

# Chemsex-related drug use and its association with health outcomes in MSM: a study of Antidote service data

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## Background

Chemsex-related drug use (CDU), is an escalating public health issue amongst MSM, associated with significant physical, biomedical, and psychosocial harm. Few interventions exist to help MSM engaging in chemsex and little data exist on which to build. This cross-sectional analysis, using data from Antidote, the UK's only LGBT specialist drug service, aims to remedy this paucity of data.

## Results

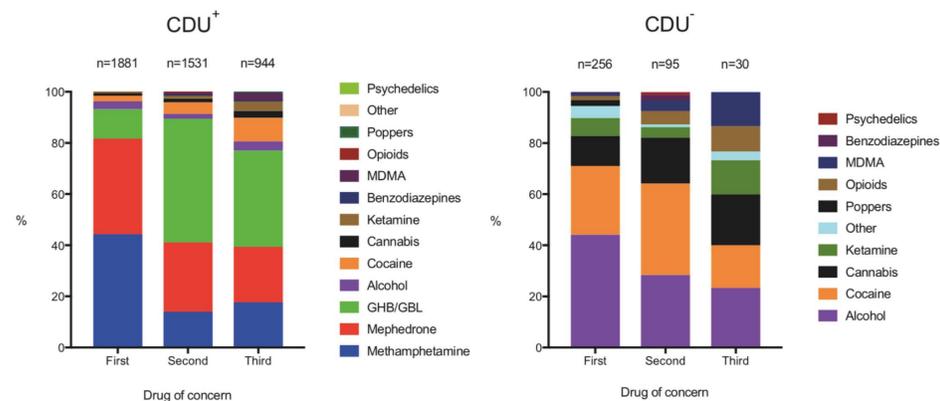


Fig. 1 - Drugs of concern for Antidote service users by CDU category

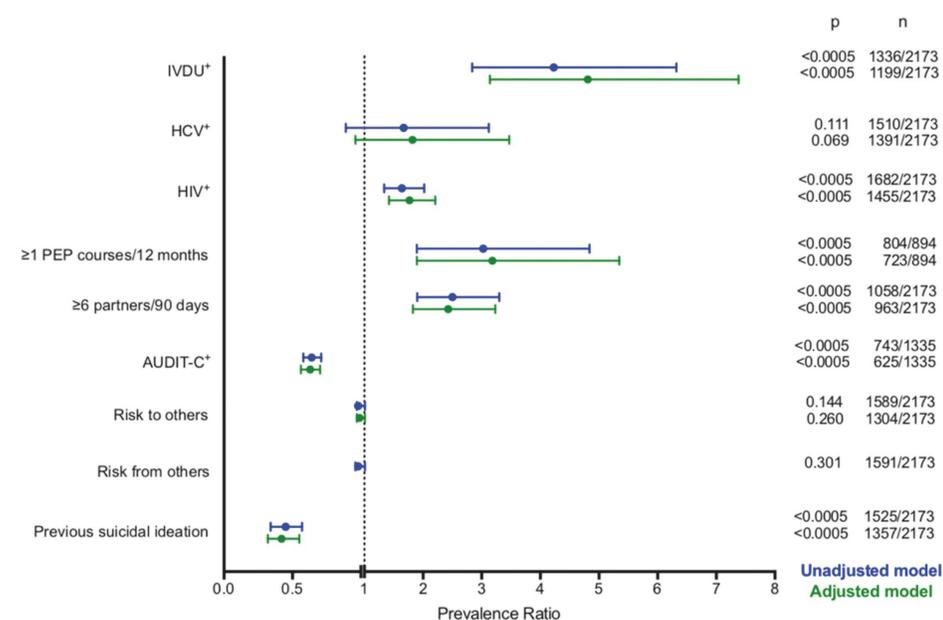


Fig. 2 - Unadjusted and adjusted models between CDU (exposure) and sexual and mental health outcomes.

- Compared to CDU- MSM, CDU+ MSM are:
  - 3x as likely to seek assistance for polysubstance use (PR 3.37; 95% CIs 2.88-3.94; p<0.0005)
  - 5x as likely to be current or previous injectors; 3x as likely to have used PEP in the last 12 months; and 2x as likely to be HIV+; though, due to alcohol's predominance in CDU- MSM, 60% as likely to be AUDIT-C+ and half as likely to have had previous suicidal ideation
- In HIV+ sub-analysis, CDU+ MSM are no more likely to attribute ART adherence issues or their seroconversion to their drug use, nor report escalating drug use following seroconversion.
- Alcohol consumption remains an underappreciated drug in the LGBT community, especially in CDU+ MSM: 54% were AUDIT-C+, of whom 80% failed to identify alcohol as a drug of concern
- CDU+ MSM are heterogeneous: those selecting methamphetamine as their primary drug of concern vs those selecting mephedrone or GHB/GBL are more likely to be older, and with greater health needs - 2x as likely to be HCV+ or be current or previous injectors; and 1.5x more likely to be HIV+ or have had previous suicidal ideation

