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Substance Use Among Men Who Have Sex With Men Consulting Checkpoint Geneva

Thesis

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by

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Abstract

Several studies have recognised that men who have sex with men (MSM) suffer disproportionately of substance use disorders and their negative health outcomes compared to the general population. Yet, public health initiatives concerning (MSM) have thus been monopolised by HIV and AIDS prevention. The construct of “Gay and HIV” still stands with a firm foot in healthcare today: it can be regarded as a socio-political and economic framework that discriminates and leads to disparate health outcomes for MSM. In Geneva, to date, no recent studies concerning substance use and its associated health risks exist.

The aim of this study is to determine the prevalence of substance use and the correlates with social, financial and health outcomes, in a sample of MSM consulting Checkpoint Geneva for HIV & STI counselling and testing.

Our research demonstrated that it was feasible and acceptable to ask questions on substance use to MSM in a VCT centre setting using a validated questionnaire. Data revealed a high prevalence of substance use in a prosperous and young group of MSM (mean: 37 years) with multiple sex partners. A majority (64 %) had a moderate to high-risk score for at least one substance. Tobacco, being the most problematic substance with 51.9% of respondents scoring a moderate to high-risk. Also, around 20% of consumers of alcohol, cannabis, cocaine and poppers had a moderate to high-risk score, respectively. Poly-use was frequent, rates being greater than in the general population, as was prevalence of negative thoughts and sadness. These findings suggest that, in order to improve access to appropriate care, there is a benefit in using VCT centres and their strong links to the MSM community to combine HIV & STI prevention with substance use services and mental health care.

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Acronyms & Glossary

AIDS

Acquired immune deficiency syndrome

ASSIST

The alcohol, smoking and substance involvement screening test

BerDA- Beratungsleitfaden und Datenverwaltungssystem für VCT-Stellen

The Advisory Guidelines and Data Management System for VCT Centres in Switzerland

GGMHS

Geneva gay men health survey

HIV

Human immunodeficiency virus

LGBT

Lesbian, gay, bisexual and transgender

MSM- Men who have sex with men

“While sexual attraction, behaviour, and identity may coincide for some people, they do not for all [...] men who have sex with men (MSM) do not necessarily self-identify as gay. The term MSM is frequently used [...] to include all men who have sex with men, whether they identify as gay, bisexual, or heterosexual.” [1]

OFSP

Office fédérale de la santé publique.

Poly-use

The use of two or more substances sometimes used to achieve a certain combined effect or to counter undesirable effects of one or multiple substance.

STI

Sexually transmitted infection

VCT

Volunteer counselling and testing

Introduction

The historical impact of the HIV epidemic on gay men has led to an unjust association termed the *homosexualization of AIDS* [8]. This stigma has shaped the way gay communities have developed, established support and received state funding. The adamant and perpetual association of “Gay and HIV” can be regarded as a socio-political and economic framework that places gay men in a situation of vulnerability by foreclosing other aspects of health.

Public health initiatives concerning men who have sex with men (MSM) have thus been monopolised by HIV and AIDS prevention. More recently, studies have shown that sexual minority populations suffer from greater levels of mental health issues, substance use disorders and lower levels of health literacy [33]. Regularly mentioned risk factors for substance use disorders in gay men include homophobia (internalised and external) and discrimination [26; 17]. What’s more, positive associations have been made between substance use and increased lifetime morbidity, added vulnerability towards sexually transmitted infections (STI) and mental health disorders (namely depression) [13]. Most of these studies come from the United States and the United Kingdom (Table 1). To date, in Switzerland, there is a lack of data on this matter.

As such, our study aims to evaluate the prevalence of substance use, substance use disorder and the correlation with baseline variables and health outcomes in MSM. The study was conducted in a sample of MSM consulting Checkpoint Geneva, an HIV & STI testing and volunteer counselling centre (VCT). This research was developed to help focus prevention efforts [10] and therapeutic care towards problematic substance use in the MSM consulting Checkpoint Geneva. The study was developed with a nurse from Checkpoint who was hampered in his previous attempts in conducting the study, due to local groups’ fear of additional stigmatisation of the gay community.

Many authors have argued that LGBT health must move “beyond AIDS” [8; 9]. Our goal was to start a discussion regarding public health initiatives in Geneva and on a national level in Switzerland- Initially, by spreading awareness on the matter of MSM substance use, and subsequently, concentrating prevention efforts towards the current issues pertaining to MSM Health. In that spirit - once the study was completed - we presented the results to the public in the form of an event.

In this thesis we will present a short review of the literature on substance use in MSM, the results of our study at Checkpoint, and a discussion on them, including the comments and remarks during the presentation to the gay community in Geneva.

“ADDRESSING THE HIV EPIDEMIC SHOULD NOT HAVE JUST BEEN ABOUT MEDICINE, DISPENSING CONDOMS AND GETTING PEOPLE TESTED. IT SHOULD HAVE BEEN ABOUT ADDRESSING HOMOPHOBIA, INTERNALISED HOMOPHOBIA, EQUAL RIGHTS AND WELL BEING (...) WE FELL DOWN THERE AND WE HAVE THE RESULTS HERE RIGHT NOW.”

- DAVID STUART (GOGARTY & FAIRMAN, “CHEMSEX”)

Substance use in MSM communities

Method

This is a non-systematic literature review. Articles for our literature review were obtained by using PubMed, JSTOR and Google by using the following key words: “MSM”, “gay men”, “homosexual”, “substance use”, “drugs”, “LGBT”, “health”, “sexual minorities” and others. Selected articles were limited to studies published after 2000. Twelve articles were relevant to substance use in MSM and statistical associations with other variables (at-risk sex, mental health disorders etc.). Most of these studies come from the US. We also reviewed the Swiss addiction website for rates of substance use in the general population.

Results

First author [ref.]	Sample / Recruitment	Age definition	Prevalence/Outcomes
Baggio [3]	N = 5'990 Swiss men	Around 20 years-old	Last 12 months use: Combining alcohol/tobacco: 42.4% Combining alcohol/cannabis: 28.9% Combining tobacco/cannabis: 23.9%
Balán [4]	N = 500 MSM from Buenos Aires		Last 2 months use: Alcohol: 78% Drugs: 61% Over 20% consume daily alcohol, marijuana, cocaine sulphate, or tranquilizer Drug use was correlated with sexual risk behaviour (unprotected anal intercourse with men)
Beck [5]	N = 6'152 men living in France	20-64	Lifetime use: Poppers: 7.7% Last 12 months: 2% Gay men: 35% lifetime use
Dolcini [11]	N = 2'881 MSM	50 and older	The findings of this study indicate that older MSM continue to have active sexual lives and engage in high-risk behaviours, with moderate levels of substance use being associated with increased likelihood of engaging in sexual risk behaviours and seroconverting
Kelly [19]	N = 445 black MSM		Past 3 months use: Condomless anal intercourse with non-main partners among Black MSM was primarily associated with gay community participation, alcohol and marijuana use, and risk-reduction behavioural intentions
Klitzman [20]	N = 733 MSM		Ecstasy use in the past 6 months < 50 years old: 13.7% Over the age of 50: 0.76% This study indicate that MDMA users are more likely to be younger and are more likely to engage in risky sex behaviors, compared to MSM who did not report MDMA use in the assessment period.

First author [ref.]	Sample / Recruitment	Age definition	Prevalence/Outcomes
Mansergh [21]	N = 1'540 MSM who reported alcohol or drug use in the context of anal sex and unprotected anal sex with a non-primary partner, both in the past 6 months	18 and older	MSM who use alcohol and drugs are at especially high-risk for sexually transmitted infections (STIs)
Mansergh [22]	N = 1'540 MSM who reported alcohol or drug use in the context of anal sex and unprotected anal sex with a non-primary partner, both in the past 6 months	18 and older	15% of MSM in San Francisco used methamphetamine during their most recent anal sex episode in the prior three months, which was third only to the prevalence of alcohol and marijuana use. Methamphetamine use was particularly associated with unprotected receptive anal sex.
Marshall [23]	N= 4'075 HIV-uninfected MSM	16-88	Last 6 months use: 54.3% infrequent heavy drinkers (i.e. <10 days in which ≥5 alcohol drinks were consumed in the past 6 months) Cocaine use: 19.1% Crack use: 3.9% Amphetamine use: 12.8%
Plankey [27]	N = 4'003 seronegative men		Number of Unprotected Anal Intercourse (UAI) partners and use of illicit substances also remained significant in the multivariate model with methamphetamine and popper use increasing the likelihood of seroconversion by 1.5–2 times respectively
Salomon [29]		46 and older	Last 6 months: Older MSM were more likely to have used inhaled nitrates/poppers and to have injected drugs including heroin and steroids, putting them at high-risk for HIV and other communicable diseases
Stall [31]	N= 2'172 men who identified as being gay or bisexual or who reported sex with another man in the prior 5 years		The rates of illicit substance use are higher among MSM compared to the general US population and heterosexual counterparts
Wong [34]	N = 1'318 gay and bisexual men		STD clinic data for MSM in San Francisco showed that increased risk for early syphilis infection was associated with methamphetamine use (especially when combined with Viagra)

Table 1: Brief review of the literature concerning substance use, STI risk and mental health disorders in MSM and the general population.

Summary

Data obtained from the literature review revealed higher rates of substance use in MSM communities worldwide, a positive statistical association between substance use and at-risk sexual behaviour (leading to STI) and association between substance use and mental health disorders in MSM. However, it cannot be said if this association is causal or co-relational.

Method

This is an observational cross-sectional study assessing recent and lifetime substance use in a selected population of MSM.

Participants and Venue

The participants were MSM clients who visited Checkpoint Genève, a non-profit voluntary counselling and testing (VCT) centre for STIs. Recruitment occurred between June and November 2015. During that period, 419 clients were eligible to partake in the study; volunteers working at Checkpoint approached 131 clients, 106 agreed to join the study and 25 refused. Trans-men were excluded from the study seeing their different profile.

Procedure

Clients were then given a pamphlet of the *study* (APPENDIX 3) that included the background and the objectives of the study. The pamphlet also served as an informed consent form for the participants: requiring a signature for individuals' opting-in, and reasons for not doing the study for people opting-out.

After providing written informed consent, participants were given two questionnaires:

1. Beratungsleitfaden und Datenverwaltungssystem für VCT-Stellen (BerDa):

The Advisory Guidelines and Data Management System for VCT Centres is a tool developed by the Swiss Federal Office of Public Health (OFSP). It is an anonymous, internet-based survey that covers basic information (i.e. nationality, sexual orientation etc.) and topics pertaining to the client's health and sexual history (i.e. STI diagnosed in the last year, number of sexual partners in the last 12 months, types of sexual practices etc.). Thus, since 2007, BerDa relays statistical information to the OFSP concerning VCT centre and their clients. As the survey is completed before the consultation it also helps VCT counsellors gain better understanding of the clients risk profile.

The survey is available in multiple languages (English, French, Spanish, Portuguese etc.) and completed on a computer. BerDa ID numbers are issued to clients, so as to ensure their anonymity.

2. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST; APPENDIX 4)

The ASSIST is a tool developed by the World Health Organization, validated for primary health care practice and other settings. The ASSIST was administered to the participant by a VCT counsellor. The survey comprises of questions vis-à-vis lifetime and past 3-months substance use [18]. Additionally, the ASSIST determines risk scores, and accordingly our VCT counsellors delivered appropriate interventions (“Brief interventions” or “referral to specialists [18]”).

Total scores are stratified into 3 groups: low, moderate and high-risk substance use. Risk is defined as a problematic consumption, measured as the risk of developing dependency, as well as substance-use related financial difficulties, social troubles and other health problems [18].

The ASSIST surveys were completed manually and then entered into an electronic database, combining ASSIST with BerDa data and matched via their respectful BerDa ID numbers.

Analysis

Data analysis was completed using IBM SPSS statistics for Macintosh version 21. We ran a descriptive statistics analysis to measure the extent of substance use, and chi-squared tests for comparisons of categorical variables.

Ethics Committee

A study protocol was submitted to the ethical committee, who deemed that they were unable to take a position. As the staff, carrying out the survey was trained to discuss substance use and administers brief interventions we deemed it feasible to conduct the study. Besides, no patients were liable to be harmed and the study was conducted in a place of with strong ties to the MSM community.

Results

Socio-demographic characteristics

From June 1st, through November 31st 2015, we collected assessments yielding 106 unique identifiers. Participants ranged from 20 to 68 years of age (mean = 37; standard deviation = 12.25), about half were Swiss nationals (52.9%). All participants self-identified as gay and all had a HIV-negative serostatus at the time of the study. Among the 25 non-participants, about 40% opted out as they did not consume any substances (response #6). Others said they had no interest in participating in the study (response #2, 3 and 4).

