

Speaker Name	Statement
Katherine Ajdukiewicz	Sponsorship to attend medical conferences by Gilead, Janssen, Boehringer Ingelheim, MSD, BMS
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The pop-up Chemsex clinic: The Manchester experience

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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
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- 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

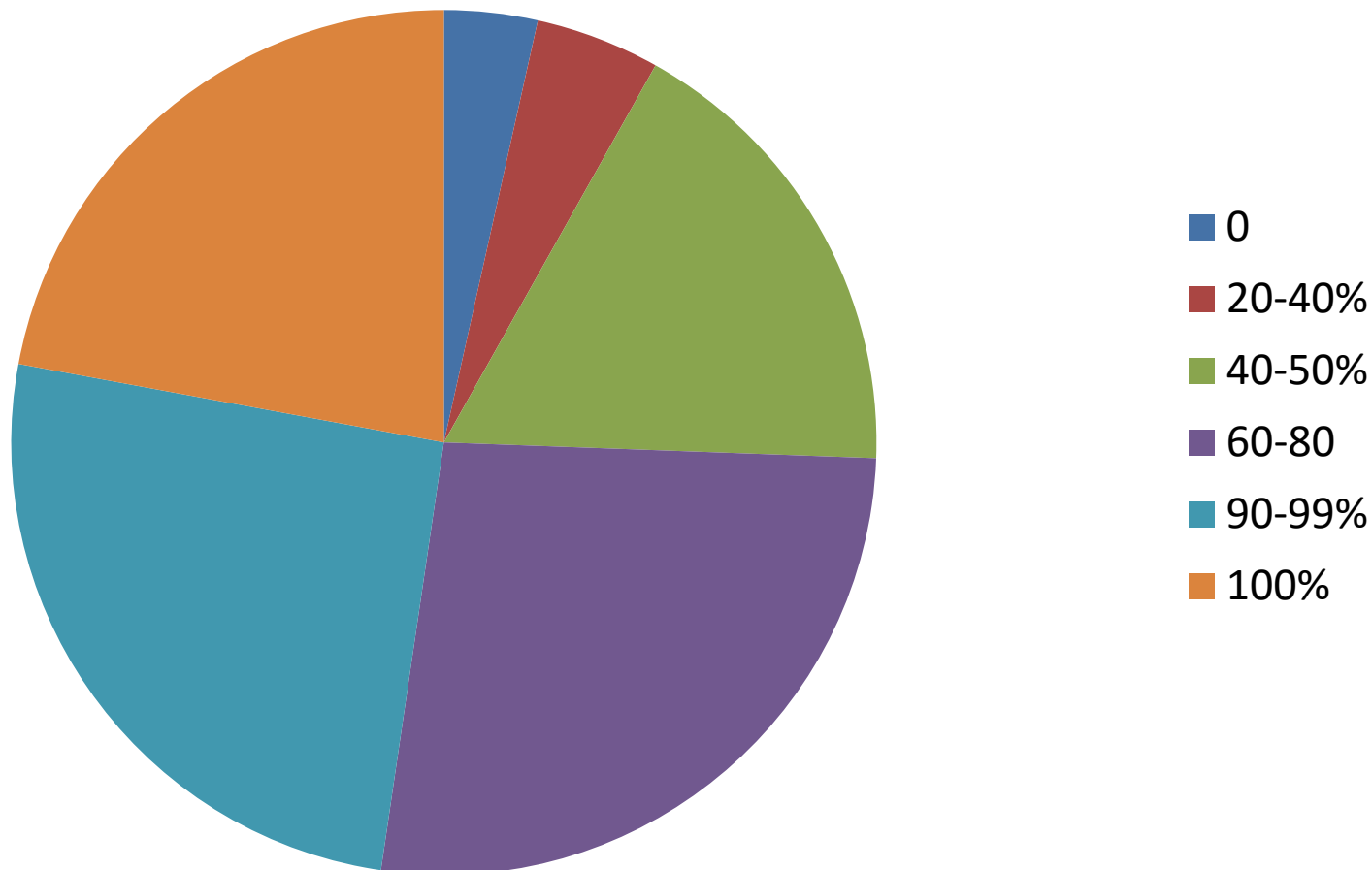
Chems use

5 admitted to chemsex

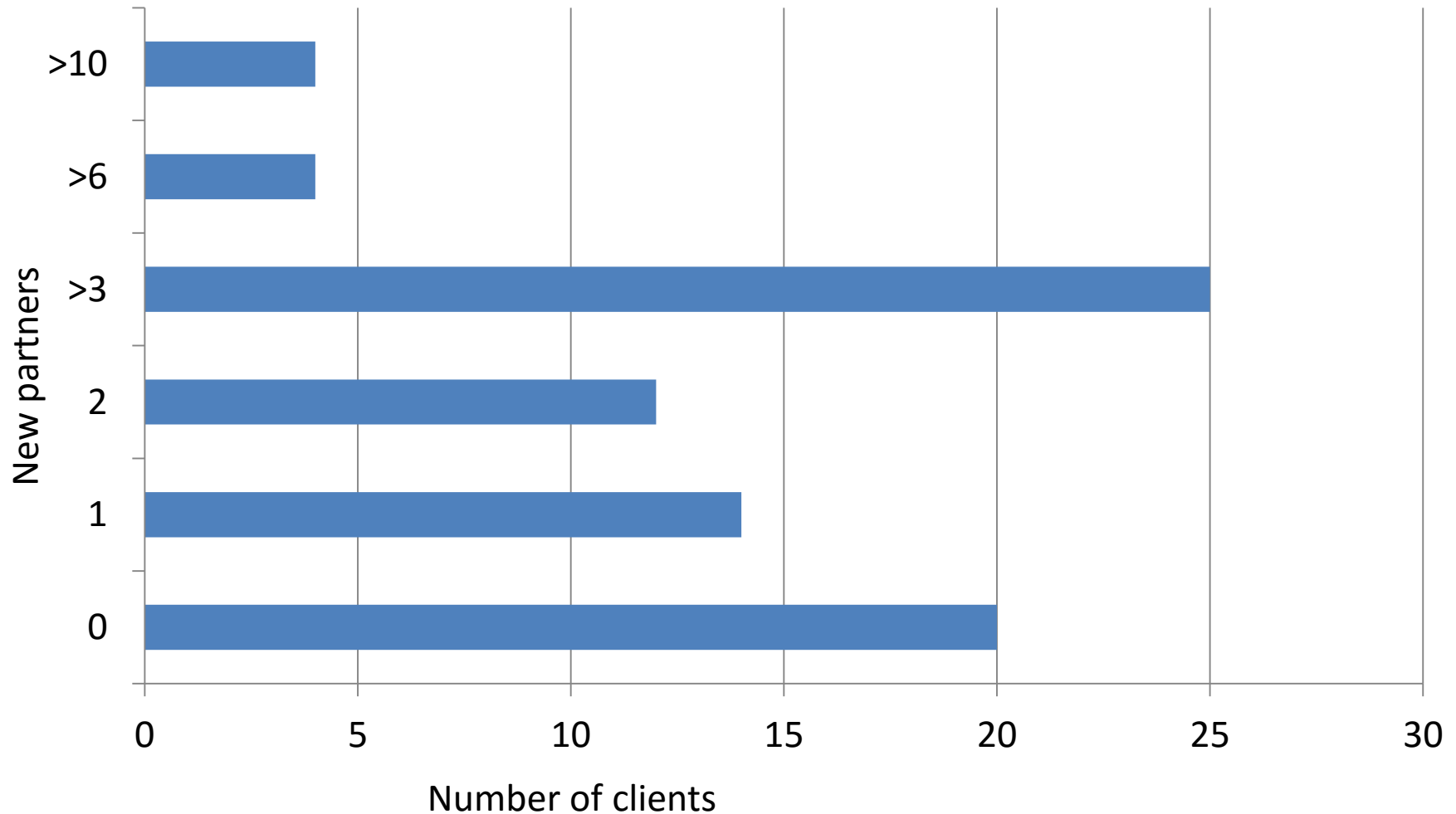
- No slamming
- No crystal meth
- 7 GHB/GBL
- 4 mephedrone
- 8 cocaine
- Other: MKAT, poppers, ketamine (2), MDMA, cannabis

