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National HIV Nurses Association

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Too Shy Shy?

Use of a patient-completed annual review questionnaire to obtain a recreational drug-taking history in a HIV outpatient clinic.

Amy Johnson and Breda Patterson

# Background: Drug Use

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## Gay men warned on risks of 'chemsex'

First British study of 'chemsex' reveals gay men taking serious risks with their health and with HIV after using drugs



Denis Campbell

The Guardian, Tuesday 8 April 2014 21.02 BST

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'There has been a change in gay cultural, social and sexual networks.' Photograph: Dosfotos/PYMCA/Rex

Gay men are suffering serious harm and are in danger of spreading HIV by having unprotected sex while under the influence of illegal drugs, the first British study into the growing popularity of "chemsex" has revealed.

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The Lancet, [Volume 381](#), [Issue 9875](#), Pages 1358 - 1359, 20 April 2013  
doi:10.1016/S0140-6736(13)60882-X [Cite or Link Using DOI](#)

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## High-risk drug practices in men who have sex with men

[Victoria L Gilbart](#) , [Ian Simms](#) , [Maya Gobin](#) , [Isabel Oliver](#) , [Gwenda Hughes](#) 

Tony Kirby and Michelle Thornber-Dunwell (Jan 12, p 101)<sup>1</sup> highlight a "perfect storm"<sup>2</sup> for HIV and hepatitis C transmission in high-risk drug practices in men who have sex with men (MSM). As part of an ongoing investigation of the continuing shigellosis epidemic in MSM in the UK,<sup>3</sup> we did in-depth interviews that explored the lifestyle and sexual behaviour of 12 MSM diagnosed with *Shigella flexneri* serotype 3a.

Mephedrone, ketamine, crystal methamphetamine, and  $\gamma$ -butyrolactone had been used by most MSM (nine of 12) during sexual encounters. "Slamming"—a term probably used to reduce the social stigma of injecting recreational drugs—occurred at sex parties and was reported by two.

# Background: Drug Use

- ‘Chem-sex’ is...sex that occurs under the influence of drugs, which are taken immediately preceding and/or during the sexual session<sup>1</sup>
- Frequently involves poly-drug use, simultaneously or sequentially to counter some of the effects/side effects.
- Drug sessions can extend over several days.
- Certain means of linking up (online apps) are either used specifically for or are associated with increased likelihood of chem-sex.

# Background: MSM use of recreational drugs - %

Drug	EMIS Survey	ASTRA
Recreational drug		51
Cocaine	11	40
Ecstasy	7	23
Ketamine	6	25
Mephedrone	5	14
Crystal meth	3	15
GBL	6	19
Amyl Nitrate	33	53
Cannabis	16	42

# Background: Why ask?

- Negative impact on adherence to HAART
- Drug-drug interactions.
- High risk sexual behaviour - increased STIs and genital trauma<sup>2</sup>
- MDMA - known to decrease CD4 count, T-cell function and increase NK Cells<sup>3</sup>
- Shigella flexneri outbreak - 34 MSM interviewed - 76% recreational drugs<sup>4</sup>

# Background: Communication

- A major barrier to effective communication is **awkwardness** and **embarrassment** of patient and clinician when discussing sexual practices or recreational/injecting drug use.
- In particular, a clinician who has a long-standing relationship with a patient may be unable to broach certain topics

# Background: Communication

Reported observations of clinicians avoiding discussion of the emotional and social impact of patients' problems because it caused distress that they could not handle or they did not have the time to do so adequately



