Sexualised drug use: the national picture

Dr Ellen Heinsbroek
HIV & STI Dept, National Infection Service, Public Health England
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

McCall et al, BMJ 2015
Sexualised drug use: the national picture

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?

High risk sexual behaviours
- increased partner number, UAI, serosorting

STIs
- Bacterial rectal STIs, HIV, Hepatitis C

Delayed PEPSE
- Decreased ARV adherence

Mental health
- Overdose, dependence, withdrawal, drug induced psychosis

Health, wealth, crime

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.chemsexsupport.com/for-professionals
PHE briefings and guidance

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, prospects 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 methadone, and sometimes injecting these drugs (also known as ‘stemming’). 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 Friends 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* and an action plan to tackle health inequalities for MSM.†

* 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. It is acknowledged that this is not a term appropriate to use more broadly when discussing issues of diversity relating to the needs of LGBT populations.

† [Note: The text is not clear or legible due to the image quality.]

Adults – drugs JSNA 2017-18: commissioning guidance

Planning for drug prevent and recovery in adults

outbreak of HIV among people who inject drugs (PWID) – diagnosis of HIV is a key factor in determining how likely diagnosis was late.

All new HIV cases in 2015 among PWID were men who reported sex with a man at some time. PWID used during chemsex, such as methamphetamine, and were at higher risk. Better understanding of the nature of the population of PWID who have sex with men (MSM) in London is important to health harms faced by this population.

Shooting Up also reports that people who inject drugs (PWIDs) are more sexually active than other PWID. Smoking prevents HIV to have ever had an HIV test.

Features of outbreak group A Streptococcus (Strep A) cases, England and Wales, 5 January to 28 December 2015 (n=37)

<table>
<thead>
<tr>
<th>Local cases</th>
<th>Demographics and risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Median age (range in years)</td>
</tr>
<tr>
<td></td>
<td>Homelessness at time of illness onset</td>
</tr>
<tr>
<td></td>
<td>Street homelessness at time of illness onset</td>
</tr>
</tbody>
</table>
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
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
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
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
Thank you

ellen.heinsbroek@phe.gov.uk
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)

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

*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)