



# Pre-exposure prophylaxis use among men who have sex with men who have engaged in chemsex

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# Study Questions and Aim/Objectives

## Questions:

1. What impact do chemsex behaviours have on PrEP use for MSM?
2. What impact does PrEP use have on chemsex behaviours for MSM?
3. How can PrEP be more effectively used by MSM chemsex participants?

### Aim

Aim; Examine the interface of PrEP use among MSM who had engaged in chemsex behaviours. This was in to inform interventions to optimise PrEP use in this high-risk group.

### Evidence Synthesis

Evidence synthesis of what was currently known about the biopsychosocial factors related to chemsex and PrEP use among MSM within high income countries.

### Quantitative

Examine biopsychosocial factors associated with PrEP use among MSM in Greater London that had engaged in chemsex behaviours which negatively impacted on their well-being (problematic chemsex).

### Qualitative

Explore the biopsychosocial factors that influenced MSM engagement in chemsex/PrEP use, access to PrEP and medication adherence during periods of engagement in chemsex.



# Qualitative Study

Explore the PrEP uptake/adherence experiences of HIV negative MSM who engaged in chemsex, specifically understanding the biopsychosocial interrelationship between chemsex and PrEP:

1. Explore the biopsychosocial factors which act as barriers and facilitators for PrEP uptake among MSM who participate in chemsex.
2. Explore the biopsychosocial factors which act as barriers and facilitators to PrEP adherence and non-adherence when MSM engage in chemsex behaviours.
3. Explore any changes in the drug use and sexual behaviour of MSM chemsex participants which may have occurred post PrEP uptake.

## Methods

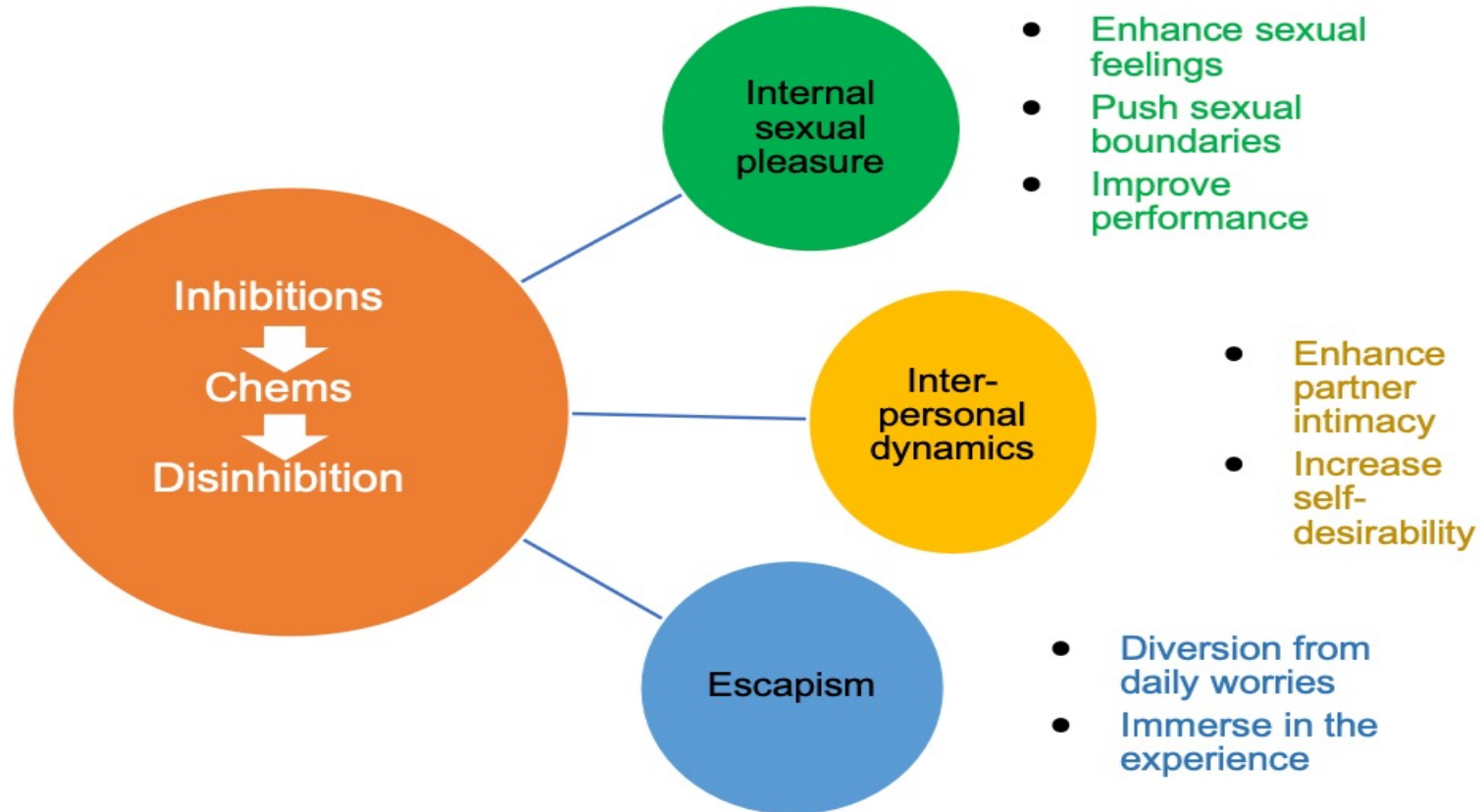
- ▶ Telephone based semi-structured interviews
- ▶ Lasting approx. 60 mins
- ▶ Theoretically informed: HIV prevention cascade and PAPA framework
- ▶ Framework analysis

