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Ageing with HIV Conference
NEW CHALLENGES AND UNMET NEEDS
OF PEOPLE LIVING AND AGEING WITH HIV/AIDS AGED 18 - 50
Quality of Life and Preventive Healthcare
3-6 May 2018 Alfavito Hotel, Kyiv, Ukraine



Session:
**Psychoactive substances and
HIV**

Chemsex

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European AIDS Treatment Group (EATG)*





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Outline

- What is ChemSex?
- How common is ChemSex?
- What we know and what we don't know...
- What can be done



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What is ChemSex?

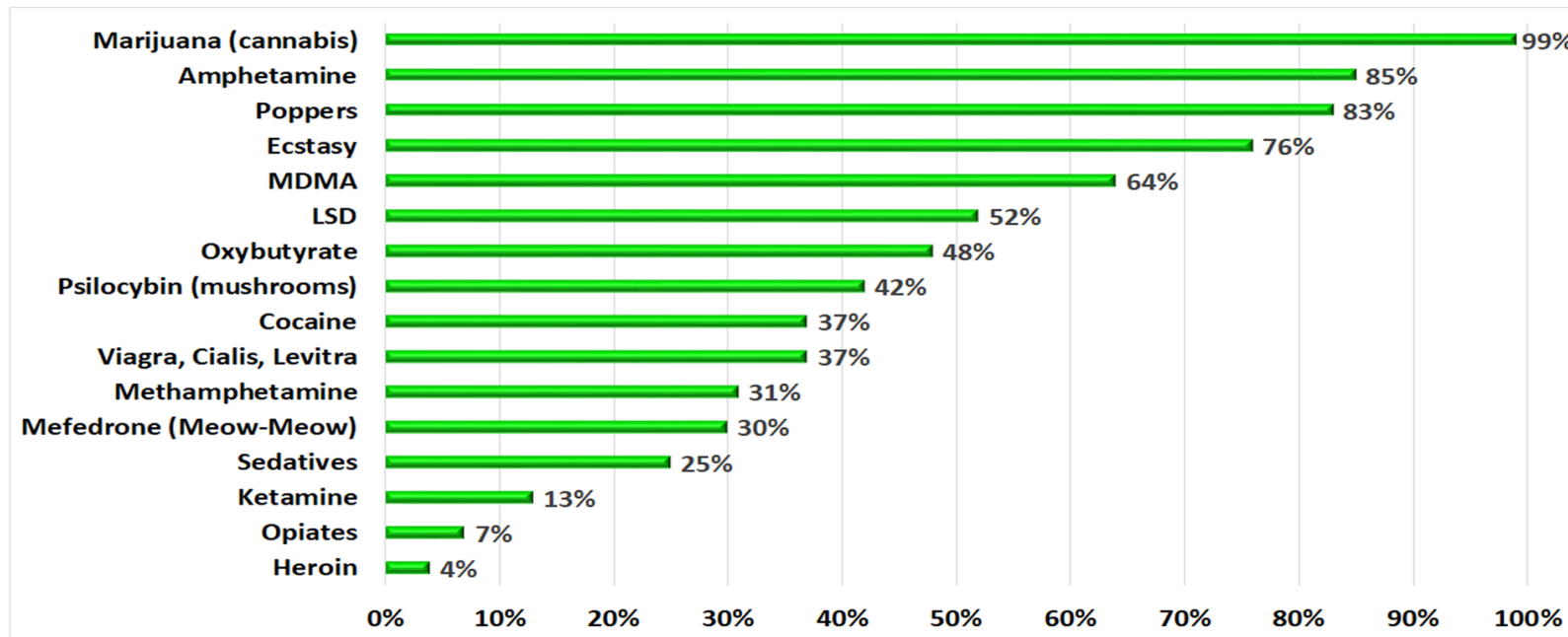
The term 'Chemsex' refers to:

- the use of specific drugs
- before or during sex
- by gay men

But there is much more than this...

