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England

# Sexualised drug use: the national picture

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# Overview

**What is chemsex?**

**What is the prevalence of chemsex?**

**Why does it matter?**

**Where does it occur?**

**Chemsex interventions**

**PHE action plan**



# What is 'chemsex'?



- The planned use of drugs as an integral part of sex (usually immediately prior to, or during sex)
- This particularly includes the use of methamphetamine, mephedrone, GHB/GBL and less commonly ketamine, particularly among at risk communities
- Taken orally, snorted, IV 'slamming'
- Most evidence relates to MSM



Fisher 2011,  
 Forrest 2010, Grov 2008,  
 Rawstone 2007, Bourne 2014



# What is the prevalence of chemsex?

## **HIV positive MSM**

- 7% recreational drug use in past 3 months (ASTRA 2011-12)
- 29% engaged in chemsex in last year, 10% in slamsex (Positive Voices 2014)

## **HIV negative MSM**

- 12% recreational drug use in last 3 months, 5% during last time sex (GUMCAD 2016)
- 54% engaged in chemsex in last 3 months (PROUD 2015-16)

## **HIV positive & negative MSM (London)**

- 13% used 'chemsex drugs' in last 4 weeks (EMIS 2010)

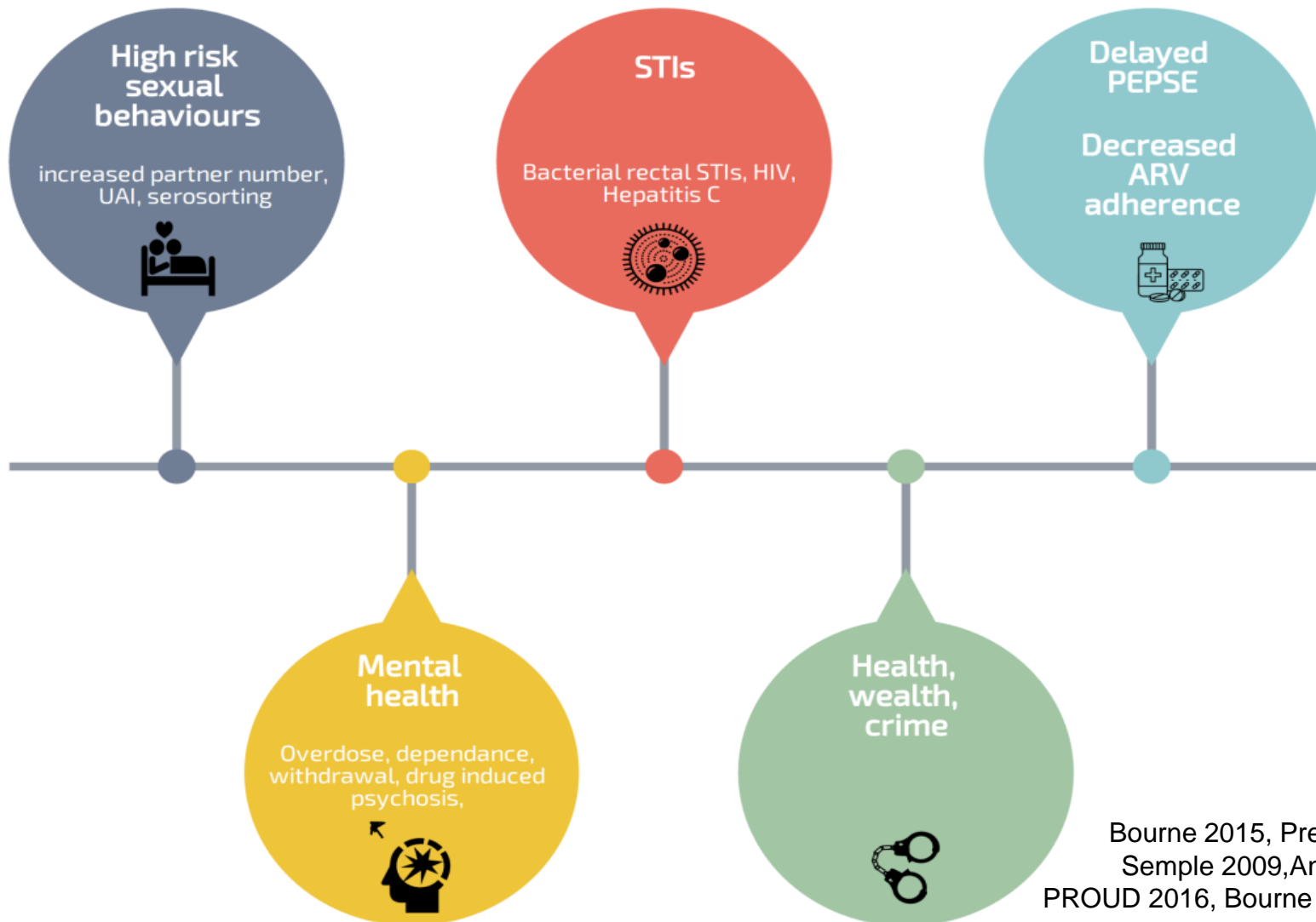


## MSM and chemsex

- MSM are a diverse group
- most MSM do not use drugs
- MSM may not engage with services because of stigma
- MSM accessing drug treatment services may benefit from talking about specific sexual practices
- MSM may prefer sexual health services in the first instance
- some MSM may not recognise a drug problem
- patterns of alcohol and drug use and chemsex are often related to broader wellbeing issues or problems



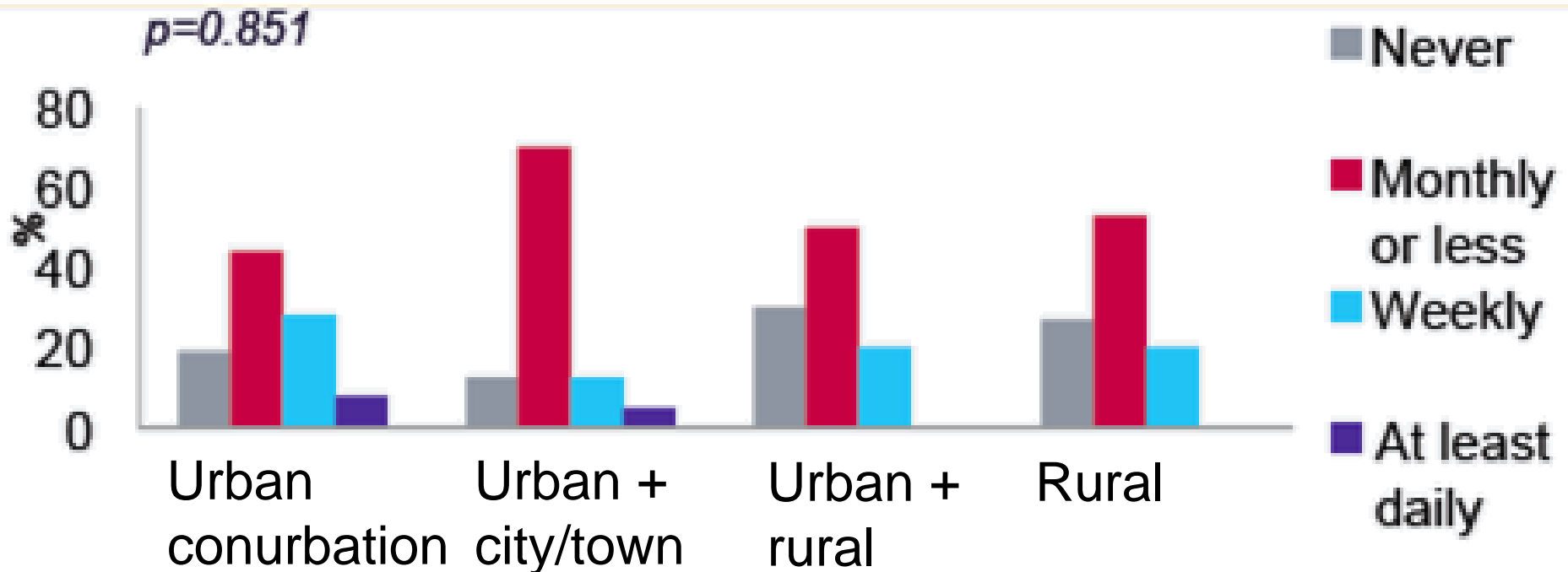
# Why does it matter?





