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Changes in chemsex and sexual behaviour over time, among a cohort of MSM in London and Brighton: Findings from the AURAH2 study

Janey Sewell (HIV Research nurse/PhD student) for the AURAH2 study group

University College London
Background

- MSM attending sexual health clinics who disclosed participating in chemsex had a higher likelihood of being newly diagnosed with HIV-infection\(^1\)

- Chemsex has increased among MSM attending sexual health clinics in large UK cities\(^2\)

- Lack of longitudinal data which would help contextualise cross-sectional prevalence data

\(^1\)Pakianathan et al., HIV Medicine, 2018
\(^2\)Sewell et al., Int Journal of Drug Policy, 2018
Study Procedures

- AURAH2: prospective cohort study of HIV negative or undiagnosed MSM from sexual health clinics in London & Brighton

- Baseline paper questionnaire in clinic (11/2014-04/2016)

- Online questionnaires (03/2015-03/2018) –max 9 over 3 years

  4 monthly questionnaires (3 month recall period):
  - HIV status, HIV testing history, recent sexual behaviour, health and lifestyle factors including recreational drug use and chemsex, STI diagnoses

  Annual questionnaires (3 month recall period):
  - Same information as 4 monthly plus PEP and PrEP use (past year), relationship status, mental health and alcohol consumption
4 monthly/annual questionnaire:

“...have you used drugs before or during sex (chemsex) in the last 3 months?”

- Yes
- No

If yes →

“have you used (please select any that you have used)”

- Mephedrone
- GHB/GBL
- Crystal methamphetamine
- Other (please insert)

“Approximately how often did you have chemsex in the last 3 months?”

- Once
- Monthly
- Weekly
Seven measures of sexual risk behaviour ascertained from 4 monthly and annual questionnaire:

- i. Any anal sex
- ii. Condomless anal intercourse (CLAI) with >=1 partners
- iii. CLAI with >=2 partners
- iv. CLAI with partners of unknown HIV status
- v. Diagnosis with a bacterial STI (GC/CT/ST/LGV)
- vi. Group sex
- vii. Recent HIV test

• Recall period for all measures – last 3 months
### Results

- 1167 completed AURAH2 baseline questionnaire in clinic
- 622 (53.2%) completed at least one online follow-up questionnaire
- 400 (64.3%) remained engaged with study (answered online questionnaire in last 6/12 of study)
- Total 1423 Person Years of F/Up
- Median age: 34
- 579 (94.5%) identified as gay
- 511 (83.8%) white ethnicity
- 472 (76.7%) educated to university level

<table>
<thead>
<tr>
<th></th>
<th>Any online questionnaire (N=622)</th>
<th>Any online questionnaire (N=545)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Chemsex</td>
<td>32.3%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>28.5%</td>
<td>26.8%</td>
</tr>
<tr>
<td>GHB/GBL</td>
<td>20.3%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Crystal meth</td>
<td>10.0%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>
Results

Prevalence of chemsex, and individual chemsex drugs over time in the study among MSM in the AURAH2 study (n=3277 questionnaires)*

Online questionnaire (n=total that completed online questionnaire)

*No missing data for question on chemsex at any online questionnaire among respondents
Results

Within-person changes in frequency of chemsex over time in the study among MSM in the AURAH2 study (n=3277 questionnaires)
Prevalence of measures of sexual behaviour\(^1\) over time in the study among MSM in the AURAH2 study (n=3277 questionnaires)

![Graph showing prevalence of sexual behaviors over time](image)

- Any anal sex: \(p=0.003\)
- CLAI ≥1 partner(s): \(p<0.001\)
- CLAI ≥2 partner(s): \(p=0.0195\)
- CLAI with partner(s) of unknown HIV status: \(p=0.767\)
- Group sex: \(p=0.027\)
- Bacterial STI: \(p<0.001\)

\(^*\)CLAI = condomless anal intercourse

\(^1\)Missing data were treated as no, the number of missing data was limited
Conclusion

- First longitudinal analysis of chemsex among a cohort of MSM in Europe

- Chemsex significantly declined over time among individuals in the study alongside most measures of sexual behaviour with the exception of CLAI with 1 or more partner(s)

- Health promotion and HIV prevention should be targeted towards MSM that report chemsex, would be highly beneficial and potentially only necessary for a relatively short period of time for individuals
Acknowledgements

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  - 56 Dean Street Clinic, London: Ali Ogilvy
  - The Claude Nicol Centre, Brighton: Celia Richardson, Elaney Youssef, Sarah Kirk, Marion Campbell, Lisa Barbour

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Any questions?