## Methods

2442 unique service users completed the Initial Contact Form during visits from 2012 - 2018, of whom 2173 were used in the analysis. Service users presenting for CDU ("CDU+") were defined as individuals who identified methamphetamine, GHB/GBL, or mephedrone as drugs of concern on the Initial Contact Form. All other service users were defined as CDU-. Modified poisson regression was used to assess associations between CDU and a range of health outcomes; CDU+ sub-analysis disaggregated MSM by primary chemsex drug of concern; and HIV+ sub-analysis investigated whether CDU was associated with self-reported treatment adherence, HIV seroconversion and other HIV-specific issues.

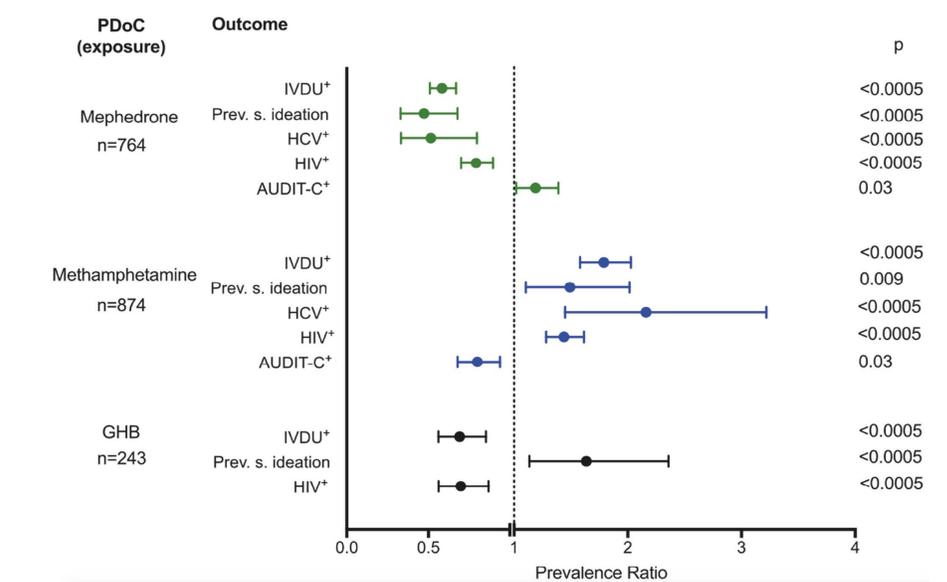
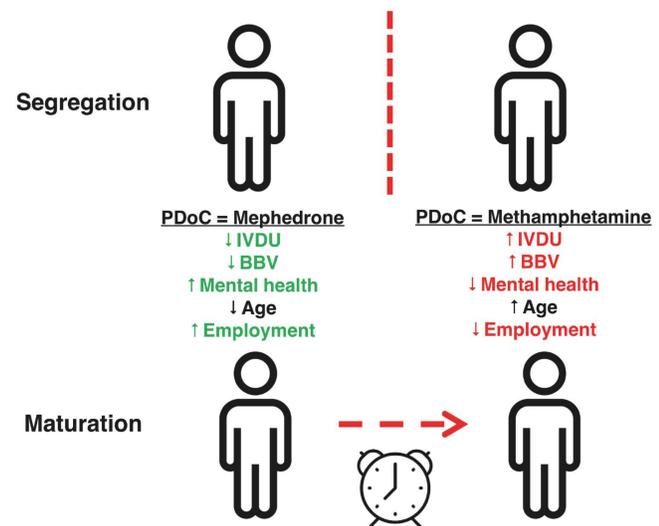


Fig. 3 - Heterogeneity in CDU+ MSM. Above - Unadjusted and adjusted models between primary drug of concern (exposure) and sexual and mental health outcomes. Below - Possible sociobehavioural drivers of heterogeneity



## Conclusions

Specialist LGBT and chemsex services provide services to some of the most at-risk MSM in the UK and offer a valuable chance to engage individuals who do not present to 'mainstream' services. Alcohol screening should be made mandatory in sexual health settings, and, further, sexual health and substance misuse professionals should be better integrated in each other's services. Chemsex blurs the line between their offerings, and at present patients are falling between stools.

CDU+ MSM are highly heterogeneous, and clinical responses should respond to this - 'off the shelf' interventions may be inappropriate and discourage CDU+ MSM from continuing to engage with health services.