



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

INTRO TO CHEMSEX

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest?

PLANNER DISCLOSURES

The following series planners have no relevant conflicts of interest to disclose; other disclosures have been mitigated.

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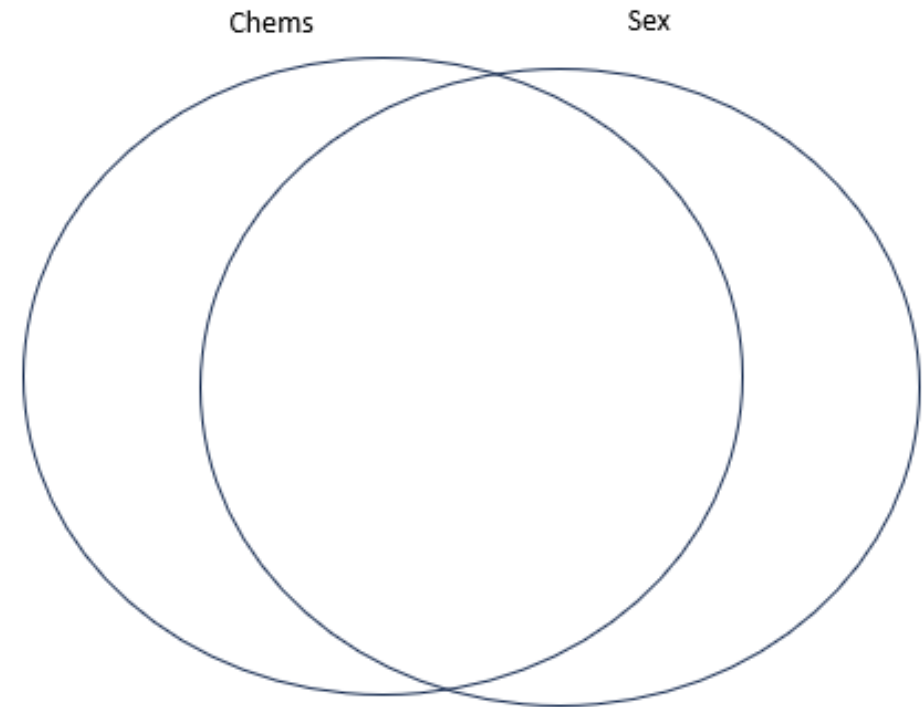
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OBJECTIVES

By the end of this session participants should be able to:

- Have a working definition of chemsex
- Name vulnerability factors which effect this community
- Name the most common drugs used in chemsex
- Define colloquial terms within the chemsex community
- Participate In a case study and discuss underlying needs of people engaging in chemsex to better inform clinical care
- Discuss practical abstinence and harm reduction strategies
- Identify local recovery resources for chemsex

WHAT IS CHEMSEX



Sexualised drug use by MSM: background, current status and response

David Stuart

Education, Training and Outreach Manager,
Antidote (LGBT substance use service; part of the London Friend charity)



1970- 2005 and
beyond
Club drugs

ecstasy and cocaine



2012 and beyond

Methamphetamine
Mephedrone
GHB/GBL

Stuart, D. (2015). Cultural competency for clinicians:
ChemSex and coinfection. *Future Virology*, 10(4),
347–349. <https://doi.org/10.2217/fv.15.24>

Sexualised drug use by MSM: background, current status and response

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Antidote (LGBT substance use service; part of the London Friend charity)



- 99% of crystal meth users and 75% of mephedrone users are using the drug solely to facilitate sex;
- 85% of GBL users report using the drug to facilitate sex;
- Increase in IV meth use from 20% in 2011 to 80% in 2013 with 70% of users sharing needles
- 75% of these drug users are HIV positive, and of these: 60% report a failure to adhere to an ART therapy regime while under the influence of drugs;

[\(1\) ChemSex MI \(con subtítulos en Español\) - YouTube](#)

