



Sexualised drug use and co-occurring high risk behaviours among gay and bisexual men living with HIV/Hepatitis C co-infection

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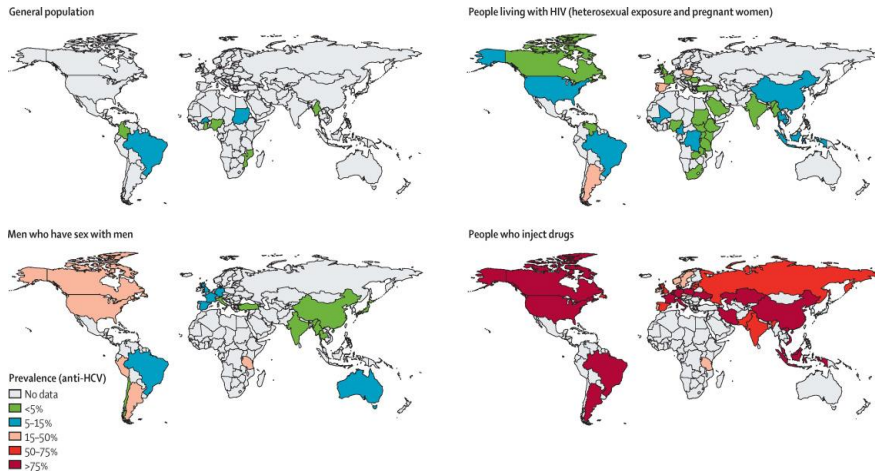


Disclosures

- co-EC funded by Bristol-Myers Squibb
- Presenting author has no financial disclosures



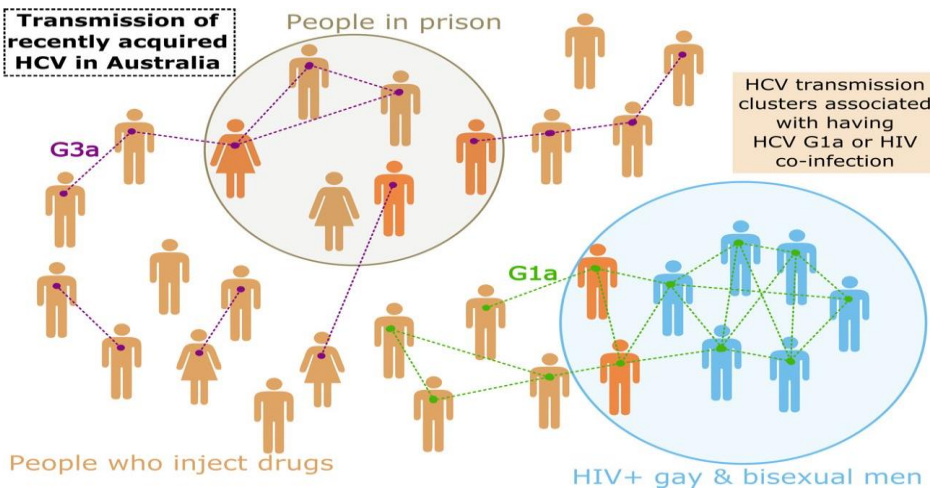
People living with HCV & HIV co-infection



Platt et al. Lancet Infect. Dis. 2016



Minimal overlap between populations



Bartlett et al. Infect Genet Evol 2016



Drug and sex related behaviours



Mahony et al. Med J. Aust. 2013; Lea et al. Sex. Health. 2013
 Vanhommerig et al. Open Forum Infect. Dis. 2015



Methods

- Eliminating Hepatitis C Transmission by Enhancing Care and Treatment Among HIV Co-infected Individuals – co-EC
- Six sites – sexual health clinic, two hospitals and three primary care clinics – HIV related care for approx. 75% of people living with HIV in Victoria¹
- Primary aim - treat and eliminate hepatitis C
- Secondary aim – understand behaviours **before** and after treatment

