

@davidastuart

@56deanstreet

# “ChemSex”

## Sexualised

## Drug Use

by

## MSM



## 24 hour Saunas



## Individuals/parties at homes via online "sex apps"



Typical, 3 day episodes ("benders")

Chaotic, unboundaried, unsafe sexual behaviour

Between 1 and 15 sexual partners per episode

Typically happening on a weekly basis

Drugs sought/acquired/shared through on-line activity

Popularity of "Barebacking" (Condom-less sex)

Injecting use on steep rise ( - 0% 2005 - 30% 2011 - 80% 2012)

**Reluctance to access non-LGBT services**

More likely to approach Sexual Health services

# Consequences; Three main concerns;

- BBV's (HIV, HCV) and costs
- Psychosis
- Well-being/poverty/crime

- 5 gay men in London diagnosed each day with HIV (PHE data); steep increase which coincides with these drug use trends
- Trends began with HIV+ gay men; equal no's of HIV+ and HIV- men now participating in these trends
- 60% of HIV+ drug users report poor adherence to HIV meds
- 50% of HIV- have had one or more courses of PEP (highest number being 14 courses) Many may not be getting to PEP clinic in time
- 60% of Meph/Meth users at Antidote are injecting
- **70% of those injectors report having shared needles to inject**
- **Hep C; Increased numbers of HCV re-infection amongst this group; importance of testing all "ChemSexers" (not just IVDU's & HIV+)**

Drug-induced psychosis/sectioning

61% report psychological harm/psychosis, typically on 2'nd day of use

# WHY?

- Traditional drug services letting this client group down
- Gay sex is about disease
- Gay sex is about sin
- Gay sex is about an awkward HIV/condom conversation
- Safe sex messages not reflecting new state of HIV health realities
- Sexualised norms/online apps highly sexualise/complicate gay sexual identity

**HIV FEAR/CONFUSION/STIGMA**



Sexual  
**SHAME**





## Responses

- Full time drugs advisor at 56 Dean street (and Express)
- Moving drug treatment into GUM/HIV services (CODE Clinic)
- ChemSex awareness training for GUM/HIV staff
- Providing (non-opiate) needle exchange in GUM/HIV clinics
- Addressing gaps in our screening and proformas
- Shift from “Clap Clinic” to “Sexual Well-Being Centre”

# CODE

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?

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REJECTION

Hep C

Isolation

Horny

HIV

Intoxicated

Glad we're hooking up finally.  
Fancied you for ages.  
See you when you get here.

Me too. This'll be hot  
I'll bring Chems  
Do you BB?

**HELP YOUR  
CLIENT/PATIENT  
PHRASE THEIR  
RESPONSE  
HERE**

Bored/unhappy

STI's

Never tested;  
don't want to

Loneliness

Impulse

REJECTION

# ~~Chel~~Sex.com

*When did YOU last have  
sober sex?*

Are Tina, Meph or G a regular part of your sex life?  
When was the last time you dated,  
or had someone sleep over?

*If it's been a while..*

it **can** be difficult getting back into the swing of  
**Sober Sex;**

Do you want to be a part of a gay mens' discussion group  
that meets to explore our own fears, reluctance,  
or other issues around sober sex?

The first of these meetings will be  
Saturday 8th March 1pm to 2.30pm

at **56 Dean Street** in Soho.

For more information, or to book a place,  
please contact David at 56 Dean Street, on  
[david.stuart@chelwest.nhs.uk](mailto:david.stuart@chelwest.nhs.uk)



# Questions to ask in clinic

- “Do you use Party Drugs for sex?”
- (and if so...) “Tina, Mephedrone or G? (Ketamine?)”
- “Are you taking G every day?”  
*(and if so.. It can be dangerous to stop without medical advice)*
- “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?”

(A training film of a brief intervention)

# Acute concerns

- If patients are using GHB/GBL, check if they are **using every day (for 4 consecutive days or more)**; in this case, they should be advised ***not*** to stop using without medical advice.
- If they have no more supply of GBL, they ought to go immediately to A&E. Call ahead to ensure the A&E duty staff are aware of the GBL withdrawal dangers.
- If patients present with what appears to be drug-induced psychosis (commonly caused by Methamphetamine/Mephedrone use/lack of sleep), they can sometimes be re-assured that they are safe. Some services prescribe 5mg diazepam twice daily for 2 days. Assess if patient is a risk to themselves or to others, and refer to A&E if you feel it appropriate.