Counselling, psychology and behaviour/lifestyle changes

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<th>Speaker Name</th>
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<td>David Stuart</td>
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| Date | 27/11/2015 |
Our co-infected MSM patients may be more likely to be engaged in higher risk behaviours.

- ChemSex
- fisting,
- injecting drug use
- higher number of partners
- extended sex ‘sessions’
- traumatic sex
- Poor adherence
- Poor engagement with clinical appointments

They may also be less willing to start treatment, as it may represent an unwelcome change-of-life/sexual activity

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56 Dean Street patients, Feb – Dec 2014

- Approx 3,000 ChemSex presentations per month
  - Multiple partners per ChemSex episode
  - Poor condom use common
  - Fisting/toys/trauma/extended sessions common
  - Good ARV adherence amongst HIV+ve cohort
  - Little experience of sober sex
  - Increasing injecting use, poor safer-injecting awareness

100 per month willing to access behaviour change support (Cohort total 874)

- 52% HIV positive
- 12% had previously tested positive for HCV

  Of these
  - 52% were mono-infected
  - 40% co-infected with HIV
  - 47% had never injected
  - 36% were injecting drug users
  - 32% had been HCV infected multiple times
  - 23% were HIV-ve, non-injecting drug users

(Self-disclosure resulted in some missing data)

Patients’ concerns about treatment

Reluctance to begin treatment is often associated with:

• Ignorance & scare-stories about treatment tolerance
• Ignorance about benefits of treatment as prevention
• Consequences to sex & recreational lifestyles

Patients can often be reassured, when they better understand

• Newer treatments that are available
• That they have wide range of choices
• That they will be patiently supported through these choices
• That there is multidisciplinary support around medicines/tolerance, stigma, sexual/lifestyle changes, emotional consequences

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An observed irony

Many people with depression; who act-out or self harm,
might care little about their own health...

But possess a strong motivation to help others; a greater capacity to care for others.

*These patients can often be better motivated by TasP than they might be for their own health.*
Retaining our patients in care

Patients who are ‘infectious’, are often comforted when they feel better informed about how they might avoid infecting partners; that their sex life can continue.

They also engage better with appointments, when they feel they’re given culturally-informed, real life harm reduction advice.

Clinicians are advised to be well-informed of how to dispense HIV/HCV risk-reduction advice to our co-infected patients – in all settings, including ChemSex environments.

http://www.chemsexsupport.com/chemsex-co-infection-booklet

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Patients reluctant/unlikely to give up recreational drugs altogether can be reassured that:

• Undetectable viral loads reassure partners and reduce stigma

• Newer HCV treatments are better tolerated, more successful in curing the infection, and can do so in a shorter amount of time.

• While recreational drug use is lower risk with HIV treatment alone, a suggested period of abstinence from ChemSex while HCV treatment is underway, can be supported by a health advisor team/ChemSex Advisors/peer support groups/therapy.

This non-judgmental, non-prescriptive approach improves patient engagement in services.

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Adapting interventions

Setting ChemSex Boundaries

When did you last have sober sex? ________________________________
Are you happy with this? _______________________________________
What do you enjoy about Chem-sex? ______________________________

Are you getting enough intimacy and closeness from your sexual encounters? _________
What do you think the advantages of sober-sex are? __________________________

If you were to set a boundary re what % of your sex life is sober, what % is Chem-sex, what would you be content with?

Circle your preferred Chem-sex percentage

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Circle your preferred Sober-sex percentage

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How can you help yourself adhere to these percentages? What supportive measures might you put in place?

Would you like support in addressing sober-sex? Yes No (See suggestions overleaf)
ChemSex Care Plan

Care Plan, ChemSex

Part 1: What is your goal?
- Abstinence?
- Reduced use?
- Controlled use?
- Safer use?

To keep your goals small, realistic and achievable, and to gain a feeling of accomplishment...

Try committing to a period of abstinence (with our support for); 1 month □ 2 months □ 3 months □ 4 months □

How confident are you to achieve this goal?
- Not confident 1 2 3 4 5 6 7 8 9 10 Confident

Is your confidence score is less than 7? Re-adjust your goal to improve your confidence

Abstinence goal; 1 week □ 2 weeks □ 3 weeks □ 1 month □

Now rate your confidence level again (and keep adjusting until your confidence level is 8 or higher)
- Not confident 1 2 3 4 5 6 7 8 9 10 Confident
People struggling with unprecedented on-line norms.

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Engaging patients in supportive communities and peer support results in better clinical engagement, adherence, lower risk behaviour & better health.
Online support
www.ChemSexSupport.com  From 56 Dean Street

For chem users

• Support online & how to access 1-1 support

• Tips for safer use/drug info/sexual health info

• Behaviour change video library (craving management, reduction tips, sober sex advice, safer play information)

• List of London recreational/social alternatives to bars, clubs, saunas, chems
For professionals

- A working definition, ChemSex
- Referral information
- Video tutorials/conducting ChemSex interventions
- Resources/tools for working with ChemSexers
- Papers on adapting services to be ChemSex efficient
- ChemSex research
- Drug–drug interactions
To better support our co-infected patients, it’s important to:

• understand the high-risk environments our patients are in

• understand/empathise with the underlying issues/motivations re risk-behaviour

• encourage honest disclosures from our patients

• dispense contextually-relevant harm-reduction advice

• offer support re adherence to medications

• be aware of potential DDIs

• work with multi-disciplinary teams

• make effective referrals to behaviour-change support to avoid re-infection.

And to support our patients with the emotional upheaval and ‘forced’ lifestyle changes their diagnoses trigger.

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