# Where is chemsex occurring?

Frequency of chemsex consultations in GUM clinics by urban-rural setting (n=152) (Wiggins 2016)







# Chemsex interventions

- **No gold standard**
- **Very little evidence in literature, but local examples of good practice**
- **Integrated sexual health and drug & alcohol service approach**
  - **“ No wrong door” “Everyone’s problem”**
- **PHE briefing note for drug and alcohol services**  
(<http://www.nta.nhs.uk/uploads/phe-substance-misuse-services-for-msm-involved-in-chemsex.pdf>)
- <http://www.chemsexsupport.com/for-professionals>



# PHE briefings and guidance

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## Substance misuse services for men who have sex with men involved in chemsex

This briefing for commissioners and providers of drug and alcohol services highlights issues relating to men who have sexual contact with other men (MSM)\* involved in chemsex. It contains background information, recent data, prompts for local areas and services, and case studies.

Chemsex is a term for the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Chemsex commonly involves crystal methamphetamine, GHB/GBL and mephedrone, and sometimes injecting these drugs (also known as slamming). These practices can have an adverse impact on the health and wellbeing of MSM.

The main focus of this briefing is chemsex among MSM. However, much of the good practice covered also applies to wider MSM and lesbian, gay, bisexual and transgender (LGBT) populations. Furthermore, not all MSM who need treatment for other alcohol and drug problems participate in chemsex. Detailed guidance and audit tools for commissioning and providing drug and alcohol treatment for LGBT communities are published by London Friend,<sup>1</sup> commissioned by the Department of Health. This briefing is a component of PHE's broader work on LGBT health and wellbeing, including the LGBT public health outcomes framework<sup>2</sup> and an action plan to tackle health inequalities for MSM.<sup>3,4</sup>

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\* MSM: 'men who have sexual contact with other men' is the term this document uses to identify most of the population of interest because it describes sexual behaviour, rather than sexual identity. We acknowledge that it is not a term appropriate to use more broadly when discussing issues of diversity relating to the male community or to the lesbian, bisexual and trans communities. However, we believe its use is helpful in this context in ensuring we are as inclusive as possible in covering the topic of chemsex. At times, we use other terminology, such as LGBT when discussing research or data issues, when appropriate.

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## Adults – drugs JSNA 2017-18: commissioning and planning for drug prevention and recovery in adults

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outbreak of HIV among people whose first diagnosis of HIV is a key factor in their first diagnosis was late.

All new HIV cases in 2015 among men who reported sex with men were men who reported sex with men used during chemsex, such as men who have sex with men (MSM) is a key factor in their health harms faced by this population.

Better understanding of the nature of these health harms faced by this population who have sex with men (MSM) is a key factor in their health harms faced by this population.

Shooting Up also reports that people who inject drugs (IPEDs) are more sexually active than men who have sex with men (MSM) to have ever had an HIV test.

Features of outbreak group A *Streptococcus pneumoniae* cases, England and Wales, 5 January–29 December 2015 (n=27)

Total cases
Demographics and risk factors*
Male
Median age (range) in years
Homeless at time of illness onset
Street homeless at time of illness onset

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## Shooting Up: Infections among people who injected drugs in the UK, 2015

An update: November 2016

Health Protection Scotland | GIG NHS | HSC Public Health Agency



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# PHE HIV Innovation Fund

**Aim: to reduce the impact of HIV in specific localities and communities by supporting voluntary sector organisations**

## **3 Chemsex projects funded 2016/17**

- **Online service for MSM to reduce harms around drugs and alcohol.** THT and London Friend, London
- **Chemsex Open Access Support Team. Chemsex/HIV prevention project.** Addaction, Liverpool
- **Reaching out-Stoke on Trent. Expansion of DATS into non-traditional settings, focussing on MSM.** Lifeline Project, Stoke on Trent



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# PHE HIV Innovation Fund – 2017/18

