

Chemsex and the city: sexualised substance use in gay bisexual and other men who have sex with men

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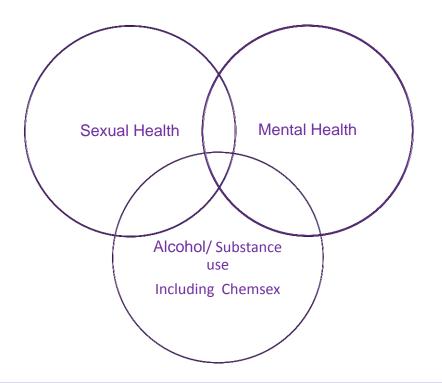


Background

- "Chemsex" is a term commonly used by gay, bisexual and other men who have sex with men (GBMSM) to describe sex that occurs under the influence of drugs taken immediately preceding and/or during a sexual session¹.
- Drugs commonly associated with chemsex are
 - GHB / GBL
 - Mephedrone
 - Crystal meth (or methamphetamines)
 - [Cocaine]
 - [Ketamine]
- Increasingly reported phenomenon amongst GBMSM attending sexual health clinics in association with increased risk taking behaviours and STIs
- No published UK data on the impact of chemsex on wellbeing and sexual health.

PHE Strategic framework to promote the health and wellbeing of GBMSM

 Following its publication in 2014², two specialist Gay Men's clinics in south London introduced holistic clinic proformas incorporating a more detailed assessment.





Aims

- To describe chemsex trends and clinical characteristics of GBMSM attending two London sexual health clinics.
- To analyse the association of chemsex with any STI, HIV and Hepatitis C diagnoses
- To describe perceived consequences of chemsex in this population

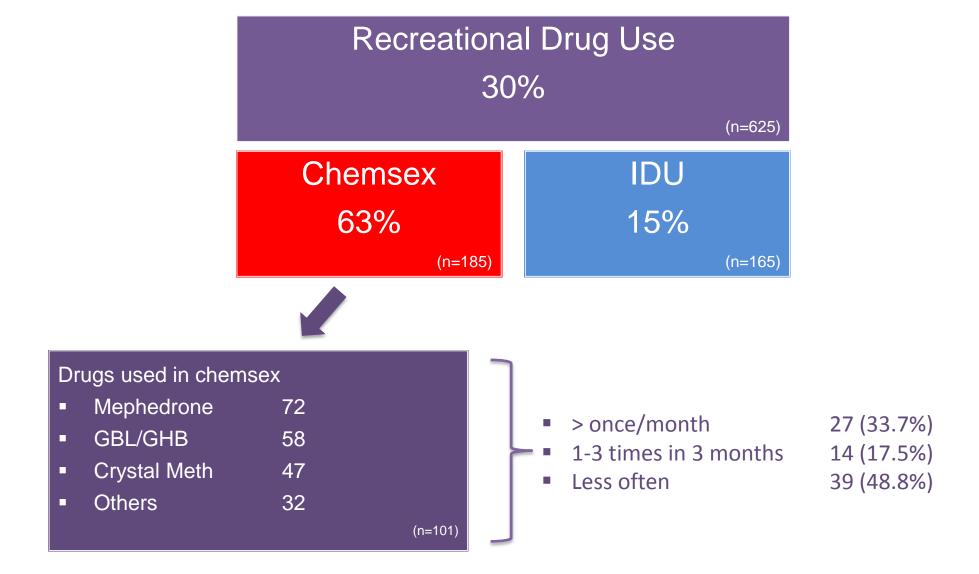
Methods

- Retrospective case notes review of GBMSM attending 2 South London sexual health centres 1/6/14 - 31/1/15
 - The Courtyard Clinic at St George's University Hospital FT
 - The Wolverton Clinic at Kingston University Hospital FT
- Cases identified through GUMCAD sexual orientation coding
- Data on demographics, chemsex practices, sexual behaviour, STI diagnoses and HIV status extracted on a standardised proforma.
- Data analysed in MS Excel and Stata