Participants had a high degree of education: 56.6% had a university degree and 21.7% a baccalaureate/high school diploma. In terms of their financial situation, a majority replied having no financial problems (49.1% ticking “I live comfortably” and 35.8% “OK”).

About a quarter (23.6%) of the MSM reported that, during the past 4 weeks, they had felt sad/depressed and/or had lost interest in normally pleasurable activities.

Sexual practices

Number of partners: 78.7% of respondents had sex with multiple partners during the past 12 months, 26.4% with more than 10 partners.

62.3% met sex partners through the Internet, while 41.5% met them in a sauna or club setting. A quarter (25.5%) had group sex, while 10.4% practiced “hardcore sex” (includes practices such as fisting, S&M, bondage etc.)

Substance use trends

Table 2 provides the prevalence of lifetime and 3-months substance. Alcohol was the most commonly reported substance, with 98.1% of lifetime use and 97.2% during the past 3 months. Second was tobacco: 82.1% lifetime use at and 59.4% during the past 3 months. Cannabis was the third most frequently reported substance: 75.5% lifetime use and 35.8% during the last 3 months. Participants also commonly reported lifetime use of “poppers” (66%), cocaine (44.3%)

and stimulants including methamphetamine, ecstasy etc. (44.3%). No significant use was observed in other drugs (sedatives, hallucinogens, opioids, GHB and others).

In terms of poly-use, the majority of the respondents (54.8%) used, *excluding tobacco*, more than two types of substances at least once during the past 3 months. One third (32.1%) used more than three types of psychoactive drugs (Table 3).

Intravenous drug use practices were not common among the participants: 4% lifetime IV use and 0% in the past three months.

Table 2 also summarises risk scores: 64% of participants had a moderate and high-risk score for at least 1 substance. 57% obtained a moderate-risk score, and 7% obtained a high-risk score. Among the commonly used substances, tobacco has the highest risk score (moderate + high) of 51.9%, followed by cannabis (20.7%), alcohol (19.8%), cocaine and inhalants “poppers” (17% for both). Cannabis, cocaine and inhalants have as many respondents in moderate and high-risk categories as alcohol.

Tables ANNEXE 7 provide the correlation between substance use during and/or before sex and the risk scores for the major substances. 29.4% of the participants used alcohol or drugs before and/or during sex. Chi-squared tests showed a statistical association between ASSIST measured risk and substance use during and/or before sex, for the major substances (tobacco, cannabis, cocaine, stimulants and inhalants - note no alcohol), at a 95% confidence level.

Amongst those who answered “yes” to using substances during/before sex, a higher proportion had a moderate and high-risk score as compared to those who answered “no”.

For example for cannabis use: amongst the 72 who answered “no” to substance use during/before sex, 63 had a low and 9 have a moderate-risk score, 87.5% and 12.5% respectively (0% in high-risk). However, out of the 30 “yes”, 19 had a low-risk, 8 have a moderate-risk and 3 had a high-risk score: 63.3% low-risk, 26.6% moderate-risk and 1% high-risk.

	Lifetime (%)		Past 3 months (%)		Risk Score (%)		
	No	Yes	No	Yes	Low	Moderate	High
Tobacco	17.9	82.1	40.6	59.4	48.1	49.1	2.8
Alcohol	1.9	98.1	2.8	97.2	80.2	17.9	1.9
Cannabis	24.5	75.5	64.2	35.8	79.2	17.9	2.8
Cocaine	55.7	44.3	79.2	20.8	83	15.1	1.9
Stimulants	55.7	44.3	82.1	17.9	90.6	8.5	0.9
Inhalants	34	66	65.1	34.9	83	17	0
Sedatives	75.5	24.5	97.2	2.8	98.1	1.9	0
Hallucinogens	75.5	23.6	96.2	3.8	99.1	0.9	0
Opioids	90.6	9.4	98.1	1.9	100	0	0
Other (GHB, Crystal Meth,)	80.2	18.9	90.6	9.4	95.3	4.7	0

Table 2: Summary of Lifetime and 3-months Substance Use together with ASSIST Risk Scores.

<u>Number of substances</u>	Frequency (N= participants)	Percentage	Cumulative Percentages
0	3	2.8	2.8
1	45	42.5	45.3
2	24	22.6	67.9
3	13	12.3	80.2
4	9	8.5	88.7
5	4	3.8	92.5
6	6	5.7	98.1
7	2	1.9	100.0
Total	106	100.0	

Table 3 Poly-use: Number of substances used *excluding* tobacco (past 3 months)

Presentation & Feedback

We presented our results to the gay community and health care professionals on May 3rd (APPENDIX 9). The event took place at Dialogai, 33 people attended, 28 of which were health care professionals from Checkpoint Geneva, Vaud, UNAIDS and journalist from 360° a local LGBT magazine.

The presentation was very well received and followed by a lively discussion around the following questions:

“What are the reasons behind the higher substance usage in MSM community?”; “Is substance use specific to the gay culture?” ; “To what extent are mental health disorder associated with substance use?”; “how can we prevent this substances use ?” ; “How can we efficiently take on the issue of substance use without stigmatizing the gay community?”; “Should ASSIST be included systematically in the BerDa?” and “Is a study in a wider gay scene including socially more vulnerable groups needed?”

The VCT counsellors showed interest in covering substance use with patients and related a significant benefit of incorporating the ASSIST into consultations.

Discussion

Our study demonstrated that it was feasible and acceptable to ask questions on substance use, with a validated questionnaire, to MSM in a VCT centre setting. The results provide a profile of the MSM clients consulting Checkpoint who use substances: their average age was 37 years old, they were highly educated and in a comfortable financial situation. Half of them were Swiss nationals and three-quarter of them had multiple sex partners during the past 12 months.

Compared to men in the Swiss general population, our studied population presented a greater prevalence of substance use, primarily tobacco, alcohol, cannabis, inhalants, cocaine and stimulants. In fact, once the data was adjusted for sex and age, the 12-months prevalence of the general population was still lower than the 3-month prevalence established in our study.

When compared with the GGMHS, a study conducted in 2002 with a similar sample population - highly educated, young and gay men in Geneva- we found prevalence of substance use in both studies to be similar for tobacco, alcohol, inhalants, cocaine and stimulants. Once again, we can expect even greater rates if our study detailed 12-months prevalence like the GGMHS. These differences could be explained by a change in trends over a period of 10 years, although we cannot say there has been an increase in substance use as the two studies were conducted differently and did not study the same sample population. *Table 4* summarize prevalence of substance use in the two studies and the general population.

Most studies show that substance use, poly-use and dependency are highest in young adults, and diminish after 25 years of age [16] – Sexual minorities often experience longer periods of exposure to substance abuse [1]. Likewise, our research suggests a high prevalence of substance use and poly-use in a group of MSM with a mean age of 37 years. Although, motivation behind substance use in MSM has not been widely studied, during the public discussion, it has been suggested that relationship problems, and lack of “settling down” in MSM might explain part of this difference.

Certain classes of substances have been omitted from the table, as they did not significantly show a greater rate of use in our studied population when compared to the general population. Also, the risk scores for these substances were low.

With regards to risks, a majority (64 %) did have a moderate to high-risk score for at least one substance. Tobacco, being the most problematic substance with 51.9% of respondents scoring a moderate to high-risk. This is particularly revealing because, when tobacco is excluded most substance use is non-problematic, i.e. low-risk. Approximately, 20% of consumers of alcohol, cannabis, cocaine and inhalants scored a moderate to high-risk. This fits with substance use patterns in MSM across the globe: most substance use being episodic and not used daily, therefore considered lower risk and non-problematic[7].

Chi-squared test displayed a statistical association between the BerDa question regarding substance use before/during sex and risk for major substances excluding alcohol. While, it cannot be said if this relationship is causal or co-relational, this association could be used for harm reduction in VCT centres using BerDa. The link between HIV prevention and harm reduction already exists in many places due to the strong ties established by VCT centres with the MSM communities [7]. For example: answering “yes” to the BerDa substance use question could alert VCT counsellors to explore substance use with an ASSIST during their consultations.

About a quarter of MSM reported that, during the past 4 weeks, they had felt sad/depressed and/or had lost interest in normally pleasurable activities. Similarly, in 2002, the GGHMS had found a rate 19.2% of clinical depression in the last 12 months. Although, our approach to the subject of mental health and depression differ, what these findings suggest is that there has been, and still is a higher prevalence of sadness/depression amongst MSM compared to the general population - 15.9% of symptoms of depression in the last 2 weeks [2].

The link between substance use, depression and other mental health disorders is well established. Some associations have presented substance use as a cause of mental health disorders [20] while others demonstrated a role of depression in increased rates of drug usage [29]. During the public discussion, the role of mental health in substance use in MSM was a key talking point. As one cannot be without the other, it is crucial to incorporate prevention of mental health issues into drug prevention. Early interventions, improving mental health literacy and psychotherapeutic support are fundamental ways to tackle the problem [7].

Substance use in private and away from public settings is a growing concern in hard-to-reach MSM, making large-scale MSM venue base studies less relevant [8]. As our study points out, 62.3% of our respondents met their sex partners through the Internet. Hence, additional online surveying of substance use through smartphone applications and websites could be a way of reaching Internet using MSM.

Table 4: Comparing the prevalence of substance use in our study and others.

	MSM from Checkpoint Geneva (N = 106, 2015)		GGMHS (N = 571, 2002)	General population (2014)
	<i>Lifetime</i>	<i>Last 3 months</i>	<i>Last 12 months</i>	<i>Last 12 months</i>
Alcohol	98.1%	97.2%	84.1%	91.2% ¹
Tobacco	82.1%	59.4%	49.7%	28.8% ²
Cannabis	75.5%	35.8%	37.5%	7.6% ¹
Inhalants (poppers)	66%	34.9%	31.5%	< 0.1% ¹
Cocaine	44.3%	20.8%	38.4%	5.7% ¹
Stimulants (amphet, ecstasy)	44.3%	17.9%		0.4% ¹
Poly-use (>2, excluding tobacco)		54.8%	-	17% ³

Limitations

We tried to incorporate our study as naturally as possible to the everyday functioning of Checkpoint Geneva. By doing so, we had access to a bigger sample of eligible participants, and necessary background information via the BerDA, that was not covered by the ASSIST.

However, generalization of our findings was limited by the use of convenience sampling: one-venue-space sampling of MSM clients of Checkpoint Genève. We did not employ a time-space sampling methodology [30]. Therefore, further implementation of the study in different settings (e.g. gay bars, saunas, and sex clubs) is suggested to more accurately reflect the general MSM populations in Geneva.

¹ Men, age 15-74 years

² Men, age 20-74 years

³ Men, age 20-24 years

Our results are not representatives of the MSM population: Our surveyed population turned out to live rather comfortably. They were more likely to have achieved higher levels of education and do well financially. The fact that Checkpoint is a VCT centre benefits the clients searching for anonymity but not necessarily those suffering from financial difficulties. Indeed, under the universal Swiss health care act, if a person was to consult his general practitioner to get STI screening, it can be fully reimbursed by their health insurance. So in one way, the venue selected individuals ready pay the “price” for anonymity.

Checkpoint as a venue might also have selected individuals more aware of their health. It can be postulated that less health-conscious MSM, having engaged in at-risk behaviour, might not consult Checkpoint or any other place - for various reasons (poor health literacy [33], denial etc.).

Additionally, feedback from patients shed light on a potential source of overestimation of substance use. The recruitment period coincided with participants coming back from holidays, where they used more regularly than they would otherwise. As The ASSIST measures consumption in the last 3 months, the recruitment period might have selected a population likely to consume more substances and more frequently compared to another time period

Social desirability bias: due to stigma around substance use, patient may have minimised the frequency and severity of their substance use. Nonetheless, the VCT counsellors, carrying out the surveys, were well trained to discuss substance use and administer brief interventions. Besides, the ASSIST questionnaire has been validated [18].

Recall bias cannot be excluded, as there may be differences in the accuracy of recollection.

Selection bias: non-French speakers were more likely to answer “no” on the informed consent form since the study’s background information was written in French.

Measurement bias is not excluded either: even if the ASSIST is a standardized questionnaire, differences in scoring between VCT counsellors seems likely, as demonstrated by some varying score in the final risk evaluation.

Strong points of our study are that firstly, all participants were approached randomly and recruited for the study in the same manner. Inclusion and exclusion criteria were strictly followed and no participant was later disqualified.

Secondly, unlike most other studies, the ASSIST permitted us to measure prevalence of substance use and also to stratify patients into risk categories, a qualitative way of defining problematic use and a measure of the health risk participants incurred.