Mephedrone	Crystal Meth	GHB/GBL	Ketamine	Others...
 <p>the form of a white powder that can be snorted, swallowed, injected (slammed) and injected in the arse with a syringe with the needle taken off (booty bump).</p>	 <p>stimulant that can be smoked through a glass pipe and snorted. It can also be injected (slammed) and injected in the arse with a syringe with the needle taken off (booty bump).</p>	 <p>an anaesthetic; GBL (Gamma butyrolactone) is closely related to GHB (pro-drug). GHB/GBL are water-like liquids, to be drunk with water or other soft drinks.</p>	 <p>usually snorted, the effects usually last around 45-90 minutes. If injected or swallowed, effects can last for up to three hours.</p>	<p>Cocaine, Crack, MDMA, and more to come</p>

Distribution of chemical substances by the proportion of respondents who used them at least once in their lifetime, n=100



"Chemsex and drug use among MSM in Kyiv: new challenges – 2nd European Chemsex Forum, Berlin 2018



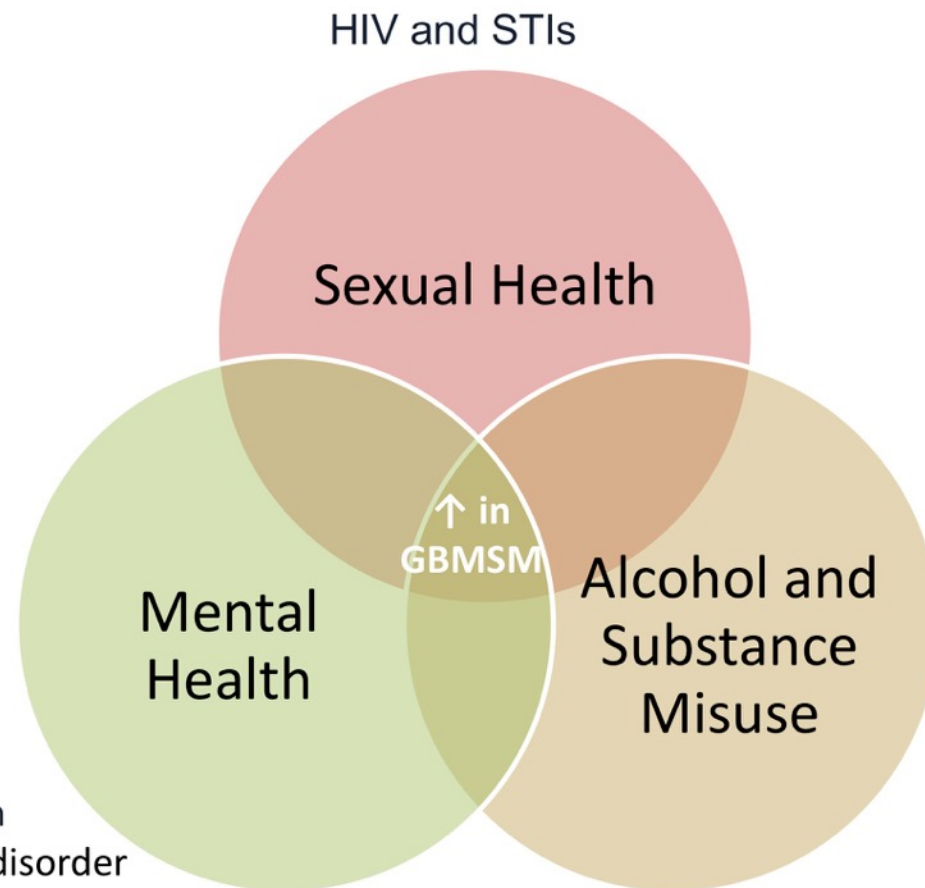
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ChemSex is more than sex and drugs

- Role of dating apps
- 'Alternative' social ritual
- Potentially linked to sexual health
- Potentially linked to mental health

Syndemic of Inequalities in Gay, bisexual and other MSM (GBMSM)



2 x ↑ - major depression
2.5 x ↑ lifetime mental disorder
6 x ↑ - suicide attempt

2.4 x ↑ smoking
2 x ↑ alcohol problem
3 x ↑ use drugs



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Potential harm related to chemsex

- Harms related to physical health
- Harms related to mental health
- Lost time
- Harms related to employment and finance
- Social and relational harms
- Harms related to the gay community



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Potential harm related to chemsex

- Harms related to physical health
 - Overdose
 - Disturbed sleeping problems
 - Injection site injuries
 - Sexual consent concerns



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Potential harm related to chemsex

- Harms related to mental health
 - Anxiety attacks
 - Acute paranoia
 - Sexual dependency



