ChemSex is NOT the same as recreational drug use.
It is a specific form of recreational drug use.

Associated with
- Extended sex for many hours/several days.
- More extreme sexual practices
- 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
Mephedrone

• a cathenone.
• not physically addictive ‘M-Kat’, ‘Miaw Miaw’, ‘Meph’
• white powder, £10 to £40 per gram, usually highly adulterated
• snorted, sniffed, injected, booty-bumped
• amphetamine-like high, powerful disinhibitor. Facilitates high-risk sexual behaviour
• psychosis, depression, particularly when injected & when associated with longer using episodes
Crystal Methamphetamine

• Smoked in a pipe, injected, booty-bumped
• £200 to £250 per gram Usually unadulterated & in crystalline form
• 24+ hour half-life, powerful disinhibitor, compulsive, energetic, confident sexy high
• Psychosis, depression, sleeplessness compulsive tendencies. Facilitates high risk sexual behaviour
GHB/GBL

• GHB/GBL; Gammahydroxybutyrate/Gammabutyrolactone. ‘G’, ‘Gina’

• Orally ingested only. Solvent, derived from a naturally occurring fatty acid.

• 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

• Purchased online, amounts to 10 pence per dose.
Drug drug interactions

CYP450 metabolism
CYP3A4 – inhibited by ritonavir and cobicistat, CYP3A4 metabolised drugs may increase exposure and therefore toxicity
- MDMA
- GHB/GBL
- Methamphetamine
CYP2D6 inhibited by cobicistat
- Mephedrone
In CYP2D6 slow metabolisers (7-14%) – drug would use CYP3A4 for elimination but the letter is also inhibited
CYP2B6 – inhibited by ritonavir and cobicistat
- Ketamine
CYP2C9 – inhibited by Efairenz
- Ketamine

www.chemsexsupport.com/ddis

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.
Contributing Factors

• Confusion around current HIV messages
• 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
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.

@davidastuart
IS THIS A SEX PROBLEM OR A DRUG PROBLEM?

(FOR SEXUAL HEALTH SECTOR, OR SUBSTANCE MISUSE SECTOR?)
Simplifying access to treatment

Welcome to Dean Street Express

Please touch the screen to start

Are you into any of these things – Fisting, Injecting, Barebacking, Chem sex?

Yes  No

@davidastuart
874 Unique MSM using (combinations of) Meth, Meph and GBL for sex consented to a brief intervention for drug use support.

71% were not specifically seeking drug use support on presentation

- ChemSex behaviour tended to accelerate;
  - Immediately after an HIV diagnosis
  - Immediately following the break up of a relationship
  - Following migration to London, and MSM sex tourism

- 98% had never previously accessed drug use support.
- 45% reported average of between four and ten partners per episode
- 70% reported no ‘chem-free’ sex in previous 6 months

**Injecting Drug Use**

- 29% were injecting drug users
- 34% had never injected drugs
- 37% unanswered

**Of the injecting drug users;**

- 23% reported having shared needles
- 27% reported never having injected themselves (allowing others to inject them)
- 30% had been injected by both themselves and others

@davidastuart @56deanstreet
HIV

**HIV Status**
52% HIV-ve
32% HIV+ve
16% Unanswered

**Of the HIV+ve cohort not on ARV therapy (42 individuals);**
64% reported zero condom use for intercourse
10% reported using condoms for intercourse less than 50% of the time

**Of the HIV+ve cohort on ARV therapy (238 individuals);**
25% reported zero condom use for intercourse
51% reported using condoms for intercourse less than 50% of the time
64% reported good ARV adherence
30% poor ARV adherence

**Of the HIV-ve cohort;**
55% had done 1 or more courses of PEP 3rd
30% - 1 course
25% 2 or more courses
10% reported zero condom use for intercourse
40% reported using condoms for intercourse less than 50% of the time
42% expressed an interest in PrEP as an HIV prevention tool

@davidastuart   @56deanstreet
HEPATITIS C

HCV; of all screening options, MSM were {anecdotally} most reluctant to consent to an HCV test.

12% of cohort had previously tested positive for HCV

Of the 12% previously or currently HCV+ve:
- 52% were mono-infected
- 40% co-infected with HIV
- 68% had only been HCV-infected once
- 32% had been HCV infected multiple times
- 47% had never injected
- 36% were injecting drug users
- 23% were HIV-ve, non-injecting drug users
Questions to ask

• “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?”
The 56 Dean Street response;
SEXUAL WELLBEING PROGRAMME

SOBER SEX
A PSYCHOSEXUAL PERSPECTIVE

A workshop for therapists
with
Remziye Kunelaki
Sex, chems, apps & HIV; a new play about gay lives in London, as they intersect around a Soho sexual wellbeing centre.

A new play by Patrick Cash
Featuring:
Zachariah Fletcher, Damien Killeen, Stewart Who?, Pretty Miss Cairo, Matthew Hodson
Produced by David Stuart and Patrick Cash
for the Dean Street Wellbeing Programme

Kings Head Theatre, Islington; 24th to 29th August
Tickets at www.KingsHeadTheatre.com

@davidastuart #TheClinic @KingsHeadThtr @56deanstreet
Perfect storm of:

• A promiscuous population
• High HCV/HIV prevalence
• High-risk sex practices
• Increased (naïve) injecting use
• Poor or non-existent 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

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

Work with MSM voluntary sector, to mobilise community response to ChemSex and stigma
Recommendations

• Create a 4 week drug use survey within your clinic, to assess need.

• Add compulsory drug use questions to MSM proformas.

• ChemSex training for GUM/HIV staff

• Needle/syringe provision for MSM in GUM services

• Develop a working relationship with your local drug and alcohol service (& Substance Misuse commissioning teams))

• Improve relationships with MSM Voluntary Sector organisations/charities
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?

Adapting interventions
Training Sexual Health staff/adapting assessments
Training non-LGBT drug services in MSM sexual behaviour
ChemSex CARE PLAN

Care Plan, ChemSex

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)

<table>
<thead>
<tr>
<th>When are your cravings/triggers likely to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home alone</td>
</tr>
</tbody>
</table>

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?
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
I believe your sexual health worker asked you to come and speak with me.