Lothian
Sexual & Reproductive Health Services

NHS Lothian

Chemsex

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NHS Lothian

Programme

- What is Chemsex?
- How does it fit in with the spectrum of drug use in MSM?
- What harms are associated with it?
- How do we identify it?
- How common is it?
- What can we do about it?

Ian

- 45 year old MSM
- Senior manager in the NHS
- HIV positive for 19 years
- On antiretroviral therapy with undetectable viral load and CD4 count >800
- Under dermatology review for unexplained ulcerated lesions on thighs and forearms
- Presents with proctitis and new Hepatitis C infection

Chemsex definitions

- ChemSex is defined by the use of three [illegible] ("chems") in a sexual context.
- These three drugs are meth, meph and G.
- • Methamphetamine (crystal/crystal meth/Tina/meth).
- • Mephedrone (meph/drone).
- • GHB/GBL* (G, Gina).
- ChemSex involves using one or more of these three drugs, in any combination, to facilitate or enhance sex, with or without other drugs.

What it is not

- Chemsex' (using typically crystal methamphetamine, mephedrone or GHB/GBL specifically to facilitate or enhance sex)
- Not used to describe the use of inhaled nitrites (poppers), cocaine or other drugs to enhance sex
- ChemSex is a common term used by gay men on sexual networking sites and smartphone Apps.
- It is a specific form of recreational drug use.

Alcohol and drug use and MSM

- Attendees (overall) at sexual health clinics as a whole have high rates of excessive alcohol use which is associated with STI diagnosis
- Alcohol use is more common among adult MSM and in adolescent MSM than their heterosexual peers

Sexual health related harms

- ‘Club drug’ use was associated with higher rates of self-reported UAI in study of 246 MSM attending clinics in Brighton
- Self-report of chemsex on routine enquiry was associated with a significantly higher risk of bacterial STI diagnosis ($p<0.001$) and with rectal STI diagnosis ($p<0.001$) in MSM attending two London clinics (67).
- Chemsex has also been strongly associated with outbreaks of sexually transmitted Shigella flexneri 3a infection among MSM as well as with cases of rectal LGV infection in HIV infected MSM.

Reasons for use

- Reasons for ChemSex are similar to using other drugs.
- • To feel more sexually free and to overcome intimacy i
- • To overcome fear of rejection, sexual shame.
- • To cope with stigma over HIV/hepatitis C (HCV).
- • To overcome problems in the past, including sexual abu
- • To overcome internalised homophobia.
- • Wanting 'better' sex, that lasts longer.
- • Loneliness.
- • Wanting intimacy, to connect to others, to feel part of a
- • Wanting sexual affirmation.
- • Because "Everyone's doing it".
- • Because it is an online hook-up 'norm'.
- • Peer pressure.

Extent of Chemsex use

- A London NGO providing support for LGBT individuals around substance use including alcohol showed that the proportion of treatment-seeking clients using crystal methamphetamine, mephedrone or GHB/GBL rose from 3% in 2005 to 85% in 2012.
- 99% of users of crystal methamphetamine said they used the drug solely to facilitate sex, with 80% injecting in a sexual context and 70% sharing injecting equipment.

- Lambeth Southwark Commissioners 2014
- 30 extended interviews with MSM who reported use of crystal meth, GHB/GBL or mephedrone during sex in the previous year. More than a quarter of participants had made pre-determined decisions to engage in UAI with men they believed to be seroconcordant; a third described loss of control when on drugs leading to sexual acts they subsequently regretted. One in four frequently engaged in chemsex but did not feel this was problematic for them (72).

Chemsex in Lothian

- National survey of Chemsex use in 2015
- Questionnaire survey offered to all MSM
- Lothian 151 of 518 responses
  - 67% gay, 17 bisexual, 11% MSM
  - 20 under 25, 29 were 26-35, 58 were 36-50, 30 were 51-65, 2 were over 66

Recreational drug use

- Poppers, viagra, cannabis, stimulants widely used
- Inhaled and snorted in majority
- Very few reported sessions longer than 24 hours
- Very few reported very frequent use

Chemsex in Lothian

- Using drugs for sex (N=132)
  - 30% no
  - 42% yes
  - 28% sometimes
- Less than 30% could be described as ‘Chemsex’
- A small minority were injecting
- But 17 of 23 injectors nationally were in Lothian

‘Typical’ presentation: Ian

- 40 -50 years old
- Usually HIV positive (often for a long time)
- Employed, professional
- Affluent
- Very low profile (unidentified) recreational drug use

Ian

- Very defined use
  - One weekend a month
  - ‘Party’ weekend
- Inhaled only – horrified by injecting
- Arranged with partners/FB who supply meds

Ian

- More regular use: 2 weekends
- Removal from other social circles
- Attends party with known sex buddies
  - Other turn up and leave
  - Someone else injects