# Background: Annual Review

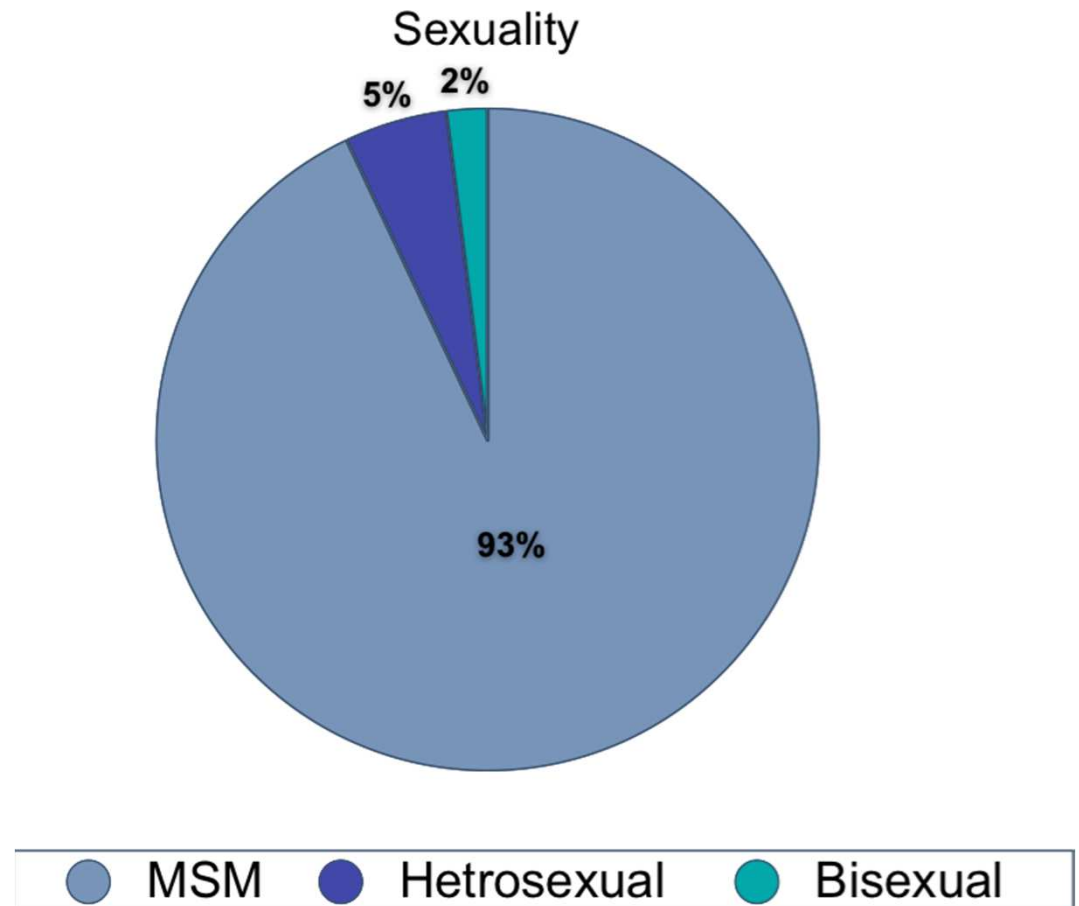
- The Annual Review clinic is a nurse-led health assessment in operation since 2012.
- It involves the patient completing a questionnaire on an electronic tablet and then seeing a member of the nursing team to follow-up on any issues raised.
- The questionnaire takes a holistic view of health
- It included a question about whether the patient has used recreational drugs in the past year and if so, which ones.

# Methods

- Notes review conducted. Self completed questionnaire reviewed.
- The electronic notes of those disclosing recreational drug use in the past year were audited for a drug history and any action taken.
- Patients seen between July 2012 and December 2013 were included.

# Results: Demographics

- Sample size: 158
- Median age: 42
- 93% identified as MSM



# Results

Drugs Used	No. (%)
Overall Drug Use	43/158 (27%)
Cannabis	22/43 (51%)
Cocaine	18/43 (42%)
Crystal Meth	7/43 (16%)
GBL	8/43 (19%)
Mephedrone	8/43 (19%)
Ketamine	7/43 (16%)

# No. of recreational drugs used

No. of Recreational Drugs Used	Number (%)
1 drug	21 (49%)
2 drugs	14 (33%)
3 drugs	6 (14%)
4 drugs	2 (5%)

