CHEMSEX

Chemsex & Dublin

- Substances have always been used by some to facilitate sex
 - Something new about the recent trend; Chemsex
 The practice of intentionally using certain drugs before or during sex to increase both sexual pleasure and arousal
- In Dublin, there can be anywhere between 20 30 Chemsex parties in a week

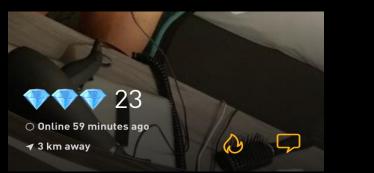


- Taking Crystal Meth, GHB (Tina & Gina) and Mephedrone during the party
- Then Benzodiazepines, Cannabis & Ketamine to help the come down
- Different psychology Different name gives a different mind frame
 - E.g. Injecting Crystal Meth, Mephedrone & Ketamine, but calling it "slamming"
 - They don't associate with "addiction" i.e. "I <u>slam</u>, junkies <u>inject</u>"



Chemsex

- <u>Phone apps & websites</u> (Tindr, Blendr, Grindr, Growlr, Scruff) have made Chemsex much more visible & easier to access
- On profiles "ParTying with Tina & Gina" could indicate that this person was hosting/looking for a sex party using "Tina" (Crystal meth) & "Gina" (G)







- Changing geography of partying, from a communal scene to private homes
 - Drugs like GHB/GBL are replacing Ecstasy as the drug of choice.
 - The internet replaced socialising as the most common way of looking for sexual partners



G & Sex

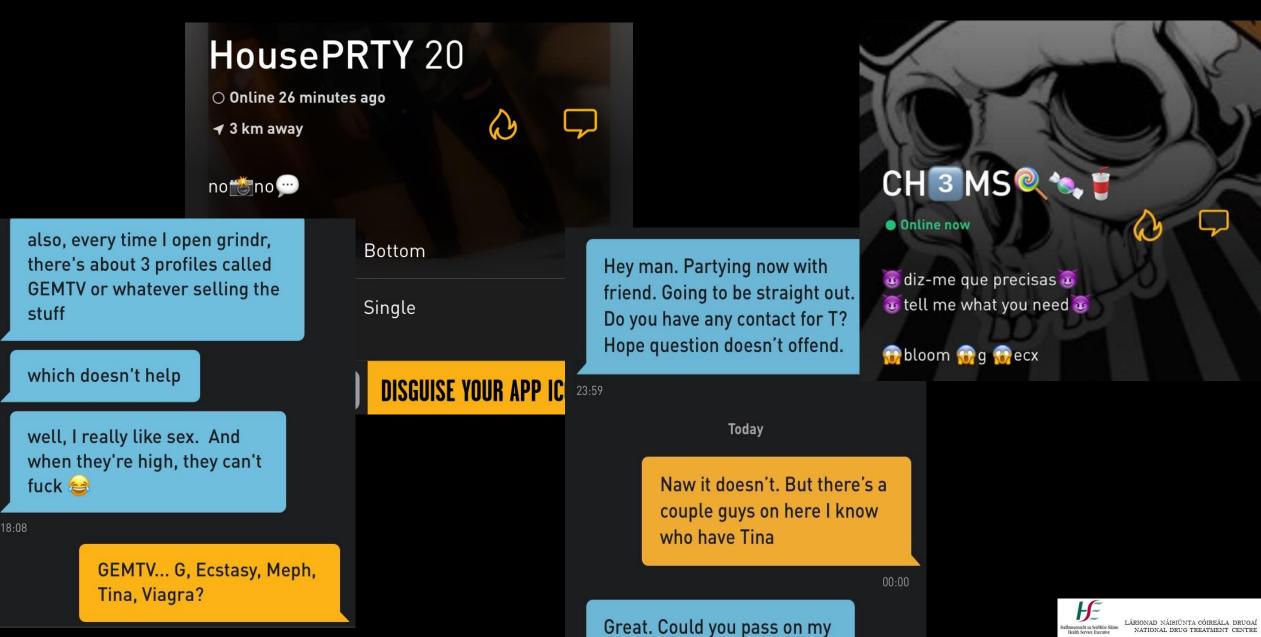
• GBL & GHB are consumed during:

