



# Gay drug use trends have changed

Ten years ago



Today



# ChemSex; a working definition

**ChemSex is NOT the same as recreational drug use.**

**It is a specific form of recreational drug use.**

Defined as any combination of drugs that includes Crystal Methamphetamine, Mephedrone and/or GBL, used before or during sex by gay, bisexual, or other Men who have Sex with Men (MSM) - including Trans\* people; MSM being a specific group representing a high prevalence of HIV/HCV/STIs and a cultural tendency to have a higher number of sexual partners.

## **Associated with**

Extended sex for many hours/several days.

More extreme sexual practices/traumatic sex

Multiple partners

Extreme sexual disinhibition/extreme sexual focus

Unpredictable drug interactions (eg; GBL & alcohol)

Increased injecting use amongst an injecting-naïve population; BBV risks & injecting-related harms

Poor condom use

Poor ARV adherence\*

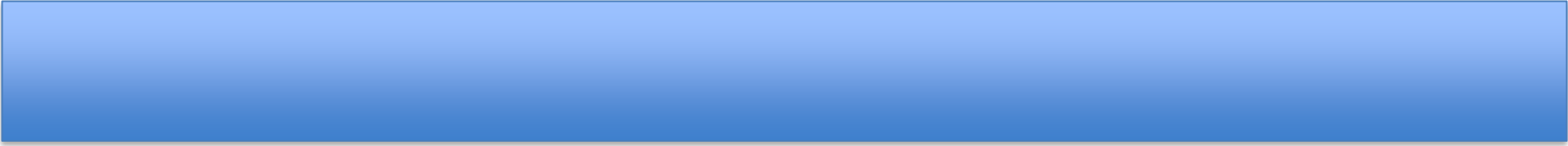
Frequent STI's (including a current Shigella outbreak), HIV infections, HCV infection/repeated re-infections

Multipile and repeated use of PEP

Psychosis/ physical dependence/ overdoses

# ChemSex and HIV epidemiology





IS THIS A SEX PROBLEM  
OR A  
DRUG PROBLEM?

CAN WE SIMPLY REFER THESE PATIENTS TO  
SUBSTANCE MISUSE SERVICES?

2 men & 1 woman

walk into a drug service....

# BE ALERT TO THESE RISKS

High number of sexual partners per ChemSex episode

High frequency of ChemSex episodes

Long gaps between GUM/HIV screens/poor engagement with GUM/HIV/HCV appointments

Consistently poor condom use when using Chems

High number of STIs in last 6 months/multiple HCV re-infections

High frequency of PEP presentations (if HIV-neg)

Seroconversion symptoms that might be disguised as a 'drug high' or drig 'comedown'.