Ian

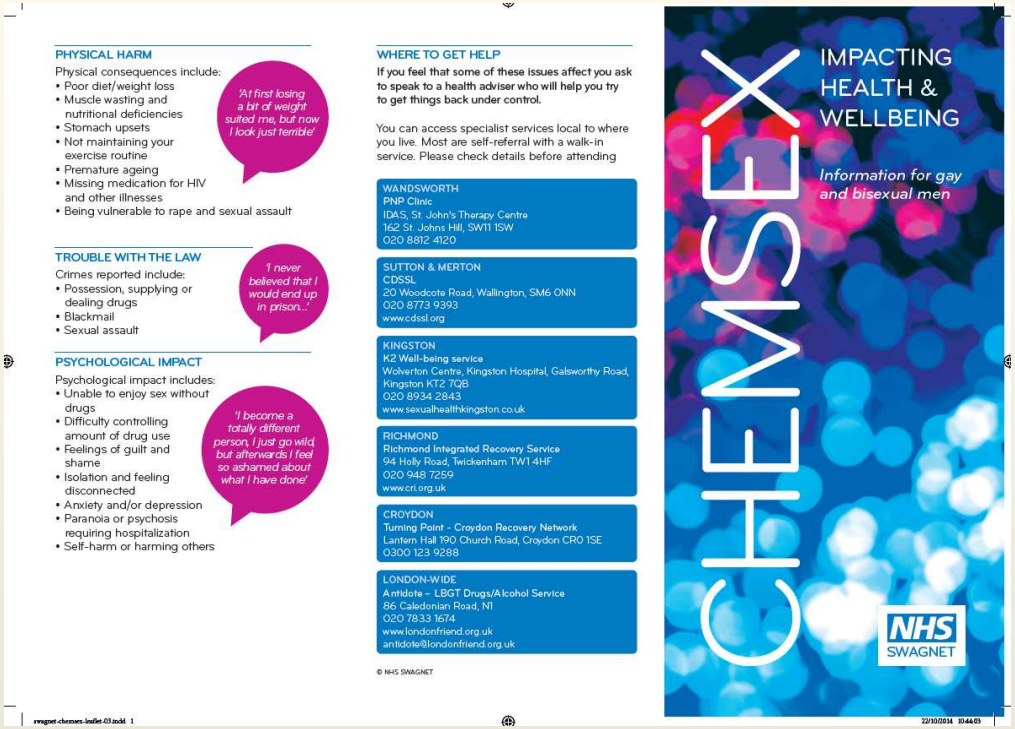
- Presents with STI symptoms/diagnosis
  - Rectal lymphogranuloma venereum
  - Shigella dysentry
  - Early syphilis
  - Hepatitis C infection
  - Injection sites recognised (rare)

Ian

- Identification
  - When did you last have sober sex?
  - What Apps are you using?
  - Are you being offered any Chems?

Typical presentation

Materials



PHYSICAL HARM

Physical consequences include:

- Poor diet/weight loss
- Muscle wasting and nutritional deficiencies
- Stomach upsets
- Not maintaining your exercise routine
- Premature ageing
- Missing medication for HIV and other illnesses
- Being vulnerable to rape and sexual assault

'At first losing a bit of weight suited me, but now I look just terrible'

TROUBLE WITH THE LAW

Crimes reported include:

- Possession, supplying or dealing drugs
- Blackmail
- Sexual assault

'I never believed that I would end up in prison...'

PSYCHOLOGICAL IMPACT

Psychological impact includes:

- Unable to enjoy sex without drugs
- Difficulty controlling amount of drug use
- Feelings of guilt and shame
- Isolation and feeling disconnected
- Anxiety and/or depression
- Paranoia or psychosis requiring hospitalization
- Self-harm or harming others

'I become a totally different person, I just go wild, but afterwards I feel so ashamed about what I have done'

WHERE TO GET HELP

If you feel that some of these issues affect you ask to speak to a health adviser who will help you try to get things back under control.

You can access specialist services local to where you live. Most are self-referral with a walk-in service. Please check details before attending

WANDSWORTH
PNP Clinic
IDAS, St. John's Therapy Centre
162 St. Johns Hill, SW11 1SW
020 8812 4120

SUTTON & MERTON
CDSSL
20 Woodcote Road, Wallington, SM6 0NN
020 8773 9393
www.cdssl.org

KINGSTON
K2 Well-being service
Wolverton Centre, Kingston Hospital, Galsworthy Road, Kingston KT2 7QB
020 8934 2843
www.sexualhealthkingston.co.uk

RICHMOND
Richmond Integrated Recovery Service
94 Holly Road, Twickenham TW1 4HF
020 948 7259
www.cri.org.uk

CROYDON
Turning Point - Croydon Recovery Network
Lantern Hall 190 Church Road, Croydon CR0 1SE
0300 123 9288

LONDON-WIDE
Antidote – LBGT Drugs/Alcohol Service
86 Caledonian Road, N1
020 7833 1674
www.londonfriend.org.uk
antidote@londonfriend.org.uk

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CHEMSEX

IMPACTING HEALTH & WELLBEING

Information for gay and bisexual men

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Questions

STEP BACK, MARY.
NO
LOOKS IT
AS A $3 BILL!
gay-a-meter
You're breaking my gaydar.