Potential harm related to chemsex

- Lost time
 - Sessions can last between 4 hours and 4 days
 - Some find it difficult to regulate how much time they spent looking for, or having, chemsex
 - Time for recovery is also needed



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Potential harm related to chemsex

- Harms related to employment and finance
 - cost of drug use, in particular the high cost of crystal meth
 - missing work because of “comedowns”, poor concentration and diminished cognitive ability



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Potential harm related to chemsex

- Social and relational harms
 - While many recalled looking after others who overdosed, sometimes ...men being ignored, stepped over or even assaulted when they had over-dosed
 - Many participants were critical of the sexually focussed and inebriated interaction with other men during chemsex, which stood in stark comparison to other social relationships, or their ideal romantic relationships.
 - Some men also described damage to relationships or hurt caused to partners, friends and families as a result of prioritising chemsex over social engagements.



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Potential harm related to chemsex

- Harms related to the gay community
 - lack of care for one other
 - chemsex was sometimes hypothesised as a way to treat, escape or alleviate symptoms of isolation, shame, or homophobia
 - Others saw it as a rebellious reaction to normalisation of being gay.

Potential harm related to chemsex

- Harms related to physical health
- Harms related to mental health
- Lost time

All related to a small minority of respondents

- Harms related to work and finance
- Occupational harms
- Harms related to the gay community



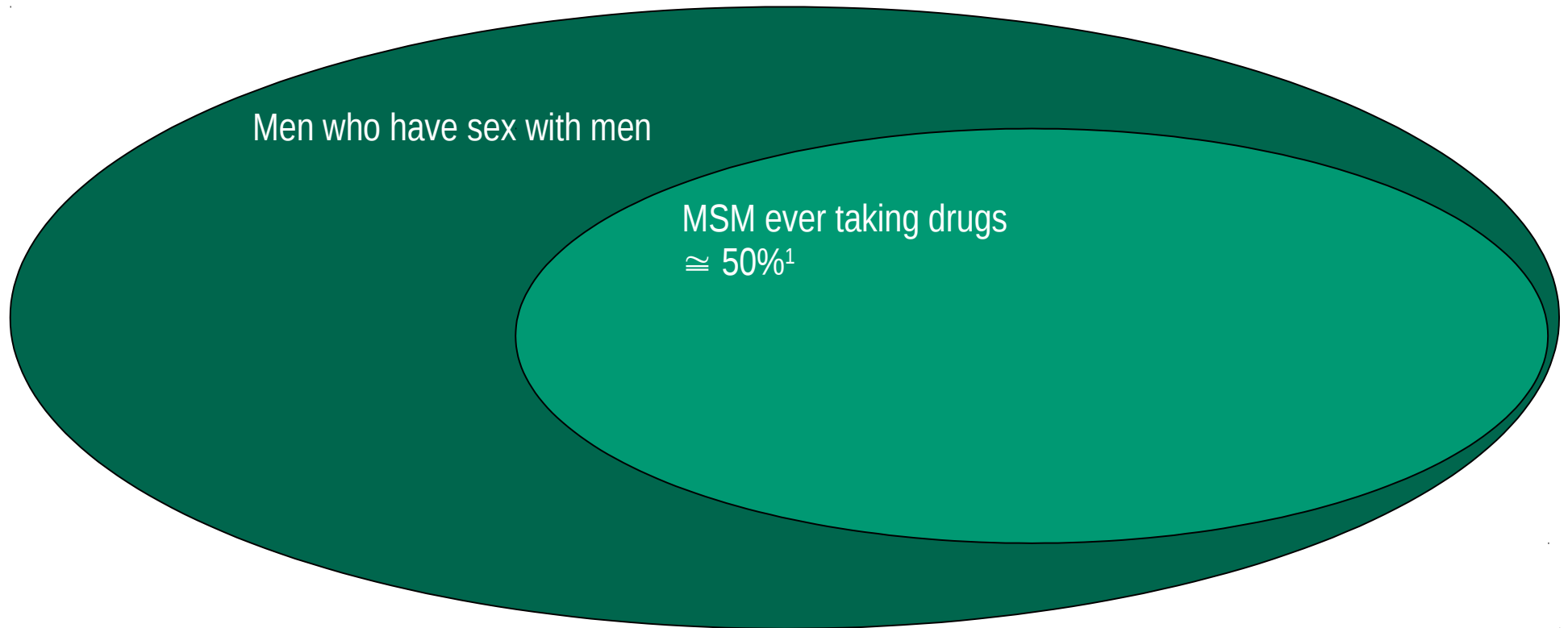
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How common is ChemSex?

