% of CT, and 11.67% of Syphilis infections.

DISCUSSION
To date, prevention campaigns that address CM use focus on the CMUs themselves. None directly speak to non-CM using MSM about their excess risk for exposure to HIV and STIs when choosing a sex partner who does use CM. Our data, which show incremental risks for incident HIV, GC, CT, and syphilis associated with CM use among an urban MSM population, will allow concrete and succinct messages that may help MSM make more informed choices.

CONCLUSIONS
Because 60–68% of each of the incident infections among this high risk group is associated with CMU within the previous month, asking potential partners about CMU during the past month is a useful risk reduction strategy for MSM to avoid excess exposure to these infections.