



EUROPEAN HIV HEPATITIS CO-INFECTION (EHHC)
CONFERENCE



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COMPETING INTEREST OF FINANCIAL VALUE \geq £1,000:	
Speaker Name	Statement
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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

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
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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

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>

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.

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
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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
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Engaging patients in supportive communities and peer support results in better clinical engagement, adherence, lower risk behaviour & better health.



A panel of London scene personalities, discuss

Young people's attitudes to HIV

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



Cultural competency

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