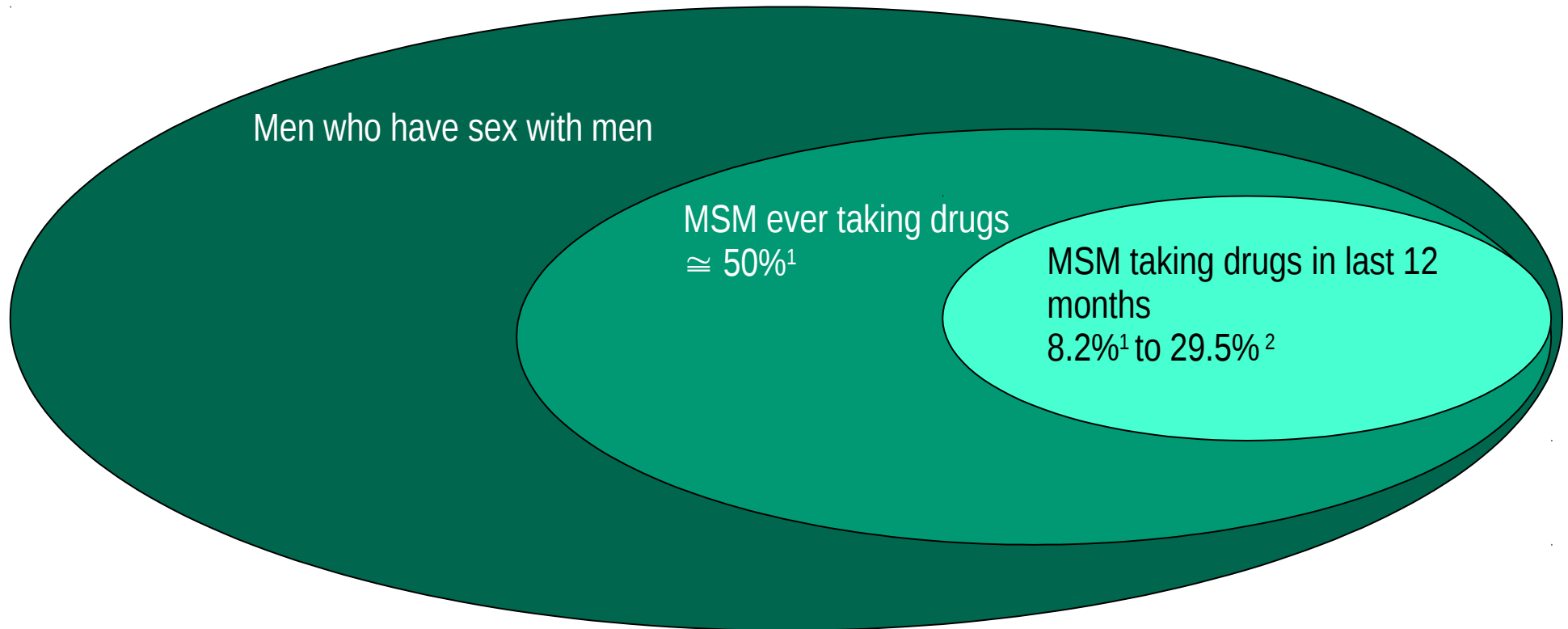
Men who have sex with men

How common is ChemSex?



¹ Frankis J et al, *Low levels of chemsex among men who have sex with men, but high levels of risk among men who engage in chemsex: analysis of a cross-sectional online survey across four countries*. Sex Health. 2018 Mar 29. doi: 10.1071/SH17159.