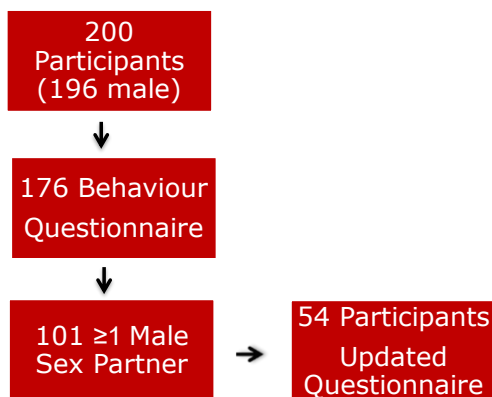
1. Sacks-Davis et al. J. Int. AIDS Soc. 2018



Methods

- Behavioural data collected at enrolment
- Males reporting ≥ 1 male sex partner in the six months prior to enrolment
- Behaviours - Injecting drug use, group sex
- Added after three months – fisting, sharing sex toys & using drugs before or during sex; amyl nitrite, ecstasy, GHB and crystal methamphetamine
- Prevalence ratios; Poisson regression with robust variance

Results



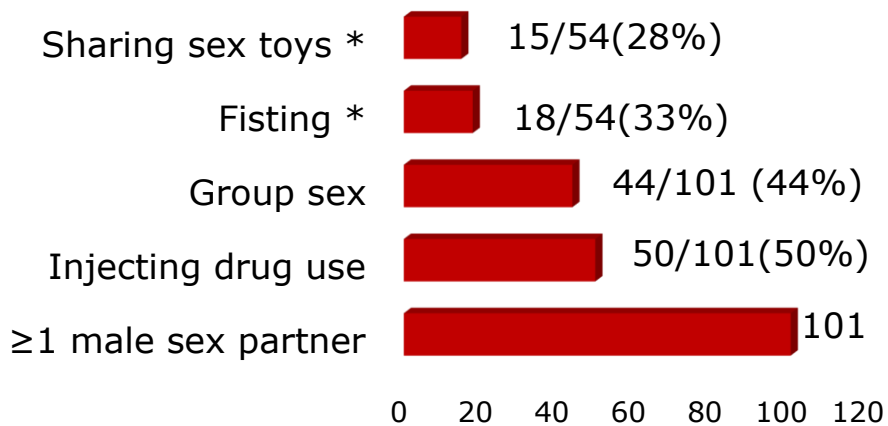
Demographic & clinical characteristics

Characteristics n=101	n (%)
Age, mean (range, s.d.)	46 (21-72, 10.5)
Australian born	72 (71.3)
Non-Indigenous	96 (95.0)
Post-high school education	66 (65.3)
Employed; FT, PT or Casual	52 (51.5)
Year HIV diagnosis \geq 2010#	28 (29.8)
Year HCV diagnosis \geq 2010#	60 (63.8)