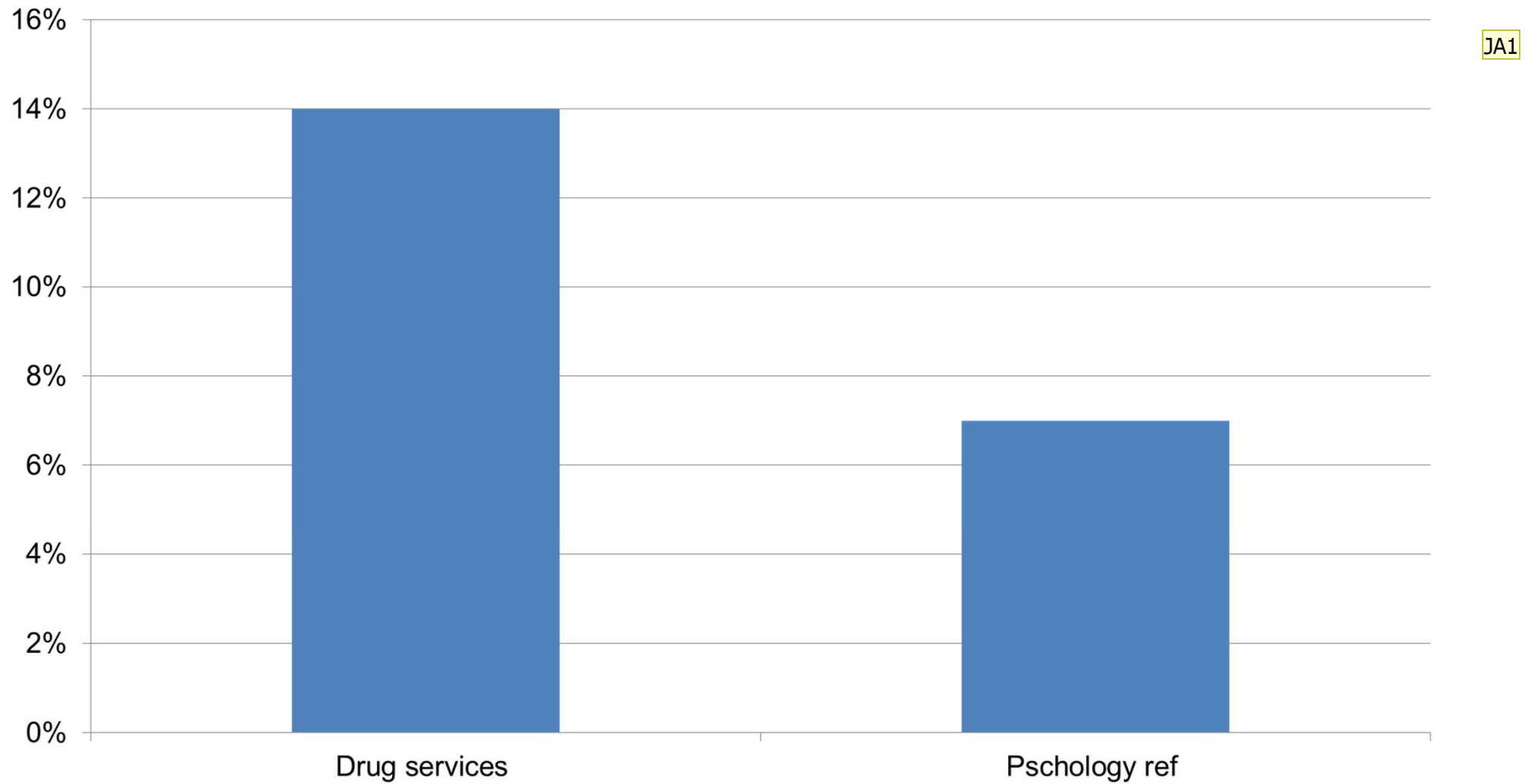
# Patients using more than 1 drug

Drug	No (%) who used additional drugs
Cannabis	13/22 (59%)
Cocaine	11/18 (61%)
Crystal Meth	7/7 (100%) - all used more than 2
GBL	8/8 (100%) – all used more than 2
Mephedrone	5/8 (62.5%)
Ketamine	7/7 (100%)

# Results

- Of those identified as recreational drug users, 6/43 (14%) had a documented drug-taking history in their electronic medical notes within the previous year.
- 1 patient who was identified as using cocaine and ketamine for many years had no documented drug use in his notes.

# Annual Review Outcomes





## Slide 16

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**JA1**

I think this looks a bit awkward, like I'm trying to tabulate for the sake of it. What do you think?

Johnson, Amy, 24/06/2014

# Further Research/Limitations

- Further research is needed to determine the reasons for the increase in disclosure during annual review .
- Patients paper notes were not checked. However, most clinicians use electronic notes.

# Conclusion

- Use of a computer-based questionnaire appears to facilitate disclosure of recreational drug use.
- Screening for recreational drug use is important in order to offer support where needed and facilitate referral to appropriate help.
- Nurse-led services can lead the way to providing better care for those struggling with substance misuse.

# Recommendations

- Appropriate training for nurses in the assessment and management of patients using Club Drugs in clinics where these drugs are common.

# Acknowledgements

- Kobler Patients
- Nursing Colleagues
- Dr Ann Sullivan