<table>
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<tr>
<th>Speaker Name</th>
<th>Statement</th>
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<tr>
<td>Katherine Ajdukiewicz</td>
<td>Sponsorship to attend medical conferences by Gilead, Janssen, Boehringer</td>
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<td>Ingelheim, MSD, BMS</td>
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<td>Date</td>
<td>June 2016</td>
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The pop-up Chemsex clinic:
The Manchester experience

Dr Katherine Ajdukiewicz
North Manchester General Hospital
Community clinics

- Regional ID unit
- Bloodborne virus clinics in many community settings
- HMP, drug services, voluntary sector, GP practices, other
Chemsex

- Increasing issue
- Unknown prevalence
- Limited services available
- Anecdotal evidence on the impact of those with HIV
Our idea

• Pop-up in a bar on Canal St
• Close to community using chems
• Not the traditional hospital setting

• 6 month pilot
• No funding
• Monday evening 4-7pm
Our idea: nurse-led pop up

- Asymptomatic individuals
- Questionnaire
- HIV POCT
- Blood taken for syphilis, hepatitis A, B & C, HIV serology
- Swabs for GC/chlamydia

- Onward referral for Rx: local GP The Docs, drug services, counselling
The pop-up

• 23 November 2015 – 18 April 2016 (21 weeks)
• 1-10 clients per week
• 91 attendees
  – 5 females
  – 6 heterosexual men
  – 1 anon male
  – 79 MSM
• Support from LGBT Foundation
• Gilead leaflets
Chems use

5 admitted to chemsex
- No slamming
- No crystal meth
- 7 GHB/GBL
- 4 mephedrone
- 8 cocaine
- Other: MKAT, poppers, ketamine (2), MDMA, cannabis

Referral to drug services/counsellor declined
% Sober sex
New (receptive) partners in past 3 months

Number of clients

>10
>6
>3
2
1
0

New partners

Number of clients
Condomless sex

- **Within last 3/12**
- **Within last 1 year**
- **Not since last test**
- **Never**
- **No answer**
HIV status when seen

- HIV negative: 88
- Not known
- Not stated
STI screen results

- 7 GC: 3 oral, 3 anal, 1 urine
- 7 chlamydia: 2 anal, 5 urine
- 1 new hepatitis C
- 3 syphilis

- 51% required HBV vaccination
Challenges

• Staffing
• Bar initially enthusiastic but......
• Worried well attended
• Is Monday the best day?
• Non traditional approach utilises more staff time – tricky with an unfunded pilot
Interesting points

- High levels of reported condomless sex
- Low level of sober sex reported
- Chems use in this group was not frequent
- Chemsex not perceived as a problem in those participating
- Low levels of hepatitis B immunity
What next in GM?

- Task and finish group set up
- Commissioners, PHE, GHT, LGBT Foundation, MCSH, RIDU, Manchester City Council, drug services
- Develop understanding of the prevalence/practice/impact of chemsex
- Provide information/advice/guidance about chemsex to commissioners, clinicians, and other services
- Develop services to address the needs of residents participating in chemsex
- Communicate the risks associated with chemsex to GM residents
Any questions?