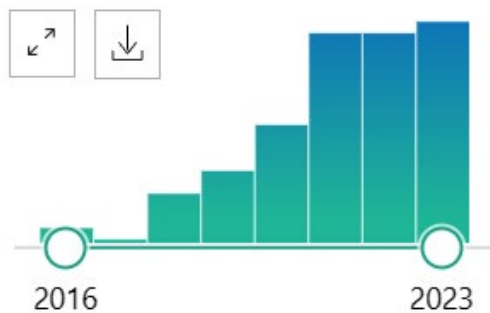
Stuart, D. (2015). Cultural competency for clinicians: ChemSex and coinfection. *Future Virology*, 10(4), 347–349. <https://doi.org/10.2217/fvl.15.24>





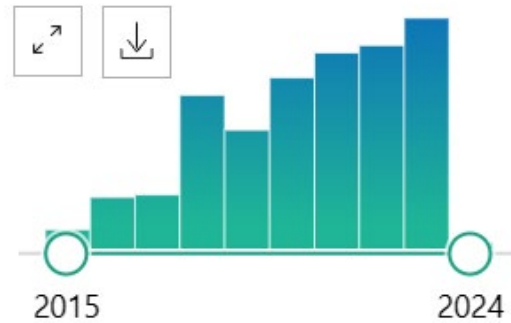
Sexualized Drug Use?

RESULTS BY YEAR



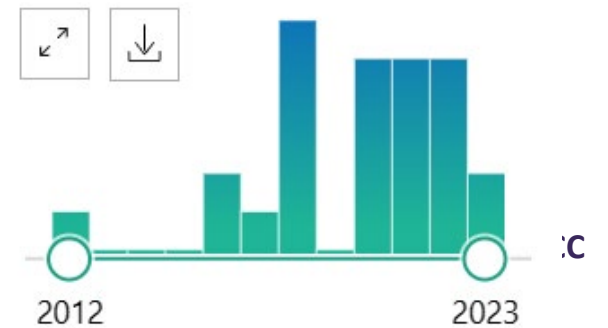
Chemsex?

RESULTS BY YEAR



Party and Play?