Third, our study did not only quantify substance use and risk, the ASSIST was also used as a tool to ensure brief interventions and organise referrals to specialists.

Lastly, in return for gathering data from the MSM population, we organised an event to present the results of our study to the gay scene.

Conclusion and Recommendations

Our research demonstrated that it was feasible and acceptable to ask questions on substance use to MSM in a VCT centre setting. Data revealed a high prevalence of substance use in a prosperous and young (median: 37 years old) portion of MSM. Although no significant high-risk was observed for most substances, it should be noted that almost 60% of participants had a problematic use of tobacco. Also, around 20% of consumers of alcohol, cannabis, cocaine and poppers had a moderate and high-risk score, respectively. Poly-use was frequent, rates being greater than in the general population.

There is a need for substance use interventions geared toward the high-risk population while being careful not to stigmatize the entire community. Although, this study is by no means claiming to be representative of all the MSM in Geneva, there are some interesting issues that come to light during our research that warrant further attention, such as the need to study substance use disorders in less favourable MSM populations [26; 31]. The next step will be to increase statistical power by doing bigger studies to establish correlation between certain variables.

The possible link between substance use and mental health disorders, increased vulnerability towards STI and poor mental health literacy in MSM [4; 13; 20; 27; 29; 33; 34] suggest that there is a gap in the health-care system for MSM. We propose a reflexion on a facilitated access to, and more global approach in VCT centres, combining HIV/STI prevention with mental health and substance use prevention. Preventive measures such as: providing information [15], advice about harm reduction [7] and easy access to treatment during each consultation could be considered.

Contributors

Throughout our study, we have worked together, sharing the work-load equally- attending meetings, coordinating with the Checkpoint teams, Presenting the results to the public, statistical input and thesis writing.

Professor Barbara Broers supervised us and oversaw the functioning of the study in its entirety.

Yoshiyuki John Oshima is doctoral student at the Institute of global health; Geneva. He handled the statistical analysis through SPSS.

Hubert Courvoisier (nurse) and Vincent Jobin (psychologist) administered the ASSIST during their consultations and delivered appropriate interventions according to the risk profile. The volunteers and secretary informed Checkpoint clients of the existence of our study and asked them to complete and sign the pamphlet.

Fabien, PR representative for Dialogai, designed the logo, posters and associated material (APPENDIX 2).

Role of Funding

Dialogai financed the physical material for the study (posters, questionnaires etc.) and allowed us to use their facilities and staff for data collection and the event organised on the 3rd of May 2016.

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APPENDIX 1 – Thesis Protocole

Intervenants:

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Superviseur: Prof. Barbara Broers (barbara.broers@unige.ch)

Thème: “Usage de substances psycho-actives chez les HSH consultant à Checkpoint Genève”

But du projet:

La problématique du VIH/IST a beaucoup été étudiée dans le milieu des hommes ayant des relations sexuelles avec des hommes (HSH), mais il y a selon plusieurs études dont “*The Geneva Gay Men’s Health Survey (GGMHS)*”, un réel problème lié à l’abus de substances psychoactives. Cette problématique n’a pas été correctement étudiée et par conséquent, mal prise en charge. L’association pour HSH à Genève, Dialogai, gère un centre de counselling et de dépistage du VIH et autres infections sexuellement transmissibles : Checkpoint. Les usagers de Checkpoint remplissent un questionnaire standard (BerDa) avec des données sociodémographiques, des données sur leur santé physique et mentale, et les prises de risque. L’objectif de notre travail de master est d’investiguer la consommation des substances psycho-actives chez des clients de Checkpoint. Selon les résultats nous espérons pouvoir faire des recommandations pour permettre une meilleure prise en charge des consommations problématiques de substances chez les HSH.

Protocole du travail et agenda:

Janvier-mars 2015: revue de littérature restreinte sur le sujet décrit, investigation si demande à la Commission d’Ethique est nécessaire, finalisation du projet de recherche. **Avril-décembre 2015:** récolte de données à Checkpoint avec création de la base de données. Nous voulions ajouter le questionnaire standardisé ASSIST (*Alcohol, Smoking and Substance Involvement Screening Test*) au questionnaire BERDA présenté aux usagers de Checkpoint Genève avant chaque consultation. Les questions de l’ASSIST concernent la consommation de substances psychoactives (tabac, alcool, cannabis, cocaïne, ecstasy, poppers inhalé etc.) durant les 3 derniers mois. Toutefois, il semble plus simple et plus adéquate d’intégrer le questionnaire ASSIST lors de l’entretien. Au moment propice, les intervenants Checkpoint et nous, posons les questions au patient et cochons leurs réponses. À la fin du questionnaire, selon le résultat obtenu et les envies du patient, nous leur proposons, à travers un entretien motivationnel, un suivi auprès de personnes spécialisées dans le milieu de l’addiction et ce, pour les aider à diminuer/arrêter la consommation de la/les substance(s) psychoactive(s) concernée(s). Nous prévoyons un échantillon d’une centaine de personnes, mais nous espérons en avoir plus pour avoir des résultats plus significatifs.

Janvier-mars 2016: analyse des données.

Mars-juin 2016: rédaction du rapport. Nous aimerions, suite à notre étude, incorporer les cinq premières questions du questionnaire ASSIST au BerDa et espérons que les autres centres Checkpoint (Zurich, Bâle, et Vaud) participeront.

APPENDIX 2 - Poster

HOMMES ayant des relations sexuelles avec des HOMMES ----- et utilisant des ----- SUBSTANCES



Votre expérience nous intéresse !

L'Université de Genève et Checkpoint mènent une enquête sur l'usage
----- de substances chez les HSH (tabac, alcool, cocaïne, poppers...) -----

Remplissez le questionnaire anonyme

à l'occasion de votre prochaine consultation - 10 minutes suffisent

Information : etude-checkpoint@outlook.com



**UNIVERSITÉ
DE GENÈVE**

**CHECKPOINT
GENÈVE**
UN SERVICE DE DIALOGAI

Avec le soutien de:



REPUBLIQUE
ET CANTON
DE GENÈVE

POST TENEBRAS LUX

Vous aimez peut-être boire un peu plus que de raison, avaler ou sniffer de temps en temps des substances qui vous donnent confiance.

Étude sur l'usage de substances chez les HSH à Checkpoint

Afin de répondre au mieux aux besoins des personnes qui consomment parfois des substances et également mieux comprendre les facteurs qui peuvent influencer les risques de contracter le VIH ou les autres IST, nous menons actuellement une **enquête anonyme** au sujet de « la consommation de substances (tabac, alcool, cocaïne, poppers, etc...) au sein des usagers de Checkpoint ».

Cette étude est menée avec 2 étudiants en médecine de l'Université de Genève et consiste à **répondre à un questionnaire (ASSIST1) lors de votre consultation avec votre interlocuteur de Checkpoint.**

Pour rappel, ces informations sont **anonymes** et le questionnaire ne dure qu'**une dizaine de minutes**. Nous utiliserons en parallèle les données du questionnaire d'accueil à Checkpoint (questionnaire BERDA) que vous avez également rempli.

Nous vous remercions pour votre participation et engagement pour cette étude.

Voulez-vous participez à cette étude ?

- ☐ Oui
- ☐ Non

Signature

Si oui, veuillez répondre à ces questions avant la consultation avec votre intervenant checkpoint :

1) Quel est votre degré d'étude ?

- ☐ Pas de scolarité
- ☐ Scolarité obligatoire seule (fin du cycle)
- ☐ CFC/brevet de technicien
- ☐ Maturité/Baccalauréat (tous types)
- ☐ Diplôme universitaire ou hautes écoles spécialisées (bachelor, maîtrise,...)

2) Concernant les finances, quelle phrase vous correspond le plus ?

- ☐ « Je vis aisément »
- ☐ « ça va »
- ☐ « J'éprouve des difficultés financières »
- ☐ « J'ai du mal à arrondir mes fins de mois »

Numéro BERDA:

Si non, pourquoi ?

Âge :

- ☐ « Je ne pense pas que l'usage de substances soit un problème »
- ☐ « Je ne suis pas là pour cela »
- ☐ « Je n'ai pas envie de parler de cela »
- ☐ « Je ne suis pas intéressé »
- ☐ « Je n'ai pas le temps maintenant, mais je suis intéressé à prendre rendez-vous pour répondre au questionnaire ultérieurement »
- ☐ « Je ne consomme pas de substances (alcool, tabac et autres drogues)
- ☐ Autres :
.....
.....
.....
.....

Date : 01/05/15

Pour plus d'information contactez nous : etude-checkpoint@outlook.com

APPENDIX 4 - ASSIST questionnaire (English version)

A. WHO - ASSIST V3.0

INTERVIEWER ID	<input type="text"/>	COUNTRY	<input type="text"/>	CLINIC	<input type="text"/>
PATIENT ID	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTRODUCTION *(Please read to patient)*

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1

(if completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

In your life, which of the following substances have you <u>ever used</u> ? <i>(NON-MEDICAL USE ONLY)</i>	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

Probe if all answers are negative:
"Not even when you were in school?"

If "No" to all items, stop interview.

If "Yes" to any of these items, ask Question 2 for each substance ever used.

Question 2

In the <u>past three months</u> , how often have you used the substances you mentioned (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

If "Never" to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

Question 3

During the <u>past three months</u> , how often have you had a strong desire or urge to use (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6

Question 4

During the <u>past three months</u> , how often has your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
j. Other - specify:	0	4	5	6	7

Question 5

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products					
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d. Cocaine (coke, crack, etc.)	0	5	6	7	8
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	5	6	7	8
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	5	6	7	8
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	5	6	7	8
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
j. Other - specify:	0	5	6	7	8

Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)

Question 6

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

Question 7

Have you <u>ever</u> tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)?	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other – specify:	0	6	3

Question 8

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)	0	2	1

IMPORTANT NOTE:

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

PATTERN OF INJECTING

Once weekly or less or
Fewer than 3 days in a row

More than once per week or
3 or more days in a row

INTERVENTION GUIDELINES

Brief Intervention including “risks associated with injecting” card

Further assessment and more intensive treatment*

HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**

THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT’S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco		0 - 3	4 - 26	27 +
b. alcohol		0 - 10	11 - 26	27 +
c. cannabis		0 - 3	4 - 26	27 +
d. cocaine		0 - 3	4 - 26	27 +
e. amphetamine		0 - 3	4 - 26	27 +
f. inhalants		0 - 3	4 - 26	27 +
g. sedatives		0 - 3	4 - 26	27 +
h. hallucinogens		0 - 3	4 - 26	27 +
i. opioids		0 - 3	4 - 26	27 +
j. other drugs		0 - 3	4 - 26	27 +

NOTE: *FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.

B. WHO ASSIST V3.0 RESPONSE CARD FOR PATIENTS

Response Card - substances

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
b. Alcoholic beverages (beer, wine, spirits, etc.)
c. Cannabis (marijuana, pot, grass, hash, etc.)
d. Cocaine (coke, crack, etc.)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)
j. Other - specify:

Response Card (ASSIST Questions 2 – 5)

Never: not used in the last 3 months

Once or twice: 1 to 2 times in the last 3 months.

Monthly: 1 to 3 times in one month.

Weekly: 1 to 4 times per week.

Daily or almost daily: 5 to 7 days per week.

Response Card (ASSIST Questions 6 to 8)

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months

C. ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST (WHO ASSIST V3.0) FEEDBACK REPORT CARD FOR PATIENTS

Name _____ Test Date _____

Specific Substance Involvement Scores

Substance	Score	Risk Level
a. Tobacco products		0-3 Low 4-26 Moderate 27+ High
b. Alcoholic Beverages		0-10 Low 11-26 Moderate 27+ High
c. Cannabis		0-3 Low 4-26 Moderate 27+ High
d. Cocaine		0-3 Low 4-26 Moderate 27+ High
e. Amphetamine type stimulants		0-3 Low 4-26 Moderate 27+ High
f. Inhalants		0-3 Low 4-26 Moderate 27+ High
g. Sedatives or Sleeping Pills		0-3 Low 4-26 Moderate 27+ High
h. Hallucinogens		0-3 Low 4-26 Moderate 27+ High
i. Opioids		0-3 Low 4-26 Moderate 27+ High
j. Other - specify		0-3 Low 4-26 Moderate 27+ High

What do your scores mean?

