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Defining ChemSex

ChemSex is a common term used by gay men on sexual networking sites and smartphone Apps.

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).
- The definition applies specifically to MSM because they are disproportionately affected by HIV/STIs, and can be more likely to have a higher number of sexual partners.
- ChemSex is associated with some cultural drivers unique to gay men and communities that include psychosocial idiosyncrasies and new technologies (geo-sexual networking Apps) that can facilitate faster introduction to new partners, and to "Chems".

(More robust definition; <http://www.chemsexsupport.com/chemsex-definition>)

Mephedrone; 'M-Kat', 'Miaw Miaw', 'Meph'

- A cathenone. Similar in effect to an amphetamine
- Widely available in gay clubs and on geo-sexual networking Apps
- A white powder, £10 to £40 per gram, usually highly adulterated
- Inhaled nasally, injected, booty-bumped
- Desired effects; confidence, alertness, invulnerability to harm. Powerful sexual disinhibitor.
- Not physically addictive (medicated detox not required)
- Psychosis, particularly when injected & when associated with longer episodes of use/lack of sleep

Crystal Methamphetamine; 'Tina', 'Meth', 'crystal', 'ice'

- An amphetamine. Not physically addictive (medicated detox not required) Highly psychologically addictive.
- Dopamine release = 3 x higher than any other substance.
- Smoked in a pipe, injected, booty-bumped
- £150 to £250 per gram. Usually unadulterated & in crystalline form
- 24+ hour half-life, powerful sexual disinhibitor, compulsive, energetic, feeling of invulnerability to harm/consequences
- Psychosis, sleeplessness compulsive tendencies. Facilitates high risk sexual behaviour



GHB/GBL' . 'G', 'Gina'

- GHB/GBL; Gammahydroxybutyrate/Gammabutyrolactone
- Orally ingested only. A solvent, and a naturally occurring fatty acid. Affects same receptors as alcohol, with similar addictive results.
- Purchased online (amounts to approximately 10 cents per intoxicating dose)
- Depressant (though taken for both sedative and stimulant effects)
- Very short half-life. Toxicity & overdose very common. Physically addictive with potentially fatal withdrawal symptoms.
- Detox involves high levels of benzodiazepines, and baclofen over (approx) 5 days



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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 drug '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.

Typical presentations

- 20y/o MSM, 'hooks up' on Smartphone app (eg; Grindr) for casual sex after a night out drinking; snorts some mephedrone to 'sober him up and feel sexier'. Has great sex, for about 8 hours, but regrets some of the choices & risks the following day.
- 26 y/o attends saunas after night out clubbing on 'chems'; stays 10 to 20 hours, multiple partners, great sex, but regrets some of the choices & risks the following week.
- 30y/o (+); no longer clubs or cruises saunas, but pre-arranges weekends of ChemSex in private homes via use of smartphone apps; fast progression to riskier sex practices, harder drugs (methamphetamine), addictive behaviour, injecting. Disengagement from daily responsibilities, support networks and health appointments.