Results – Baseline Demographics

	GBMSM % (n=810)
Median age	32 yrs (range 14 - 82)
Country of birth United Kingdom Outside the UK	70.1 29.9
Ethnicity White British Other White Asian Black Other/Not stated	62.4 19.1 7.9 6.7 3.9
Sexual Orientation Homosexual Bisexual	89.8 9.4
HIV positive	14.2

Baseline Characteristics – Drug Use



Sexual Behaviour and HIV Status

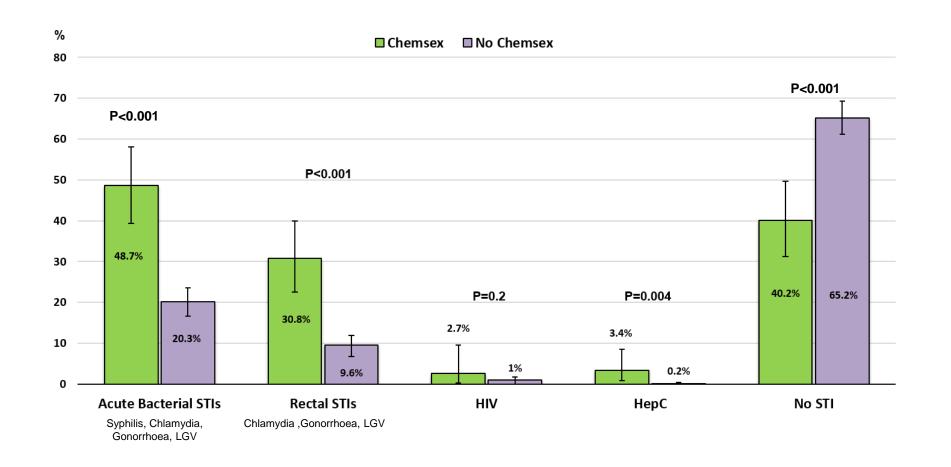
	AII GBMSM %	Chemsex %	Non-Chemsex %	P value*
HIV Positive (n=752)	14.2	34.5	7.0	<0.0001
> 21 units alcohol /wk (n=361)	6.6	17.0	4.4	0.002
IDU (n=766)	4.2	25.0	0.4	<0.0001
Transactional Sex (n=582)	4	9.4	2.7	0.006
Group sex (n=507)	15.4	51.9	8.4	<0.0001
Fisting (n=506)	3.6	14.7	1.6	<0.0001
HIV Positive Partner † (n=460)	9.0	30.6	8.3	<0.0001

Multivariate Model

- Those disclosing chemsex were significantly more likely to be HIV positive, to report >5
 partners in 3 months, and to have had group sex.
- These associations remained significant after adjusting for age, ethnicity, country of birth,
 HIV status and presence of a HIV+ partner.

	Chemsex v Non-chemsex unadjusted odds-ratio	Chemsex v Non-chemsex adjusted odds-ratio *
HIV positive	7.9 [4.6-13.8]	3.4 [1.8-6.5]
5+ partners in 3 months	5.8 [3.5-9.6]	5.4 [3.0-9.8]
Had group sex	11.3 [6.4-20.0]	7.3 [3.7-14.4]

STI Diagnoses – Chemsex vs. No Chemsex



Multivariate Analysis - STI diagnoses

- Those disclosing chemsex were significantly more likely to be diagnosed with an acute bacterial or rectal STI.
- These associations remained significant after adjusting for age, ethnicity, country of birth, HIV status and presence of a HIV+ partner.