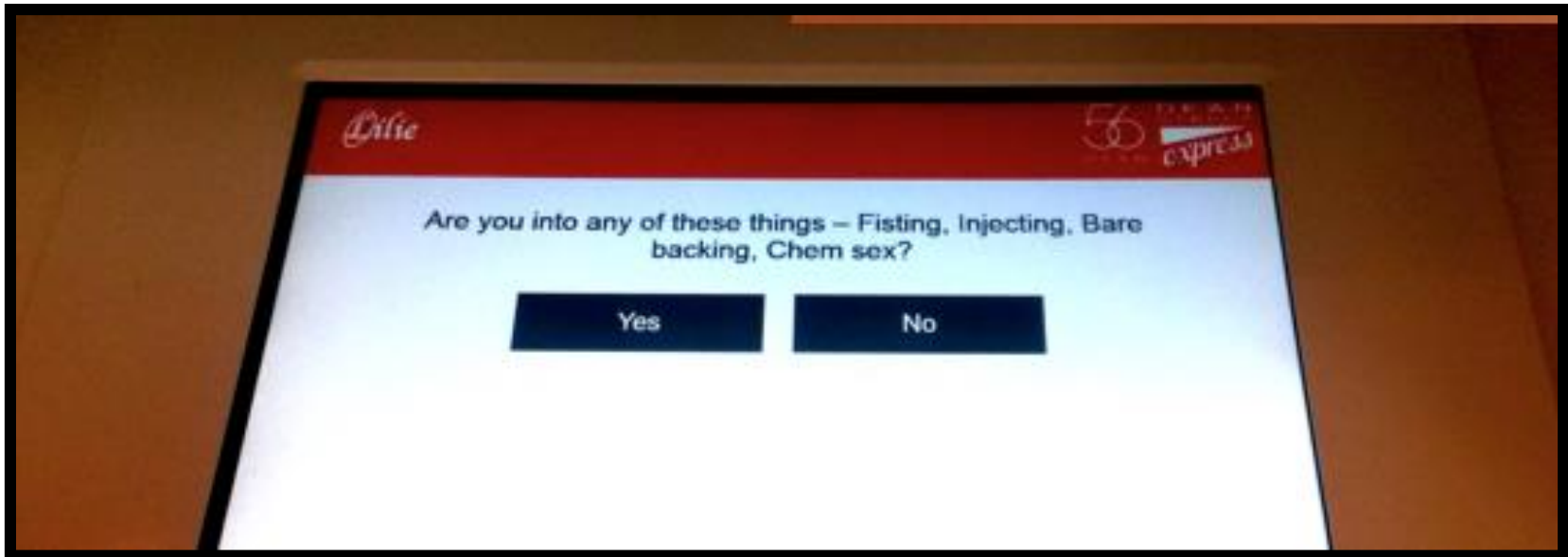
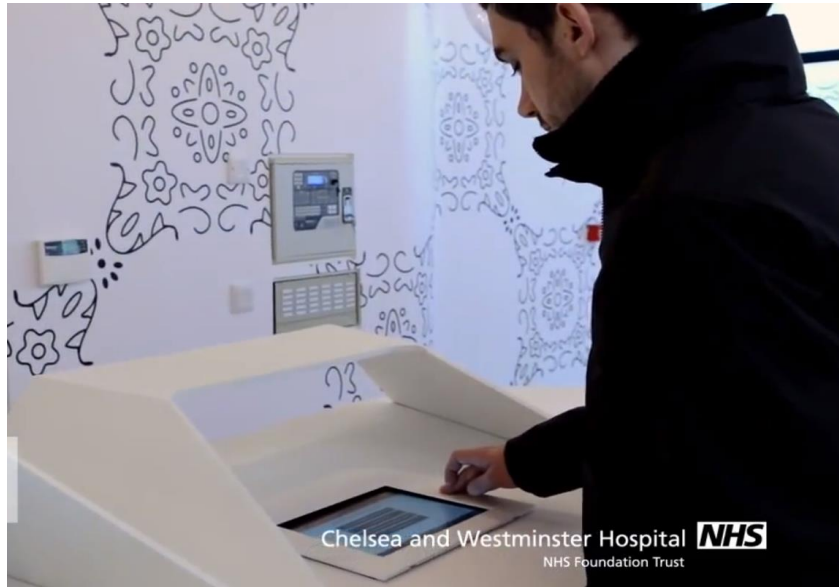
HIV-positive but not on treatment

Consistently poor ARV adherence if HIV –positive (enough to increase infectiousness/jeopardise viral suppression)

Dependent GBL use (daily, beyond 7 consecutive days) which can be associated with potentially fatal withdrawal symptoms if use is abruptly discontinued.



# Simplifying access to treatment





# Identifying need; survey your cohort

Are you; ☐ Male ☐ Female ☐ Other; \_\_\_\_\_

Do you have sex with: ☐ Men ☐ Women ☐ Both

In the last 6 months have you used any of the following drugs before or during sex? (please tick all that apply)

☐ GBL/GHB (G, Gina)

☐ Crystal Meth (Tina, T, Ice)

☐ Mephedrone (Meph, MKat)

☐ Other \_\_\_\_\_

☐ None

**If you have used any drugs in the last 6 months, please continue.**

Does your drug use impact the choices you make regarding safer sex? ☐ Yes ☐ No ☐ Sometimes

Does your drug use have any undesirable effects on your social or professional life? ☐ Yes ☐ No ☐ Sometimes

What percentage of your sex life is sober (drug-free)? 0 10 20 30 40 50 60 70 80 90 100

If you wanted advice about drug use, where would you prefer to go?