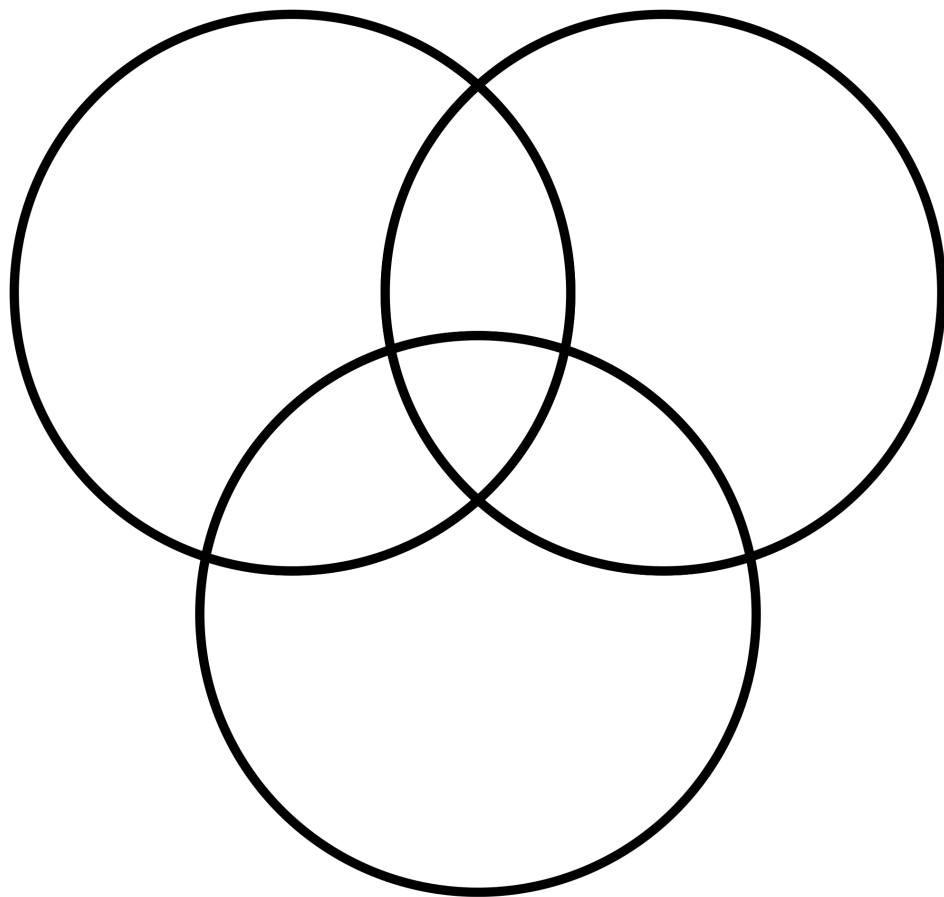
RESULTS BY YEAR





Chems

Sex



GBMSM

VULNERABILITY FACTORS



WHY GBMSM POPULATIONS? – VULNERABILITY

Higher incidence of
vulnerability factors for
SUD
Poverty, trauma, mental
health, abuse

Diminished self worth

Normalization within
community

Use of substances and
expectations of
masculinity

Expected rate of sexual
comfort in culture

Messaging and shame
related to sexuality

WHY DO PEOPLE ENGAGE IN CHEMSEX

Loss of disinhibitions

Loss of insecurities

Increased sexual drive

Increased sexual performance

Increased physical experiences of pleasure

More or less stamina with sex

More or less emotional connection associated with sex

HOW COMMON IS CHEMSEX

Characteristics and sexual health service use of MSM engaging in chemsex: results from a large online survey in England

 Paula Bianca Blomquist^{1, 2, 3},  Hamish Mohammed^{4, 5},  Amy Mikhail¹,  Peter Weatherburn^{3, 6},  David Reid^{3, 6},  Sonali Wayal^{3, 5},  Gwenda Hughes^{3, 4},  Catherine H Mercer^{3, 5}



Low levels of chemsex amongst men who have sex with men, but high levels of risk amongst men who engage in chemsex: analysis of a cross-sectional online survey across four countries

[Jamie Frankis](#), [Paul Flowers](#), [Lisa McDaid](#), and [Adam Bourne](#)



Chemsex Drug Use among a National Sample of Sexually Active Men who have Sex with Men, – American Men's Internet Survey, 2017–2020

Kaitlyn Ivey ¹, Kyle T Bernstein ², Robert D Kirkcaldy ², Patricia Kissinger ¹,
O Winslow Edwards ³, Travis Sanchez ³, Winston E Abara ²

30,294 MSM who had sex in the past 12 months in the United States

- 3,113 (10.3%) reported chemsex drug use in the past 12 months.
- Of these individuals
 - 65.1% reported ecstasy use,
 - 42.5% reported crystal methamphetamine use, and
 - 21.7% reported GHB use.
- Did not ask about mephedrone or synthetic cathinone use
- These men by and large were much younger than those in Europe, most in their early 20s.

Ivey, K., Bernstein, K. T., Kirkcaldy, R. D., Kissinger, P., Edwards, O. W., Sanchez, T., & Abara, W. E. (2023). Chemsex Drug Use among a National Sample of Sexually Active Men who have Sex with Men, – American Men's Internet Survey, 2017–2020. *Substance Use & Misuse*, 58(5), 728–734. <https://doi.org/10.1080/10826084.2023.2184207>

THE “CHEMS”

DRUGS ASSOCIATED WITH CHEMSEX

“Chemsex Classic”

- Methamphetamine
- GBL/GBH
- Mephedrone

Regional

- MDMA (Ecstasy,)
- Ketamine (K, vit K, special K)
- Cocaine





METHAMPHETAMINE

Street Names	Routes of ingestion	Pharmacological Properties	Characteristics
Tina, Crystal, ice, Meth	Smoke snort inject	Stimulant	Improved sexual endurance, disinhibition, arousal, sexual adventurism