- Low:** You are at low risk of health and other problems from your current pattern of use.
- Moderate:** You are at risk of health and other problems from your current pattern of substance use.
- High:** You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent

Are you concerned about your substance use?

a. tobacco	Your risk of experiencing these harms is:..... Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one) Regular tobacco smoking is associated with:
	Premature aging, wrinkling of the skin
	Respiratory infections and asthma
	High blood pressure, diabetes
	Respiratory infections, allergies and asthma in children of smokers
	Miscarriage, premature labour and low birth weight babies for pregnant women
	Kidney disease
	Chronic obstructive airways disease
	Heart disease, stroke, vascular disease
	Cancers

b. alcohol	Your risk of experiencing these harms is:..... Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one) Regular excessive alcohol use is associated with:
	Hangovers, aggressive and violent behaviour, accidents and injury
	Reduced sexual performance, premature ageing
	Digestive problems, ulcers, inflammation of the pancreas, high blood pressure
	Anxiety and depression, relationship difficulties, financial and work problems
	Difficulty remembering things and solving problems
	Deformities and brain damage in babies of pregnant women
	Stroke, permanent brain injury, muscle and nerve damage
	Liver disease, pancreas disease
	Cancers, suicide

c. cannabis	Your risk of experiencing these harms is:..... Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one) Regular use of cannabis is associated with:
	Problems with attention and motivation
	Anxiety, paranoia, panic, depression
	Decreased memory and problem solving ability
	High blood pressure
	Asthma, bronchitis
	Psychosis in those with a personal or family history of schizophrenia
	Heart disease and chronic obstructive airways disease
	Cancers

d. cocaine	Your risk of experiencing these harms is:....	Low <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> High <input type="checkbox"/>
	(tick one)	
Regular use of cocaine is associated with:		
	Difficulty sleeping, heart racing, headaches, weight loss	
	Numbness, tingling, clammy skin, skin scratching or picking	
	Accidents and injury, financial problems	
	Irrational thoughts	
	Mood swings - anxiety, depression, mania	
	Aggression and paranoia	
	Intense craving, stress from the lifestyle	
	Psychosis after repeated use of high doses	
	Sudden death from heart problems	

e. amphetamine type stimulants	Your risk of experiencing these harms is:.....	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one)	
Regular use of amphetamine type stimulants is associated with:		
	Difficulty sleeping, loss of appetite and weight loss, dehydration	
	jaw clenching, headaches, muscle pain	
	Mood swings –anxiety, depression, agitation, mania, panic, paranoia	
	Tremors, irregular heartbeat, shortness of breath	
	Aggressive and violent behaviour	
	Psychosis after repeated use of high doses	
	Permanent damage to brain cells	
	Liver damage, brain haemorrhage, sudden death (ecstasy) in rare situations	

f. inhalants	Your risk of experiencing these harms is:.....	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one)	
Regular use of inhalants is associated with:		
	Dizziness and hallucinations, drowsiness, disorientation, blurred vision	
	Flu like symptoms, sinusitis, nosebleeds	
	Indigestion, stomach ulcers	
	Accidents and injury	
	Memory loss, confusion, depression, aggression	
	Coordination difficulties, slowed reactions, hypoxia	
	Delirium, seizures, coma, organ damage (heart, lungs, liver, kidneys)	
	Death from heart failure	

g. sedatives	Your risk of experiencing these harms is: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one)
Regular use of sedatives is associated with:	
	Drowsiness, dizziness and confusion
	Difficulty concentrating and remembering things
	Nausea, headaches, unsteady gait
	Sleeping problems
	Anxiety and depression
	Tolerance and dependence after a short period of use.
	Severe withdrawal symptoms
	Overdose and death if used with alcohol, opioids or other depressant drugs.

h. hallucinogens	Your risk of experiencing these harms is:..... Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one)
Regular use of hallucinogens is associated with:	
	Hallucinations (pleasant or unpleasant) – visual, auditory, tactile, olfactory
	Difficulty sleeping
	Nausea and vomiting
	Increased heart rate and blood pressure
	Mood swings
	Anxiety, panic, paranoia
	Flash-backs
	Increase the effects of mental illnesses such as schizophrenia

i. opioids	Your risk of experiencing these harms is: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
	(tick one)
Regular use of opioids is associated with:	
	Itching, nausea and vomiting
	Drowsiness
	Constipation, tooth decay
	Difficulty concentrating and remembering things
	Reduced sexual desire and sexual performance
	Relationship difficulties
	Financial and work problems, violations of law
	Tolerance and dependence, withdrawal symptoms
	Overdose and death from respiratory failure

D. RISKS OF INJECTING CARD – INFORMATION FOR PATIENTS

Using substances by injection increases the risk of harm from substance use.

This harm can come from:

- **The substance**
 - If you inject any drug you are more likely to become dependent.
 - If you inject amphetamines or cocaine you are more likely to experience psychosis.
 - If you inject heroin or other sedatives you are more likely to overdose.
- **The injecting behaviour**
 - If you inject you may damage your skin and veins and get infections.
 - You may cause scars, bruises, swelling, abscesses and ulcers.
 - Your veins might collapse.
 - If you inject into the neck you can cause a stroke.
- **Sharing of injecting equipment**
 - If you share injecting equipment (needles & syringes, spoons, filters, etc.) you are more likely to spread blood borne virus infections like Hepatitis B, Hepatitis C and HIV.
- ❖ **It is safer not to inject**
- ❖ **If you do inject:**
 - ✓ always use clean equipment (e.g., needles & syringes, spoons, filters, etc.)
 - ✓ always use a new needle and syringe
 - ✓ don't share equipment with other people
 - ✓ clean the preparation area
 - ✓ clean your hands
 - ✓ clean the injecting site
 - ✓ use a different injecting site each time
 - ✓ inject slowly
 - ✓ put your used needle and syringe in a hard container and dispose of it safely
- ❖ **If you use stimulant drugs like amphetamines or cocaine the following tips will help you reduce your risk of psychosis.**
 - ✓ avoid injecting and smoking
 - ✓ avoid using on a daily basis
- ❖ **If you use depressant drugs like heroin the following tips will help you reduce your risk of overdose.**
 - ✓ avoid using other drugs, especially sedatives or alcohol, on the same day
 - ✓ use a small amount and always have a trial "taste" of a new batch
 - ✓ have someone with you when you are using
 - ✓ avoid injecting in places where no-one can get to you if you do overdose
 - ✓ know the telephone numbers of the ambulance service

E. TRANSLATION AND ADAPTATION TO LOCAL LANGUAGES AND CULTURE: A RESOURCE FOR CLINICIANS AND RESEARCHERS

The ASSIST instrument, instructions, drug cards, response scales and resource manuals may need to be translated into local languages for use in particular countries or regions. Translation from English should be as direct as possible to maintain the integrity of the tools and documents. However, in some cultural settings and linguistic groups, aspects of the ASSIST and its companion documents may not be able to be translated literally and there may be socio-cultural factors that will need to be taken into account in addition to semantic meaning. In particular, substance names may require adaptation to conform to local conditions, and it is also worth noting that the definition of a standard drink may vary from country to country.

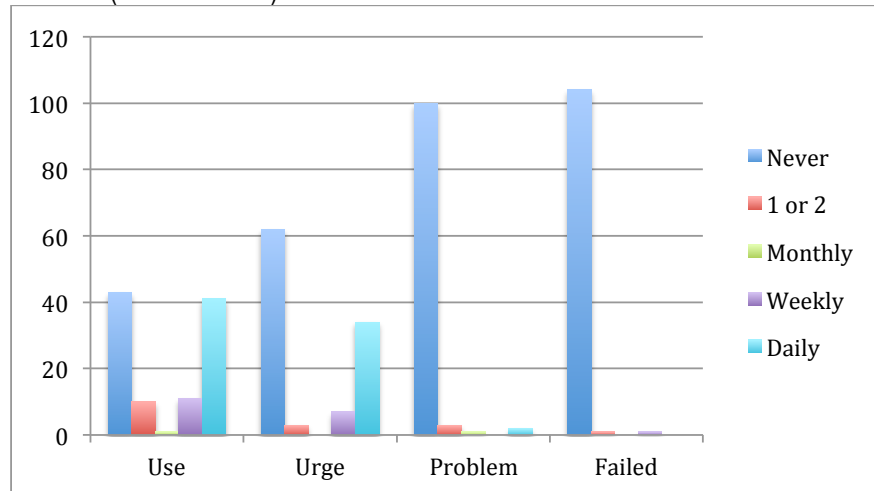
Translation should be undertaken by a bi-lingual translator, preferably a health professional with experience in interviewing. For the ASSIST instrument itself, translations should be reviewed by a bi-lingual expert panel to ensure that the instrument is not ambiguous. Back translation into English should then be carried out by another independent translator whose main language is English to ensure that no meaning has been lost in the translation. This strict translation procedure is critical for the ASSIST instrument to ensure that comparable information is obtained wherever the ASSIST is used across the world.

Translation of this manual and companion documents may also be undertaken if required. These do not need to undergo the full procedure described above, but should include an expert bi-lingual panel.

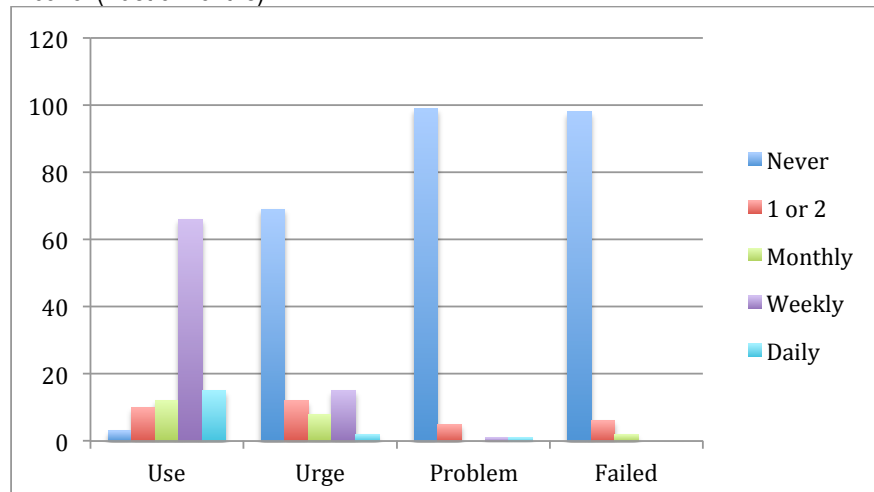
Before attempting to translate the ASSIST and related documents into other languages, interested individuals should consult with the WHO about the procedures to be followed and the availability of other translations. Write to the Department of Mental Health and Substance Dependence, World Health Organisation, 1211 Geneva 27, Switzerland.

APPENDIX 5 – Datas from ASSIST

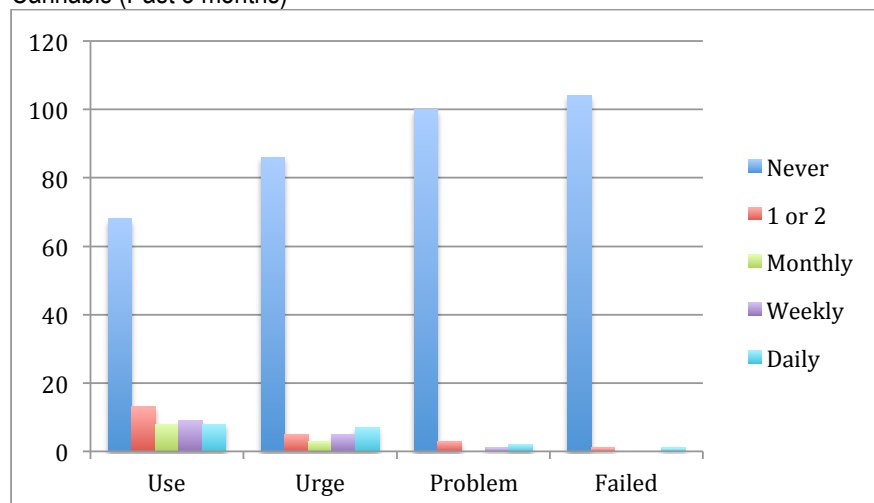
Tobacco (Past 3 months)



