Chemsex: experiences, harms and care

Key findings from the APACHES study

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Chemsex what are we talking about?

DEFINITION AND CONTEXTUAL DATA

Chemsex: general characteristics

Not all sexualized drug use is chemsex

- **'New' type of sexualized drug use among gay, bisexual and other MSM:**

'new' drugs*– specifically for sex – sexual networking Apps – slaming (injection)

** in France mainly cathinones (3MMC, 4MEC ; GHB/GBL)*

- *(potentially)* **Associated with:**
  - high risk sexual practices *(condomless sex, group sex…)* - not always
  - harms *(acquisition of STIs including HCV, syphilis, gonorrhea / adverse mental health outcomes / drug dependency)* - not always but increased visibility
- **A cause of concern but need for a better knowledge and understanding of the practices**

=> provide tailored responses to people seeking assistance.

Chemsex: contextual data in France

3 national surveys provide prevalence estimates among French MSM
(online recruitement. N > 10 000)

- Prevalence estimates in France are ranging from to 5 % - 7%

(intensive use of drugs specifically for sex and/or at last sexual encounter)

No standardised definition of chemsex practices / different indicators across surveys

A robust estimate of prevalence remains 'elusive' => Need for an ad hoc survey / harmonisation of data

2018 / 2019 – APACHES study *(some key findings)*

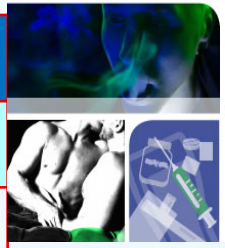
Objectives : provide a ***better understanding*** of the chemsex practices

1) *Individual experience*
2) *Perception of risk behaviours (Drug / sex)*
3) *Dynamics of the trajectories*

Method : qualitative study

- 37 in-depth interviews with gay – bisexual and other MSM

A ***focus on the view of the individual***, in order to elaborate tailored messages and to inform therapists (addictologists, infectious diseases specialists, sexual health advisers, peer councellors…)



Participant profiles at the time of the interview (*N=37*)

Criteria	Interviewee profiles (N=37)			
Age	7 participants (22-28)	12 (31-39)	8 (40-49)	10 (50-64)
Education / Professional sector	14 participants (masters, doctoral and post-doctoral degrees) : *researcher, programmer, architect, working in commercial sale, finance, or unemployed* 23 participants (middle school or college diplomas, undergraduate degree) : *bartender, mason, costume designer, nurse's assistant, nurse, social educator, catering sector, fine arts*			
chemsex	25 active participants	7 former participants (having stopped a few months ago)	5 former participants (having stopped 2 to 5 years ago)	
Length of engagement in chemsex	9 participants (8 months to 2 years)	12 (3 to 6 years)	9 (7 to 8 years)	7 (>10 years)
Inject during chemsex	17 participants (Yes) - 20 (No)			
Not in contact with a care provider for *Chemsex problems*	18 participants.			
HIV Status	20 participants living with HIV			

Chemsex experiences = much more than sex + drugs

1/ Several dimensions of pleasures at the heart of chemsex

Body, love, socializing, letting go *(physical disinhibition + sexual identity)*

2/ …pleasures connected to self-fulfilment

Everybody's needs / echos loneliness – stigma – need for self-expression

3/ …contradictory : both self-fulfilment and pain/accidents/severe harms

When bodily pleasures turn into drug dependency, when love/sense of belonging turn into anonymity, non-consent sex (rape?)

Chemsex experiences: *challenges for effective responses*

Concerns and issues facing individuals involved in chemsex:

- *How can I give up such an intense experience / that fill an emotional void / provide self-confidence?*
- *How can I speak about such a contradictory experience?*
- *Outsiders cannot understand – I will be stigmatized…*

Challenges for care providers – effective responses

- *A focus on risks misses key dimensions:*
  - *Chemsex is much more than sex + drugs / Risk behaviours have to be seen within the wider context of a personal life experience*

  ⇔ *A balanced approach (including a « positive » view of chemsex) is needed*
- *Necessary to be ready to hear and talk about pleasures without shame / avoiding stigma*

  ⇔ *Training for care providers not familiar with sexual health intervention / not gay friendly… / drug services?*

Chemsex risks behaviours

2 dimensions involved

Knowledge

More information needed

- about drugs+++ (compounds, effects, harm reduction, drug facilities/resources…)
- New prevention treatment (PrEP)

Personal decision

- Unanimous fear for drug dependency
- Sexual risks sometimes considered as inevitable / acceptable(not everybody)
  - ✓ *secondary to the pleasures expected and/or*
  - ✓ *Prevention / treatment available (PrEP, TASP)*

Major challenges :

- *Identify best channels for disseminating the information (harm reduction, PrEP, facilities…)*
- *Zero risk doesn't exist*
- *Drug relapse / sexual reinfection shouldn't be felt by care providers as a personal failure…*
- *Integrated services (encompass harm reduction, abstinence, PrEP / PEP…)*
- *Training: drugs issues (NPS) for sexual health practicionners / sexual health issues for drugs services*

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Thanks for your attention

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Chemsex trajectories

- No age limit to start: 18 – 62
- Chemsex after years of drug consumption / chemsex = first drug consumption
- « happy users » (slam included) / severe accidents – damages
- Dynamic trajectories : avoid cliché of honey moon ~~=>~~ descent into hell

(going back and forth – pause / abstinence with our without professional help)

Major challenges for effective responses

- *Responses should be individualized, no typical profile of individual / trajectory*
- *Necessary to accept individual ambivalence:*

  => if patient return to chemsex, it shouldn't be felt as a failure
- *« abstinence is the answer for some but not for everybody »*
- *Motivational technique of interviewing considered as interesting by care providers*

Danger of slipping

Weakening factors	Major challenges for therapists: vigilance and attention
Slaming	Harm reduction
Living place - sociabilité chems ++	Outside the control… raising the possibility of relocation ? – spending less time with chemsex buddies?
Apps	
Traumatic event (sentimental, HIV, death of a close relative…)	HIV : Info and access to PrEP. Other traumatic event: outside the control except individual support for emotional suffering

French surveys – large sample - MSM recruited online / sexual networking App

Study	Population (N)	Definition	Reporting period	Chemsex estimate
ERAS (2017)	18 069	At least 1 substance used among (cocaine, GHB/GBL, Amphetamines, MDPV, 3-MMC …)	Last sexual intercourse	5 %
NGB (2017-2018)	10 199	Drug use (sometimes, often, very often) - at private sex parties/slam parties ; - at least 2 illicit substances (except cannabis), at least once a month / once a week / everyday	Past 12 months	3 %
EMIS (2010)	9 782	Consumption of drugs typically used at (sex) parties (ecstasy, amphetamines, crystal methamphetamine, mephedrone, GHB/GBL, ketamine or cocaine).	Preceding four weeks	11 % (West countries) 7% (France)