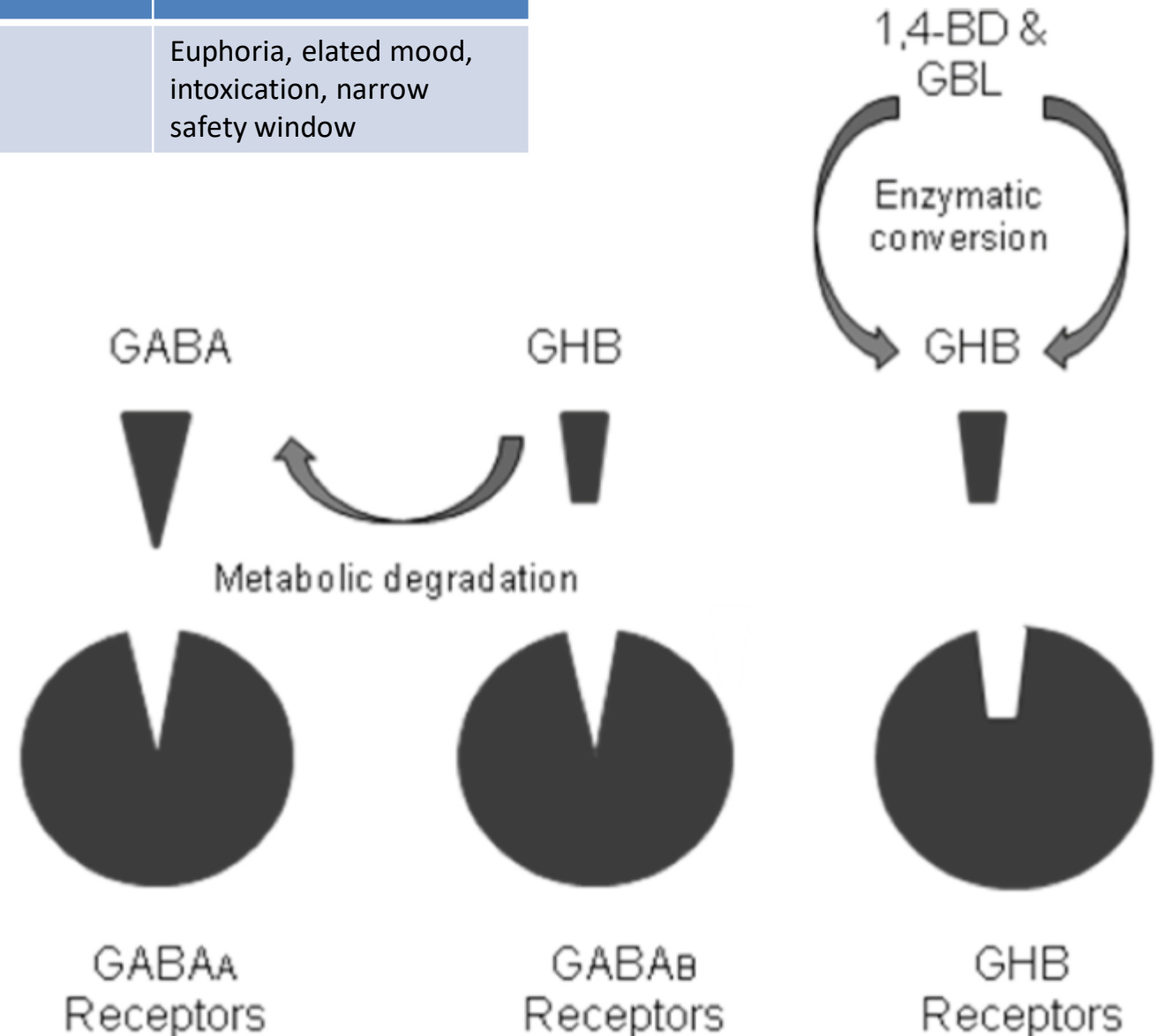
Safer Use

- - Discuss beforehand how much crystal will be taken during a chemsex session
- - Be open and honest about infectious disease
- - Put a time limit on sex dates and discuss this in advance with partners
- - Adhere to a maximum dose per chemsex session
- - Try to avoid combining with other substances
- - Avoid dehydrating beverages like alcohol, coffee, black tea, cola, and other soft drinks