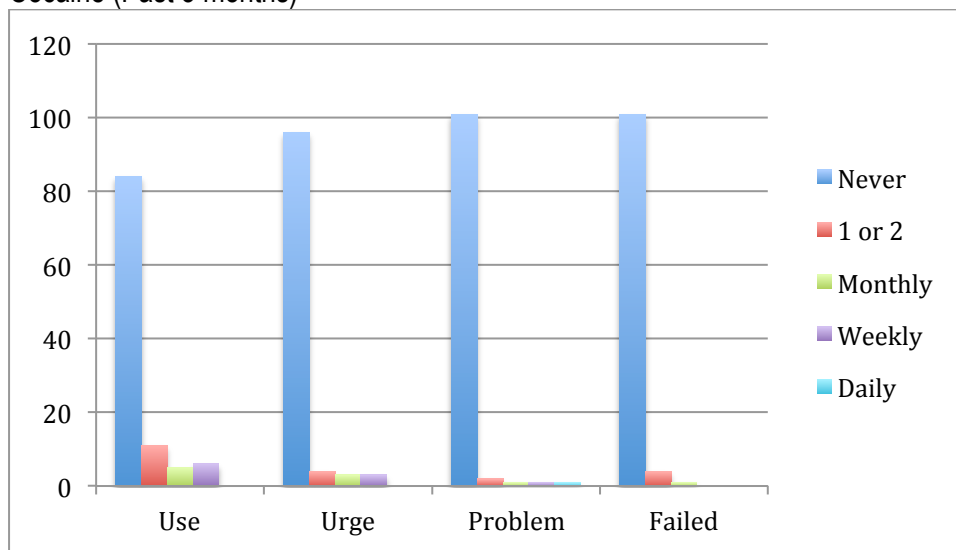
Alcohol (Past 3 months)



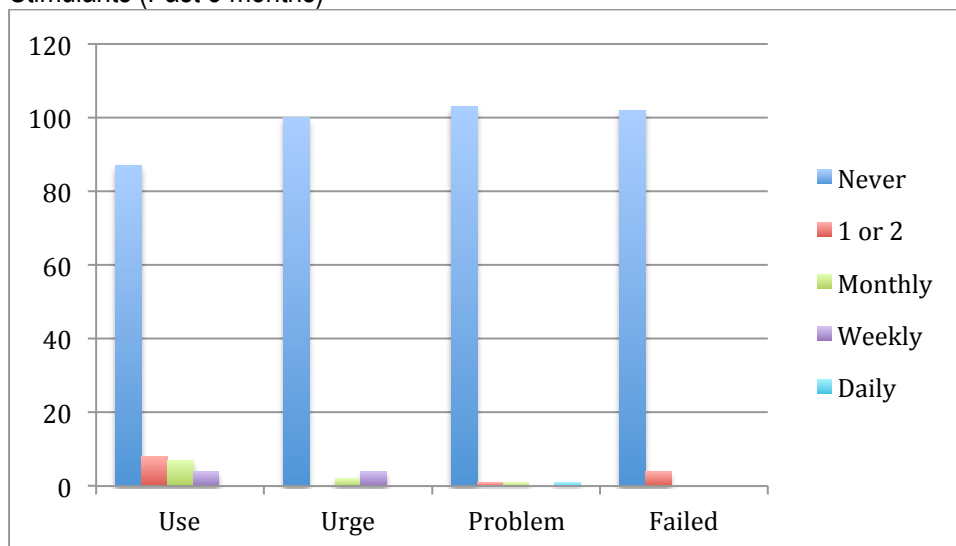
Cannabis (Past 3 months)



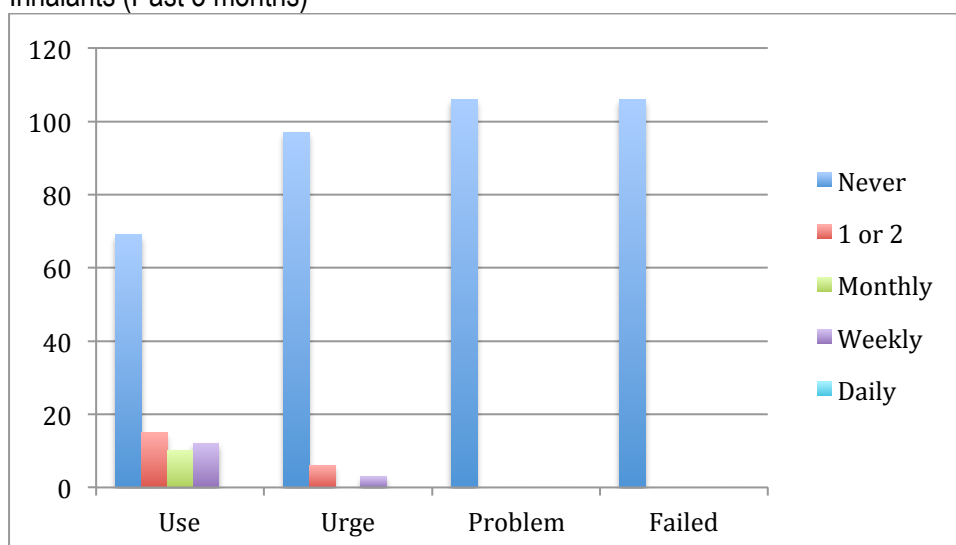
Cocaine (Past 3 months)



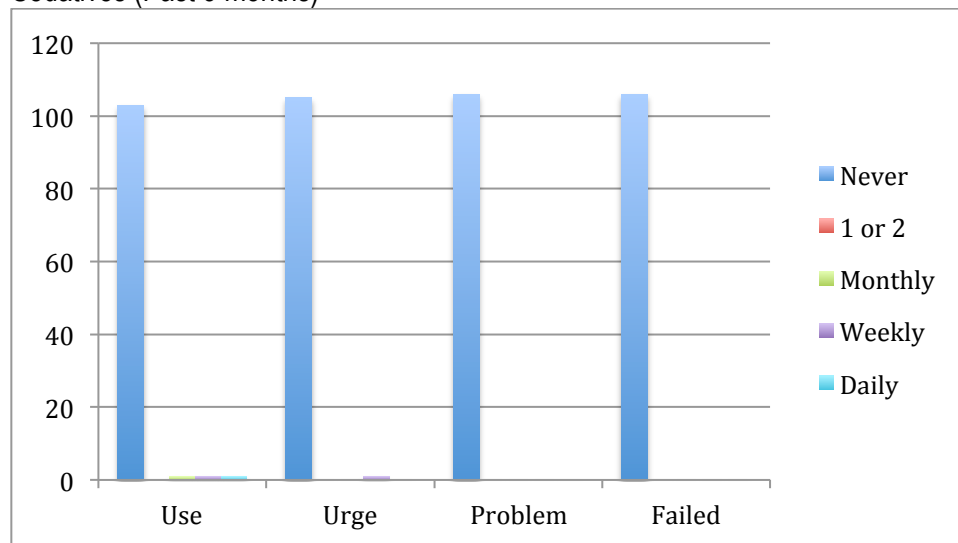
Stimulants (Past 3 months)



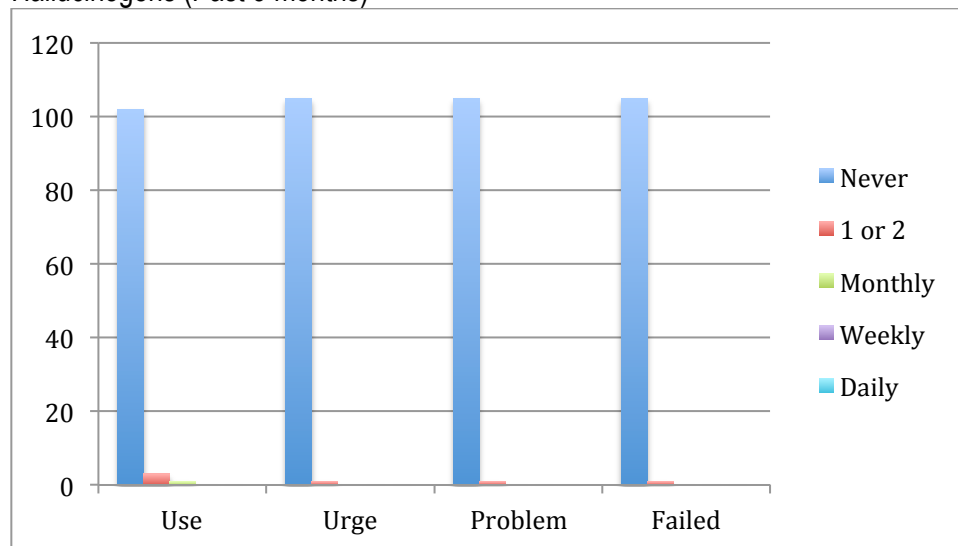
Inhalants (Past 3 months)



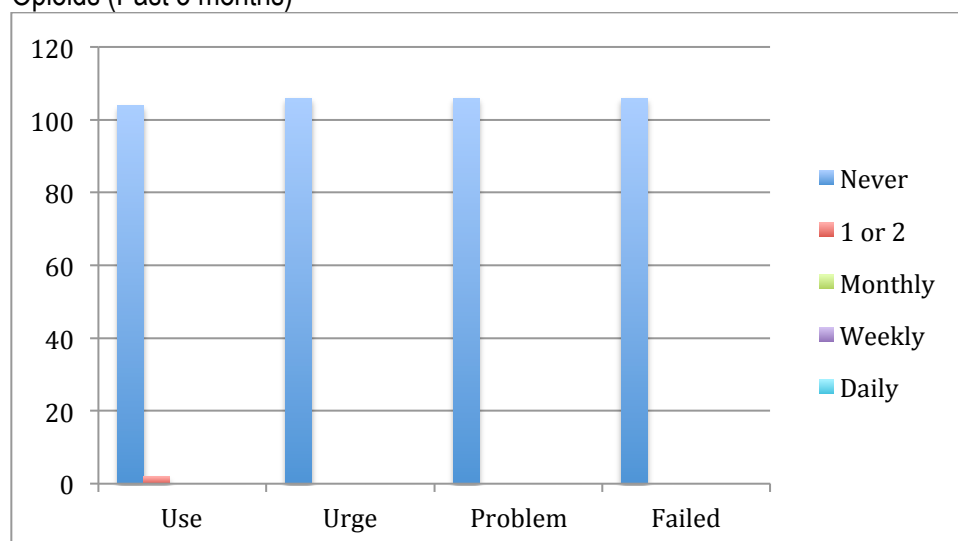
Sedatives (Past 3 months)



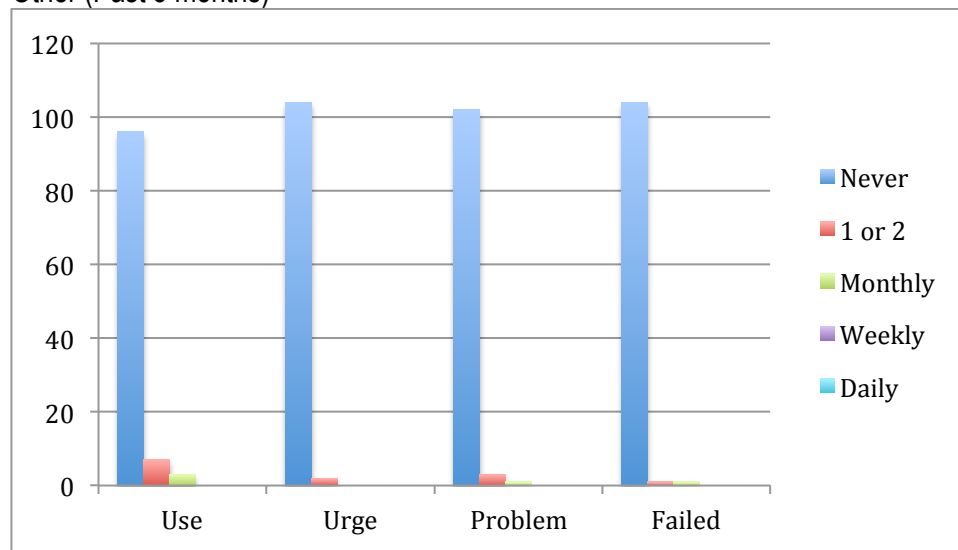
Hallucinogens (Past 3 months)



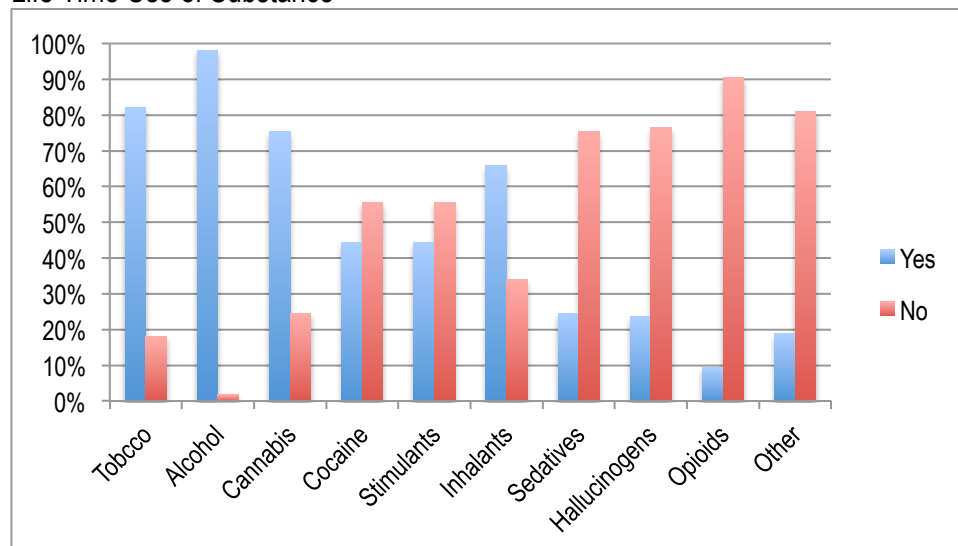
Opioids (Past 3 months)



