

BACKGROUND

There is worldwide interest in the use of club drugs and their relationship with sexual risk and STIs. Data from the US^{1,2} and China³ has shown that club drug use, particularly methamphetamine, is linked with increased sexual risk. Australian data suggests that methamphetamine use is likely to be implicated in HIV acquisition⁴.

"ChemSex" is a recent term used in the UK to describe the use of methamphetamine, GHB/GBL and mephedrone during sex and is increasingly being linked with higher risk sexual behaviour, specifically condomless anal sex with multiple partners in men who have sex with men (MSM)⁵.

As opposed to MSM, the trends of club drug use and sexual behaviour/STI prevalence in the heterosexual population remain largely unexplored, particularly in the UK.

AIMS

To identify:

- The level of club drug (CD) use by clients attending an out of London UK sexual health clinic
- If CDs are associated with higher risk sexual behaviour
- If gender, age, or sexuality have a greater association with CD use and/or high-risk sexual behaviour
- If CD users have a higher prevalence of sexually transmitted infections
- If people would like to reduce or stop their club drug use

METHODS

Sexual health clinic attendees aged ≥ 16 years were invited to complete a questionnaire on sexual behaviour and drug use for 2 weeks per quarter in 2013 – 14. CD use was compared with age, sexuality, sexual behaviour and STI rate to determine any association.

Definitions

Club Drugs: ecstasy, mephedrone, cocaine, GHB/GBL and ketamine

Sexual risk:

1. Self perceived high risk behaviour
2. Any Anal Intercourse⁶
3. Based on NATSAL survey definition⁷:

- Hetero** • 2+ partners and no condom use in the past year
- MSM** • 2+ partners in the past year and inconsistent condom use in the past 4 weeks

RESULTS

Demographics:

2332 questionnaires analysed
Mean age: 27 (16 – 81) years
52% male; 75% white British, 83% heterosexuals and 11% MSM.

Associations with Club Drug use:

Gender: All drug use was higher in men; heterosexual males versus females 45% versus 29% OR: 1.96 (P < 0.0001)

Age: Significantly higher recent drug use in <24 years versus ≥ 25 years; 44% versus 26% OR: 2.29 (P < 0.0001)

Sexuality	MSM vs. Heterosexuals
All club drugs	47% vs. 36% OR: 1.55 (P = 0.001)
Cocaine	37% vs. 30% OR: 1.36 (P = 0.031)
Mephedrone	22% vs. 16% OR: 1.57 (P = 0.006)
Ecstasy	37% vs. 29% OR: 1.43 (P = 0.010)
GHB/GBL	13% vs. 4% OR: 3.80 (P < 0.0001)
Ketamine	21% vs. 15% OR: 1.52 (P = 0.016)

