



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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International Symposium on Hepatitis Care in Substance Users
Cascais, Portugal, September 2018

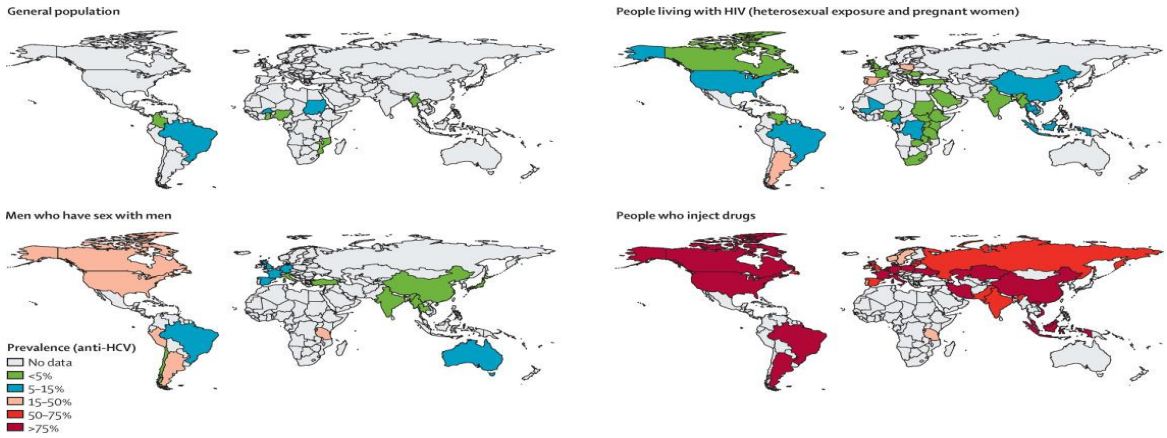
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Disclosures

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

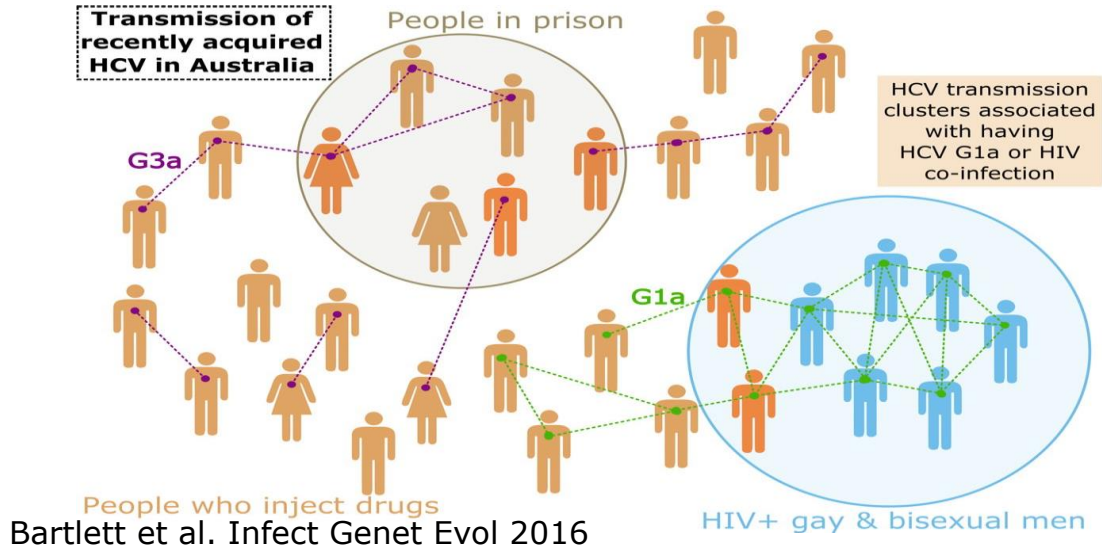
People living with HCV & HIV co-infection



