

Chem-Sex is More Frequently Associated with Accessing Post Exposure Prophylaxis in Men Who Have Sex with Men.



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Background/introduction:

Recreational drug (RD) use increases sexual risk taking behaviours; with MSM having higher rates of RD use than the general population.¹ Polydrug use is linked to group sex, multiple sexual partners and serodiscordant condomless sex.² RD is therefore an important public health issue amongst MSM and may result in increasing attendances for PEPSE.^{3,4} This makes new PEPSE consultations a good opportunity to identify high risk MSM.

Aim(s)/objectives:

To identify Club drug use during PEPSE attendances in MSM in 2013/4 compared to 2015.

Methods:

An anonymised retrospective case note audit review of first PEPSE (MSM) attendance in Brighton Sexual Health Clinics, Brighton, United Kingdom during two 4-month periods: Audit Period-1 (AP-1) November 2013 to February 2014 and Audit Period-2 (AP-2) March 2015 to June 2015. Notes reviewed and data collated onto a Microsoft Excel spreadsheet and analysis performed using IBM SPSS software.

Audit period-1	Audit period-2
November 2013 – February 2014	March 2015 – June 2015

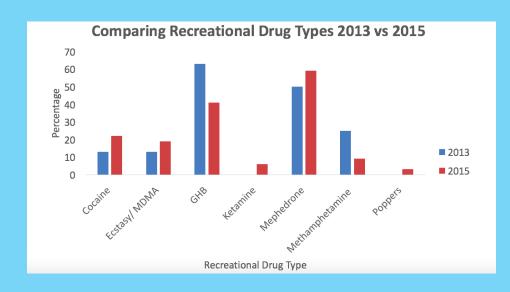
Results continued:

Club Drug Use

Club drug use during PEPSE episode increased **significantly** from 9/51(18%) in 2013/4 to 41/101(41%) in 2015 (OR 3.19, p<0.005).

Club Drug Types

There were no significant changes in the RDs being used, with frequency in combined audit periods as follows: Mephedrone 23/40 (58%), *gamma*-Butyrolactone(GBL) 18/40 (45%) and Crystal Meth 5/40 (13%) being the most frequent reported.



Discussion/conclusion:

Episodes of unsafe sex leading to access of PEPSE appear to be more associated with club drug use in 2015 than in 2013/4 and our documentation of this has improved.

The frequency of RD use in our 2015 PEPSE seeking HIV negative MSM group are comparable to rates seen amongst HIV positive MSM (AP-2 41% RD use vs 51% RD use in ASTRA study²).

Demographics

Results:

152 MSM attended for PEPSE; 51 people attended for PEPSE in AP-1 and 101 in AP-2. The median age in both periods was 31 (AP-1: 18- 65, AP-2: 18-79) years. The median age of recreation drug use was 25 in AP-1 and 30 in AP-2.

Documentation of Drug Use

Documentation of Club drug use during the respective PEPSE episodes increased **significantly** from 27/51(53%) in AP-1 to 100/101(99%) during AP-2 (p<0.001).

Grouping	2013	2015	Significance (Chi ²)
No documentation of recreational drug use	24/51 (47%)	1/101 (1%)	X ² (1)= 52.34, <i>p</i> = <0.001
Documentation of recreational drug use and not using	18/27 (67%)	59/100 (59%)	NS
Documentation of recreational drug use and using; although type not specified	1/27 (4%)	9/100 (9%)	NS
Documentation of recreational drug use and using; type also specified	8/27 (30%)	32/100 (32%)	NS

Identification of club drug use in MSM is an important harm intervention; both in HIV positive and negative MSM. National STI and HIV prevention initiatives targeted at the MSM cohort should address Club drug use and it's potential to increase risk of transmission.

References:

1)Hunter LJ, Dargan PI, Benzie A, et al. Recreational drug use in men who have sex with men (MSM) attending UK sexual health services is significantly higher than in non-MSM. *Postgrad Med J* 2014; **90:** 133–38.

2)Daskalopoulou M, Rodger A, Phillips AN, et al. Recreational drug use, polydrug use, and sexual behaviour in HIV-diagnosed men who have sex with men in the UK: results from the cross-sectional ASTRA study. *Lancet HIV* 2014; **1**: 22-31.

3)Kirby T, Thornber-Dunwell M. High-risk drug practices tighten grip on London gay scene. *Lancet* 2013; **381:** 101–02.

4)Sayer CI, Fisher M, Nixon E, et al. Will I? Won't I? Why do men who have sex with men present for post-exposure prophylaxis for sexual exposures? *Sex Transm Infect* 2009; **85**:206-11.

