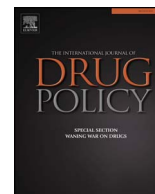


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## Patterns of injecting and non-injecting drug use by sexual behaviour in people who inject drugs attending services in England, Wales and Northern Ireland, 2013–2016

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## ABSTRACT

**Background:** Higher levels of drug use have been reported in lesbian, gay, bisexual and transgender (LGBT) communities, some of which can be explained by sexualised drug use, including ‘chemsex’; the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate sex. We explored injecting and non-injecting drug use by sexual behaviour among people who inject drugs (PWID) in England, Wales and Northern Ireland.

**Methods:** Data were used from an unlinked-anonymous survey of PWID (2013–2016), where participants recruited through services self-completed a questionnaire. We included sexually active participants who had injected in the previous year, and compared injecting and non-injecting drug use between men reporting sex with men (MSM) and heterosexual men, and between women reporting sex with women (WSW) and heterosexual women. The questionnaire did not include GHB/GBL and methamphetamine use.

**Results:** There were 299 MSM, 3215 heterosexual male, 122 WSW and 1336 heterosexual female participants. MSM were more likely than heterosexual men to use drugs associated with chemsex: injected or non-injected mephedrone (adjusted OR (AOR) 2.22, 95%CI 1.54–3.22; AOR 2.15, 95%CI 1.48–3.11) and injected or non-injected ketamine (AOR 1.98, 95%CI 1.29–3.05; AOR 2.57, 95%CI 1.59–4.15). MSM were also more likely to inject methadone, inhale solvents, take ecstasy, cocaine or speed. WSW were more likely than heterosexual women to use non-injected mephedrone (AOR 2.19, 95%CI 1.20–3.99) and use injected or non-injected ketamine (AOR 5.58, 95%CI 2.74–11.4; AOR 3.05, 95%CI 1.30–7.19). WSW were also more likely to inject methadone, inject cocaine, use non-injected cocaine, crack, benzodiazepines or ecstasy, inhale solvents, or smoke cannabis.

**Conclusion:** Injecting and non-injecting drug use differed between MSM/WSW and heterosexual men and women. The use of drugs that have been associated with chemsex and sexualised drug use is more common among both MSM and WSW than heterosexual men and women.

## Introduction

Higher levels of drug use have been reported in lesbian, gay, bisexual and transgender (LGBT) as compared to heterosexual communities (Green & Feinstein, 2012; Home Office, 2014). There are likely to be various underlying reasons and motivations for drug use in the LGBT community, including sexual minority stress (including stigma, discrimination and internalised homophobia), social norms and perceived peer pressures (Green & Feinstein, 2012; Ramchand, Fisher, Griffin, Becker, & Iguchi, 2013). Sexualised drug use has been reported to be

common among men who have sex with men (MSM) in the UK and elsewhere (Melendez-Torres, Hickson, Reid, Weatherburn, & Bonell, 2017; Mohammed et al., 2016). Sexualised drug use can take many forms and is not a new phenomenon, however, sex under the influence of previously popular ‘club drugs’ such as ecstasy and cocaine, was often incidental rather than planned and intentional (Bourne et al., 2015). The emergence over the last decade of ‘chemsex’ or ‘Party and Play (PnP)’ where particular drugs are used before or during planned sexual activity to sustain, enhance, disinhibit or facilitate sex among MSM, has caused particular concern (Bourne et al., 2015; Public Health

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England, 2015). The drugs used in chemsex/PnP can vary among and within countries (Schmidt et al., 2016). In the UK, they usually include one or more of mephedrone, GHB/GBL, methamphetamine and less commonly ketamine (Bourne, Reid, Hickson, Torres-Rueda, & Weatherburn, 2014; Schmidt et al., 2016); with the injecting use in this context often referred to as ‘slamming’ (Bourne et al., 2015). Among certain populations chemsex/PnP is associated with increased sexual risk behaviour, and so an elevated risk of blood borne and sexually transmitted infections. In addition, sharing equipment when injecting drugs may put individuals at greater risk of both HIV and Hepatitis C infection (Public Health England, Health Protection Scotland, Public Health Wales, & Public Health Agency Northern Ireland, 2017).

Injecting drug use in England, Wales and Northern Ireland is monitored by the unlinked anonymous monitoring (UAM) survey of people who inject drugs, which samples from a range of generic drug services (including needle and syringe programmes (NSPs) and drug and alcohol treatment services). Since 2000, the proportion of all male PWID recruited in the UAM survey who reported sex with men has increased from 4% in 2000/01 to 8% in 2014/15 (Glass, Hope, Tanner, & Desai, 2017). MSM were more often recent initiates to injecting as compared to heterosexual men (13% vs. 8%) (Glass et al., 2017). These findings indicated that a shift in the injecting population attending drug services is occurring, warranting further investigation of drug use amongst MSM populations.