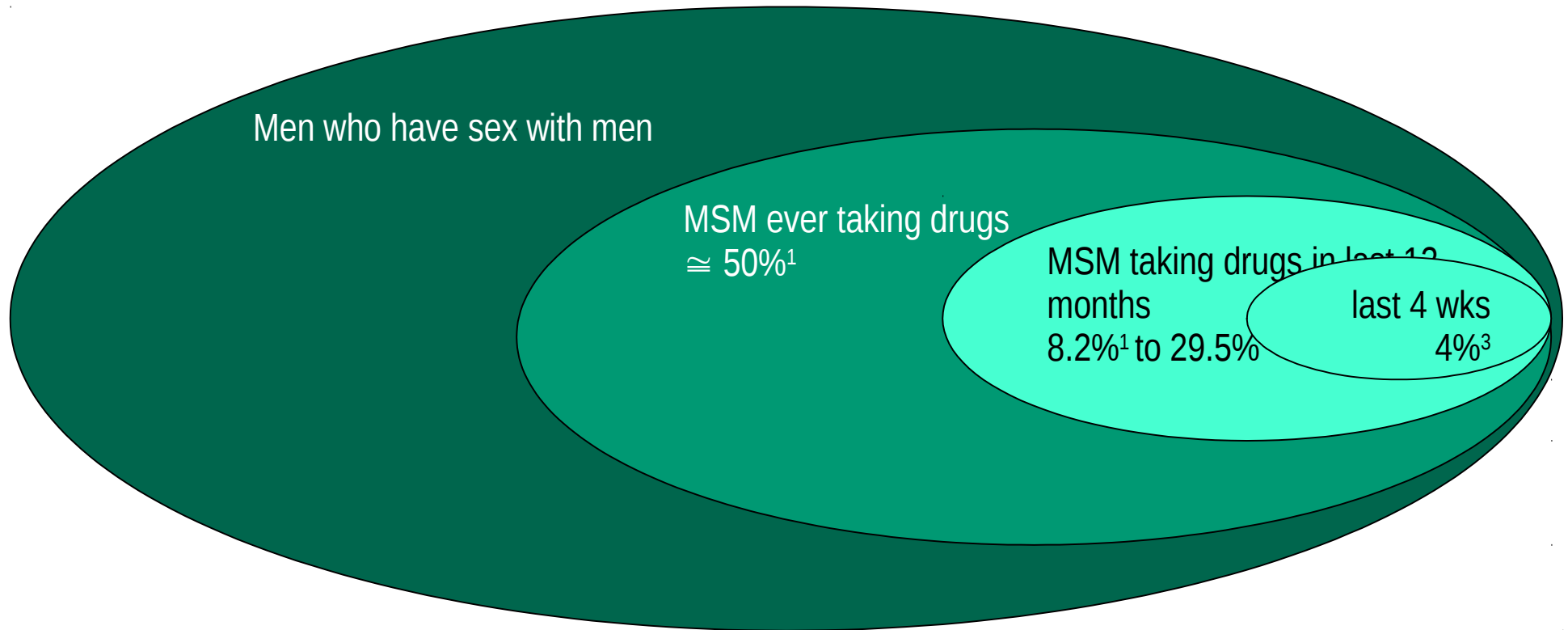
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1 Frankis J et al, *Low levels of chemsex among men who have sex with men, but high levels of risk among men who engage in chemsex: analysis of a cross-sectional online survey across four countries*. Sex Health. 2018 Mar 29. doi: 10.1071/SH17159.

2 EL Pufall et al, *Sexualized drug use ('chemsex') and high-risk sexual behaviours in HIV-positive men who have sex with men*. HIV Medicine 2018 Jan 24. <https://doi.org/10.1111/hiv.12574>

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3 Hickson et al (2016) State of play: Findings from 2014 Gay men's sex survey: www.sigmaresearch.org.uk



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How common is ChemSex?



Among respondents in
England: 6.6%



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How common is ChemSex?



Among respondents in
England: 6.6%



Among respondents in
London: 14.3%



How common is ChemSex?



Among respondents in
England: 6.6%



Among respondents in
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Among HIV+ respondents
in England: 21.9%



How common is ChemSex?



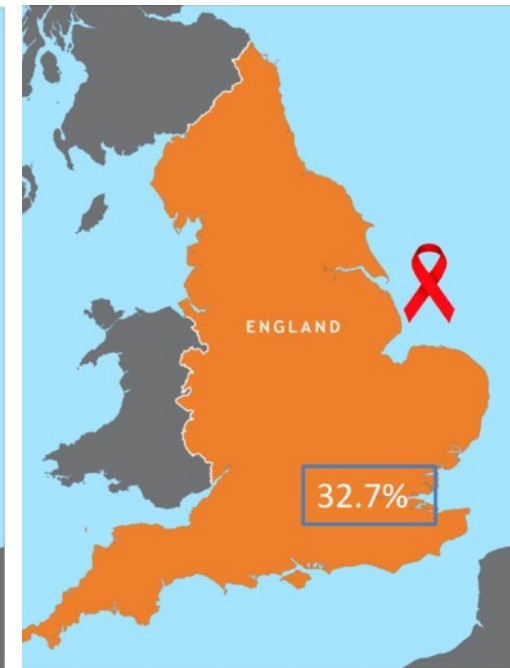
Among respondents in England: 6.6%



Among respondents in London: 14.3%



Among HIV+ respondents in England: 21.9%



Among HIV+ respondents in London: 32.7%

How common is ChemSex?