GHB AND GBL

GHB (Gamma hydroxybutyrate) and GBL (Gamma butyrolactone)

Street Names	Routes of ingestion	Pharmacological Properties	Characteristics
G, Gina, G water Liquid ecstasy	Swallowed	Depressant	Euphoria, elated mood, intoxication, narrow safety window



Palamar JJ. Prevalence and Correlates of GHB Use among Adults in the United States. *J Psychoactive Drugs*. 2023 Jul-Aug;55(3):268-273. doi: 10.1080/02791072.2022.2081948. Epub 2022 May 26. PMID: 35616605; PMCID: PMC9699895.

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GHB/GBL

Tips for patients who use

- Always measure out your own dose.
- A commonly used dose would be between 0.5ml and 1ml.
- Never dose again within the same 2 hour period.
- Use a measured dropper bottle or syringe to measure your doses. Never just pour it casually into a cup, never drink from the bottle or someone else's drink.
- Avoid mixing with alcohol and ketamine – risk of overdose
- Similar to Alcohol, more likely to lead to physiologic dependence





Street Names	Routes of ingestion	Pharmacological Properties	Characteristics
Bath Salts, drone, MCAT (methcathinone), meow, 4-MMC	Smoked, snorted, injected, or swallowed	“Stimulant”	euphoria, elevated mood, and increased sexual performance;

MEPHEDRONE “SYNTHETIC CATHINONES”

“It can have a distinctive odour, reported to range the smell of [vanilla](#) and [bleach](#), stale [urine](#), or electric [circuit boards](#)”

OTHER DRUGS CONSIDERED PART OF CHEMSEX

Drug	Street Name	Routes of ingestion	Pharmacological properties	Characteristics
Ketamine	K special K vitamin K	Smoked or snorted, can be swallowed	Depressant, dissociative	Dissociative +/-AH/VH

Why are people using?

- relaxation
- increased sexual drive
- muscle relaxant
- decreased pain associated with sex



Counselling points:

- use in moderation (dose/frequency)
- Recognizing a K hole/overramping
- “Slam” into a muscle, not a vein
- Use a timer!
- Risk of falls – known as “wobble”
- numbing effect can cause people to have rougher than usual sex>> increased risk of bleeding>>STI transmission
- Chronic use can lead to urinary problems

OTHER DRUGS CONSIDERED PART OF CHEMSEX

- Be aware of difficulty with getting and sustaining erections
- Drink water, but don't overdo it: one 8oz glass an hour is enough
- Difficult come down - depression



Drug	Street Name	Routes of ingestion	Pharmacological properties	Characteristics
MDMA	E, ecstasy7, Molly, Mandy XTC	Swallowed	"Stimulant"	Euphoria, energy, happiness, desire to socialize

OTHER DRUGS CONSIDERED PART OF CHEMSEX

Drug	Street Name	Routes of ingestion	Pharmacological properties	Characteristics
Cocaine	Coke, crack, snow, stash	Smoke or snorted	Stimulant	Energy, confidence, exhilaration, sociability

