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 

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Identifying ChemSex in London

Considered a small sub-population behavioral trend.

Not yet linked to HIV/GUM as a Public Health concern.

Research/data lacking
Identifying ChemSex in London

2007 – 2011; Increased ChemSex prevalence reported anecdotally in LGBT drug charity Antidote and frontline staff at sexual health/HIV clinics, as well as gay counselling services.

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2010; HIV & methamphetamine (sexualised) use amongst HIV+ve MSM

2013; two reports appeared in Lancet;
REF; Kirby T, Thornber-Dunwell M. High-risk drug practices tighten grip on London gay scene. The Lancet.2013;381(9861):100, 101


2013; ChemSex Report, HIV Nursing Journal;

2013; NAT (National AIDS Trust) letter to London councils to prioritise ChemSex in GUM/HIV settings;
http://www.nat.org.uk/media/Files/Policy/2013/letter%20to%20Councillor%20ONeill.pdf

2014; ChemSex Report, Sigma Research, London School of Hygiene & Tropical Medicine;

2014; ASTRA Study; Recreational drug use, polydrug use, and sexual behaviour in HIV-diagnosed men who have sex with men in the UK: results from the cross-sectional ASTRA study
DOI: http://dx.doi.org/10.1016/S2352-3018(14)70001-3
56 Dean Street, GUM/HIV clinic

- 7,000 MSM presenting each month
- 40% using recreational drugs
- 100 new presentations to ChemSex support each month
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

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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

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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
First actions


ChemSex defined according to high prevalence populations/high risk behaviours/ riskiest drugs. Stuart D and Collins S, Methmephangee - ChemSex vs recreational drug use: a proposed definition for health workers. HIV Treatment Bulletin, Volume 16 Number 5/6, May/June 2015

Proformas/assessments changed to identify ChemSex behaviour, and to elicit honest disclosures/make effective referrals


Partnerships formed with MSM charities/drug services, to inform expertise and encourage faith from MSM communities.

Targeted Tier 2 clinics established; http://www.chemsexsupport.com


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Simplifying access to treatment

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Identifying high risk

Drugs Used: (Crystal methamphetamine, Mephedrone, GHB/GBL being highest risk drugs (re ChemSex)

Frequency of drug-using episodes/frequency of sober sex encounters

Number of partners per drug-using episode

Prevalence of condomless sex per drug-using episode (Sorted by HIV-ve, HIV+ve, those on treatment, those undetectable)

Route of drug administration (snorted, injected, swallowed, booty-bumped/intra-anal)

Likelihood of traumatic sex during drug-using episode

Alerts for

- Seroconversion symptoms
- HIV+ve not on treatment
- Poor antiretroviral adherence (where likely to impact viral suppression)
- high number of PEP presentations/courses prescribed
- Infrequent HIV screening/GUM attendance
- Frequent GUM infections
- Frequent overdoses linked to possible drug/drug interactions
- HCV infection
- Sharing of drug use equipment
- Fisting
The Dean Street Wellbeing programme

www.deanstreetwellbeingprogramme.com

Let's talk about gay sex and drugs
Online support
www.ChemSexSupport.com From 56 Dean Street

For chem users
Support online & how to access 1-1 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
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