☐ General Practitioner ☐ Drug Service ☐ sexual health clinic ☐ LGBT charity

☐ Somewhere else \_\_\_\_\_

(A downloadable & extended survey can be found at

<http://www.chemsexsupport.com/Drug%20use%20survey%20GUM%20brief.pdf> )

# Multi-disciplinary approach

## Sexual health/HIV medical team

Addressing STI/HIV/HCV  
prevention, treatment and  
epidemiology

## Traditional Drug support worker

Addressing acute harms of  
addiction/withdrawal/overdose  
Provision of clean needles/advice  
Referrals to rehab

## ChemSex advisors

Workers/volunteers/gay peers  
familiar with gay ChemSex contexts;  
sex-App use, gay scene norms, gay  
sex challenges

# Front Line staff; questions for all MSM

Have you used drugs before or during sex in the last 6 months?

If yes, Which? - Mephedrone/GBL/Crystal Methamphetamine? Other?

*(i.e; emphasis on the recreational drugs that are associated with greater sexual disinhibition/sexual risk-taking).*

If yes - Did you inject?

*(To highlight those needing needles/injecting advice, and to alert non-sexually transmitted infection risks).*

*(Finally a question that could trigger a call to action/reflection)*

*Examples;*

- Are you happy with your level of drug use?
- When did you last have sober sex? Do you want to discuss this with a specialist worker?
- Do you feel your drug use is negatively impacting your sex life or general wellbeing? Would you like to discuss this with a specialist worker?

# Questions to ask; probing further

***A client/patient who is using Chems, but refuses help, or claims it is not a problem, may permit (if asked kindly) a few further questions.***

- “How long do you stay awake for?”
- “Have you had any bad experiences?” (eg; paranoia)
- “Do you sometimes regret the choices you make when high?”
- “When did you last have sober sex?”
- “What’s your non-sexual/non-clubbing social life like?”
- “Are you slamming (*injecting*) ?”
- “Do you want to talk to someone about being safer with drugs?”



# Welcome/assessment in ChemSex Clinic

## Welcome to 56 Dean Street ChemSex support.

### ***Today, do you want to;***

- ☐ Speak to a nurse/doctor about sexual health symptoms, or a sexual health risk that might have occurred?
- ☐ Speak to a Chems Advisor about gay sex and drugs, App use or dating/finding partners?
- ☐ Speak to a drugs worker about injecting, addiction/detox or to get some clean needles?

### ***Further questions might include***

Which drugs are being used (before or during sex)?

How are the drugs taken? (smoked, snorted, injected, taken orally or anally)

How frequently is this happening?

When did you last have sober sex?

How many partners might a typical ChemSex episode include?

How consistent is condom use during ChemSex episodes?

If HIV positive; are you on ARV treatment? Do you sometimes forget to take your medicine when on chems?  
(clinicians should be alert for Drug/Drug Interactions)

If HIV negative; how many previous PEP courses have you done? Are you aware of what seroconversion symptoms might be? Are you taking PrEP?

How many other STIs have you had in the last 6 months?

Are you aware of safer ChemSex practices to avoid hepatitis C?

Are any of the drugs being used daily/consistently/dependently? (GHB/GBL being the urgent concern)

# Reflecting on use; setting boundaries

When did you last have sober sex? \_\_\_\_\_

Are you happy with this? \_\_\_\_\_

What do you enjoy about Chem-sex? \_\_\_\_\_

Are you getting enough intimacy and closeness from your sexual encounters? \_\_\_\_\_

What do you think the advantages of sober-sex are? \_\_\_\_\_

If you were to set a boundary re ***what % of your sex life is sober, what % is Chem-sex***, what would you be content with?

Circle your preferred Chem-sex percentage

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Circle your preferred Sober-sex percentage

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How can you help yourself adhere to these percentages? What supportive measures might you put in place?

Would you like support in addressing sober-sex? **Yes** **No** (See suggestions overleaf)

If you were to set a boundary re how many weekends per month you "Played", and how many were spent sober and productively, what would you be content with?

(Circle you preference) Weekends per month spent as Chem-weekends;

0 1 2 3 4

If you're a less frequent user, circle the weekends **per year**, you'd prefer to be Chem-weekends

0 1 2 3 4 5 6 7 8 9 10 11 12 (or your number; \_\_\_\_\_)

As a boundary to work towards; **how many weeks between each 'Playtime'** do you see as reasonable?

