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

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10.1136/sextrans-2019-sti.40

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

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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

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10.1136/sextrans-2019-sti.42

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

10.1136/sextrans-2019-sti.43

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

the data and estimate the association between SDU and STBBIs.

Results Of 2,671 unique citations, 17 met our inclusion criteria, and referred predominantly to methamphetamine, poppers, GHB/GBL, ketamine, and cocaine. Ten studies reported SDU associated with bacterial STIs, three reported human immunodeficiency virus (HIV), and five reported hepatitis C virus (HCV). The pooled crude ORs were: for bacterial STIs 2.81 (1.85, 4.26; $n=6$), for HIV 3.93 (2.37, 6.51; $n=2$), and for HCV 5.25 (3.08, 8.94; $n=5$). The pooled adjusted ORs were: for bacterial STIs 2.17 (1.51, 3.14; $n=8$), for HIV 2.90 (0.97, 8.64; $n=2$), and for HCV 6.08 (2.46, 14.99; $n=3$).

Conclusion Associations between SDU and bacterial STIs and HCV remained after adjustment, suggesting that SDU itself is a cause of or contributor to STBBIs or a proxy indicator for other risk factors (e.g., particular sexual networks). However, given the attenuation of ORs after adjustment for sociodemographic characteristics, an alternative hypothesis that SDUs part of a syndemic with social causes of ill health (e.g., stigma, discrimination) merits further study.

S08 - 'ELDERS TEACH AND YOUTH REACH': INDIGENOUS CONVERSATIONS ON SEXUAL HEALTH

Tuesday, July 16, 2019
10:45 AM - 12:15 PM

S08.1 'ELDERS TEACH AND YOUTH REACH': INDIGENOUS CONVERSATIONS ON SEXUAL HEALTH

VCH Aboriginal Health Elder Advisory Council and Yúusnewas, YouthCO HIV & Hep C Society.

10.1136/sextrans-2019-sti.44

Sexual health has been a part of Indigenous communities since time immemorial. Prior to colonization, Indigenous peoples used teachings, traditions and ceremony to pass knowledge about sexuality, including sexual health, from Elders to youth for generations. People were revered for who they were, be it woman, man, child, Two-Spirit, or Elder. These traditions and ways of knowing were disrupted with the arrival of settlers in what is now called Canada, who used deliberate strategies including residential schools to separate Indigenous peoples from family and culture. As a result, generations of Indigenous peoples have lost these opportunities to learn about sexuality and sexual health within Indigenous contexts, and have instead been subjected to sexual health messages from dominant White settler culture. The impacts of this historic and ongoing colonization include Indigenous peoples developing shame regarding sexuality, and a loss of the respected role of Two-Spirit peoples. Today, Indigenous communities, organizations and programs are creating new opportunities for Indigenous youth to access traditional knowledge around sexuality. In doing so, Indigenous peoples are resisting these impacts of colonization to improve sexual health and wellness for the Indigenous peoples in what is now called Canada. This symposium aims to continue the process of restoring traditional Indigenous teachings and ceremony about sexual health,

through an interactive dialogue between Indigenous Elders and youth.

S09 – PREVENTION AND CARE CASCADES

Tuesday, July 16, 2019
10:45 AM – 12:15 PM

S09.1 THE RELATIONSHIP BETWEEN DEMOGRAPHICS, HEALTH NEEDS AND THE HIV CARE CASCADE OUTCOMES: FROM INFECTION TO VIRAL SUPPRESSION

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10.1136/sextrans-2019-sti.45

The HIV epidemic persists in the province of Ontario, but the demographics of those affected have shifted over time. Over the past decade, the rate of new diagnoses among White Ontarians has decreased, while the rates among certain racialized populations has increased. These increases may be partially due to migration patterns, but a disproportionate burden of HIV transmission may be shifting to specific sub-populations. In a cohort of people living with HIV, a relationship exists between HIV care outcomes and race/ethnicity. In particular, African, Caribbean and Black individuals show lower engagement across the care cascade. Additionally, we find that social factors, such as poverty, and mental health and substance abuse impact engagement in the care cascade and achievement of viral suppression. To prevent HIV transmission and achieve optimal health for people living with HIV, the structural drivers of health inequity must be addressed and people living with HIV must have access to a variety of social, mental health and medical services.

S09.2 CASCADE OF HIV PREVENTION: A POWERFUL TOOL TO IMPROVE THE IMPLEMENTATION OF DREAMS COMBINATION PREVENTION IN RURAL SOUTH AFRICA

Maryam Shahmanesh*. *University College London, Institute for Global Health, London, UK*

10.1136/sextrans-2019-sti.46

Study objectives Adolescent girls and young women (AGYW) in South Africa are at high-risk of HIV-infection due to factors, acting at multiple levels: Societal, familial, intimate-partnerships, individual behavioural and biological. Combining interventions to tackle factors at multiple levels, with high levels of population-wide uptake, could improve AGYW health. In 2016 the Determined, Resilient Empowered AIDS free Mentored and Safe (DREAMS) partnership aimed to do this in a HIV hyperendemic area of KwaZulu-Natal (KZN), South Africa. I'll argue that HIV prevention cascades are a useful way to describe the population-wide reach of multi-level interventions and thus inform implementation.

Methods I'll draw on the impact and process evaluation data collected as part of the DREAMS impact evaluation in a HIV demographic surveillance site in KZN between 1/2016 and 6/2019. This includes (i) longitudinal cohorts of a representative