	Chemsex v No-Chemsex unadjusted odds-ratio	Chemsex v Non-Chemsex adjusted odds-ratio *
Acute Bacterial STIs	3.8 [2.4-6.0]	2.7 [1.6-4.6]
Rectal STIs	4.8 [2.8-8.0]	2.9 [1.6-5.5]
Other STI	1.0 [0.5-1.8]	0.8 [0.4-1.7]
No STI	0.4 [0.3-0.6]	0.5 [0.3-0.8]

^{*}Adjusted for age, ethnicity, country of birth, HIV status and presence of a partner with HIV. Other risk behaviours not modelled due to small sample size

Patient Perceived Chemsex Consequences

 53% reported chemsex to have had a personal adverse impact in terms of (n=76)

Mental	Health	15%

- Work 13%
- Hospital Admission 7%
- Overdose5%

Conclusions

- GBMSM disclosing chemsex in sexual health clinics significantly more likely to
 - be diagnosed with an acute bacterial or rectal STI
 - report higher number of sexual partners
 - be diagnosed with acute Hepatitis C
- A higher HIV incidence was observed in those reporting chemsex not statistically significant due to relatively small number of new infections in the study period – this warrants further evaluation after longer follow-up
- Chemsex disclosure was also significantly associated with higher alcohol consumption, injecting drug use, transactional sex, fisting, group sex and having a serodiscordant HIV positive partner.
- 1 in 2 GBMSM perceived chemsex to have had an adverse consequence on their physical/ mental health or career.
- A chemsex disclosure in sexual health settings should prompt targeted wellbeing, health promotion and prevention interventions

Questions?

Acknowledgements

Christian Kemble, the reception teams from both Kingston Hospital K2 clinic, and St Georges Hospital Courtyard Clinic.

MSM Service (SW17) Courtyard Clinic First Name St. George's Hospital Last Name -

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Dat	е			Seen By			
Pre	senting	problem (s)					LERGIES & UG REACTONS ner
SE	XUAL	. HISTORY		3			
	When	Partner Gender/Relp		es of sex / Al)	Condoms for Anal sex (Y		Other info (include HIV /Hep C status if UPAI)
<u> </u>				****	1 1		
2							
3							
PMF	1	Medication x (last sAb level and date	on	HIV status	: Neg / Pos / I		7
			,		siduling previ	12 101	эуришэ)
SOCIAL HISTORY				LHEALT	Н		
Oo you ever use drugs/ alcohol? Oo you smoke? Oo you usually drink alcohol or take drugs			eychiatric Hx r feel down or o	depres	ssed?		
Do you ever have 'chemsex'?			Have you e	ver tried to hur	t yours	self or self-harm?	

Have you ever been forced to have sex?		Have you ever been intimidated to cross s	exual
		boundaries?	
BBV RISK ASSESSMENT	Y/N	If 'Y' to 'Chemsex'	
IDU/'Slamming'	1710	Which drugs	
Sharing sex toys without washing/condoms		Crystal Meth	
Fisting/ being fisted		GBL-GHB □	
Group sex		Mephedrone	
CSW / client		Other	
HIV + partner		(state)	
HCV / Hep B + partner			
Uses bareback app/website e.g BBRT		How many occasions in the last 3 /12?	
None of the above		Duration of last chemsex episode <i>(circle)</i> <12 hrs 12-24hrs >24hrs Shared snorting devices? Yes /	No / NA
LPU (Hrs or time)		Shared injecting equipment? Yes /	No / NA
	ntgar m	When was last time you had sex without dr	
CONSEQUENCES OF ALCOHOL	OR DR	UG USE	
Have you experienced any negative constitution of the second seco	sequence	es due to alcohol or drug use? Have you ever overdosed?	
Have you ever been had any form of hosp	pital adm	ission / A&E/ psychiatric?	
Was PEPSE ever required / offered / acce	epted at	a hospital attendance?	
Any other additional information			
Any other additional information			

	Courtyard	Clini	C
St	George's	Hosp	ital

Date:



EXAMINATION		
Non-Genital		
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Diagnosis and Management	
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	SHAPT Codes
Market Carrier Control Control	
	Medication given by
	Modication given by
☐ PEPSE discussed	
☐ Drug info	
☐ Contact slips x☐ No SI advised	
☐ Safer sex / condoms	
☐ Info leaflet	
☐ Text results	
	Signature
HA referral	
The referral	Print name
☐ General sexual health advice and info	
□ PN	
☐ Sex addiction	Designation
□ Risky sex □ Drugs / Chemsex / safer injecting	Designation
☐ Shigella prevention advice	
☐ Mental health / Wellbeing	