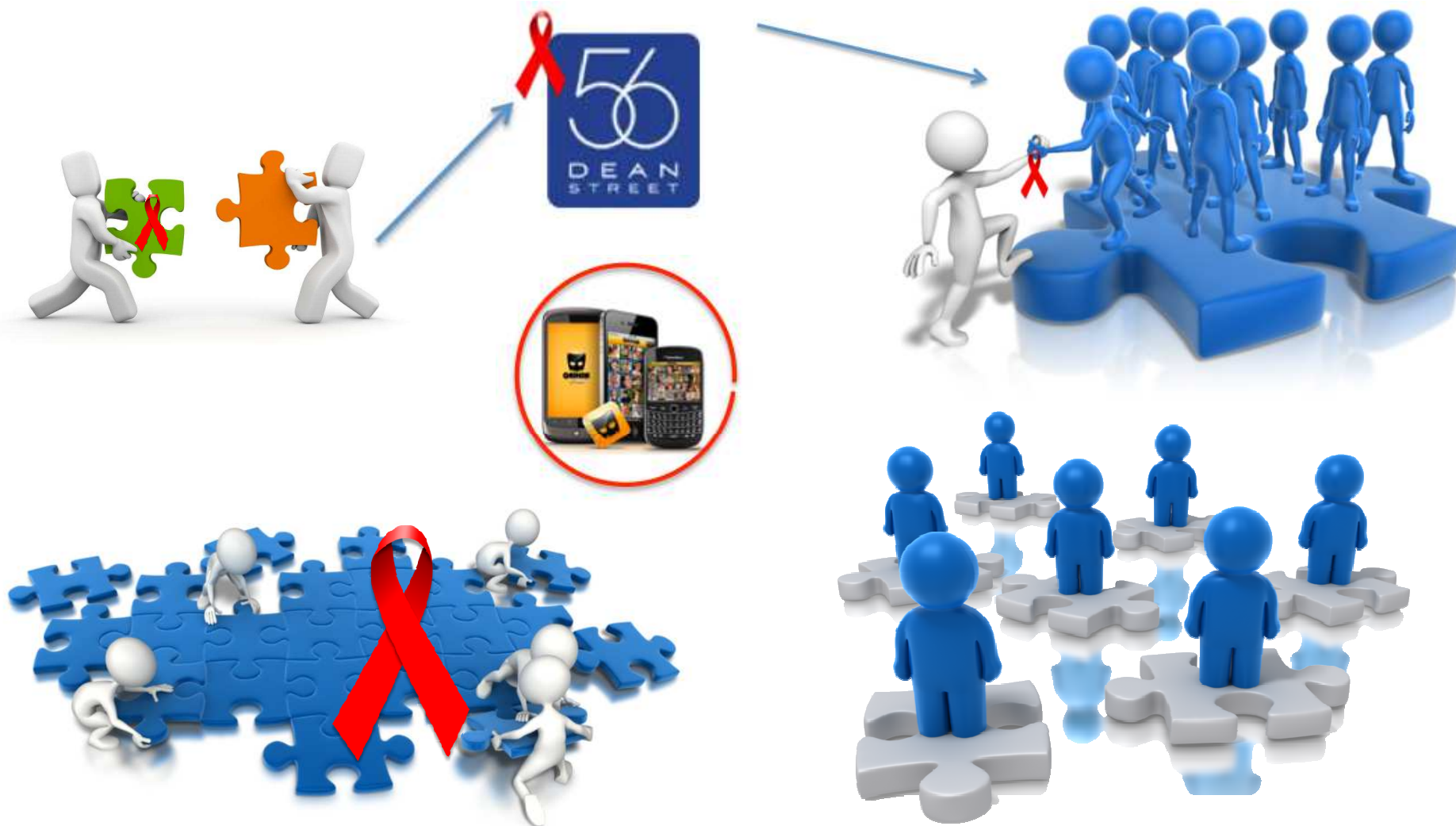
56 Dean Street patients

- Approx 3,000 ChemSex presentations per month
- All PEP presentations asked if their presenting risk was associated with ChemSex
- 56 Dean Street prevent between 200-300 ChemSex-related HIV infections each month by prescribing PEP
- On many Mondays/Tuesdays, 100% of our PEP presentations are ChemSex related. (Typical 30 per day)

Comprehensive ChemSex data, 56DS

<http://www.chemsexsupport.com/EACS%202015%20poster%20Stuart%20et%20al.pdf>

ChemSex and HIV epidemiology



Contributing Factors

- Confusion around current HIV messages. HIV fear/stigma
 - Changing technologies (geo-sexual networking Apps)
 - Changing drug availability/drug use norms
-
- Condom fatigue
 - Gay Scene 'norms', online sex culture
 - Poor understanding of how to form intimacies & relationships
 - Shame around sex
 - 'Everybody does it'
 - It feels good

2 men & 1 woman

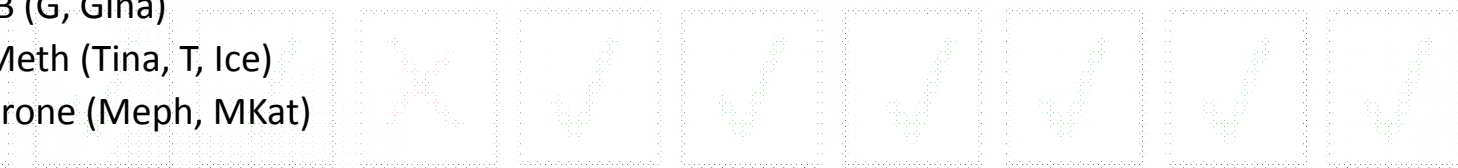
walk into a drug

service....

