

# Aotearoa New Zealand STI Management Guidelines for Use in Primary Care

## People who use drugs

---

---

### Overview

- Alcohol and other drug use may exacerbate behaviours which can increase the risk of sexually transmitted infections (STIs)
- Injecting drugs can also increase the risk of bloodborne infections, including HIV, hepatitis B and C, although transmission of HIV through injecting drug use is rare in Aotearoa New Zealand because of initiatives such as needle exchange programmes
- Methamphetamine use is an independent risk factor for HIV acquisition, and has also been linked to the heterosexual syphilis epidemic overseas, although data are lacking in Aotearoa New Zealand
- Around 1% of the Aotearoa New Zealand population uses methamphetamine. Comprehensive data are lacking, but rates are thought to be much higher in certain groups
- Chemsex refers to the use of a combination of drugs including methamphetamine and gamma-hydroxybutyrate (GHB) by men who have sex with men (MSM) before or during sex. Sexual activity can sometimes last for days, and often involves condomless group sex. International research suggests 5-7% of MSM have chemsex each year. Chemsex is thought to be less prevalent in Aotearoa New Zealand compared with overseas, but is becoming more common

- Due to the high risk of HIV and STI acquisition associated with chemsex, STI screening is recommended every 3 months ([see MSM guideline](#)), and HIV pre-exposure prophylaxis ([PrEP](#)) should be recommended
- Harm minimisation strategies for drug users, and other resources for MSM engaging in chemsex are available (see Resources)

## Testing advice

See [sexual health check guideline](#)

- Consider [hepatitis A](#) vaccination for people who inject drugs (not funded)
- [Hepatitis B](#) vaccination is recommended (not funded) for people who inject drugs. Serological testing after completing vaccination is recommended
- [Hepatitis C](#) status should be confirmed in all people who report having injected drugs. Annual testing in those with an ongoing history of injecting drugs is recommended
- [Hepatitis C](#) is generally not sexually transmitted, however sexual transmission is seen in HIV-positive MSM, and high-risk MSM, e.g. those using [PrEP](#) and those engaging in chemsex. Consider annual testing in these groups
- [Hepatitis C](#) antibody remains positive for life. In those with a past history of treated hepatitis C, test for hepatitis C viral load if new risk

## Clinical indicators for testing

- See [sexual health check guideline](#) for indications for testing
- Testing for [HIV](#), [hepatitis C](#), (and [hepatitis B](#) if non immune) should be offered to all people who inject drugs, especially those reporting use of shared injecting equipment (needles, syringes, spoons etc)

## Follow up

If test results are positive, refer to relevant STI management guideline

Even if all test results are negative, use the opportunity to:

- Educate about condom use and harm minimisation
- Consider [PrEP](#) for [MSM](#) who use methamphetamine
- Vaccinate for [hepatitis A and B](#), if susceptible (not funded)
- Discuss the availability of drug and alcohol services, and how to access them

- Discuss and activate reminders for regular testing according to risk, especially if behaviours indicate the need for more frequent testing

#### Auditable outcomes

100% of people reporting a history of ever injecting drugs have a documented hepatitis C test

#### Useful patient resources

- [NZ Drug Foundation](#)
- [New Zealand AIDS Foundation](#)
- [Alcohol drug helpline](#)
- [The Level](#)
- [New Zealand Needle Exchange Programme](#)

---

**Endorsement:** These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

**Developed by:** the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)  
ABN 48 264 545 457 | CFN 17788

**Funded by:** The Australian Government Department of Health

**Disclaimer:** Whilst the Australian Department of Health provides financial assistance to ASHM, the material contained in this resource produced by ASHM should not be taken to represent the views of the Australian Department of Health. The content of this resource is the sole responsibility of ASHM.  
[www.ashm.org.au](http://www.ashm.org.au)