

S07 – SEXUAL HEALTH AT THE INTERSECTION OF SUBSTANCE USE AND SOCIAL INEQUALITY

Monday, July 15, 2019 4:15 PM – 5:45 PM

S07.1 THE NORTH AMERICAN OVERDOSE CRISIS: HOW STRUCTURAL VIOLENCE, PROHIBITION AND STIGMA HAVE PARALYZED OUR RESPONSE

Mark Tyndall*. *BC Centre for Disease Control, Vancouver, Canada*

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North America is now into year five of an unprecedented increase in overdose deaths. While the genesis and drivers of the overdose epidemic have regional variations, structural violence, drug prohibition and stigma play a central and consistent role. The criminalization of drug users has led directly to marginalization and isolation, violence and incarceration, entrenched poverty, and a vicious cycle of trauma. This has created an environment where any initiatives to prevent and reverse overdoses have been severely limited. The overdose crisis is not unlike the HIV and HCV epidemics that have had such a devastating and disproportionate impact among people who inject drugs. The same structural and social environments continue to disrupt access to testing, treatment and care. What makes the overdose crisis different is the profound impact of drug prohibition that has pushed the illegal market into more concentrated and dangerous compounds and increased the population of vulnerable people who now rely on this unregulated market. Harm reduction programs that have proven effective for HIV and HCV prevention have not had the same impact on overdose prevention. While the research and medical communities have long recognized the major role of social determinants in disease transmission, especially as it relates to infectious diseases, the call to address these determinants has largely fallen to the communities most impacted. The massive loss of life directly related to overdose along with the limitations of harm reduction and other evidence-based interventions calls for a reassessment of our advocacy efforts.

Disclosure No significant relationships.

S07.2 CHEMSEX AND STI/HIV DIAGNOSES AMONG GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN ATTENDING SEXUAL HEALTH CLINICS

Aseel Hegazi*. *St George's University Hospital Foundation Trust, HIV and Sexual Health, London, UK*

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Chemsex refers to the sexualised use of psychoactive substances in particular by gay, bisexual and other men who have sex with men (GBMSM). A socially constructed phenomenon, there is no agreed case definition for chemsex with substance use and social settings varying widely between settings. Substances commonly used for chemsex include methamphetamine, GHB/GBL (Gamma hydroxybutyrate/Gamma

butyrolactone), mephedrone and other cathinones, cocaine, ketamine, and other amphetamines. The presentation will review published data on chemsex and in particular explore the relationship between chemsex and sexually transmitted infections including HIV. The talk will also highlight implications for wider health policy and current knowledge and research gaps.

Disclosure No significant relationships.

S07.3 CHALLENGES IN DEFINING CHEMSEX. ANSWERS FOR SURVEILLANCE FROM EMIS-2017

Axel J Schmidt*. *Sigma Research, London School of Hygiene and Tropical Medicine, UK*

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Sexualised drug use (SDU), the use of drugs in a sexual context, has emerged as a marker of sexual activity with high risk for transmission of HIV and other STIs, and for poor sexual health, particularly among men who have sex with men (MSM). However, there are no robust estimates of the prevalence of SDU. Using data from the 2010 European MSM Internet Survey (EMIS-2010) we have compared illicit drug use from 44 cities and found substantial variance across Europe. In a repeat of EMIS in 2017, we replicated the questions on illicit drug use, and added questions on injecting drugs and combining sex and drugs.

EMIS-2017 was online and collecting data in 33 languages across 50 countries from 10/2017 to 01/2018.

In this talk, I will give an overview on the prevalence of sexualised drug use in Europe and Canada, based on data collected in EMIS-2017. I will compare the four different ways EMIS-2017 queried SDU, and demonstrate how SDU differs across 15 selected cities: Amsterdam, Barcelona, Berlin, Brussels, Istanbul, London, Moscow, Paris, Prague, Stockholm, Tel Aviv, Toronto, Vancouver, Warsaw, and Zurich.

S07.4 REVIEW OF SEXUALIZED DRUG USE ASSOCIATED WITH SEXUALLY TRANSMITTED INFECTIONS (STI) IN MEN WHO HAVE SEX WITH MEN (MSM)

Fiona Guerra*, Sarah Buchan, Travis Salway, Robyn Beckett, Lindsay Friedman

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Background Sexualized drug use (SDU) refers to drug use before or during sex, and includes the 'party and play' and 'chemsex' phenomena described amongst MSM. Previous studies have reviewed associations between SDU and sexual risk behaviour, finding evidence for consistently positive associations for methamphetamines. We sought to summarize and quantify person-level associations between SDU and STBBI diagnoses in MSM.

Methods We searched MEDLINE, Embase, and CINAHL up to May 2018. We included primary English language studies that quantified the association between STBBI and SDU among MSM in high-income countries. Only studies where SDU overlapped with or preceded STBBI diagnoses were included. We used the Meta Quality Appraisal Tool to assess study quality. We used a random-effects model to meta-analyze