Sexualised drug use in people attending sexual health clinics in England

Hamish Mohammed*, John Were¹, Carina King¹,², Martina Furegato¹, Anthony Nardone¹
and Gwenda Hughes¹ on behalf of the GUMCADv3 Steering Group**

1 - HIV & STI Department, Public Health England, London, UK
2 - Research Department of Infection and Population Health, University College London, London, UK

* Corresponding author
Hamish Mohammed, PhD, MPH
Principal STI Prevention & Surveillance Scientist, HIV & STI Department
National Infection Service
Public Health England
61 Colindale Avenue
London, UK
NW9 5EQ
hamish.mohammed@phe.gov.uk
Tel: 020 8327 6403

** The members of the GUMCADv3 Steering Group are as follows: Afra Barrett, Jackie Cassell, Laura Clark, Claudia Estcourt, Iain Galloway, Nigel Field, Patti Green, James Hardie, Leigh Holmes, Peter Horne, Gwenda Hughes, Hamish Mohammed, Monty Moncrieff, Anthony Nardone, David Phillips, David Stuart, Ann Sullivan and Sonali Wayal.

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Recent evidence highlights an increase in ‘chemsex’, the use of recreational drugs during sex, in men who have sex with men (MSM) and an association with risky sexual behaviours and outbreaks of sexually transmitted infections (STIs).\(^1\) However, the extent of sexualised drug use in people attending sexual health clinics (SHCs) is unknown.

STI surveillance in England is performed by Public Health England (PHE) using a disaggregated patient-level dataset of all diagnoses and services at SHCs.\(^2\) This is a minimum dataset with key demographic and clinical variables, but lacks behavioural data. To address this gap, PHE piloted a surveillance enhancement to collect behavioural data, including sexualised drug use (an affirmative response to ‘were you under the influence of recreational drugs [before or during sex] with any partner in the last 3 months?’). A pilot in six SHCs throughout England took place from August 2013 to April 2014; at each clinic, attendees’ behavioural data were collected for all new patient episodes.

Complete data on 8,741 attendances were submitted (48.5% of eligible attendances).

Overall, the proportion where sexualised drug use was reported was 6.6%, ranging from 4.1% in heterosexual women to 12.1% in MSM. Among the 519 MSM who reported at least one sex partner in the last three months, the most commonly reported drugs used before/during sex were mephedrone (10.4%), \(\gamma\)-hydroxybutyrate/\(\gamma\)-butyrolactone (GHB/GBL, 7.1%) and cannabis (6.7%). Chemsex is usually associated with mephedrone, crystal methamphetamine or GHB/GBL\(^1\) and, among MSM who reported using them before/during sex, the proportion who injected ranged from 7.4% (4/54, mephedrone) to 42.1% (8/19, crystal methamphetamine).

These preliminary data suggest that sexualised drug use is commonly reported by SHC attendees, especially MSM, and highlight the utility of monitoring drug use at SHCs to identify local needs and plan care pathways for appropriate treatment services.

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References