The odds of reporting chemsex in the last year were significantly higher for:

- men aged 36-45 years (AOR=1.96),
- single men (AOR=1.83),
- men who were HIV positive (AOR=4.01),
- men who report high-risk sex (AOR=4.46),
- being fisted (AOR=7.77)
- had sex in exchange for goods other than money (AOR=4.7)
- men who reported an HIV test in the last 3 months (AOR=1.53).



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What can we do?

Get informed

- 2nd European ChemSex Forum:
<https://goo.gl/DVqGpd>
- Chemsex mailing list:
<https://chemsex.groups.io/>

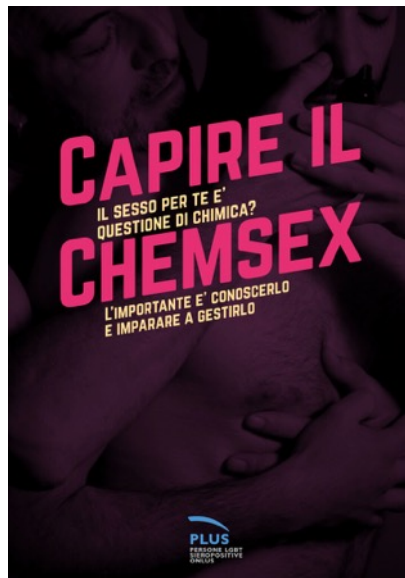
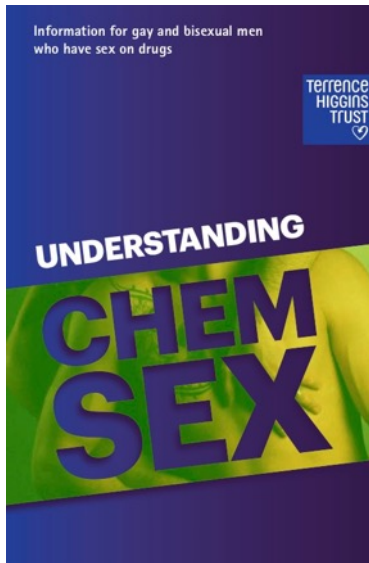


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What can we do?

- Inform, inform, inform...



GHB GBL

C'est quoi ? (Source Techno+)

Le GHB et le GBL sont deux produits aux effets pratiquement identiques. Contrairement à ce que l'on pourrait croire, les liquides vendus comme étant du GHB sont presque toujours du GBL.

Le GHB, gamma hydroxybutyrate de sodium, est un médicament utilisé comme anesthésique. Il a également été utilisé en médecine pour le traitement de l'insomnie grave et dans celui du sevrage alcoolique. Ce produit de synthèse est vendu en poudre blanche cristalline, ou bien sous forme liquide. Dans les deux cas, il est destiné à être dilué dans un verre d'eau et bu. Il est incolore et inodore mais a un goût amer. Le GHB est un produit classé comme stupéfiant à usage exclusivement médical, dont le détournement à des fins récréatives est interdit. A ce titre, ce détournement expose au risque de poursuites judiciaires.

Le GBL, gamma butyrolactone, est un liquide visqueux incolore. C'est un produit chimique fortement acide, mais utilisé dans l'industrie, notamment comme solvant/décapant pour peintures. Il se transforme dans le corps, après absorption, principalement en GHB, un peu en GBL, et en acide succinique. C'est pourquoi les effets de ces deux produits sont identiques. Le GBL est un produit légal mais contrôlé. Le fait d'en proposer ou d'en vendre à quelqu'un en vu de sa consommation est passible de poursuites judiciaires.