**Particularly welcome innovative proposals for HIV prevention that**

- promote the prompt diagnosis of both HIV and other sexually transmitted infections, especially among MSM
- address stigma associated with HIV
- support the integration of HIV prevention into health promotion and service delivery in **other health areas** (e.g. sexual and reproductive health, mental health, etc.)
- address the wider determinants of high risk behaviour such as mental health, **drug and alcohol misuse**, etc.
- support increased knowledge, awareness and understanding of pre-exposure prophylaxis (PrEP) for HIV as a prevention strategy

Link for applications: [www.phe-events.org.uk/hivpif1718](http://www.phe-events.org.uk/hivpif1718)



# PHE chemsex working group

1. **Collaborative working** with PHE Centres and Local Authorities
2. Provide evidence and data to **support commissioning**
  - Resource packages
  - Briefing notes
  - Joint Strategic Needs Assessment data packs
  - Slide sets/infographics
3. **Promote awareness** of 'chemsex' and sexualised drug use
4. Strengthen data collection in **established surveillance system**
5. Support **new data collection**



# Conclusions

- Chemsex is an important public health issue, although reported by a minority of MSM
- People reporting chemsex are presenting to GUM clinics and D&A services in all areas of the UK
- Little evidence for best interventions
- Integrated sexual health and drug & alcohol service approach
- PHE working group established to provide resource packages for local support, collect data (new & enhanced surveillance), improve awareness



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# Acknowledgements

- PHE chemsex working group
- Nigel Field
- PHE/BASHH Chemsex survey: Helen Wiggins, Helen Mebrahtu, Ann Sullivan and Gwenda Hughes
- PHE GUMCADv3 pilot: John Were, Hamish Mohammed, and Gwenda Hughes



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Thank you

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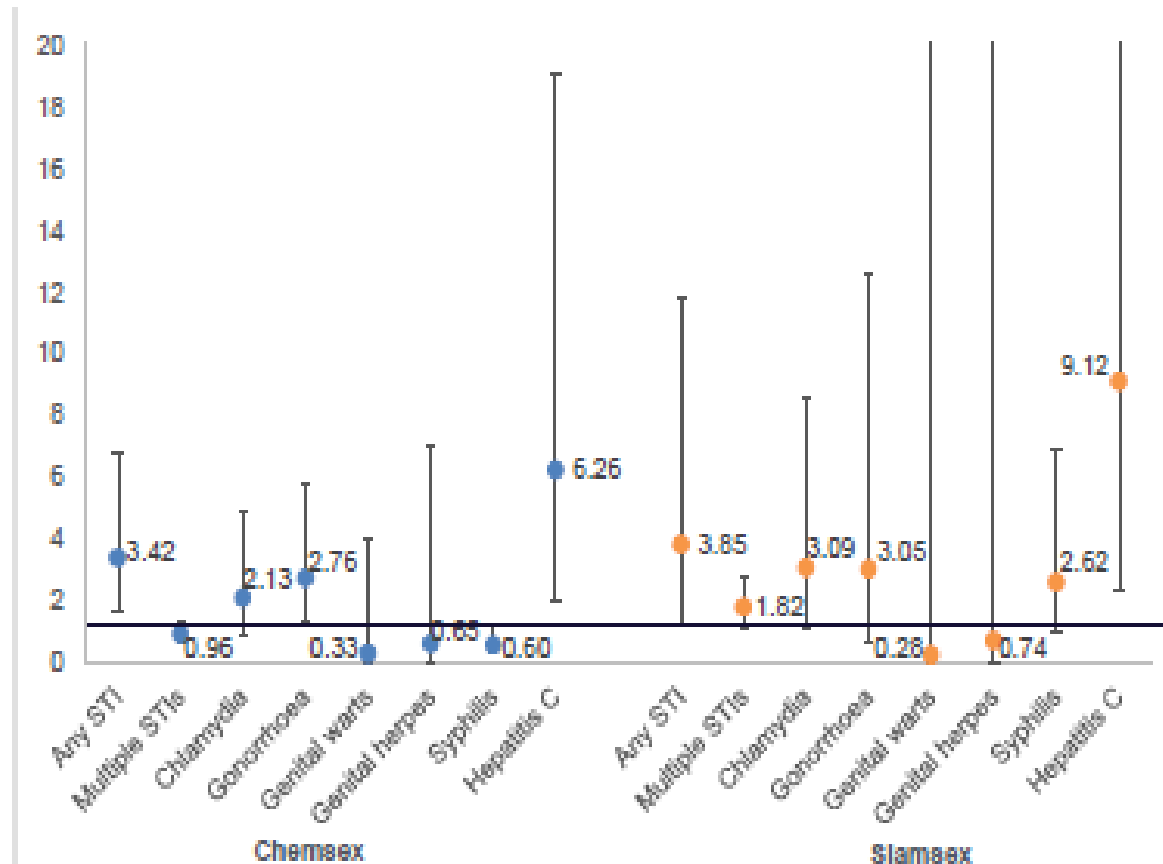
## HIV positive MSM: Positive Voices Study (Purfall CROI 2015)