Platt et al. Lancet Infect. Dis. 2016



Minimal overlap between populations



Drug and sex related behaviours



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

Methods

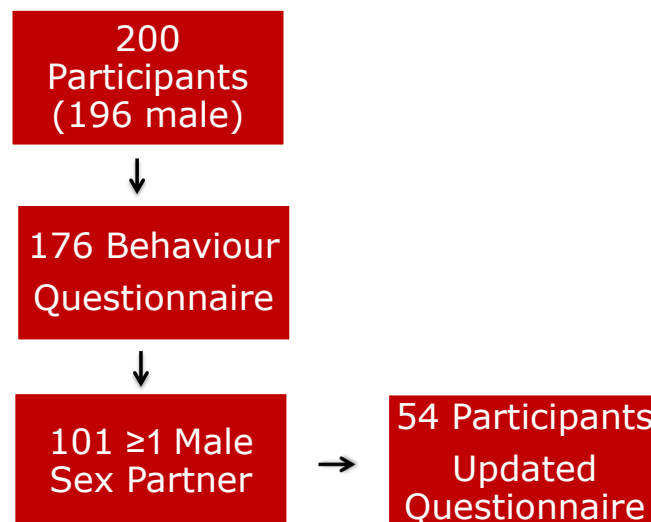
- Eliminating Hepatitis C Transmission by Enhancing Care and Treatment Among HIV Co-infected Individuals – co-EC
- Six sites – sexual health clinic, two hospitals and three primary care clinics – HIV related care for approx. 75% of people living with HIV in Victoria¹
- Primary aim - treat and eliminate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

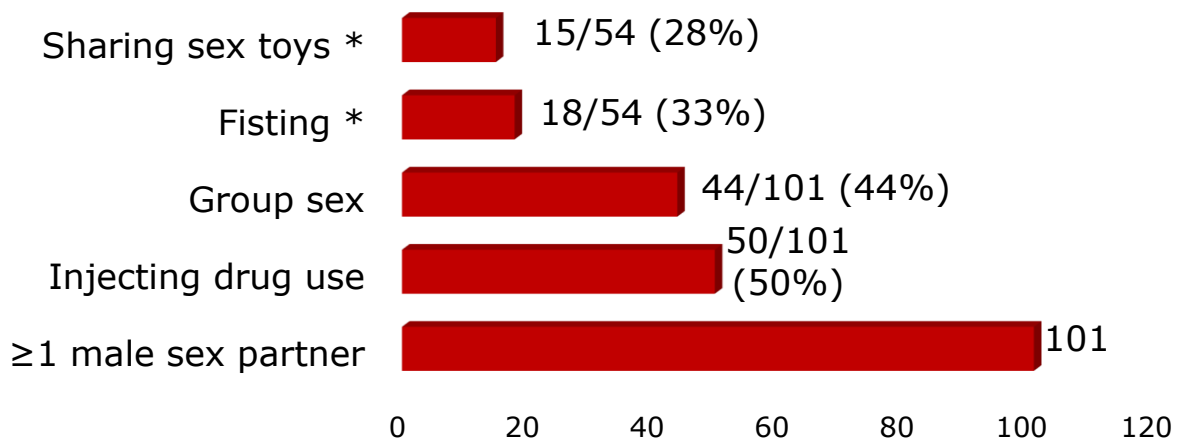


Demographic & clinical characteristics

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)