- Club & Circuit Parties
 - as a precursor to after-parties
- After-parties
 - Drug cocktail, with Crystal Meth, Mephedrone, Cocaine, Viagra, Ecstasy, Cannabis, and/or Alcohol
- Saunas, Sex clubs & Chemsex parties
 - multiple partners (average of at least 5 in one night)
 - Risk of unprotected consensual sex, and even non-consensual sex
- Longer partying behaviour more normalised.
 - Hard to know when to "call it a night" no risk of DJ stopping playing or the lights coming on

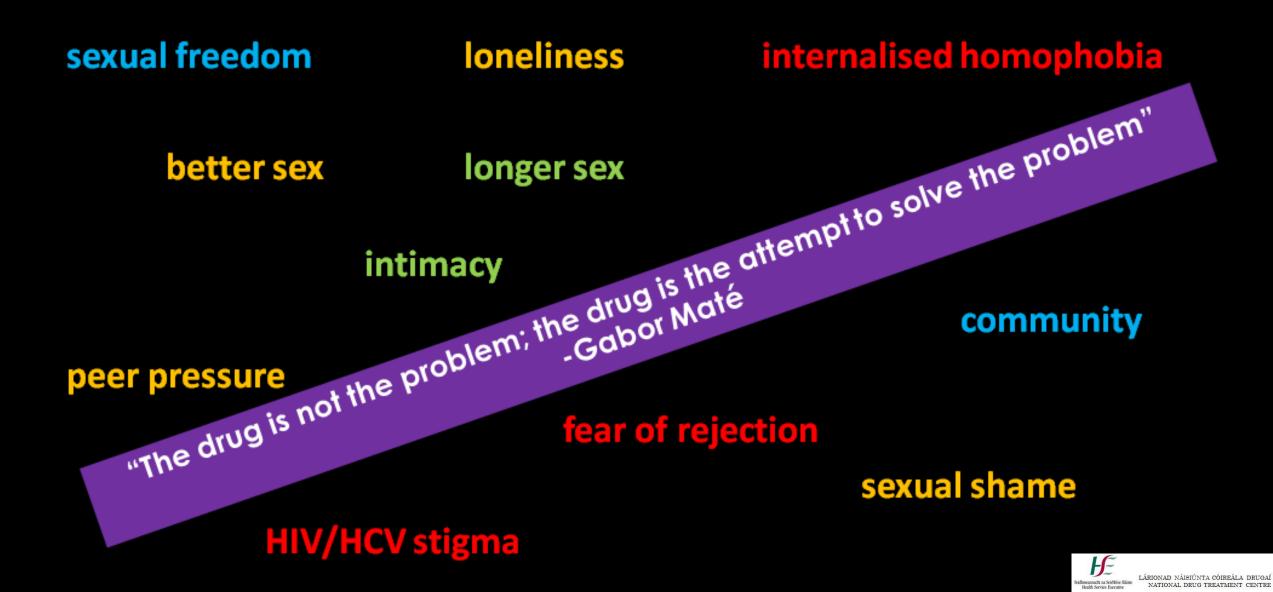




Using Technology to "Network"



Why Would People Engage in Chemsex?



The Psychology of Chemsex

- Cognitive disengagement
 - If you get rejected & you are on Mephedrone, Crystal Meth, or GHB, it doesn't matter
- Little or no memory of what occurred, and definitely none after he/she lost consciousness



- Use drugs to manage negative feelings, such as lack of confidence & self esteem, internalised guilt about sexual proclivities and stigma about their HIV status
- Drugs become used *less for fun* and <u>more for self-medication</u>



Bareback 👽 🌚

Seen 24 minutes ago



22yrs	n/a
n/a	n/a
n/a	n/a
n/a	n/a

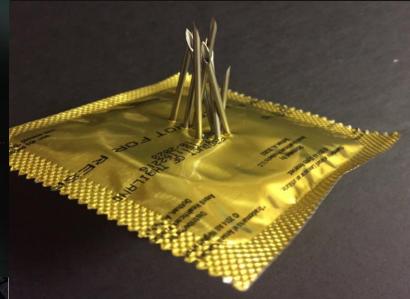
YOUNG HUNG GUYS ONLY. Btm here. Can accm now . I don't travel. Poppers, chems n BB. No answer is an answer.