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 Team

Sexual health/HIV medical team

Addressing STI/HIV/HCV
prevention, treatment and
epidemiology

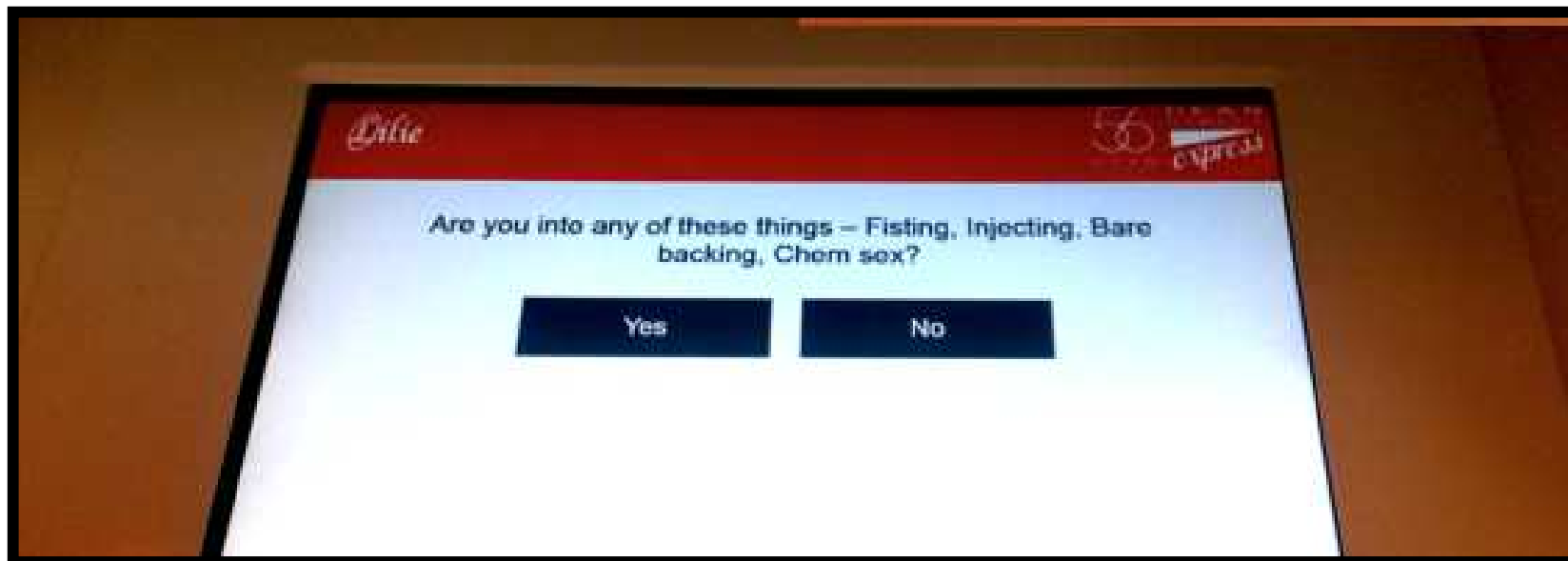
Traditional Drug support worker

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

Simplifying access to treatment



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 your 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/hooks-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?



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The 56 Dean Street response;



SEXUAL WELLBEING PROGRAMME

SOBER SEX
A PSYCHOSEXUAL PERSPECTIVE

A workshop for therapists
with
Remziye Kunelaki



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”)

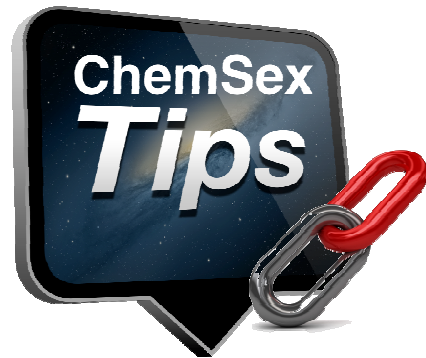
Lightweight discussions focused on;

- 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)



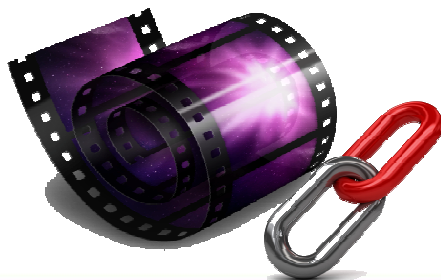
For chem users

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

WWW.CHEMSEXSUPPORT.COM

(FROM 56 DEAN STREET)



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

