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Sexualised drug use in the United Kingdom (UK): A review of the literature

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ABSTRACT

Background: Sexualised drug use (SDU) refers to the use of drugs in a sexual context. This includes 'Chemsex'- the use of drugs (specifically crystal methamphetamine, GHB/GBL and mephedrone) before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Here we aimed to synthesise available UK prevalence data for Chemsex, SDU and the use of Chemsex drugs in an undefined context (CDU) in men who have sex with men (MSM).

Methods: Papers published between January 2007 and August 2017 reporting Chemsex, SDU and/or Chemsex drug use (CDU) prevalence in MSM were identified through PubMed. Citations were searched for further eligible publications. We also conducted a review of national surveillance data, extracting prevalence data for Chemsex, SDU or CDU. Synthesized data were then assessed to determine the time at which these drugs were taken, in this case just prior to or during sexual activity (event-level).

Results: Our search identified 136 publications, of which 28 were included in the final data synthesis. Three of the four surveillance systems assessed provided SDU or CDU data in MSM. Few publications included event-level data for Chemsex (n = 4), with prevalence estimates ranging from 17% among MSM attending sexual health clinics (SHC) to 31% in HIV-positive MSM inpatients. Prevalence estimates for SDU (n = 7 publications) also varied considerably between 4% in MSM receiving HIV care to 41% among MSM attending SHC for HIV post-exposure prophylaxis (PEP). Eighteen publications provided data for CDU.

Conclusion: Prevalence estimates varied considerably due to differences in the definition used and population assessed. Standardised definitions and studies with representative national samples of MSM are required to improve our understanding of the extent of Chemsex and its associated risks. Longitudinal event-level data for SDU and Chemsex are needed to monitor impact of interventions.

Introduction

The relationship between sex and drug use is long established, however the use of drugs in sexual contexts (sexualised drug use) has potential implications for public health. Sexualised drug use (SDU) has been associated with risky sexual behaviours (Digiusto & Rawstorne, 2013; Hegazi et al., 2017; Nodin, Valera, Ventuneac, Maynard, & Carballo-Dieguez, 2011; Weatherburn, Hickson, Reid, Torres-Rueda, & Bourne, 2017), increasing the likelihood of participation in condomless sex (Weatherburn et al., 2017) and thus the risk of sexually transmitted infections (STI) or blood borne virus (BBV) transmission (Olufon & Cathcart, 2016; Ottaway, Finnerty, Amlani et al., 2017; Page & Nelson, 2016). Although not all SDU is problematic, emerging patterns of SDU among men who have sex with men (MSM) are a cause for concern and have been identified as a public health priority in a number of countries (EMCDDA, 2017; Heiligenberg et al., 2012; Parsons, Lelutiu-Weinberger, Botsko, & Golub, 2014).

Patterns of drug use among MSM have changed over the past decade (Ahmed et al., 2016; Bourne et al., 2015; Moncrief, 2014) with a notable shift from 'club drugs' such as cocaine and ecstasy to the use of drugs associated with 'Chemsex', namely mephedrone, GHB/GBL, methamphetamine, and to a lesser extent, ketamine. These drugs are often, though not exclusively, used in a sexual context as they act to increase sexual arousal and performance (Ahmed et al., 2016; Melendez-Torres & Bourne, 2016) whilst encouraging disinhibition. As a result, risk-reduction precautions and intentions to practise safer-sex can often be overruled (Knoops, Bakker, Bodegom, & Zantkuijl, 2015).

'Chemsex', the use of drugs (particularly methamphetamine, GHB/

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GBL and mephedrone) before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the sexual experience, also referred to as 'Party and Play' (PnP) (Melendez-Torres et al., 2016), has been linked to various health harms in a subset of MSM. Chemsex facilitates engagement in lengthy and condomless sex sessions with multiple partners often of unknown serostatus and unknown HIV treatment status, thereby increasing exposure to HIV and multiple STIs. Sexual behaviours such as fisting (ano-brachial intercourse), anilingus (ano-oral sex) and scat play (Gilbart et al., 2015) can place an individual at greater risk of BBVs and gastrointestinal (GI) infections. One such GI infection, *Shigella flexneri* subtype 3a, has been linked with sexual transmission among MSM during a UK outbreak (Gilbart et al., 2015).

Although it is difficult to determine whether individuals engaged in Chemsex are just as likely to take sexual risks if they were not under the influence of the drugs (Race, Lea, Murphy, & Pienaar, 2017), there is some evidence of SDU and CDU's causal association with riskier sexual behaviours (Colfax et al., 2005; Melendez-Torres, Hickson, Reid, Weatherburn, & Bonell, 2017). MSM participating in Chemsex were found to be five times more likely to report more than six sexual partners in the last three months, three times as likely to report use of post-exposure prophylaxis (PEP) and ten times as likely to report group sex, when compared to those not participating in Chemsex (Hegazi et al., 2017). As some Chemsex drugs can be injected, a practice referred to as "Slamming", there is the possibility for further exposure to BBVs via injection (Kirby & Thornber-Dunwell, 2013; Melendez-Torres & Bourne, 2016).