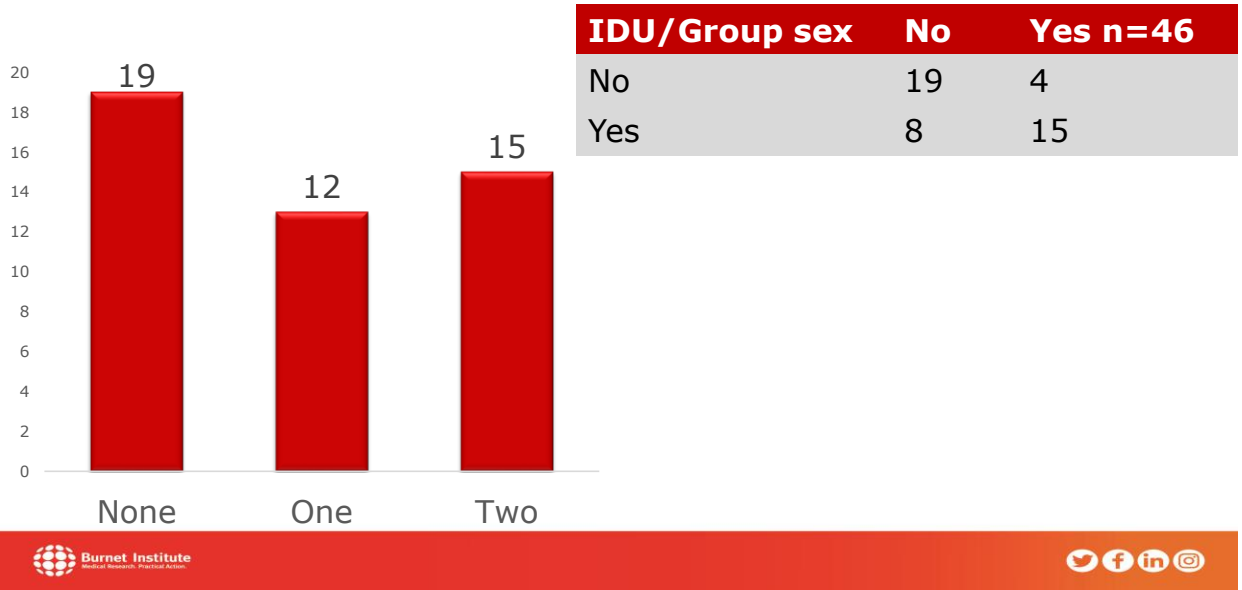
7 unknown

Behaviours in prior six months

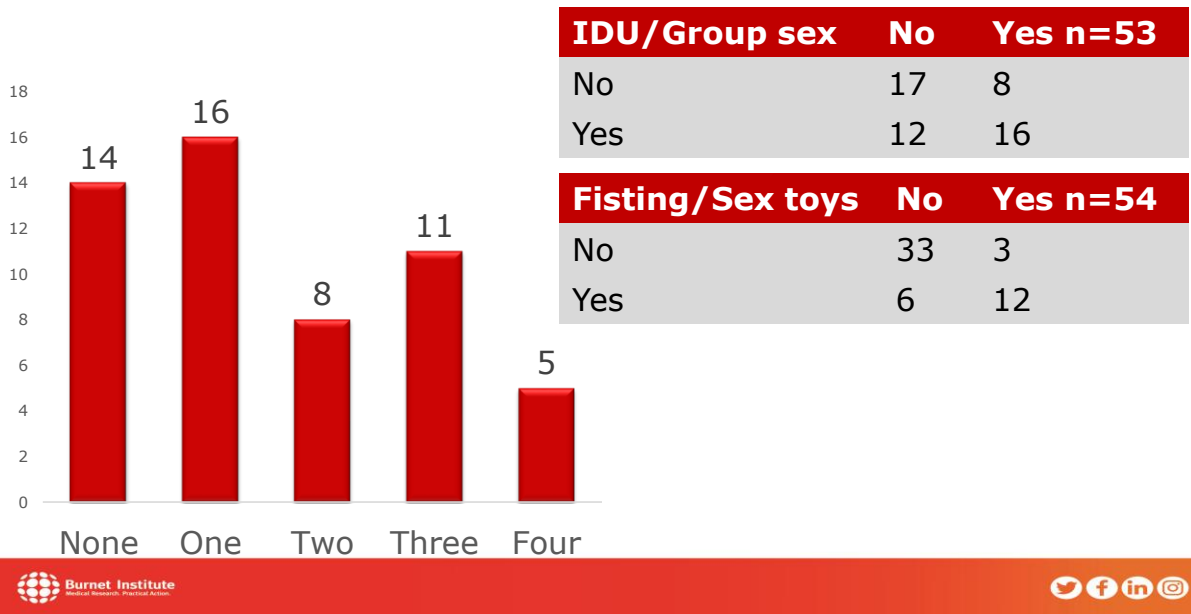


*Among 54 who had later questionnaire

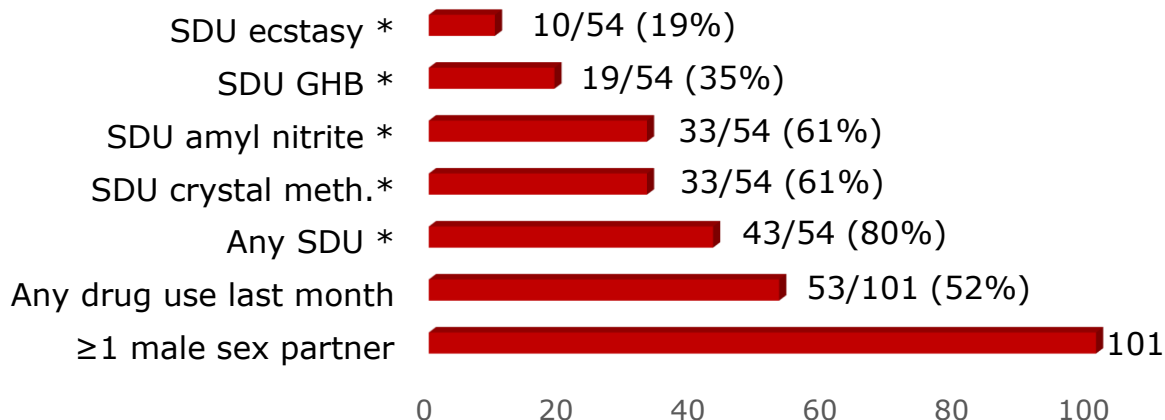
Number of Behaviours



Number of Behaviours

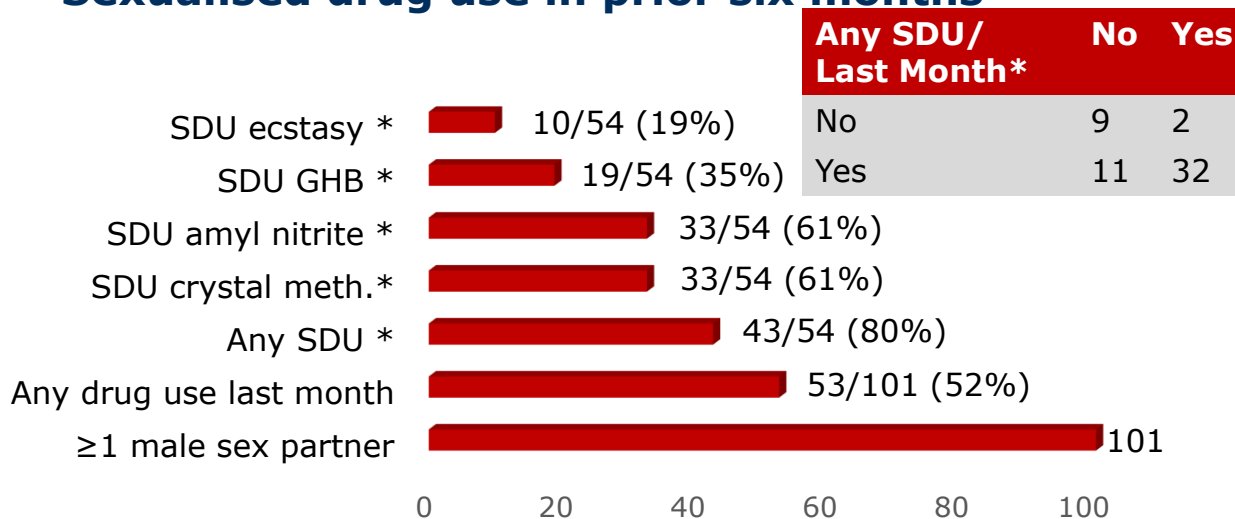


Sexualised drug use in prior six months



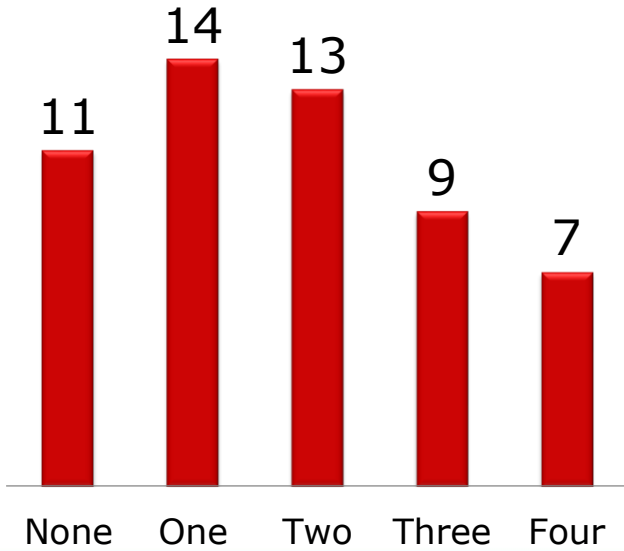
*Among 54 who had later questionnaire

Sexualised drug use in prior six months

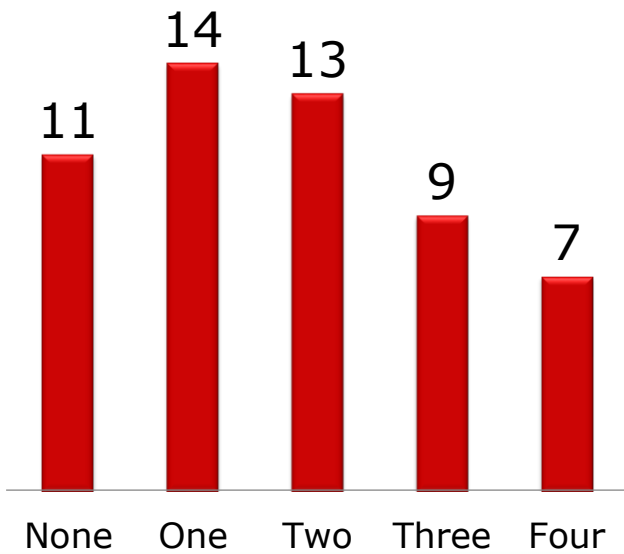


*Among 54 who had later questionnaire

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

Lessons Learnt

- 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

Lessons Learnt

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

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 may be required among many participants
- Community input essential to develop acceptable programs to reduce potential HCV primary infection and reinfection

Acknowledgements

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