- Prévenir et réduire les risques**
- On ne se réveille pas toujours d'un G-hole (trou noir; perte de mémoire, de connaissance comme si l'on était sous anesthésie). Parfois le G-hole est suivi d'un coma et d'un décès.
 - On ne consomme pas seul-e, on consomme entre amis-es, amants, partenaires, potes.
 - Le dosage est essentiel. Il dépend de nombreux facteurs (l'âge, composition du produit, alimentation, contexte médical de chacun...).
 - Pour doser correctement le produit, on peut utiliser une seringue non stérile (sans aiguille) ou un dosateur à GHB. Ces outils permettent d'éviter les surdoses et sont disponibles gratuitement dans les locaux de AIDES ou via Techno+, le Kiosque Info Sida et autres associations de réduction des risques.
 - On ne surconsomme pas. Il faut respecter un délai d'au moins deux heures entre chaque prise en fonction des quantités consommées. Lorsque l'on consomme dans un espace commercial, on prend en photo l'heure de la prise avec son portable afin de s'en souvenir. Lorsque l'on consomme dans un cadre privé (épouses, after, appart), on peut utiliser le document joint en annexe G-Track, fiche de réduction des risques.
 - On ne mélange jamais le GHB/GBL avec de l'alcool, des apapés ou des benzodiazépines.
 - Usagers-es ou partenaires sexuels: les effets psychique pouvant être modifié par le produit, le consentement est impératif avant d'avoir des rapports sexuels.
 - Sous l'effet du produit, il peut y avoir une modification de votre prévention sexuelle. N'hésitez pas à vous rapprocher des équipes de AIDES pour avoir plus d'informations sur le Tasio (traitement comme moyen de prévention), la Prep (traitement en prévention), le TPE (traitement post-exposition).
 - Lorsqu'un-e usager-e montre des signes de faiblesse ou de perte de connaissance, on appelle les services d'urgences médicales ou les pompiers. On n'abandonne jamais un-e partenaire sans avoir été assuré-e qu'il-elle n'est pas dans un état critique.
 - Ces produits sont des produits psychoactifs illicites. Leur échange, revente, consommation et possession sont prohibés.
 - Si vous ressentez des troubles liés à la consommation du produit, que votre consommation vous déprime ou que vous êtes accro, vous pouvez contacter AIDES qui vous orientera selon vos besoins vers des soignant-es spécialisés-es dans les addictions.

Plus d'informations :
http://www.fetes-clairs.org/fetesadmin/fetes-clairs_2_0/meda/GHB_2016.pdf
<http://technoplus.org/gbh-gbl/>
<https://www.psychocast.fr.org/forum/index.php>

STOP

Consell de Cent, 244, 1-2
08011 Barcelona
www.stopsida.org

Entitat membre del Comitè 1r Desembre, CESIDA, Plataforma LSTBic i FELSTE

ATENCIÓN PRESENCIAL Y POR VIDEOCONFERENCIA

• CITA PREVIA: 93 452 24 35
 • CITA ONLINE: chemsex.info
 • CONSULTA: info@stopsida.org

sexo + seguro / orgías / sesión chill / keta / morbo colocón / drogas / PrEP slamming / speed / ghb morbo / chem / keta / BB viagra / guarreo / pastis sex party / popper / a pelo aci / vicio / pills / safe / 420 bitfm / mdma / tina / raving / mefe

chemsex.info STOP

SLAMMING DOS & DON'TS

MAINline





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What can we do?

How you do things is crucial:

- Do not judge!
- Chemsex is NOT a problem by itself: no one but the person himself can decide if he has a problem with Chemsex
- Personalise: drug use patterns are not the same for everyone
- Try and use an appropriate language for your target group



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What can we do?

Let's talk about ChemSex!



LGBT+ drug & alcohol support
Every Tuesday, 5pm-7pm
@Code - 56 Dean Street



LET'S TALK ABOUT
SEX & DRUGS

AN OPEN FORUM TO DISCUSS IMPORTANT TOPICS ON SEX AND PARTYING IN AN INTIMATE SOCIAL SETTING WITH FRIENDS

BAUMHAUSBAR
AT MUSIK & FRIEDEN
FRAGENSTIMMEN & 1000 SELTEN KRISCHEN
22.03.18 19:00

GILEAD UCB-VIV MSD

FACEBOOK.COM/LETSTALKABOUTSEXANDDRUGS



Effectiveness of a mindfulness-based intervention as a complement of psychosocial interventions in men who have sex with men engaged in sexualized drug use

IdiPAZ Instituto de Investigación Regional Ovarianos La Paz

González-Baeza A, Rúa-Cebrián G, Ibarrauchi L, Barrio-Fernandez P, Curto-Ramos J, Alonso J, García A, Ryan P, Dolengevich H

A+

BACKGROUND:

- High prevalence of SDU has been described in several samples of men who have sex with men (MSM).
- Mindfulness-based interventions (MBI) increase well-being and enhance-stress management.