# Qualitative Study

19 HIV negative cis men aged 18 and over who had recently engaged in chemsex and were currently or had recently stopped using PrEP.

- ▶ Age range 26-71, median age of 41
- ▶ Most identified their ethnicity as white
- ▶ Most identified their sexuality as gay
- ▶ Chemsex session frequency: mostly twice per month
- ▶ Sessions typically lasted less than 1 night and had 5 or less partners
- ▶ Multiple and different drugs uses in a session: Crystal, GHB/GBL, MDMA, Cocaine, Ketamine and Mephedrone
- ▶ Several men injected methamphetamine, primarily used safer injecting practices
- ▶ 18 currently using PrEP and 1 had stopped in the previous 6 weeks
- ▶ PrEP use length 1 to 6 years, with median 2
- ▶ Dosing method: mostly daily, others were event and 4 doses pw

# Motivations for Chemsex Engagement



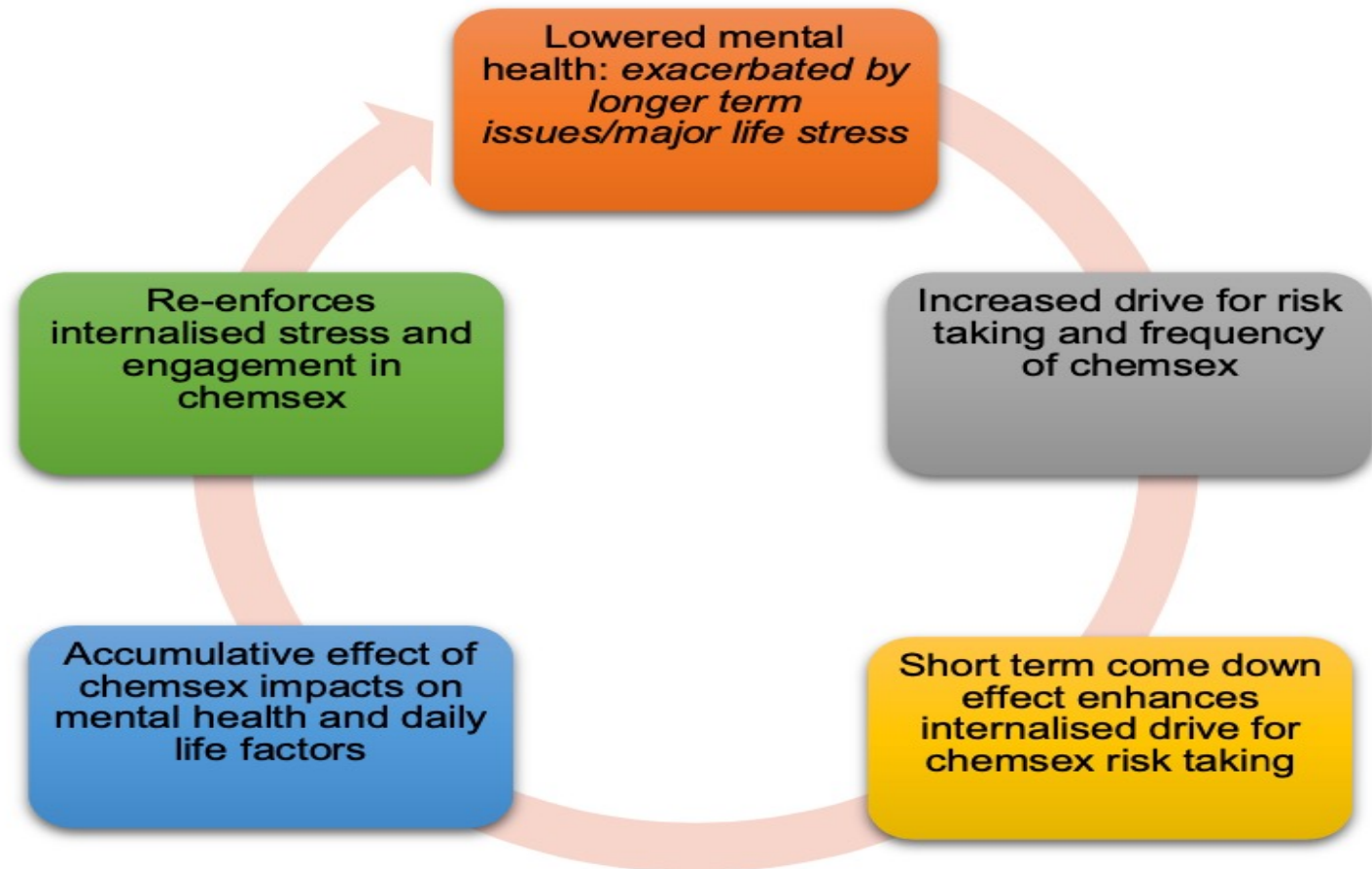


# Cyclical Process for Chemsex as a Coping Mechanism

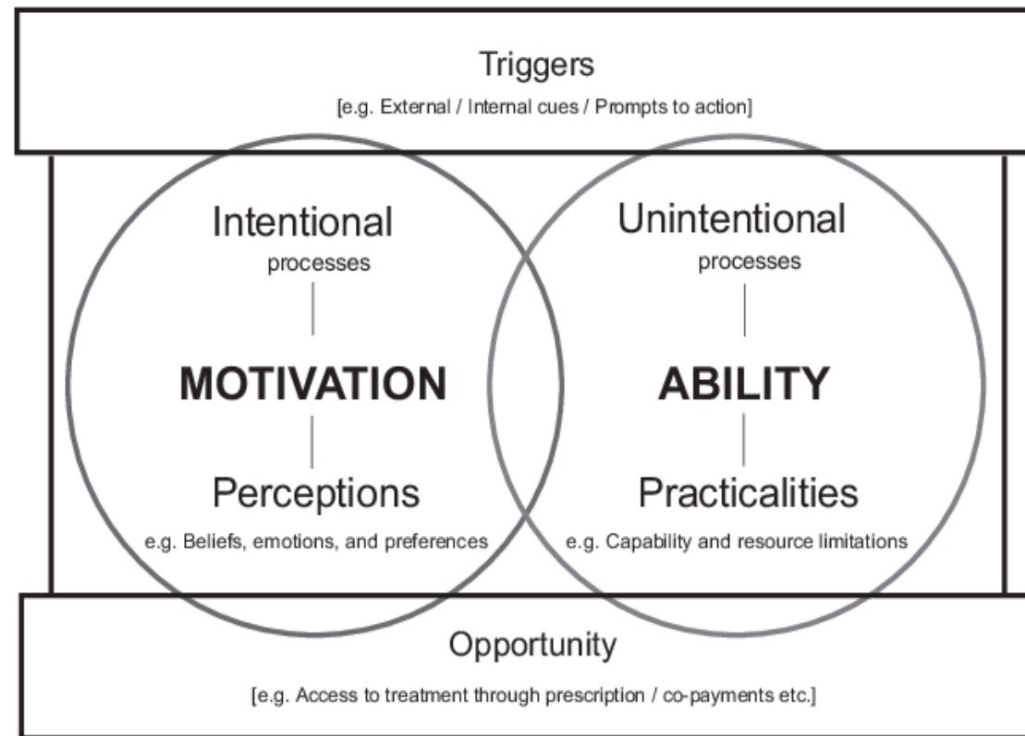
A few participants described major life changes and high stress levels of stress which resulted in increased frequency and intensity of chemsex.

These major life changes were multiple and varied but included personal relationship and employment issues.

When a few participants longer term mental health issues were exacerbated, they described an increase in the level of chemsex frequency and risk-taking behaviour within sessions.