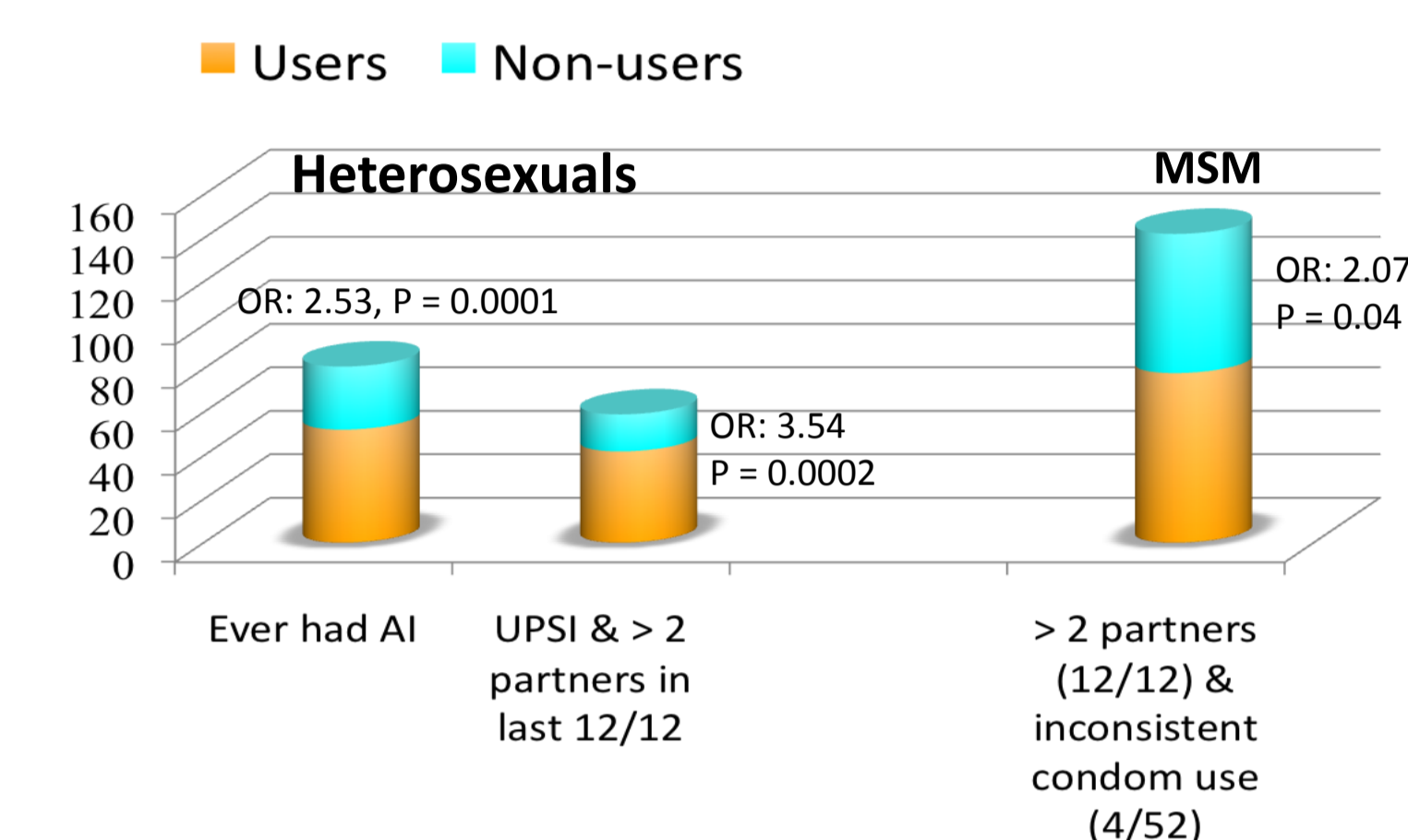
RESULTS

- ❖ 38% of all respondents had used a CD. 36% of these had used in the past 4 weeks.
- ❖ 12% wanted to reduce their substance use. 33% did not know where to get help to reduce their substance use.
- ❖ IVDU was higher in MSM compared to the heterosexual population (4% versus 2%)
- ❖ 36% of heterosexuals had ever had anal sex, and women < 25 years were less likely to have had anal sex compared to woman ≥ 25 years (OR: 0.6 P < 0.001)
- ❖ Anal sex in the past 4 weeks was associated with chlamydia (OR: 2.41 p = 0.0007).

Self perceived risky or UPSI:

Substance	MSM	Hetero
Alcohol	53% (OR: 0.75 p = 0.044)	60%
Mephedrone	49% (OR: 4.38 p < 0.0001)	18%
Ecstasy	30% (OR: 1.79 p = 0.024)	19%
GHB / GBL	45% (OR: 2.42 p = 0.05)	25%
Ketamine	25% (OR: 3.14 p = 0.004)	10%

Risky sex as per survey definition:



Club Drug use & STIs:

- Overall STI rate was 15%
- There were no associations between lifetime or active use of club drugs and overall STI prevalence in heterosexuals (lifetime OR: 0.91 p = 0.54; active OR: 1.02 p = 0.94)
- There were no associations between lifetime or active use of club drugs and overall STI prevalence in MSM (lifetime OR: 1.30 p = 0.35; active OR: 1.21 p = 0.63)
- In MSM there was a higher rate of gonorrhoea in those recently using GBL OR: 2.26 but this did not reach significance.

DISCUSSION

This is the first sexual health clinic study in the UK to assess CD use in all sexualities. Lifetime use of CD in sexual health clinic attendees was high when compared with the general population estimate from the Crime Survey 2014⁸ (ecstasy 31% vs 9.3%, cocaine 32% vs 9.5%).

CD use in heterosexuals was associated with pre-defined higher risk sex, but lifetime and recent CD use was not associated with a higher prevalence of STIs.

Anal sex in the heterosexual population was associated with a higher rate of chlamydia. This community may not be aware of the STI and HIV acquisition risk from anal sex. This could be the focus of a public health intervention.

In the population we surveyed, the risk of STI acquisition was multifactorial and not solely determined by CD use.

Assessment of CD use in a population attending sexual health clinics should focus on harmful drug use and be followed up with support around harm reduction techniques.

KEY POINTS:

- ❖ 38% of respondents had used club drugs
- ❖ MSM were more likely than heterosexuals to self-report risky sex when using club drugs
- ❖ Overall lifetime or recent use of CD was not associated with an increased rate of STIs
- ❖ Assessment of CD use in sexual health clinics should focus on harmful drug use rather than overall drug use

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