Other (Past 3 months)



Life Time Use of Substance



Substance Use (Summary)

	Lifetime (%)		Past 3 months (%)		Risk Score (%)		
	No	Yes	No	Yes	Low	Moderate	High
Tobacco	17.9	82.1	40.6	59.4	48.1	49.1	2.8
Alcohol	1.9	98.1	2.8	97.2	80.2	17.9	1.9
Cannabis	24.5	75.5	64.2	35.8	79.2	17.9	2.8
Cocaine	55.7	44.3	79.2	20.8	83	15.1	1.9
Stimulants	55.7	44.3	82.1	17.9	90.6	8.5	0.9
Inhalants	34	66	65.1	34.9	83	17	0
Sedatives	75.5	24.5	97.2	2.8	98.1	1.9	0
Hallucinogens	75.5	23.6	96.2	3.8	99.1	0.9	0
Opioids	90.6	9.4	98.1	1.9	100	0	0
Other	80.2	18.9	90.6	9.4	95.3	4.7	0

APPENDIX 6 – Qualitative data

Throughout the study, the interviewers took down qualitative data, in the form of narratives. No names were given in order to preserve the anonymity of participants. However, we have mentioned the respondents age, financial condition and level of education, so as to give an idea of their profile. Here are some excerpts:

_____ *“I WAS ON SCHOOL HOLIDAYS THESE LAST 3 MONTHS; WITH THE SUMMER, HOLIDAYING AND PARTYING I CONSUMED MORE, BUT NORMALLY I AM MORE REASONABLE.” - (22 YEARS OLD, UNIVERSITY DEGREE AND NO FINANCIAL PROBLEMS) -*

“I SMOKE [TOBACCO] TO RELAX BUT I’M NOT ADDICTED. I THINK IT WOULD BE GOOD TO STOP BUT I DON’T FEEL READY ...I CAN’T STOP, I HAVE TOO MUCH STRESS AROUND ME.” - (26 YEARS OLD, UNIVERSITY DEGREE AND NO FINANCIAL PROBLEMS) -

“THE LAST TIME I CONSUMED COCAINE, IT WAS 3 WEEKS AGO, BUT I CAN’T STAND COMING OFF-IT... I FELT SAD/DEPRESSED. I PREFER SMOKING WEED, IT’S CHEAPER AND EASIER TO BUY.” - (19 YEARS OLD, NO FURTHER EDUCATION AFTER MIDDLE SCHOOL AND HAS FINANCIAL DIFFICULTIES) -

“I CONSUME ECSTASY WHEN IT’S WORTH IT! THAT IS TO SAY, WHEN I’M WITH MY FRIENDS.” , “EVERY TIME I TOOK IT, I HAD A GREAT TIME ... GOOD MEMORIES !” , “I MEET MORE AND MORE MEN WHO USE DRUGS DURING SEX.” - (35 YEARS OLD, UNIVERSITY DEGREE AND NO FINANCIAL PROBLEMS) -

APPENDIX 7 – Tables ASSIST Risk vs Substance Use before and/or During Sex

Tobacco		Frequency of Substance Use before and/or During Sex			Total
	ASSIST risk	No consumption	Either before or during sex	Both before and during sex	
	Low	42	5	4	51
	Moderate	29	15	4	48
	High	1	2	0	3
	Total	72	22	8	102

Alcohol		Frequency of Substance Use before and/or During Sex			Total
	ASSIST risk	No consumption	Either before or during sex	Both before and during sex	
	Low	60	16	5	81
	Moderate	12	4	3	19
	High	0	2	0	2
	Total	72	22	8	102

Cannabis		Frequency of Substance Use before and/or During Sex			Total
	ASSIST risk	No consumption	Either before or during sex	Both before and during sex	
	Low	63	14	5	82
	Moderate	9	6	2	17
	High	0	2	1	3
	Total	72	22	8	102

Cocaine		Frequency of Substance Use before and/or During Sex			Total
	ASSIST risk	No consumption	Either before or during sex	Both before and during sex	
	Low	66	15	4	85
	Moderate	5	6	44	15
	High	1	1	0	2
	Total	72	22	8	102

Stimulants		Frequency of Substance Use before and/or During Sex			Total
	ASSIST risk	No consumption	Either before or during sex	Both before and during sex	
	Low	68	21	3	92
	Moderate	3	1	5	9
	High	1	0	0	1
	Total	72	22	8	102

Inhalants		Frequency of Substance Use before and/or During Sex			Total
	ASSIST risk	No consumption	Either before or during sex	Both before and during sex	
	Low	66	16	3	85
	Moderate	6	6	5	17
	High	-	-	-	
	Total	72	22	8	102

Substance Use and Access to Care among Gay, Bisexual and Other Men Who Have Sex with Men in Geneva, Switzerland

Preliminary Analysis of the Survey among MSM Clients of Checkpoint Geneva

INTRODUCTION

Use of substances such as alcohol, tobacco, cannabis and cocaine among **gay, bisexual and other men who have sex with men (MSM)** has drawn much attention of public health specialists over the past decades. On one hand, their attention has focused on an increase in substance use among MSM and its consequences on their health —especially when used problematically leading to abuse and dependency. On the other hand, many studies have also indicated an association between substance use among MSM and their vulnerabilities to HIV and STIs.

While a number of studies on MSM and their substance use —and evidence informed by these studies— can be found mostly in the United States and the United Kingdom, fewer efforts have been made in other countries to examine the substance use among MSM and their health consequences. The proposed study is intended to fill this “gap” by examining MSM populations in Geneva, Switzerland and their substance use. It is also intended to link them to care if their use is found risky and has significant impact on their health outcomes.

METHODS

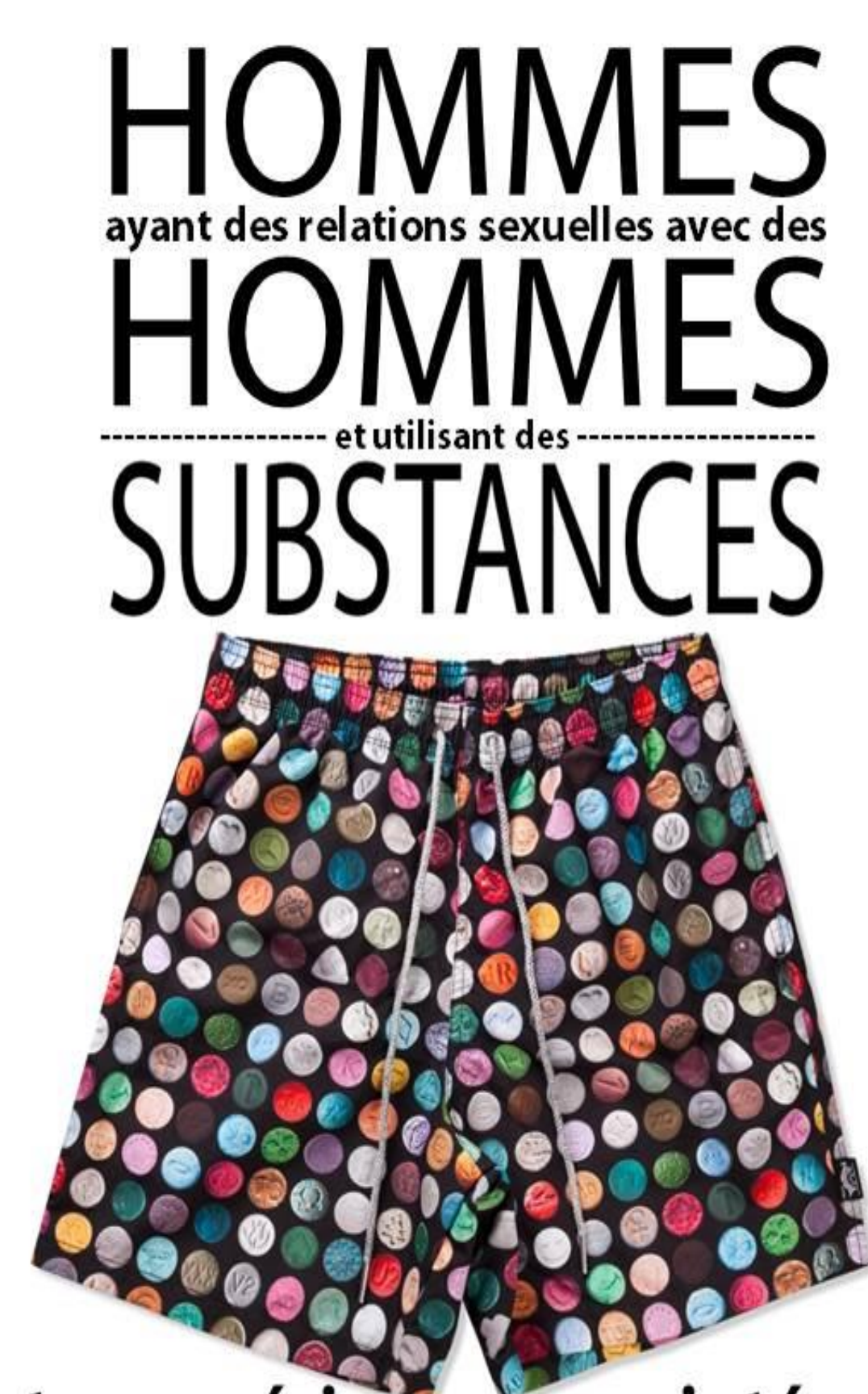
We conducted a survey among MSM clients who visited **Checkpoint**, a non-profit voluntary counselling and testing (VCT) center for HIV and STIs, in Geneva between June and November 2015.

During their consultation, the clients were given a pamphlet of the study « *Hommes ayant des relations sexuelles avec des hommes et utilisant des substances* » that included the background and the objectives of the study and asked to opt in. The pamphlet also served as an informed consent form whereby a signature was required by the respective clients. Those who agreed to participate in the study were then given the **Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)**, developed by the World Health Organization. The ASSIST was facilitated by a counselor of Checkpoint who went over the questionnaire together with the participant.

Data collected from the ASSIST were matched with the data from the **Advisory Guidelines and Data Management System for VCT Centers (BerDa)** through the ID codes of the participants. The BerDa, developed by the Swiss Federal Office of Public Health, is an Internet-based survey comprised of a series of questions—including some basic information such as nationality, sexual orientation, health status— about the clients of the VCT centers in Switzerland. The BerDa is served to provide a “risk profile” of the clients and used by the staff of the VCT centers for their consultation purposes.

At Checkpoint Geneva, the BerDa is given to all of its clients before their respective consultations. The BerDa also assigns each client with an ID code, so that the entire survey and consultation process at Checkpoint remains anonymous and confidential.

The combined data from the ASSIST and the BerDa were subsequently input into a statistical software (SPSS), based on which we ran a descriptive statistics to give a preliminary overview of the outcome of the survey.



Votre expérience nous intéresse!

Checkpoint et des étudiants en médecine mènent une étude sur l'usage de substances chez les HSH (tabac, alcool, cocaïne, poppers...)

