

High-risk drug practices tighten grip on London gay scene

Use of crystal methamphetamine is on the rise in London's gay scene, putting men who have sex with men at higher risk of infections. Tony Kirby and Michelle Thornber-Dunwell report.

London's 24-hour gay scene is world famous, with clubbing that goes on all weekend and beyond. Many of London's drug-using men who have sex with men (MSM), and also lesbians, and their heterosexual male and female friends often congregate at post-club parties known as chill-outs where drug-taking continues until drugs, money, energy, or all three run out. There are also many sex parties where MSM congregate at homes for group sex.

A wide selection of drugs are popular in the London scene, including ecstasy in both pill and powdered MDMA (3,4-methylenedioxy-methamphetamine) form, cocaine, ketamine, γ -butyrolactone (GBL), and speed. In 2009, use of another drug, mephedrone (part of the cathinone family), also exploded onto the club scene. More recently, methamphetamine (known as crystal meth or tina) has been growing in popularity but is regarded as more hardcore by many clubbers because it can lead to users binging for days at a time without sleep, and indulging in high-risk sexual practices as they smoke, snort, or inject the crystal, before suffering a heavy comedown.

Most MSM who use drugs in London take combinations of ecstasy, mephedrone, cocaine, GBL, and ketamine, in various doses and times during their partying cycle. Most do so reasonably safely, and the groups that tend to use these drugs don't generally mix with people who use crystal meth, who generally attend their own chill-outs or sex parties and appear less often or for shorter periods in clubs, choosing instead to use crystal meth (often in combination with other drugs) with other users without shame or stigma.

Now, more of London's MSM seem to be engaging in high-risk practices,

including crystal meth use, putting them at risk of infection with HIV, hepatitis C (HCV), and a range of other bloodborne and sexually transmitted infections (STIs). This trend is concerning since, in 2011, there was a record high 3010 new HIV infections in MSM in the UK, of which 1296 were in London. At the 56 Dean Street Clinic in Soho, London, 511 new cases of HIV were diagnosed, with most (482) in MSM. Thus, around one in six of all new cases of HIV in MSM in the UK were diagnosed in this one London clinic.

Injection of crystal meth or mephedrone to get a bigger rush or high—known as slamming—is also increasing, taking place at sex parties or chill-outs where many people often

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share equipment without sterilising it. While most so-called slammers inject the drugs dissolved in water, some are withdrawing their blood with a needle, adding either crystal meth or mephedrone to that blood, and then re-injecting it into themselves or someone else. Users can then be high for days, reinjecting and having sex with multiple partners without protection. The result is a perfect storm for transmission of both HIV and HCV, as well a catalogue of ensuing mental health problems. A slamming community, largely hidden to the rest of the gay scene, exists behind closed doors in London.

The drug clinics that are available are massively oversubscribed and struggling to cope. David Stuart manages the Antidote Substance Misuse Service at London Friend, a

lesbian, gay, bisexual, and transgender health and wellbeing charity. This includes managing the UK National Health Service (NHS) partnership clinics: the Club Drug Clinic at Chelsea and Westminster Hospital (funded by the Central and North West London NHS Foundation Trust) and the CODE Clinic at 56 Dean Street (part of the Chelsea and Westminster NHS Foundation Trust), which treats MSM involved in the harder, higher-risk sex scene connected with drug use. “Users of crystal meth, GBL, and mephedrone represent 85% of the CODE Clinic's consultations”, says Stuart. In 2011, 30% of the users of mephedrone and crystal meth visiting CODE were injecting these drugs. In 2012, this increased to 80%. Of these, 70% report needle sharing. “It's a staggering and frightening increase”, says Stuart. “Lots of things are driving it, including the ease of finding the drugs themselves and the use of internet sites to find sex parties and drug dens where people can carry out this behaviour.” Stuart says that using these hardcore drugs helps MSM deal with shame and vulnerability issues many have about having gay sex.

People engaging in slamming of mephedrone and slamming or

For more on the 56 Dean Street Clinic see www.chelwest.nhs.uk/56deanstreet/

For more on the Club Drug Clinic see <http://www.clubdrugclinic.com/>

For more on the CODE Clinic see <http://www.code-clinic.co.uk/>



Glass pipes are commonly used for smoking crystal methamphetamine

smoking of crystal meth do not fit the typical profile of a person with a serious drug addiction, and include many professionals, even doctors, with high levels of disposable income to spend on drugs. Stuart and his colleagues see 9000 people every year through outreach and directly treat 800. "Of course this is just the tip of the iceberg", says Stuart. "What about all the people not in any contact with any services?" MSM attending CODE prefer to use internet sites that specialise in barebacking (unprotected anal sex) to find sexual partners, and report an average of five sexual partners per episode. 75% of those using crystal meth, GBL, or mephedrone are HIV positive; and of these, 60% report not taking their antiretroviral drugs (ARVs) while high, meaning they become more infectious throughout their drug binge that can last several days. Stuart and his colleagues are working to educate HIV-positive men on the importance of taking their ARVs during these binges.

