Sexualised drug use and specialist service experience among men who have sex with men attending urban and non-urban sexual health clinics in England and Scotland: Results of the Drugs and Sex Survey

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INTRODUCTION

- Sexualised drug use (SDU) refers to the use of recreational drugs to enhance sexual performance and experience. Chemsex describes the use of certain recreational drugs (ketamine, mephedrone, GHB/GBL and crystal meth) by men who have sex with men (MSM) in this context.
- UK data on prevalence and frequency of SDU and chemsex have, until now, come from sexual health clinics (SHC) in London and other major conurbations with large MSM populations.[1] Targeted chemsex support service provision has been developed in some areas, but this has also been focused in large urban areas.
- However a recent survey of healthcare workers in SHC across the UK including rural areas concluded that SDU consultations were equally as likely outside large urban SHC[2], but event level prevalence data outside the large conurbations in the UK is currently lacking[3].
- This BASHH/PHE Fellowship survey examined self-reported SDU and service experience of men (with a focus on MSM) attending SHCs in urban and rural areas across England and Scotland.
- Understanding the prevalence and level of unmet need will help inform service planning, service provision and commissioning processes.

METHODS

- Male attendees ≥18yrs at 16 urban and 13 rural SHC in England and Scotland (Fig.1) were invited to self-complete a paper or electronic questionnaire from 02/08/2018 to 21/12/2018.
- For this survey, men and transmen with male sexual partners were classed as MSM.
- Urban/rural classification was based on clinic postcode, according to Office for National Statistics for clinics in England, and Scottish Government Data for clinics in Scotland.
- Data on demographics, sexual behaviours, STI diagnoses, PrEP/PEP use and SDU were collected.
- Descriptive analysis using STATA was used to examine factors associated with SDU, and estimate unmet need for specialised support in urban versus rural clinics.
- Patient groups were involved in the survey development.

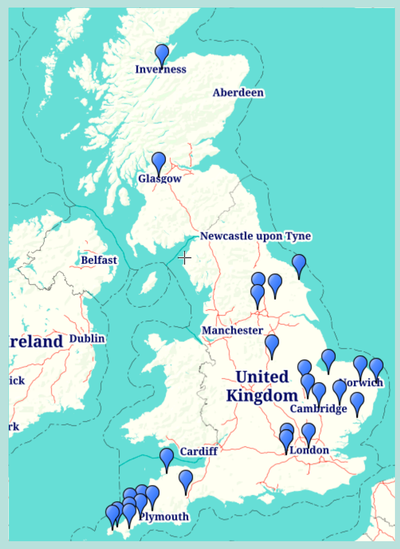

Figure 1. Location of sexual health clinics involved in the Drugs and Sex Survey.

RESULTS

Table 1. Survey demographics

Age range (years)	18-83 (mean 32.7)
Born outside UK	552 (20.8%)
HIV positive MSM	87 (10.1%)

Figure 2. Participant breakdown

2743 people completed survey → 2655 men in final analysis → 1843 urban → 701 MSM; 812 rural → 163 MSM

- In total, 2655 were included in the final analysis (Table 1, Figure 2). 836 (97%) of MSM answered questions on SDU (Table 2). SDU in the last 6 months was reported by 145 MSM (17.3%); 17.2% urban responses vs 18.2% rural (p=non-significant (NS)). Chemsex was reported by 83 MSM (9.9%) (Table 3); 9.8% urban responses vs 10.6% rural (p=NS). Using alcohol "mostly or always" with SDU was statistically more likely in rural clinics (p=0.045).

	Urban clinic responses	Rural clinic responses	P value
Total MSM	1843	812	-
Total MSM reporting SDU in last 6 months	17.2% (n=116)	18.1% (n=29)	NS
Total MSM reporting chemsex in last 6 months	9.8% (n=66)	10.6% (n=17)	NS
Among MSM reporting SDU			
SDU MSM slamming in past 6 months	9.0% (n=10)	21% (n=6)	NS
SDU MSM combining alcohol with SDU in last 6 months	11% (n=12)	26% (n=7)	0.045
MSM reporting SDU needing support but could not get it	**3.4%** (n=4)	**10.3%** (n=3)	NS

Table 2. MSM responses in urban vs rural clinic settings.

	Ketamine	GBL/GHB	Mephedrone	Crystal meth	Another drug
MSM identifying SDU (n=145)	**22.8%** (n=33)	**37.9%** (n=55)	**29.0%** (n=42)	**26.2%** (n=38)	**59.3%** (n=86)

Table 3. SDU by MSM in last 6 months: substance breakdown

- Reported bacterial STIs in the last 6 months were significantly higher among MSM reporting SDU (SDU 42.8%; non-SDU 26.6%; p<0.01). HIV status and HIV < 6 months were not significantly associated with SDU.
- Both PrEP (SDU 35.7%; non-SDU 19.0%; p=<0.01) and PEP (SDU 16.8%; non-SDU 6.6%; p<0.01) use were significantly higher in those reporting SDU. Overall, PrEP (urban 22.9%; rural 17.4%; p=0.03) and PEP (urban 9.5%; rural 3.9%; p<0.01) use were significantly higher in urban clinics. Of note, this effect was seen for both Scotland and England when calculated separately.
- There were 1763 men who reported having sex with only women/transwomen (MSW), 661 of which answered questions on SDU (Table 4). Attending a rural clinic was statistically associated with SDU in this group (urban 14.0%; rural 19.3%; p=0.01). Chemsex was reported by 3.8% MSW (3.2% urban; 4.8% rural; p=NS).

	All responses	Urban clinic responses	Rural clinic responses	P value
MSW reporting SDU in last 6 months	16.4%	14.0% (n=155)	19.3% (n=117)	0.01
MSW reporting chemsex in last 6 months	3.8%	3.2% (n=34)	4.8% (n=29)	NS

Table 4. MSW responses in urban vs rural clinic settings

DISCUSSION

This large survey is the first, of which we are aware, that directly compares SDU in MSM in both urban and rural settings across multiple UK nations. It supports previous literature suggesting that chemsex presentations occur in both urban and rural SHCs[2], and demonstrates comparable SDU and chemsex prevalence to other UK studies[3]. Furthermore, it suggests that the prevalence of SDU in those attending urban compared to rural SHCs is not significantly different, which should be taken into account when planning and commissioning services. Reported unmet need for specialist SDU services in rural responses was over twice that of urban clinic responses, where unmet need was low. Despite this not meeting statistical significance, it does raise potential concern over whether there is currently adequate access to these service across all areas of the UK.

Limitations include the potential for reporting bias of those involved in SDU, where confidentiality concerns may have led to under-reporting of SDU; this may be more of a concern in rural settings. The limited number of responses who identify an unmet need for SDU services make it difficult to draw strong conclusions.

CONCLUSIONS

- **MSM respondents who reported sexualised drug use or chemsex in the last 6 months were as likely to attend rural clinics as they were urban clinics**
- **SDU in the last 6 months were significantly associated with bacterial STI diagnoses, PrEP and PEP use in that timeframe**
- **PrEP use is significantly higher in those attending urban clinics, raising the question of whether access for rural MSM is currently sufficient**
- **Those attending rural clinics are statistically more likely to use alcohol in combination with SDU**
- **Rural SHC attendees were more than twice as likely to report an unmet need for specialist SDU services**
- **16.4% MSW reported SDU and 3.8% reported chemsex**

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