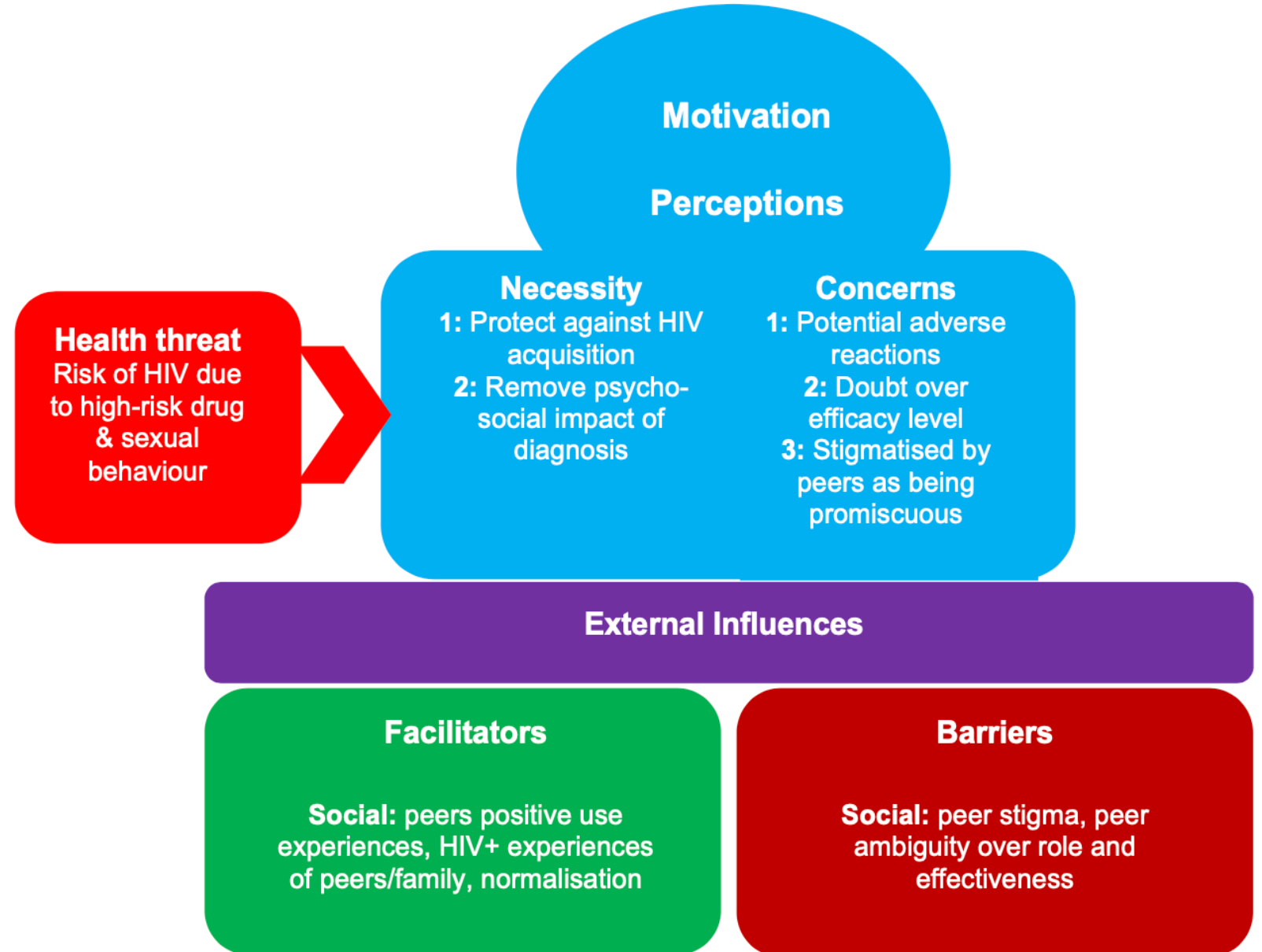
# Perceptions and Practicalities Approach (PAPA)