Remplissez le questionnaire anonyme à l'occasion de votre prochaine consultation - 10 minutes suffisent
Information: etude-checkpoint@outlook.com



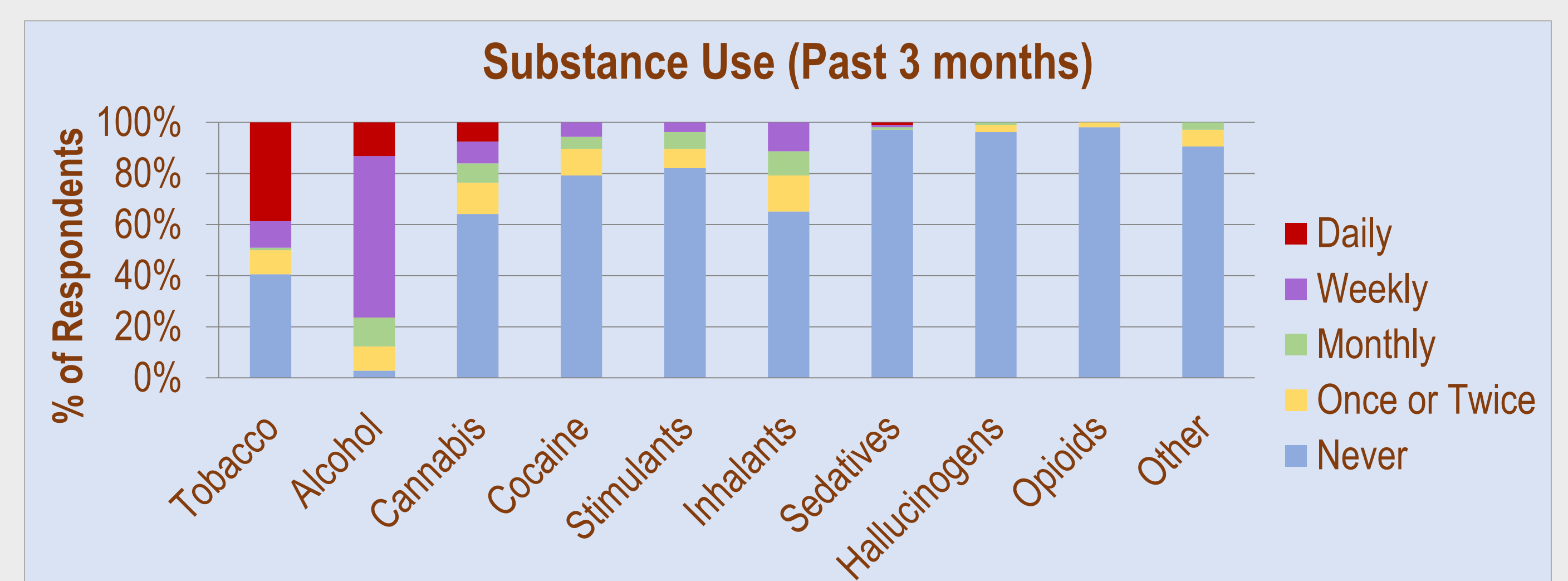
RESULTS

(1) Summary of Key Variables

- Total number of respondents:** N = 106
- Age:** Mean 37 years old (SD = 12.22, Min = 20, Max = 68)
- Nationality:** Swiss national (50.9%) vs Non-Swiss national (45.3%)
- Education level:** 78.3% had achieved above baccalaureate level including university degree whereas 18% reached below technical school level.
- Financial concerns:** 84.9% mentioned that they had no financial concerns whereas 10.3% had some financial difficulties.
- Mental health:** About a quarter (23.6%) reported that they had felt sad or depressed and/or they lost interest in any activities during the past 4 months.
- Use of alcohol or drugs before/during sex:** 28.3% used alcohol and/or drugs before or during their sex.
- Number of sex partners:** 84.9% had sex with multiple partners during the past 12 months. Of those, one-third (33.3%) had more than 10 partners.

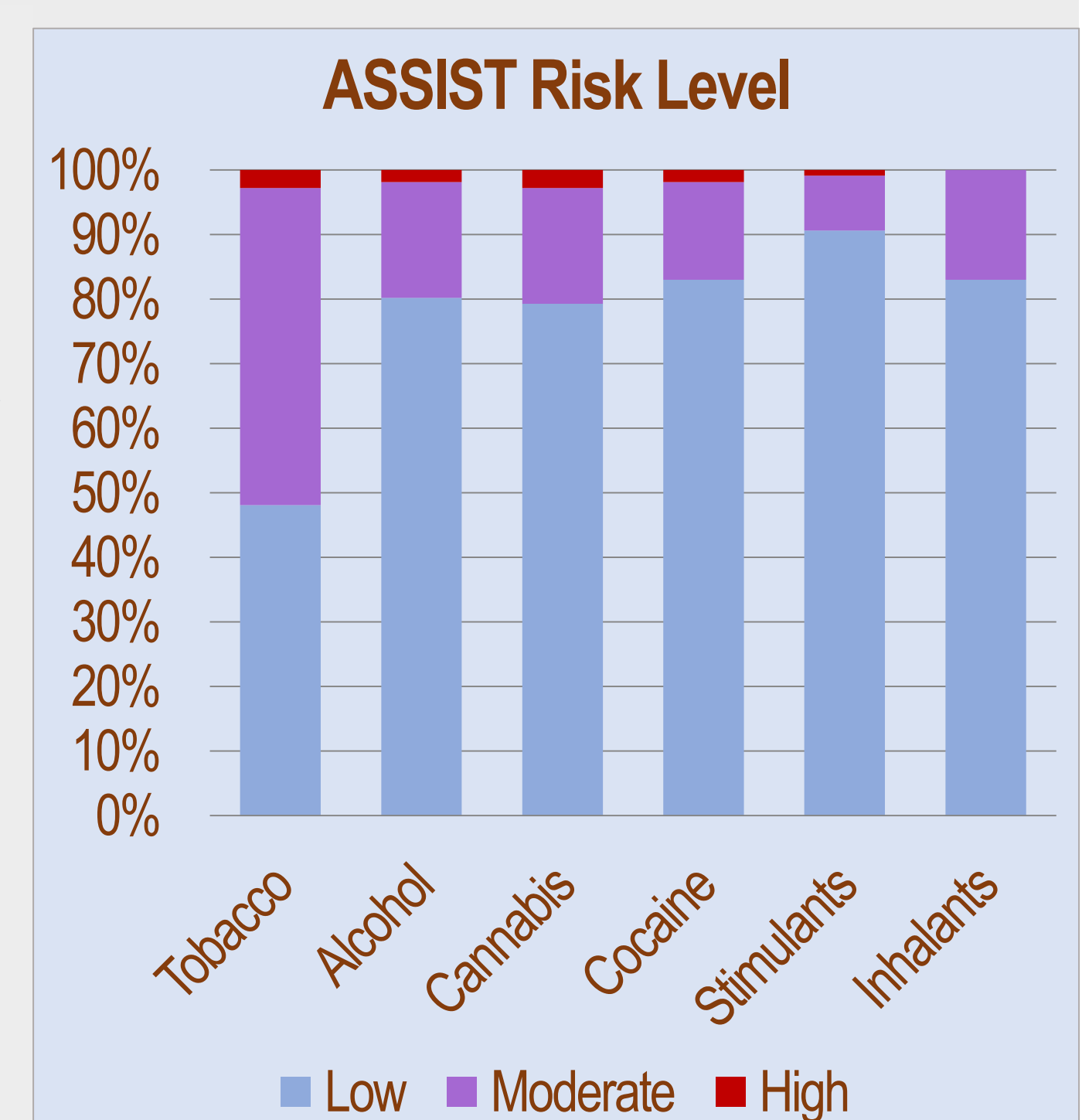
(2) Substance Use

- Common substances used (past 3 months)** were **alcohol, tobacco, cannabis, inhalants, cocaine** and **stimulants**. No significant use was observed in other drugs (sedatives, hallucinogens, opioids and other).



- Poly-use of substances:** Excluding tobacco, the majority of the respondents (54.8%) used more than two types of substance at least once during the past 3 months. One-third (32.2%) used more than three types of substance.

- Injecting drug use** was not common (never = 96%) among the respondents.
- Risk:** Among the commonly used substances, tobacco had the highest risk score (moderate + high) of 51.9%, followed by cannabis (20.7%), alcohol (19.8%), cocaine and inhalants (17.0% respectively). Cannabis, cocaine and inhalants have as many respondents in moderate and high risk categories as alcohol.



WAY FORWARD

The combined data from ASSIST and BerDa have provided an initial snap shot of MSM who use substances in Geneva. While no immediate risks were identified, support towards moderate/high risk users and their possible link to care need to be facilitated.

The next steps of this research project will be to examine any statistical associations between variables of interest (e.g. use of particular substance and sexual behaviours) and expand the survey into different settings outside of Checkpoint (e.g. gay bars and saunas).

ACKNOWLEDGEMENT AND CONTACT

We would like to express our gratitude to staff of Checkpoint Geneva. All queries on this project should be directed to Yoshiyuki.Oshima@etu.unige.ch.

APPENDIX 9 - Powerpoint presented on the 3rd of May

ETUDES ADDICTION – LES RESULTATS DE L'ENQUETE



HOMMES
ayant des relations sexuelles avec des
HOMMES
----- et utilisant des -----
SUBSTANCES



**UNIVERSITÉ
DE GENÈVE**

FACULTÉ DE MÉDECINE

**CHECKPOINT
GENÈVE**

UN SERVICE DE DIALOGAI



REPUBLIQUE
ET CANTON
DE GENEVE

POST TENEBRAS LUX

Contexte de l'étude

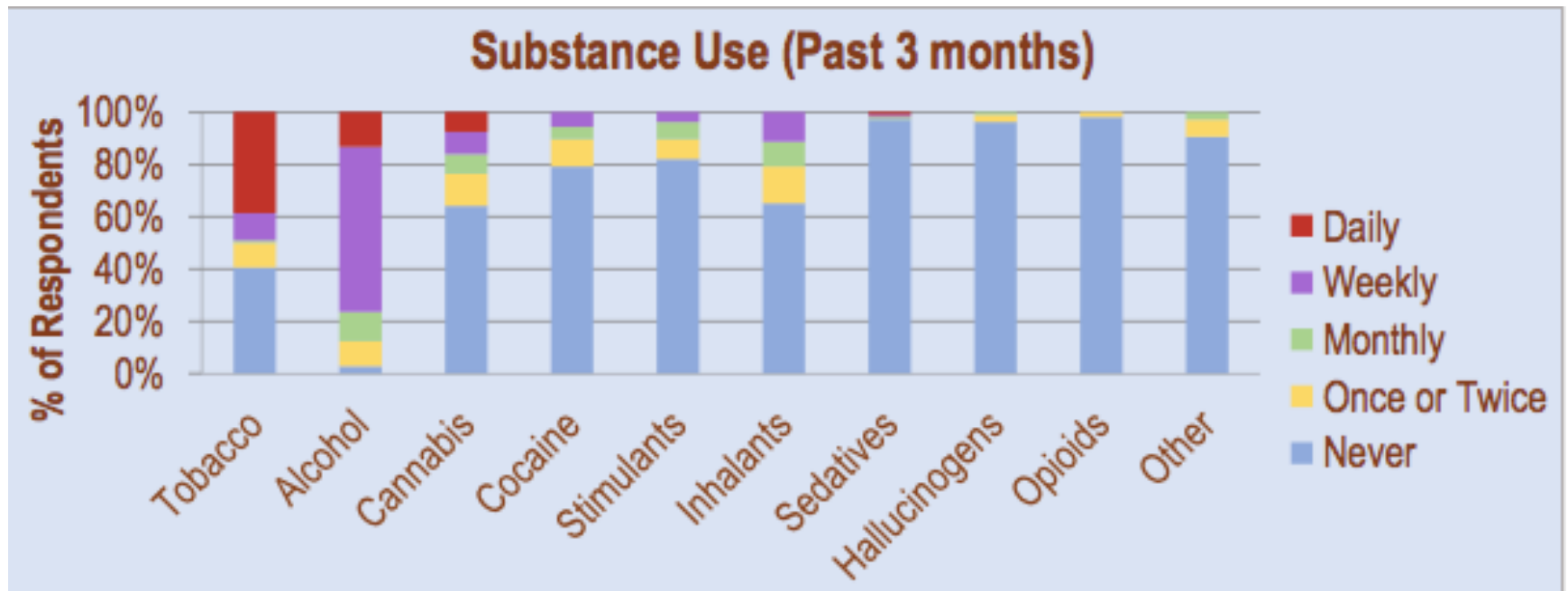
- **Lieu:** locaux de Checkpoint Genève
- **Durée:** juin-novembre 2015
- **Deux questionnaires:** BerDa et ASSIST
- **106 participants** et 25 refus

Résultats

- Moyenne d'âge: 37 ans (20-68 ans)
- 50% de clients non suisses_{Texte}
- 78.3% haut degré d'étude (baccalauréat, université)
- 84.9% sans problème financier

- 23.6% se sentent déprimés/tristes
- 78.7% des usagers ont eu des rapports sexuels avec plusieurs partenaires durant les 12 derniers mois
- 25.5% ont eu des rapports sexuels en groupe
- 62.3% ont rencontré leur partenaire sexuel via internet/application