Although drug use amongst MSM is widely reported, limited information is available on the extent of sexualised drug use amongst MSM (Edmundson et al., 2018). For women who have sex with women (WSW), there is currently very little information available on the extent and nature of any drug use, including sexualised drug use (Beddoes, Sheikh, Khanna, & Francis, 2010; Moncrief, 2014). In the context of the recent emergence of chemsex/PnP, and in particular ‘slamming’, we explored the types of drugs used by sexual behaviour among men and women who inject drugs in England, Wales and Northern Ireland so as to better understand the current patterns of injecting and non-injecting drug use among MSM and WSW who inject drugs.

## Methods

### Study population

A repeated, national, voluntary unlinked-anonymous survey of people who inject drugs in the UK (excluding Scotland) has been conducted since 1990. The full methodology of the survey has been previously described (Hope et al., 2014). Briefly, between 2500 and –3500 PWID attending a range of services were recruited each year into the survey by around 60 collaborating agencies; these include addiction treatment services, community drug and alcohol teams, and NSPs. Eligible participants included those who had ever injected psychoactive drugs and who had not already participated in the current calendar year. Participants provided a dried-blood spot sample, which was tested for antibodies against HIV, hepatitis B and hepatitis C, and self-completed a questionnaire which gathered data on: injected drugs in the past year and past month; non-injected drug use in the past month; sharing of needles, syringes and other injecting equipment in the past month; and sexual behaviour including the number of male and female partners in the past year, condom use, and involvement in transactional sex in the past year. First participations during 2013–2016 were included (i.e. those taking part in 2014–2016 who reported taking part previously since 2013 were excluded as repeats) with reports of having sex and injecting drugs in the past year.

### Definitions

MSM was defined as any male participant who reported sex with at least one male in the past year, regardless of the number of female sexual partners reported. Similarly, WSW was defined as any female

participant who reported sex with at least one female in the past year, regardless of the number of male sexual partners reported. We defined injected and non-injected mephedrone and ketamine as drugs associated with chemsex/PnP (the survey questionnaire did not ask about GHB/GBL and methamphetamine use during this period). Direct sharing was defined as the sharing of needles and syringes. Indirect sharing was defined as the sharing of other injecting paraphernalia, such as spoons and filters. Total number of sexual partners was calculated by adding the number of male and female sexual partners, and was categorised as those reporting < 10 or 10+ sexual partners. Information on those individuals who reported information on < 10 male or female partners only, but left the question blank for the other gender were included in the group with < 10 sexual partners. Sexual risk was defined as reporting 10+ sexual partners, and/or not always using a condom (for men and heterosexual women only), and/or being involved in transactional sex. Transactional sex was defined as receiving money, goods or drugs in exchange for sex.

### Analysis

Injecting and non-injecting drug use was compared between MSM and heterosexual men, and between WSW and heterosexual women. For injected drugs, use in the past year was used for analysis to increase the power of the analysis and to capture information on intermittent injectors as well as regular injectors. A sensitivity analysis was performed using injected drug use in the past month. For non-injected drug use only data on use in the past month was available. For MSM and WSW, associations of injected and non-injected drug use were investigated for HIV-status and for reporting opposite sex sexual partners, having 10+ sexual partners, and having transactional sex in the past year.

Direct sharing of needles and syringes, and both direct and indirect sharing including other injecting paraphernalia, was compared between MSM/WSW and heterosexual men and women, between HIV-positive and HIV-negative MSM, between MSM/WSW reporting 10+ vs. < 10 sexual partners, and between MSM/WSW reporting transactional sex or not.

Comparisons of categorical data were conducted using Pearson's Chi-squared test and comparisons of numeric data were conducted using the Student's *t*-test or Mann-Whitney *U* test as appropriate. Odds ratios (OR) and 95% confidence intervals (CI) for the types of injected and non-injected drug used were adjusted by logistic regression for age and geography (region/country of attended drug service) *a priori* and for homelessness and imprisonment if found to differ by sexual behaviour on univariate analysis.

## Results

### Study population

Between 2013 and 2016, there were 7440 first participations who reported injecting drugs in the past year. Sexual activity in the past year was reported for 4972 individuals (67%), with those sexually active individuals being younger (mean age 36 for sexually active vs. 41 years for sexually inactive,  $p < 0.001$ ) and more likely to be female (29% female for sexually active vs. 17% female for sexually inactive,  $p < 0.001$ ). There were 299 MSM, 3215 heterosexual male, 122 WSW and 1336 heterosexual female participants (Table 1). Sex with women was reported by 135 (45%) of the MSM, and sex with men was reported by 85 (70%) of the WSW. Male participants were older than female participants ( $p < 0.001$ ), and heterosexual females were older than WSW ( $p = 0.004$ ), but there was no difference in age between heterosexual males and MSM ( $p = 0.81$ ). A larger proportion of MSM than heterosexual men lived in London ( $p = 0.002$ ). A larger proportion of heterosexual men as compared to MSM had ever been homeless ( $p = 0.01$ ) or imprisoned ( $p < 0.001$ ), whereas for females imprisonment was more common amongst WSW than heterosexuals ( $p = 0.02$ ).

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