Chemsex associated with increased risk of being diagnosed with:

- Any STI (AOR 3.42)
- Gonorrhoea (AOR 2.76)
- Hepatitis C (AOR 6.26)

Slamsex associated with increased risk of being diagnosed with:

- Any STI: AOR 3.85
- Chlamydia: AOR 3.09
- Hepatitis C: AOR 9.12



Adjusted odds ratios comparing the association between chemsex, slamsex, and self reported STI diagnoses



# Chemsex and risk behaviour

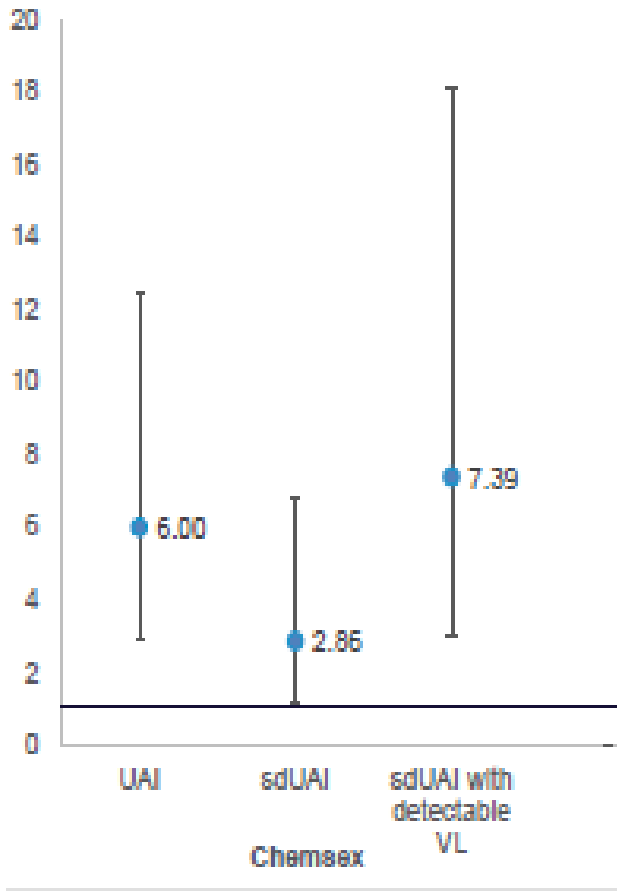
## PROUD study (HIV negative MSM)

	Overall number (N=424)	Chemsex users (N=222)	P value
Injecting drugs*	80 (19%)	77 (35%)	<0.001
Group sex*	286 (67%)	182 (82%)	<0.001
Sex toys*	189 (46%)	126 (57%)	<0.001
Fisting*	116 (27%)	82 (37%)	<0.001
UAI since last visit*	418 (99%)	222 (100%)	0.010
Median # condomless anal sex partners in past 30 days (IQR)	2 (1,5)	3 (1,6)	<0.001

*\*In last 3 months*



## HIV positive MSM (Positive Voices 2014)



Chemsex associated with:

- increased UAI
- serodiscordant UAI
- serodiscordant UAI with detectable VL
- increased number of partners in the past year

Adjusted OR comparing the association between chemsex, slamsex, and risk behaviours (Pufall CROI 2015)