Club Drug Clinic cofounder Owen Bowden-Jones says their services are so overstretched that the Central and North West London NHS Trust that funds it is to open a second site at Camden, north London, in early 2013. The existing Club Drug Clinic, based at the Chelsea and Westminster Hospital, caters for two distinct populations: MSM (70%) and heterosexual students and clubbers (30%). More than half the MSM that use the services are in employment. The clinic provides full sexual health and drug treatment services, with a unique funding model meaning that people can self-refer from anywhere in the UK. "Injecting these drugs for some MSM seems to have become sexualised, which is very unusual. We are trying to understand why", says Bowden-Jones, a consultant psychiatrist. "The meaning of an HIV diagnosis in this context is also important", he adds. "People will sometimes say 'well I knew everyone in the room had HIV', but when asked about hepatitis C, they say 'well I didn't

think about that'. We have a mixture of people [who are] HIV and/or HCV positive and negative people injecting and sharing needles, potentially creating a public health disaster", says Bowden-Jones. "Tackling the complex relationship between drug use and sexual behaviour is a key part of the clinic's work with MSM."

The UK's Health Protection Agency (HPA) says the estimated incidence of HCV infection in HIV-positive MSM declined substantially over time from 7.38 per 1000 person-years in 2008 to 1.46 in 2011. This drop is in contrast to data from a Swiss cohort of HIV-positive MSM showing that rates of HCV co-infection have increased 18-fold in the past 15 years. Experts including Charles Gore, Chief Executive of The Hepatitis C Trust, UK, believe the HPA figures could be substantial underestimates. "High levels of stigma associated with hepatitis C exist within the MSM HIV-positive community", he says. "This, coupled with a lack of knowledge about the virus amongst this population, means that the number infected with hepatitis C may actually be much higher than is currently known. More must be done to break through negative attitudes and improve surveillance and prevention among HIV-positive MSM."

Since the early 2000s, the UK has seen around 550 cases of acute HCV in HIV-positive MSM, representing an epidemic, says Emma Devitt, consultant in infectious diseases and expert in HIV and HCV co-infection working in the Chelsea and Westminster Hospital and the 56 Dean Street Clinic. She says the increased risk of HCV infection comes from a melting pot of risk factors including party drugs and HIV-positive men relaxing safe sex practices in the era of successful antiretroviral treatment. They can also have a number of other STIs such as gonorrhoea, syphilis, and chlamydia, including the inflammatory chlamydia lymphogranuloma venereum. These other STIs break down the mucosal barrier in the rectum and make it easier

to contract HCV sexually. "It's not just people engaging in the highest risk practices like injecting recreational drugs and fisting who are getting acute hepatitis C infections", says Devitt. "Around 60% of new HCV cases are in those who don't inject. They can smoke crystal meth or snort mephedrone, or other drugs, sharing straws or notes while doing so, and also catch it through unprotected sex." While acute cases of HCV in HIV-positive men can be cured in up to 70% of cases, treatment involves 24–48 weeks of interferon injections and oral drugs, and in some people can cause very severe side-effects. Some 20–50% of people cured become reinfected, which can cause long-term liver damage. "Cases of acute HCV sometimes don't get cured due to drug users continuing with their chaotic lifestyles. Then the HCV infection can become chronic, and the outcomes much worse."

Around 8% of HIV-positive men in the UK are estimated to be co-infected with HCV, but good quality data is difficult to come by as it is not collected in the same way as for HIV, and Devitt believes there could be underreporting of cases. "Anonymous testing of all blood samples collected at sexual health clinics for syphilis testing could be a way of getting better data on hepatitis C infection in MSM in the UK. We need to be very wary about the current data held and carry out more studies", says David Asboe of the British Association for Sexual Health and HIV.

Devitt wants targeted education to high-risk groups to continue, but warns that "we're never going to change people's behaviour. Sex parties are not going to stop. Closing the saunas in San Francisco in the 1980s did not prevent group sex occurring or change the HIV epidemic there", she says. "Treating everyone with HIV with ARVs could be the best way to prevent onward transmission including in these high-risk environments. But where will we get the resources to deliver that?"

Tony Kirby, Michelle Thornber-Dunwell