ChemSex: Data on Recreational Drug Use and Sexual Behaviour in Men Who Have Sex with Men (MSM) from a Busy Sexual Health Clinic in London, UK

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INTRODUCTION

Recreational drug use has been linked with HIV/AIDS since the beginning of the epidemic, with the commonest substances in the early days being 'street drugs' such as opiates, crack and cocaine.

In the past few years, other recreational drugs have become more frequently used among MSM and bisexual men, especially within HIV-positive patients.

These, commonly called 'party drugs' or 'club drugs', are consumed in club or house parties, and are often used during sex, which can last for several days. They consist of a mix of agents such as methylenedioxymethamphetamine (MDMA), gamma-hydroxybutyrate (GHB), ketamine, benzodiazepines (e.g. diazepam) – and of substances that are more specifically used in a sexualized context: methamphetamine, mephedrone, poppers and erectile dysfunction agents (EDA).

According to the recently published ASTRA study, of 2248 HIV MSM surveyed for HIV-related, socio-demographic and lifestyle factors, half of the individuals (1138, 50.6%) reported use of recreational drugs in the previous three months. About a quarter of them reported use of at least three types of drugs during that time period.

Consumption of party drugs during sexual activity ('ChemSex') in people living with HIV (PLWH) on combination antiretroviral therapy (cART) poses significant risks for the acquisition of sexually transmitted infections (STIs), and has recently dramatically contributed to the expansion of the HIV epidemic.

OBJECTIVES

To identify trends and determine risks, motivations and consequences of ChemSex behaviour, we collected data on 874 individuals attending a ChemSex support service in a London sexual health clinic over the course of one year.

METHODS

Individuals were asked by substance use support workers to disclose details of their behaviour and risk, including condom use, injecting drug use and frequency of drug-using episodes, cART adherence, number of partners, HIV/hepatitis C virus (HCV) infection, experience of post-exposure prophylaxis (PEP) and experience of chem-free sex.

Data were collected into a secure database and percentages of event recurrences calculated.

RESULTS

Behavioural
70% reported no chem-free sex in previous six months
98% had never accessed statutory drug use support
ChemSex behaviour tended to accelerate
Immediately after an HIV diagnosis
Immediately after relationship break-up
Following migration to London
Drug using, sexually active episodes of between 12 and 48 hours were the norm
45% reported between 4 and 10 partners per episode
11% reported 10 or more partners per episode

HIV status
52% HIV negative (of whom, 40 individuals were diagnosed HIV positive in clinic in 2014)
32% HIV positive
16% unanswered
HIV positive cohort not on cART (n=42)
64% reported zero condom use for intercourse
10% reported using condoms for intercourse less than 50% of the time
HIV positive cohort on cART (n=238)
25% reported zero condom use for intercourse
51% reported using condoms for intercourse less than 50% of the time
64% reported good ARV adherence
30% reported poor ARV adherence (though not representing a significant danger to viral suppression)
HIV negative cohort (n=594)
30% had accessed PEP once in the previous 2 years
25% had accessed PEP between 2 and 10 times in the previous 2 years
10% reported no condom use for intercourse
40% reported using condoms for intercourse less than 50% of the time
42% expressed an interest in PrEP as an HIV prevention tool
33% were unfamiliar with PrEP

HCV status
12% of the cohort had previously tested positive for hepatitis C
52% were mono-infected
40% were co-infected with HIV
68% had only been HCV infected once
32% had been HCV infected multiple times
47% had never injected illicit drugs
36% were injecting drug users
23% were HIV-ve, non-injecting drug users

Injecting drug use
29% were injecting drug users
34% had never injected drugs
37% unanswered
Of the injecting drug users
68% reported never having shared needles
23% reported having shared needles
27% reported never having injected themselves (allowing others to inject them)
16% only ever injected themselves
30% had been injected both by themselves and others

CONCLUSIONS

ChemSex poses considerable risks including the possibility of clusters of acute HIV infections amongst participants having condomless sex with multiple partners.

Data are warranted on what cART is safer when co-administered with recreational drugs in terms of pharmacokinetic forgiveness and drug interactions.

Clinicians need to accurately identify patients participating in ChemSex behaviour, be alert to sero-conversion symptoms, robustly screen for sexually-transmitted HCV (regardless of injecting drug use or HIV status), and provide effective referrals to ChemSex support to prevent sexually transmitted infections, HIV and HCV re-infection.