238 metres away 2 minutes 🖄 away



Bug Chasers

Those who seek HIV infection are called "bug chasers"



(18 hrs ago) hi sexy i don't want to sound dumb but will you poz me?



Research on Chemsex – Gay Men's Health Service

- Study (2015) of 486 attendees at the GMHS; 27% had engaged in Chemsex – had used at least 1 of:
 - Crystal Meth, GHB/GBL, Ketamine, Mephedrone, Cocaine, Ecstasy, New Psychoactive Substances (NPS), or Other stimulants for/during sex
- More common in 25-39 year olds (31%) vs. those in the 18-24 and 40+ age groups (20%)
- 65% had a university degree or higher education
- 58% born in Ireland
- No other significant differences by socio-demographic variables
- 86% of all respondents in MISI had used Grindr to make contact with new male sex partners over the previous 12 months



Direct Drug-Related Harms

- Poly-drug Use
 - Half of respondents had used at least 2 drugs the last time they had chemsex
- Injecting Drug Use
 - 9% of those engaging in chemsex had ever injected drugs for chemsex



- Loss of Consciousness
 - 23% of respondents/their partners had ever lost consciousness as a result of chemsex



Reasons For Relapse

- Previously moved in chems-using circles
- Many liked person they were, "better than person I am without it"
- Withdrawal symptoms e.g. anxiety, panic attacks & insomnia lasting for several weeks – some couldn't cope
- Some people (especially those with a history of alcohol dependence) relapsed, either on GHB or up to 2L of vodka/day
- Unable to have sex without GBL/GHB or Crystal Meth

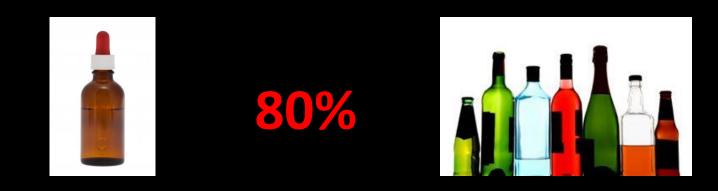






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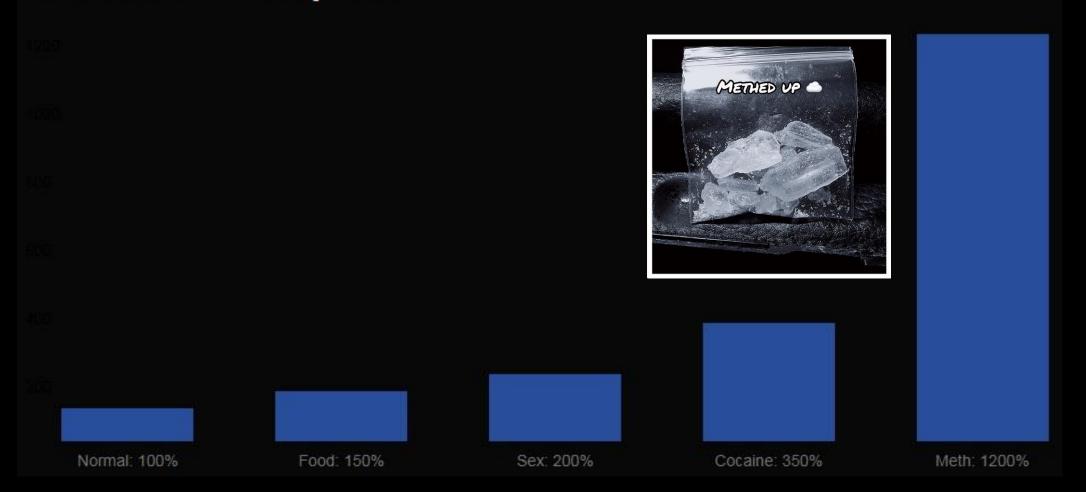
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Crystal Meth & Dopamine

Amount of released dopamine





The Chemsex Working Group, Ireland

- Established to address the harms associated with the increasing trend of Chemsex and associated drug use as part of the National Outbreak Strategy 2015
- Multisectoral collaboration of **Statutory** and **Non-Governmental** Organisations
- Main focus harm reduction campaigns on GHB, Crystal Meth and other substances used in Chemsex



Drug and Alcohol Information and Support

reland



It's always safest not to take unknown or illicit drugs at all. G is addictive and it is easy to overdose on it, so if you do decide to take it,



Always prepare our own G



Pre-measure G carefully

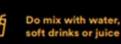


ever swig from



(ö)

Don't mix G with alcohol or other drugs



Use with people you trust in a safe environment

- Always use condoms if using G. If someone 'goes under'/is unconscious they cannot consent to sex.
- If someone you're with goes under'/is unconscious, put them in the recovery position and call 999. Don't assume they will sleep it off.

