

Results continued.

There was a similar gender split for those participants who used amyl nitrite versus those who did not, although the former group were more likely to report a sexual orientation other than heterosexual as compared to the latter group (i.e., 22% versus 11%) and were typically younger in age. More participants who had recently used amyl nitrite reported full time/part time/casual employment than those who did not recently use amyl nitrite, though fewer reported completing a university qualification after school (although this may reflect the younger age of this group).

Conclusion

Despite the recent rescheduling of amyl nitrite, use continues to be relatively common among the EDRS SA and national samples, although frequency of use remains low. Those who reported amyl nitrite use tended to be younger. They were also less likely to have completed a tertiary qualification, aligning with findings from other Australian research (3).

Data reported on here were collected several months after the change in scheduling. Further, to the authors' knowledge, no product which met regulatory requirements was available for purchase via pharmacies at the time of data collection. Impacts of the regulatory change may take some time to be apparent, and likely will be dependent on the availability of products to legally purchase via pharmacies. If a product is made available, there may be an opportunity for pharmacists to educate on safer use of amyl nitrite.

Relatedly, it will be important for any education efforts to acknowledge, and be sensitive to, the functional use of amyl nitrite among GBM to enhance sex. Indeed, the current study identified that there was a greater proportion of people who identified as a sexual orientation other than 'heterosexual' in the group who reported recent amyl nitrite use compared with the group who did not report recent use. Whilst harm reduction is a priority, particular attention should be dedicated to reducing barriers to accessing amyl nitrite for this population, including avoiding any possible stigma and discrimination around access and use (3).

References

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