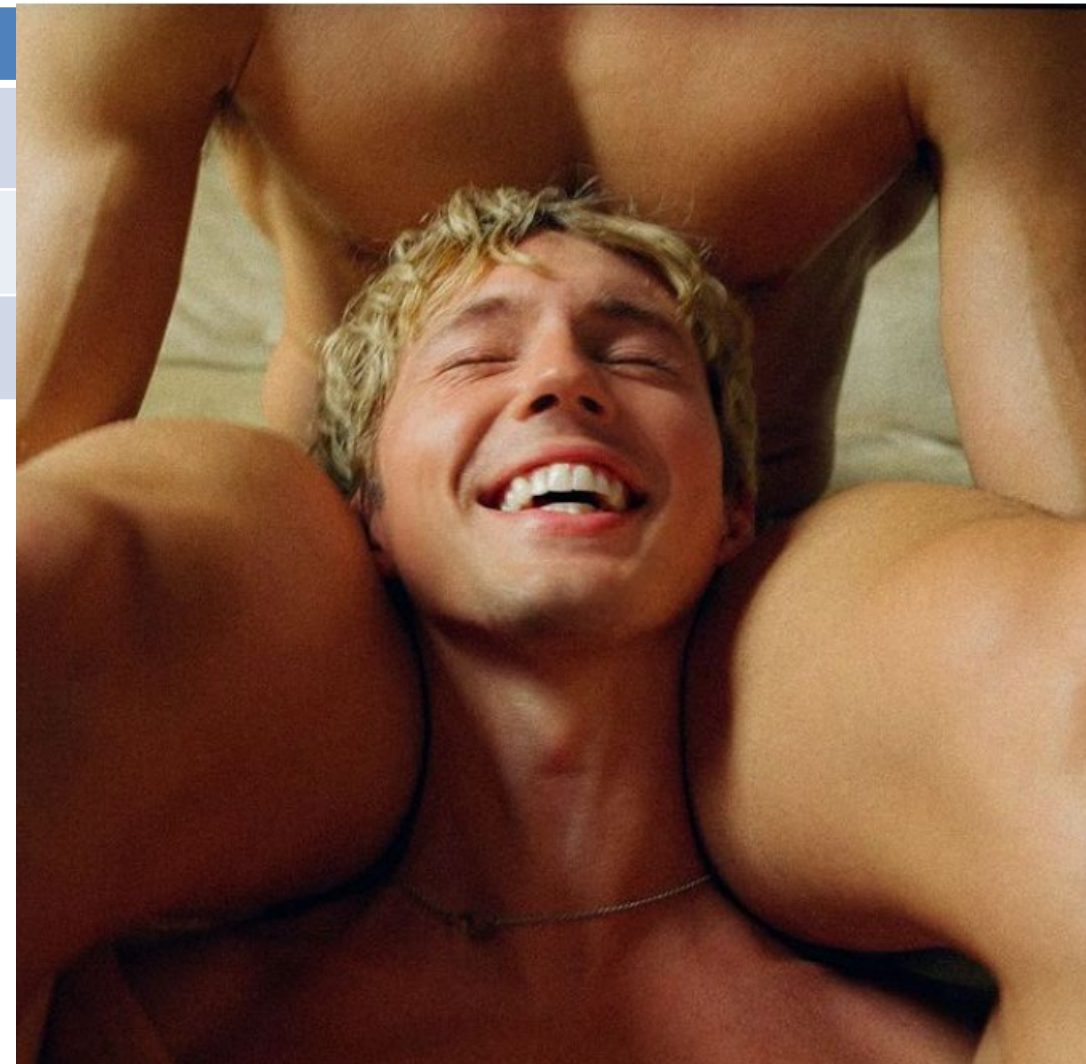


SUBSTANCES USED ALONGSIDE THOUGH NOT TYPICALLY CONSTITUTING CHEMSEX DRUGS

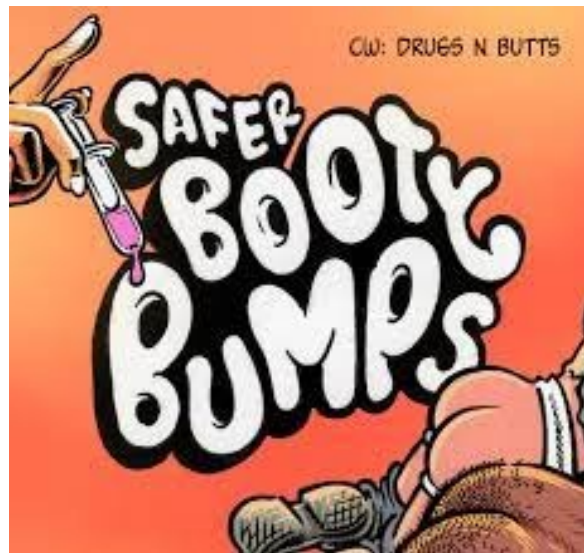
Drug	Street Name	Routes of ingestion
Cannabis	420, grass, hash, herb, pot, weed	Smoked or swallowed
Sildenafil, tadalafil, vardenafil		
Alkyl Nitrates		