Among MSM in the United Kingdom (UK) SDU is well described, however few studies are designed solely for the collection of data for Chemsex. Internationally however the prevalence of Chemsex among MSM is difficult to determine. Although some data are available (Lea, Reynolds, & De Wit, 2011; Wei, Guadamuz, Lim, Huang, & Koe, 2012), these data are often not specific to drug use just prior to or during sexual activity ("event-level data") or the MSM population due in part to stigma and discrimination limiting collection of robust data (Melendez-Torres & Bourne, 2016). Data for Chemsex prevalence and associated health harms among other lesbian, gay, bisexual and transgender (LGBT) and heterosexual communities are less frequently captured, though some data are available (Beddoes, Sheikh, Khanna, & Francis, 2010; Moncrief, 2014).

Understanding the extent of the population at risk is essential for determining harms and developing best practice. We therefore aimed to synthesize available evidence in order to better understand the prevalence of Chemsex among MSM in the UK. Evidence was identified through a review of published evidence and examination of national surveillance data. In our review, we distinguish between three forms of substance use: SDU, Chemsex, and the context-independent reporting of Chemsex drug use (CDU) (Box 1). Due to the heterogeneous nature of SDU internationally this review includes UK data only, to explore consistency of measurement and to highlight gaps in the available knowledge.

Methods

Our review of available prevalence data for Chemsex, SDU and CDU in the UK consisted of two parts; a scoping literature review and synthesis of available national surveillance data.

Literature review

A scoping literature review was conducted using PubMed. We limited the search to identify studies published between January 2007 and 11th August 2017 (the date of this review) which contained UK data. Our review focused on MSM exclusively as, although participation in SDU is not limited to this group (Mayer, Colfax, & Guzman, 2006), MSM are noted to be at greater risk of the negative outcomes of SDU including transmission of BBVs (HIV and hepatitis B and C) (Ireland et al., 2017; Turner et al., 2006) particularly due to sexual risks.

Our search included a combination of terms associated with; 'Chemsex' or 'sexualised drug use', 'men who have sex with men' and the main Chemsex drugs (see Appendices A and B for search strategy).

A full title screen was conducted removing irrelevant or duplicate articles. Shortlisted titles underwent an abstract review. Full papers were shortlisted and reviewed using the eligibility criteria below. Publications were included if they contained any prevalence data on Chemsex, SDU and/or the use of any Chemsex drug (mephedrone, GHB/GBL or crystal methamphetamine; CDU) (see Box 1). As poly-drug use is common among MSM reporting CDU (Li & McDaid, 2014), several other substances can be used alongside Chemsex drugs. The most common of these secondary drugs is ketamine (Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2014). Due to this, and ketamine's popularity among MSM internationally, ketamine prevalence data were included in the data synthesis despite the drug not being included in Public Health England's current UK definition of Chemsex. Publications were excluded if they were; non-English language, non-human or based on non-UK data. Additional publications were found through reviewing citations of included papers.

National surveillance data

Available data from Public Health England's (PHE) national surveillance systems were extracted to provide a representative data source. National data were included in the synthesis if they contained any prevalence data for Chemsex, SDU or CDU specific to MSM in England. National datasets reviewed included; a drug treatment monitoring surveillance system (Public Health England, 2017a), a survey monitoring BBV prevalence in people who inject drugs (Public Health England, 2017b), a pilot of an enhancement to the national sexually transmitted infection surveillance system (Public Health England, 2015a) and a survey collecting data on crime in England and Wales (Home Office Statistics, 2016).

Synthesis of prevalence data

Prevalence data from eligible publications were extracted and reviewed to determine as to whether they were to event-level (see Box 1). Data were reported by data type (Chemsex, SDU or CDU) alongside details of the population assessed, urban/rural locality and recall period (e.g. use in the last month) (Tables 1–4). In order to provide context to the data, the purpose of the included studies, the study design, Chemsex definition used and population assessed (sample size, average age, HIV status) were summarized (Appendix C).

Results

Literature review

Our search identified 136 publications (Fig. 1). From these 51 were excluded as they: were published > 10 years ago (n = 46) or were not written in English (n = 5). Full texts were then assessed and 69 publications were excluded as they: contained no prevalence data (n = 22), contained duplicate data already published elsewhere (n = 2) and/or contained data not specific to MSM (n = 2) or the UK (n = 43).

Eligible publications identified in the literature search (n = 16) were then included alongside any found through reviewing citations (n = 12), into a final data synthesis from 28 eligible publications (Tables 1–3).

Overview of the available published data

Of the 28 eligible publications, 7 reported data for SDU (Table 1), 4 for Chemsex (Table 2) and 23 for CDU (Table 3), the majority of data were

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