7 unknown



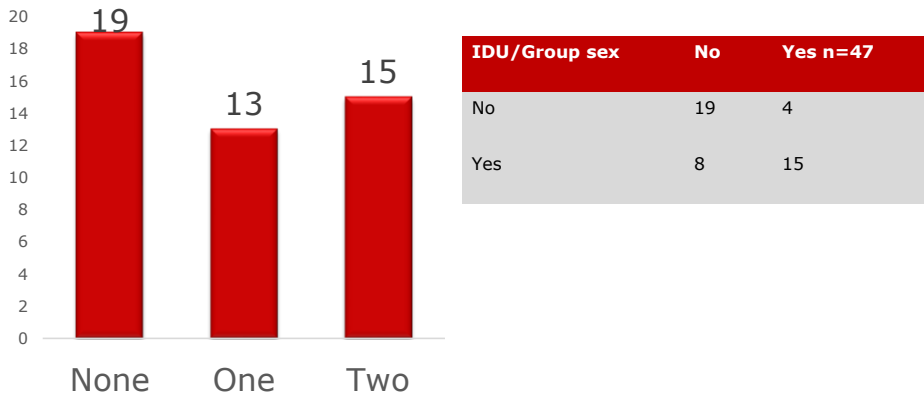
Behaviours in prior six months



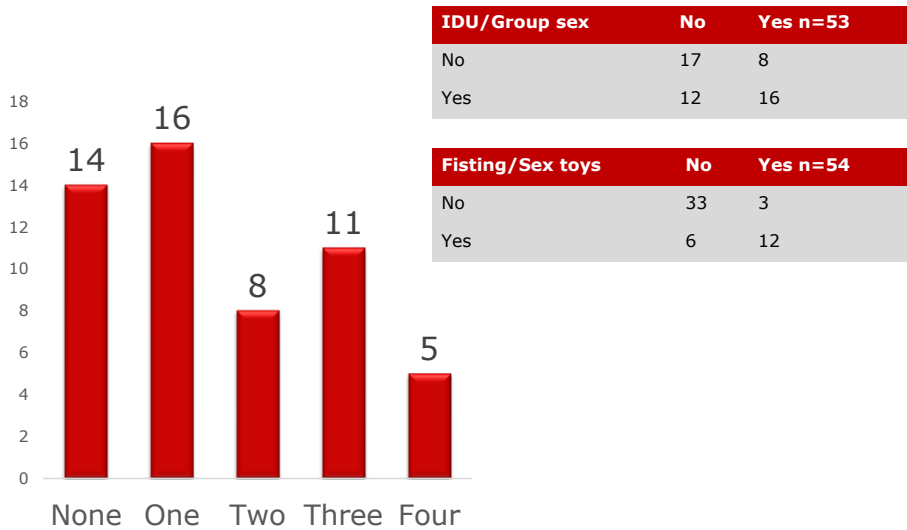
*Among 54 who had later questionnaire



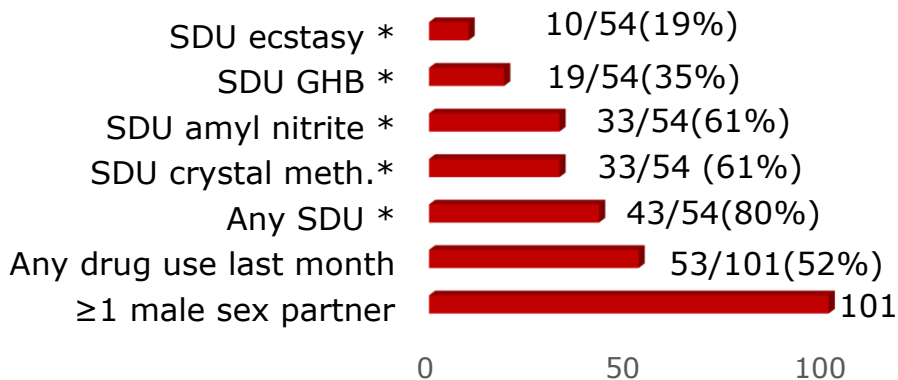
Number of Behaviours



Number of Behaviours



Sexualised drug use in prior six months

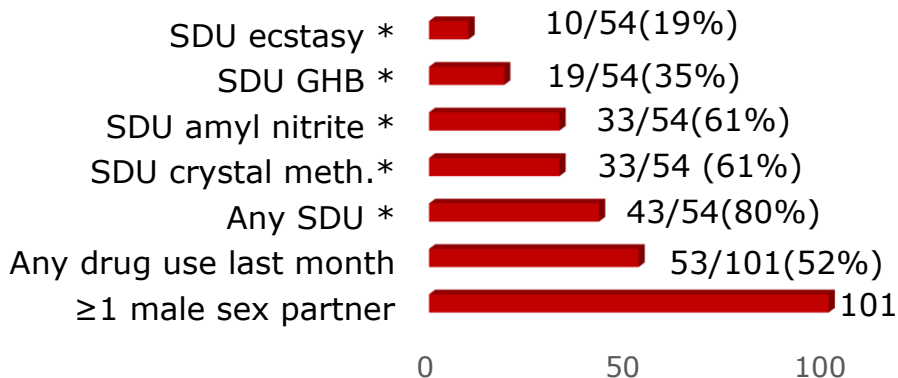


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Sexualised drug use in prior six months

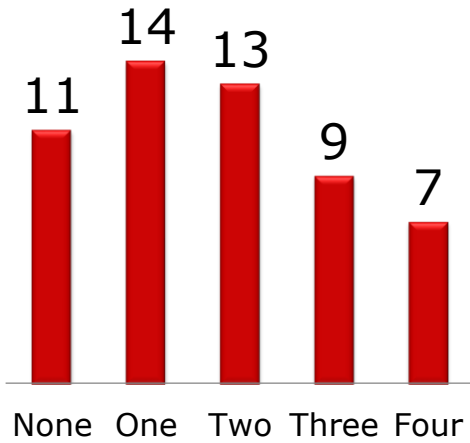
Any SDU/ Last Month*	No	Yes
No	9	2
Yes	11	32