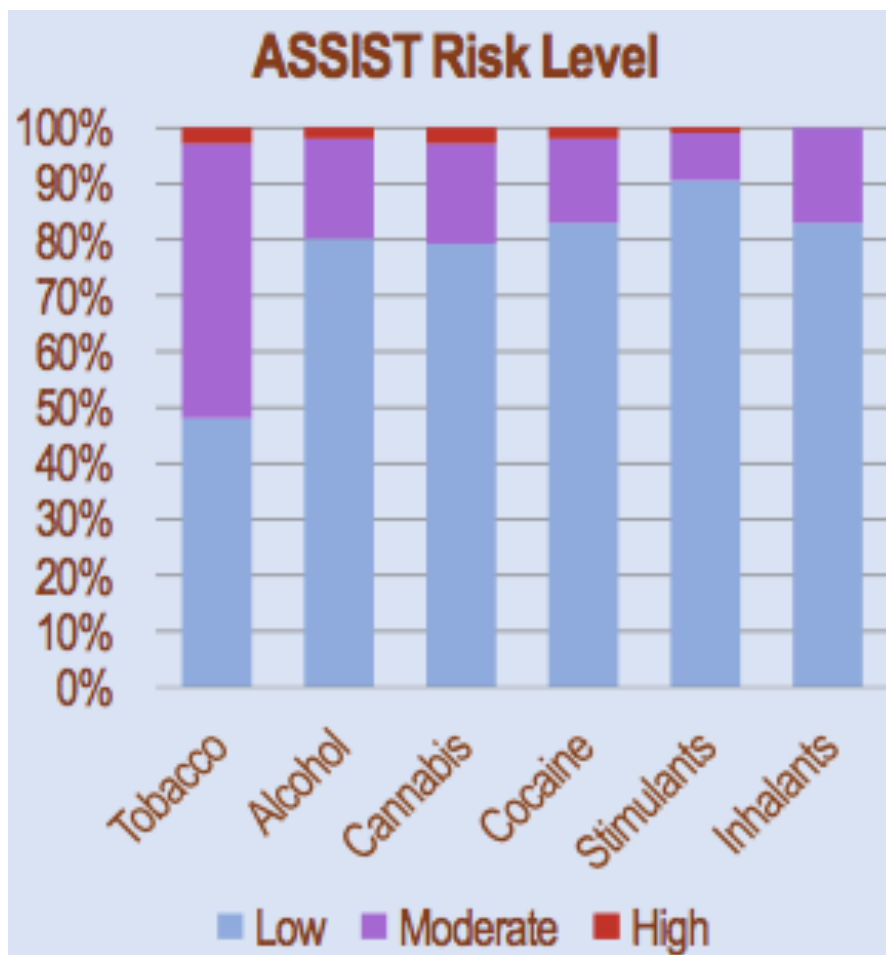
Usage de substances dans les derniers 3 mois



Comparaisons

	HSH de Checkpoint (n = 106, 2015)		Etude GGMHS ¹ (n = 571, 2002)	Population générale (2014)
	À vie	3 derniers mois	12 derniers mois	12 derniers mois
Alcool	98.1%	97.2%	84.1%	91.6%
Tabac	82.1%	59.4%	49.7%	31.6%
Cannabis	75.5%	35.8%	37.5%	7.8%
Inhalants (poppers)	66%	34.9%	31.5%	< 0.1% ²
Cocaïne	44.3%	20.8%	38.4%	5.7%
Stimulants (amphet, ecstasy)	44.3%	17.9%		0.8%
Consommation multiple (>2, <u>hors</u> tabac)		54.8%	-	17% ⁴

Evaluation du risque selon ASSIST



Types de consommation

- Non problématique
- Problématique:
 - Consommation excessive
 - Dépendance

Consommation non problématique ?

- Ne présente pas de risque pour la santé de l'individu
- Consommation considérée à « faible risque »
- Aucune intervention nécessaire:
 - Réglée individuellement et socialement

Consommation problématique ?

- Alcool:
 - > 21 verres standards par semaine
 - > 3 verres standards par jour
 - > 5 verres par occasion = **consommation excessive**
 - **Consommation inadaptée** à la situation (ex: au travail, sur la route, avec prise de médicaments)



Dépendance ?

- > 3 critères réunis pendant 1 mois sur une année:
 - Un **désir puissant** de consommer (craving)
 - Une **difficulté de contrôle**
 - Une poursuite de la consommation **malgré des conséquences négatives**
 - Une **réduction des autres activités** au profit de la consommation ou de la récupération
 - Une **tolérance** (augmentation des doses pour obtenir l'effet)
 - Un syndrome de **sevrage** physique ou psychique à l'arrêt de la substance

En résumé

- Population de l'étude:
 - Hommes d'âge moyen de 37 ans
 - Haute éducation, sans problème financier
 - Qui consultent à Checkpoint
- Prévalences plus élevées de consommation de **tabac, alcool, cannabis, cocaïne, stimulants et poppers** par rapport à la population générale
- 20% de consommation à **moyen et à haut** risque (cocaïne, cannabis, alcool)
- **Multi-consommation** fréquente
- Pas de problème de **drogue IV**
- Comparé à l'étude GGMHS, il y a **plus de dépression (23.6%)** et des taux de prévalence de consommation plus élevés

L'avenir

- Aborder la consommation de substances et **apporter des conseils ou de l'aide** aux usagers qui en ont besoin
 - Projet d'introduction de questions sur les drogues dans le questionnaire BerDa
- **Faire le lien** entre :
 - Prise de substance-IST
 - Substance-comportement sexuel
 - Prise de substance-dépression
 - Prise de substance-identité sexuelle
- Lancer d'**autres études** qui s'élargiront à des lieux hors Checkpoint

Mises en situation

Théodore Abac

- Homme de 45 ans
- Connu pour :
 - Hypertension
 - Surpoids (BMI 26)
- Fume 1 paquet de cigarettes par jour depuis l'âge de 15 ans
- Boit à l'occasion de l'alcool

Il éprouve depuis plusieurs mois des difficultés à avoir des érections. Il raconte aussi avoir senti une gêne dans la poitrine lors de son dernier rapport.

« Je fume que des cigarettes roulées, je mets moins de tabac que les clopes en paquet et ça me détend plus qu'autre chose ».

« Tous mes amis fument, et personne d'autre ne m'a jamais parlé de ce genre de problème ».

Conseils Tabac

- Arrêter si possible
 - Prévoir une consultation médicale pour discuter d'un traitement médicamenteux
 - Ex: substituts nicotiniques
 - Ces produits atténuent les symptômes de et **multiplient par deux** vos chances de succès
 - **Stopper les autres substances** en même temps, augmente vos chances de succès !
 - www.stop-tabac.ch

Ali Koull

- 27 ans, en bonne santé
- Ne boit qu'en sortie le weekend avec les amis. Fume du cannabis pour se détendre.

« Ça peut m'arriver de boire 4-5 litres de bières et quelques shots, mais je tiens bien, honnêtement je vomis jamais ».

- Après avoir bu, il fait un accident de la route. Ali a une jambe cassée et est donc hospitalisé. De plus, on lui diagnostique une pancréatite aiguë sur excès d'alcool.
- En plus des frais hospitaliers, une plainte est posée contre lui car il a détruit une barrière appartenant à un particulier.

Conseils Alcool

- Diminuer la consommation à un niveau de risque bas
 - Attention: 4-5L de bière = 16-20 unités d'alcool !
- Ne pas consommer tous les jours
- Alternier chaque consommation d'alcool avec un verre d'eau
- Ne pas conduire après avoir bu
- Ne pas mélanger avec le cannabis, ou d'autres substances
- Attention aux comportements sexuels à risque

Conseils Cannabis

- Favoriser la consommation de cannabis sans tabac (une addiction vaut mieux que deux)
- Utiliser un vaporisateur qui ne produit pas de goudron, ni de monoxyde de carbone
- Ne pas fumer avant des situations qui demandent de la concentration (ex: avant de prendre la voiture, avant le travail etc.)
- Ne pas mélanger avec d'autres substances !

Alfred Koull

- 36 ans
 - En couple depuis 10 ans avec son compagnon Marc 34
 - Ils se partagent 1 bouteille de vin à chaque repas, '*depuis toujours*'.
-
- Pour leur 10 ans, ils s'offrent un voyage en Turquie. Ils se lèvent tôt pour partir. Arrivés à l'aéroport, leur vol est retardé et à cause de nombreuses turbulences durant le vol, les boissons ne leur sont pas offertes.
 - Alfred ne se sent pas bien, il transpire et commence à trembler.
 - Arrivés à Istanbul, il est transféré à l'hôpital et on lui diagnostique un syndrome de sevrage à l'alcool.

Conseils à Alfred

- Les symptômes de sevrage = **URGENCE vitale**
- Traitement:
 - Arrêter complètement l'alcool
 - Prendre RDV avec son médecin traitant pour un **suivi avec un traitement et du soutien**

Conseils à Tom

- Prévention de la **dépendance**:
 - Diminuer progressivement la consommation d'alcool (jusqu'à arriver à un taux de niveau de risque bas)
 - Introduire au moins 2 jours sans alcool par semaine

Marco Ké

- 37 ans, en BSH
 - Fume ½ paquet de cigarette par jour depuis 12 ans et boit de l'alcool avec modération
-
- Il va à une soirée et se fait 1 rail de coke. Il en fait pas souvent, c'est peut-être la 3^{ème} fois.
 - 30 min après, il a mal dans la poitrine et il a du mal à respirer. Il sort prendre l'air, la douleur monte dans sa mâchoire et il perd connaissance.
 - Appel du 144 et un massage cardiaque est commencé.
 - Diagnostic: infarctus du myocarde.

Conseils Cocaïne

- Ne pas partager les pailles de cocaïne
- Utiliser de petites quantités
- Eviter de consommer plusieurs jours à la suite
- Comprendre que la consommation de cocaïne entraîne un état dépressif et de fatigue pendant quelques jours
- Eviter les mélanges avec alcool et cannabis !
- Assurance qui couvre les frais médicaux à l'étranger !

Conseils poppers

- Eviter le contact du poppers avec **les muqueuses (yeux, bouche, nez)**
- Ne pas le boire (risque de brûlures graves)
- Ne jamais prendre des **doses successives immédiatement** (risque de surdosage et danger de collapsus des fonctions circulatoires)
- Ne jamais conduire immédiatement après avoir pris du poppers
- Ne jamais mélanger:
 - Poppers + Viagra
 - Poppers + alcool/cannabis

Multi-consommation

Associations	Conséquences
Alcool + tabac	Augmentation du risque de cancer ORL (buccal et pharynx) ¹
Alcool + cocaïne	Augmentation toxicité cardio-vasculaire
Alcool + cannabis	Potentialisation des effets dépresseurs
Alcool/neurodépresseurs + opiacés	Risque de surdosage accru
Opiacés/cocaïne + ecstasy/amphétamines	Potentialisation de la toxicité

- Augmentation des accidents de la route (120 en 2013) → surtout l'association cannabis + alcool !

Messages clés

- La consommation de substances (surtout alcool et tabac) est une problématique de santé publique dans la population générale et encore plus chez les HSH.
- Liens clairs entre consommation de substance, comportements sexuels à risque et IST.
- Des conseils simples peuvent permettre de diminuer les risques de consommation
 - Ne jamais banaliser la consommation de substance
 - Ne pas consommer tous les jours
 - Ne pas mélanger les substances

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- Michaël et Jen Wang

Contacts

Pour des informations:

- Carrefour addictions
 - Adresse: 45 rue Agasse, 1208 Genève
 - Tel: +41 22 329 11 69
 - Site web :
cipret.carrefouraddictions.ch/accueil-cipret.html

Activités sans alcool:

- Croix-Bleue genevoise
 - Activités variées : groupe de parole, ateliers d'artisanat et d'expression créative, échange et partage, jeux de société, pétanque, badminton, musique, piscine ...
 - Adresse : chemin de la Gravière 4, 1227 Les Acacias
 - Tel : 022 320 41 00

Self-help:

- Alcooliques Anonymes :
www.aasri.org/index.php/fr/reunions/geneve
- Narcotiques anonymes:
www.narcotics-anonymous.ch/fr/

Pour des consultations médicales:

- Votre médecin traitant
- Unité Dépendances du Service de Médecine de Premier recours (HUG)
 - Adresse: Boulevard de la Cluse 75, 1202 Genève
 - Sur RDV, tel: 022 372 95 37
- Consultation Ambulatoire Addictologie Psychiatrique (CAAP), Service d'addictologie (HUG)
 - Adresse: Rue Grand-Pré 70C, 1202 Genève
 - Sur RDV, tel: 022 372 57 50
- Fondation Phénix
 - www.phenix.ch
 - Centre Envol, rue Jean-Violette 10, 1205 Genève
 - Sur RDV, tel: 022 344 33 22

→ Remboursés par l'assurance maladie de base !