Need further information and support? Cell the HSE Drugs Helpline 1800 459 459, the GMHS Outreach Team 01 669 9553, the National Drug Treatment Centre 01 648 8600 or the Rialto Community Drug Team 01 4640021

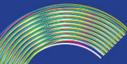


What to do if someone you're with takes too much G





Emergency Medical Staff Called To Attend Patients Experiencing GHB/GBL





Put them in the recovery position If someone 'goes under'/is unconscious, they need to be put into the recovery position.

Call an ambulance (999 or 112)

If someone has passed out and you can't wake them then they need to go to hospital. Don't be put off from calling an ambulance because you have drugs. Paramedics are not police.

Don't let anyone have sex with them

If you notice someone who isn't in control of what's happening to them, make sure you look after them so they don't end up involved in sex without knowing about it.

Overdose

•



- The protection of airways and proper airway management is recommended because vomiting is common.
- Someone can transition from an overdose into serious withdrawals with the risk of seizures. severe agitation & rhabdomyolysis.

For treatment of withdrawal consult the Maudsley Prescribing Guidelines, 12th edition or later.

For further information on treatment intervention or detoxification please contact: HSE National Drug Treatment Centre: 01 648 8600 HSE Helpline: 1800 459 459 / Drugs.ie

Harm Reduction

 Advisory Council on the Misuse of Drugs, in the UK found that campaigns on abstinence were not effective and, in some cases, increased the risk of people taking drugs

• Harm reduction – Patient education:

- *Dosing* of G
- Timings
- Potentially dangerous interactions with other drugs or alcohol
- Potential for sexual harm
- Potential for other health harms that can arise from prolonged use or overdosing
- Encourage to reflect on whether their lifestyle is what they really wanted to maintain (*functional dependence* on substances)
 - Reflection & contemplation are the first big steps in *behaviour change*



This is NOT a Singular Department Issue

- Competently addressing Chemsex is challenging, because though it may be perceived as a drug problem, it's a public health issue involving various specialties; general practice, emergency, medicine, psychiatry and addictions
 - <u>Cultural issue</u> associated with how people *understand* & *pursue sex, intimacy and relationships*
- Drug-related interventions need to be adapted to ensure:
 - Specific forms of high-risk behaviour are addressed
 - Treatment goals relevant to these behaviours are included



• Harm-reduction measures and treatment interventions must tackle <u>drug</u> <u>use</u> together with <u>sexual health</u>, <u>mental health</u>, <u>physical health</u>



Intervention Settings – Chemsex Working Group, Ireland

Primary – harm reduction advice & information on GHB/GBL

- Clubs & Social Media, Festivals & websites
- Outhouse & Day Programmes & Community Centres
- Conferences & Discussion with community (HSE Communications)
- Phone apps (Future)

• Secondary – detecting the harmful use of G

- GUIDE Clinics & Gay Men's Health Project
- GP Clinics
- Regional and Local Drug Task Forces
- Alcohol & Drugs Helpline
- Afterparty Engagement Worker (Future)

• Tertiary – managing harmful effects, detoxification & rehabilitation

- HSE National Drug Treatment Centre
- Emergency Departments & Medical Wards
- Psychiatric Outpatient Departments
- Club Drugs Support/Peer Support Group (Future) Unity (Netherlands), Dancewize (Australia), PartiSafe (Australia), DanceSafe (United States of America)





Take Home Points & Discussion

- Despite the ban, GBL & GHB are still **inexpensive** and **accessible**.
 - GP's, Emergency Departments & GUIDE Clinics will continue to see cases of G dependence and withdrawal
- May be worth including GHB/GBL in Substance History, and asking about Chemsex in Sexual History of an assessment
- Targeted clinic-based and community-based harm reduction and sexual health interventions are required
 - Account specifically for the social and cultural contexts of sexualized drug use
- GBL & GHB withdrawals are much more serious than a Benzodiazepine overdose!