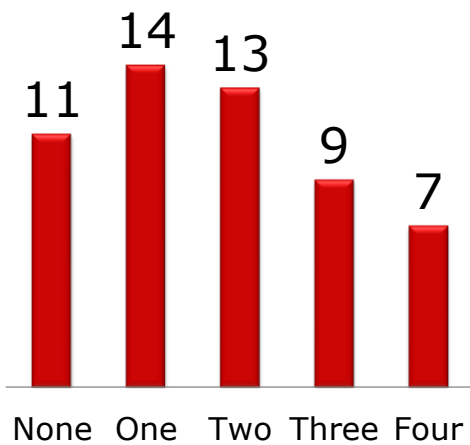
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Number of Drugs Used Before or During Sex



Number of Drugs Used Before or During Sex



Crystal/Amyl	No	Yes
No	13	8
Yes	8	25

Crystal/GHB	No	Yes
No	19	2
Yes	16	17

Crystal/Ecstasy	No	Yes
No	19	2
Yes	25	8



Behaviour & Sexualised Drug Use n=54

Behaviour	No Sexualised Drug Use, n (%)	Sexualised Drug Use, n (%)	Prevalence ratio (95%CI) p-value
<u>Injecting Drug Use</u>			
No	11 (44)	14 (56)	1.79 (1.26-2.54)
Yes	0	28 (100)	0.001
<u>Group Sex</u>			
No	8 (26.7)	22 (73.3)	1.19 (0.91-1.56)
Yes	3 (12.5)	21 (87.5)	0.19
<u>Fisting</u>			
No	10 (27.8)	26 (72.2)	1.31 (1.04-1.65)
Yes	1 (5.6)	17 (94.4)	0.024
<u>Sharing Sex Toys</u>			
No	10 (25.6)	29 (74.4)	1.26 (0.99-1.58)
Yes	1 (6.7)	14 (93.3)	0.054

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Discussion

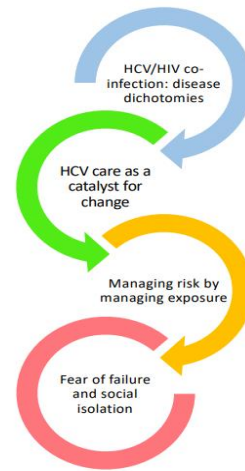
- Sizeable minority reported no high risk behaviours
- Not all engage in sexualised drug use
- High risk behaviours occur almost exclusively among participants reporting sexualised drug use
- More understanding of the relationship between sexualised drug use and risk behaviours

Discussion

- Risk of reinfection complicated by multiple and overlapping behaviours
- More frequent, post-treatment testing may be needed
- A small but important group for HCV elimination among gay and bisexual men living with HIV

The lived experience

“Now I got to change my circle of friends again...it’s difficult, they’ll be still using when I’m with them... I probably have to stop hanging around them as much.” Oliver, 44²



2. Schroeder et al. AIDS 2018



The social context

- Living with HIV – less likely to social and sexually exclude people with HCV³
- More positive attitudes towards people who inject drugs and people with HCV compared to HIV negative and untested participants³
- Less perceived stigma & higher levels of resilience among gay and bisexual men living with HIV who use party & play drugs⁴
- Associated with more time spent with people living with HIV and friends in the gay community⁴

3. Brener et al. Sex. Health 2015; Power et al. Sex. Health 2018



Limitations

- Specific to participants undergoing treatment
- Potential desirability bias
- No understanding of frequency
- Small sample
- No causality

Conclusion

- Sexualised drug use and risk behaviours that may potentially lead to reinfection are common with substantial overlap
- Many participants >1 behaviour or drug used
- Stigma-free post-treatment testing for reinfection likely to be required among many participants
- Community input essential to develop acceptable programs to reduce potential HCV primary infection and reinfection

Acknowledgments

- Study participants for their time & contribution
- co-EC nurses and clinicians
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- Professor Margaret Hellard
- Bristol-Myers Squibb



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