OBJECTIVE:

To assess the effectiveness of a mindfulness-based program, as a complement of individual psychosocial interventions in a sample of MSM engaged in sexualized drug use (SDU).

METHODS:

- Participants: The MBI was offered to 12 MSM in an interdisciplinary psychosocial program in Apoyo Positivo (NGO, Madrid). 5 of them were enrolled (scheduling issues).
- Assessment Procedures: All of 12 participants completed self-administered questionnaires prior to intervention (emotional & mindfulness related variables). At the end of the intervention those 5 participants completed the same as the baseline.

TABLE 1. Psychological & mindfulness assessment

MEASURES
Hospital Anxiety and Depression scale (HADS)
Perceived Stress Scale (PSS)
Positive and Negative Affect Schedule questionnaire (PANAS)
Five Facets of Mindfulness Questionnaire (FFMQ)
Self-Compassion Scale (SCS)

TABLE 2. Content of the sessions in our MBI

What is Mindfulness & Automatic Pilot: Rain meditation
Perceptions and reality: Body Scan Meditation
Awareness and breathing & Mindful yoga: Walking Meditation & Yoga (I)
Stress: responding vs. reacting & Finding your compassionate voice: One Minute Meditation & loving kindness Meditation
Coping with stress & Mindful yoga: Full Yoga Session (II)
Emotional regulation & Thoughts are not facts: 3 minute breathing space & Labeling Thoughts/Emotions & Mountain Meditation
Managing difficult emotions & Self-compassion & Self-care: The Softer-Allow-Soothe & Compassionate Embrace
Social support & Developing a personal practice: Final Meditation

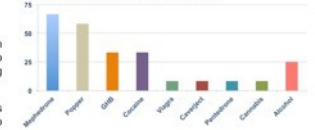
- Statistical Procedures: The non-parametric Wilcoxon-Signed Rank test was conducted to calculate the differences between pre and post intervention.

BASELINE CHARACTERISTICS:

Table 3. Baseline of a sample of 12 assessed MSM-SDU

DATA	DATA
Age, Median (IQR)	37 (30-40)
Hispanic, N (%)	10 (83.3)
Spanish born, N (%)	8 (66.7)
Completed secondary or college N (%)	12 (100)
Working full time, N (%)	8 (66.7)
Monthly income > 1000 euros, N (%)	7 (58.3)
Living with, N (%)	
Alone	4 (33.3)
Couple or friends	5 (41.4)
In a stable relationship, N (%)	2 (16.7)
Struggling ever in life, N (%)	7 (58.3)

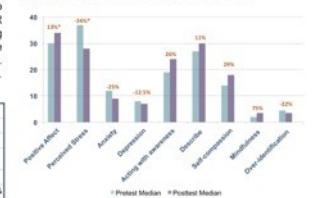
Graphic 1. Main drugs used during sex, N=12 (%)



RESULTS:

After the intervention, participants significantly increased positive affect and reduced perceived stress. The following categories all demonstrated a positive trend toward statistical significance: anxiety, depression, acting with awareness, describing, self-compassion, mindfulness and over-identification (Graphic 2). All participants revealed high levels of satisfaction (median (IQR)=9 (8-9.5)) on a 1-10 rating scale. No participant had any prior meditation experience.

Graphic 2. Pre and post-intervention differences, N=5 (%)



CONCLUSIONS:

Participants in our MBI appear to have experienced therapeutic changes in distress and mindfulness related variables. MBI in MSM engaged in SDU in addition to specific individual psychotherapy might be a potential treatment strategy.



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Conclusions

- Chemsex is part of the gay community, although it (still?) affects only a minority
- Not 'any' Chemsex is problematic: many gay men can manage to use drugs without big problems, but for a small minority of people, Chemsex can ruin their lives
- Information is missing: the gay community can play a big role in promoting harm reduction strategies
- It is crucial to avoid any judgement: Chemsex users should feel welcomed within the gay groups, not excluded



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Thank you for your attention

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