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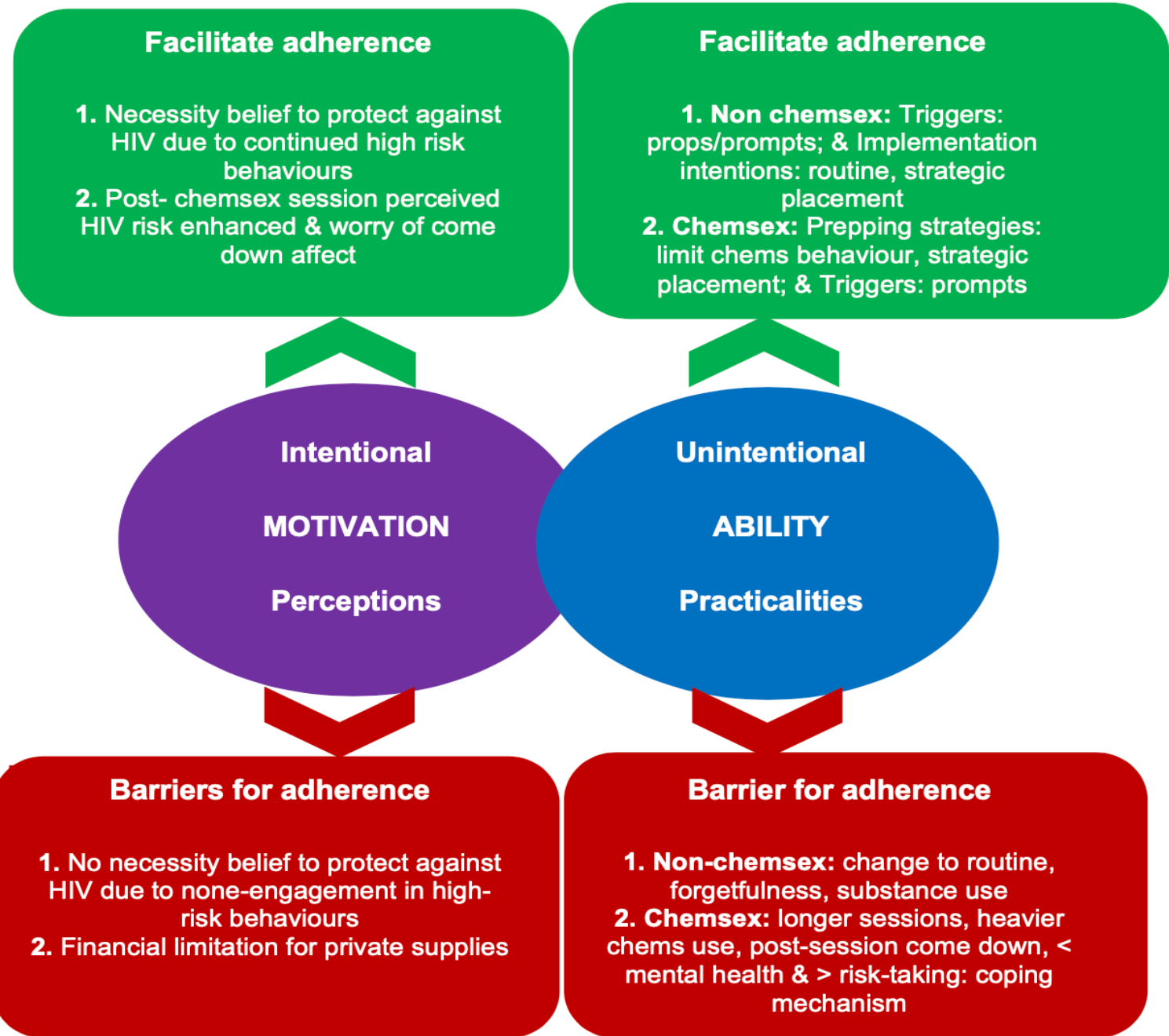
# Influences on motivation to start PrEP







# Summary of PrEP adherence and non-adherence





## Key findings: What impact do chemsex behaviours have on PrEP use for MSM?

1. High perceived HIV risk linked with chemsex was a key motivator for PrEP use, both to start and to persist in its ongoing use.
2. Chemsex participants decision to start PrEP was motivated for their pleasure of chemsex, which balanced with the multiple risks it involved and the need to reduce the potential harm.
3. MSM network discourse including chemsex elements were an important mediating factor for PrEP-naïve MSM to start PrEP.
4. Chemsex did not contribute towards widespread PrEP non-adherence, although influenced adherence/non-adherence in nuisance ways.
5. Chemsex influenced unintentional PrEP non-adherence in specific areas, including missing a dose due to drugs come down and multiple doses due to long/heavy sessions.
6. A complex inter-mix of psychosocial issues with chemsex behaviours can become problematic and lead to higher levels of non-adherence.



## Key findings: What impact does PrEP use have on chemsex behaviours for MSM?

1. After PrEP initiation, most users did not change sexual/chemsex activities although some engaged in higher levels of risk behaviours.
2. PrEP removed internalised stress about HIV, which can liberate users to be able to explore their sexuality.
3. The liberation PrEP provided, interconnects with increased empowerment in sexuality and promotion of psychological wellbeing.



# Reference Sources

- ▶ Chemsex behaviours among men who have sex with men: A systematic review of the literature:  
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- ▶ Pre-exposure prophylaxis (PrEP) uptake and adherence experiences of gay and bisexual men who engage in chemsex: A qualitative study:  
<https://www.sciencedirect.com/science/article/pii/S0955395922000500?via%3Dihub>



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