Referral to drug services/counsellor declined

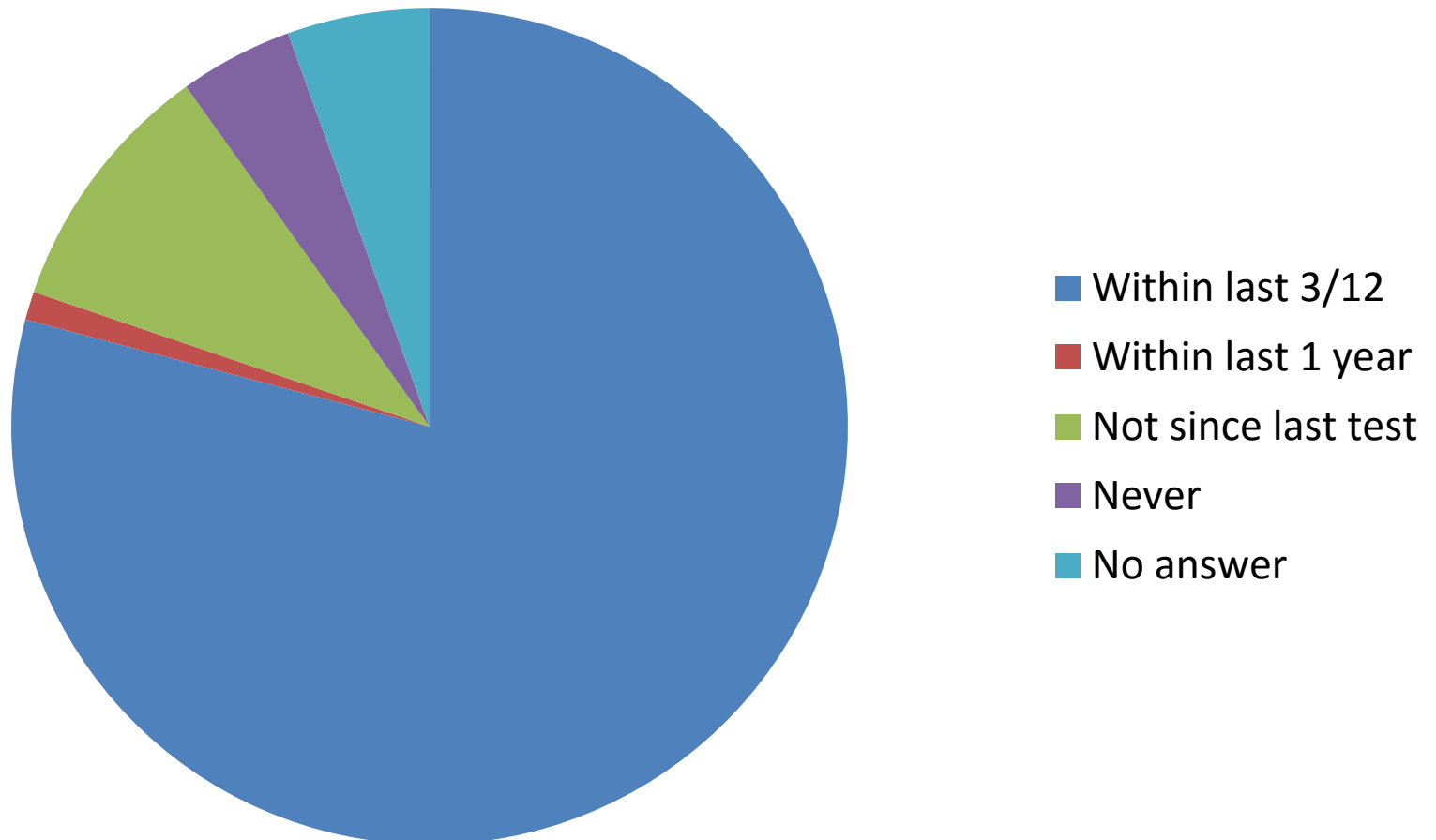
% Sober sex



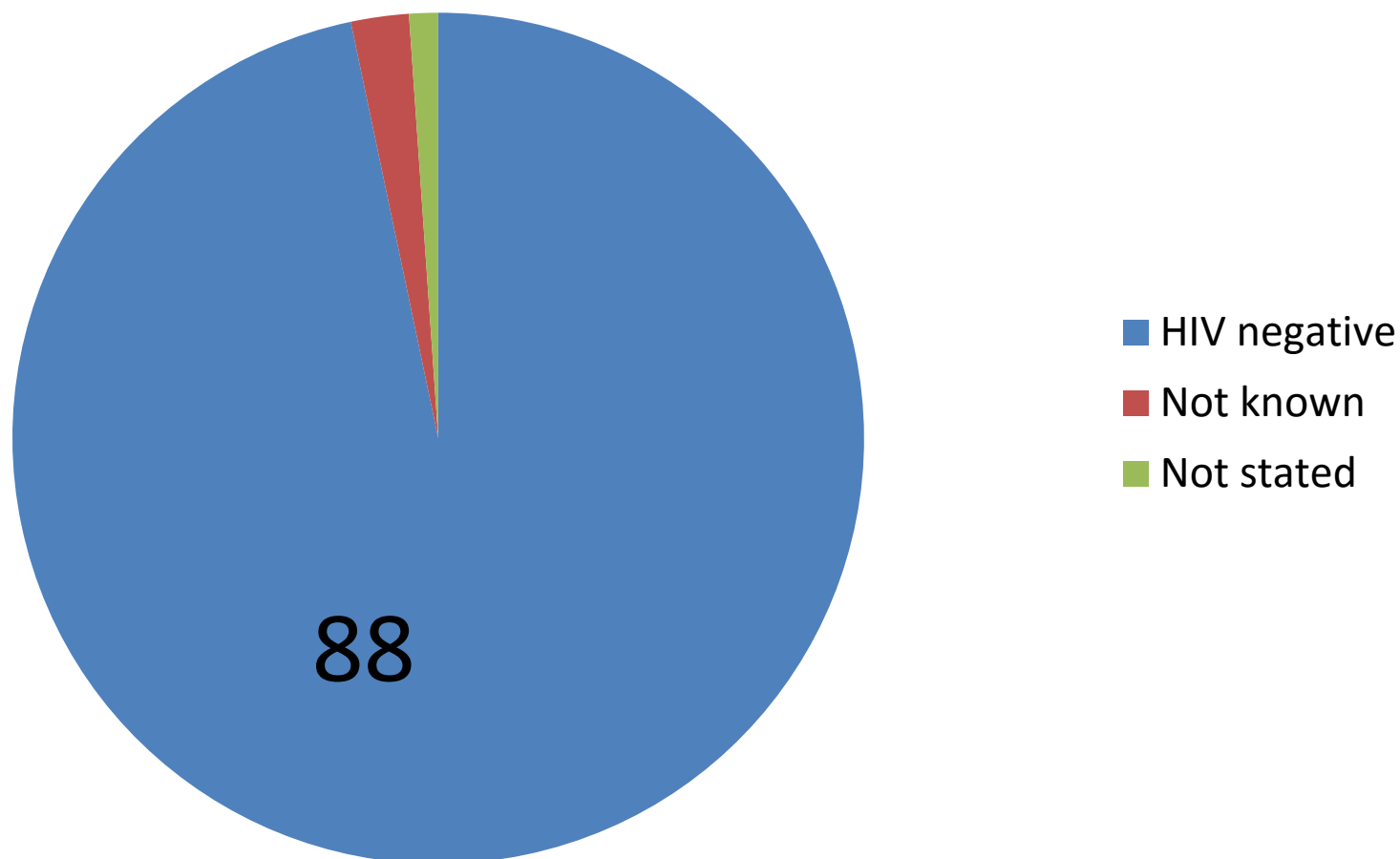
New (receptive) partners in past 3 months



Condomless sex



HIV status when seen



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?