0 1 2 3 4 5 6 7 8 9 10 11 12 (or your number; \_\_\_\_\_)

How can you help yourself adhere to these boundaries? What supportive measures might you put in place?

# Making changes; a Care Plan



Care Plan, ChemSex

Name

DATE

Part 1: What is your goal? Abstinence? ☐ Reduced use? ☐ Controlled use? ☐ Safer use? ☐

To keep your goals small, realistic and achievable, and to gain a feeling of accomplishment...

Try committing to a period of abstinence (with our support for); 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐

How confident are you to achieve this goal?

Not confident    1    2    3    4    5    6    7    8    9    10    Confident

Is your confidence score is less than 7? Re-adjust your goal to improve your confidence

Abstinence goal;    1 week ☐    2 weeks ☐    3 weeks ☐    1 month ☐

Now rate your confidence level again (and keep adjusting until your confidence level is 8 or higher)

Not confident    1    2    3    4    5    6    7    8    9    10    Confident



## Part 2: Managing triggers

(These can be boredom, loneliness, feeling horny, playing on Apps/hooking-up sites, times of day, journeys home from work, etc)

When are your cravings/triggers likely to happen?

Home alone ☐ weekends ☐ Friday/Sat nights ☐ When playing online ☐ When drinking ☐

Name others: \_\_\_\_\_

What can you do differently next time you feel a craving/trigger?

---

---

---

---

What supportive person can you call if you feel a craving/trigger?

---

What enjoyable/productive things can you plan into your upcoming free time, to keep yourself occupied?

---

---

---

---

It might be wise to abstain from sex, as well as sex apps, during this vulnerable time, as it might trigger you further. If this is unlikely, or unattractive to you, what might you have to do differently to enjoy sober sex?

---

---

---

---

**Part 3: Follow-up support?** When can you return to follow-up your Care Plan?

# OUTCOMES/Successes

Patients are generally invited to a 6 week “Take a break” programme of abstinence.

Adjusted according to degree of success or failure to achieve goals

Goals re-assessed at 6 week completion; invitation to extend programme.

## **Outcomes monitored at 6 sessions;**

Reduced frequency of ChemSex episodes

Confidence in negotiating sexual health risks

Confidence in negotiating injecting risks

Sense of control over drug use

Experienced less sexually transmitted infections

Confidence to introduce chem-free (sober) sex into their lives.

Improvement in non-sexual/non-clubbing social life

Cessation of ChemSex

Ceased injecting use only

Referrals to structured therapy/keywork/support groups

# OUTCOMES/Successes

## **The most successful interventions included;**

Motivational Interviewing techniques

The repeated achievement of short term goals (most often, “taking a short break from chems”)

Lightweight discussions focused on;

- gay life
- gay sex
- Grindr
- gay scene pressures and expectations
- sex, desire, relationships & intimacy
- HIV stigma
- pursuing sex a little differently.

Encouraged to repeat-attend on drop-in basis for an ongoing dialogue about their sexual wellbeing/Chem-use

# WWW.CHEMSEXSUPPORT.COM

(FROM 56 DEAN STREET)



## For chem users

How to access support

Tips for safer use/drug info/sexual health info

Behaviour change video library (craving management, reduction tips, sober sex advice, safer play information)

List of London recreational/social alternatives to bars, clubs, saunas, chems

## For professionals

- A working definition, ChemSex
- Referral information
- Video tutorials/conducting ChemSex interventions
- Resources/tools for working with ChemSexers
- Papers on adapting services to be ChemSex efficient
- ChemSex research
- Drug–drug interactions



# Perfect storm of:

- A promiscuous population
- High HCV/HIV prevalence
- High-risk sex practices
- Increased (naïve) injecting use
- Confusion amongst clinicians about appropriate care pathways
- Lack of awareness and knowledge among clinicians of the 'ChemSex environment'
- Shame/stigma amongst patient group, inhibiting honest disclosure
- Potential clusters of acute infections in a concentrated, but expanding population
- Complex psychological drivers

This population's ambivalence to make changes, or to identify drug use as problematic -  
-is *the greatest challenge*.

We need to be aware, communicate effectively with our patients, improve proformas/assessments, and affect happy referrals to appropriate ChemSex support, to treat early, and avoid continued behaviour that leads to co-morbidities, multiple re-infections and onward transmissions

Partnership, partnership, partnership