- Do not take poppers w your blood pressure an attack
- If poppers touch your
- If poppers get into yo



RANGE OF USE



BOOTY BUMPING OR “BOOFING”

What

- Use of substances anally, commonly using needless syringes

Why

- Stronger and quicker onset of drug effects
- Higher bioavailability

Benefits

- No Injection
- Less risk of infection

Risks

- Infection
- Tearing
- Breakdown/damage of anal tissue
- OD



SLAM, SLAM-SEX, SLAMMING



Snorting

- When snorting crystal meth, the effect is felt after about 5 minutes and the intensity lasts for a couple hours
- This is a more gradual effect than smoking or slamming
- Snorting is more popular with ketamine and cocaine than crystal meth

Smoking

- Effect is felt very quickly
- The rush is less intense than it is with slamming
- You cannot smoke as much in one go as you can slam
- Enters the bloodstream less rapidly
- If smoking crystal, it is important to monitor its temperature. Letting it get too hot will cause it to burn and taste bitter
- Some people plug the pipe to prevent smoke from escaping

**WHY IS IT AN
ISSUE?**

HARMFUL DRUG COMBINATIONS.

- PDE5 inhibitors (i.e. viagra) and alkyl nitrates (poppers/rush)
 - Risk for hypotension and other severe adverse cardiac events.
- GHB/GBL and other depressants i.e. alcohol ketamine, opioids, benzodiazepines
 - Risk of respiratory depression, loss of consciousness, overdose



More extreme sexual practices

Extended duration of sexual encounters

Multiple partners

Consent, increased risk of sexual assault

Poor Prep or ARV adherence

Loss of interest in Sober sex

Poor condom use

- Frequent STIs
- Increased exposures to PEEP

**STAYING
SAFE(R)**

"WHAT IS THE DIFFERENCE BETWEEN PREP, PEP, AND ART?"

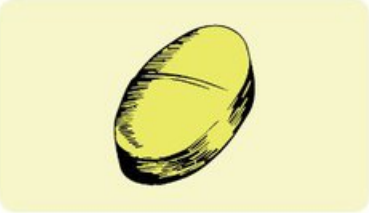
...all three treatments contain antiretroviral medicines in different combination to treat or prevent HIV infection:

PrEP
(Pre-Exposure Prophylaxis)



- A single pill of 2 drugs taken before you have sex.
- Prevents HIV infection (if you are not HIV infected) when taken consistently over a specific time period.
- Your doctor or nurse will tell you when you can stop or start taking PrEP.

PEP
(Post-Exposure Prophylaxis)



- A single pill of 2 or 3 drugs and is taken shortly after an incident in which you may have been exposed to HIV.
- This can include a needle prick injury, sex without a working condom and even an accident where you may have been in direct contact with blood.
- Effective if taken 72 hours after the incident for 30 days, prescribed by a qualified clinician (i.e. nurse, medical doctor or pharmacist).

ART
(Anti-Retroviral Therapy)



- Pills that are taken daily by people who are infected with HIV for the rest of their lives.
- All people using ART must be monitored by a qualified clinician (i.e. nurse, medical doctor or pharmacist).

Tenofovir and Emtricitabine



tenofovir disoproxil/emtricitabine

@Research Connect - Wits RHI    

CHEMSEX AND HIV CARE

- Those who engage in chem sex who are enrolled in HIV care are more likely to
 - Have worse CD4/CD8 cell counts
 - Worse attendance at clinic
 - Worse ART adherence
 - (without SUD treatment)

HIV, chemsex, and the need for harm-reduction interventions to support gay, bisexual, and other men who have sex with men

Carol Strong, PhD • Poyao Huang, PhD • Chia-Wen Li, MD • Stephane Wen-Wei Ku, MD • Huei-Jiuan Wu, MS • Adam Bourne, PhD

ART=antiretroviral therapy.

HAV=hepatitis A virus.

HBV=hepatitis B virus.

HPV=human papillomavirus.

IEC=information education and communication.

NSP=needle and syringe programs.

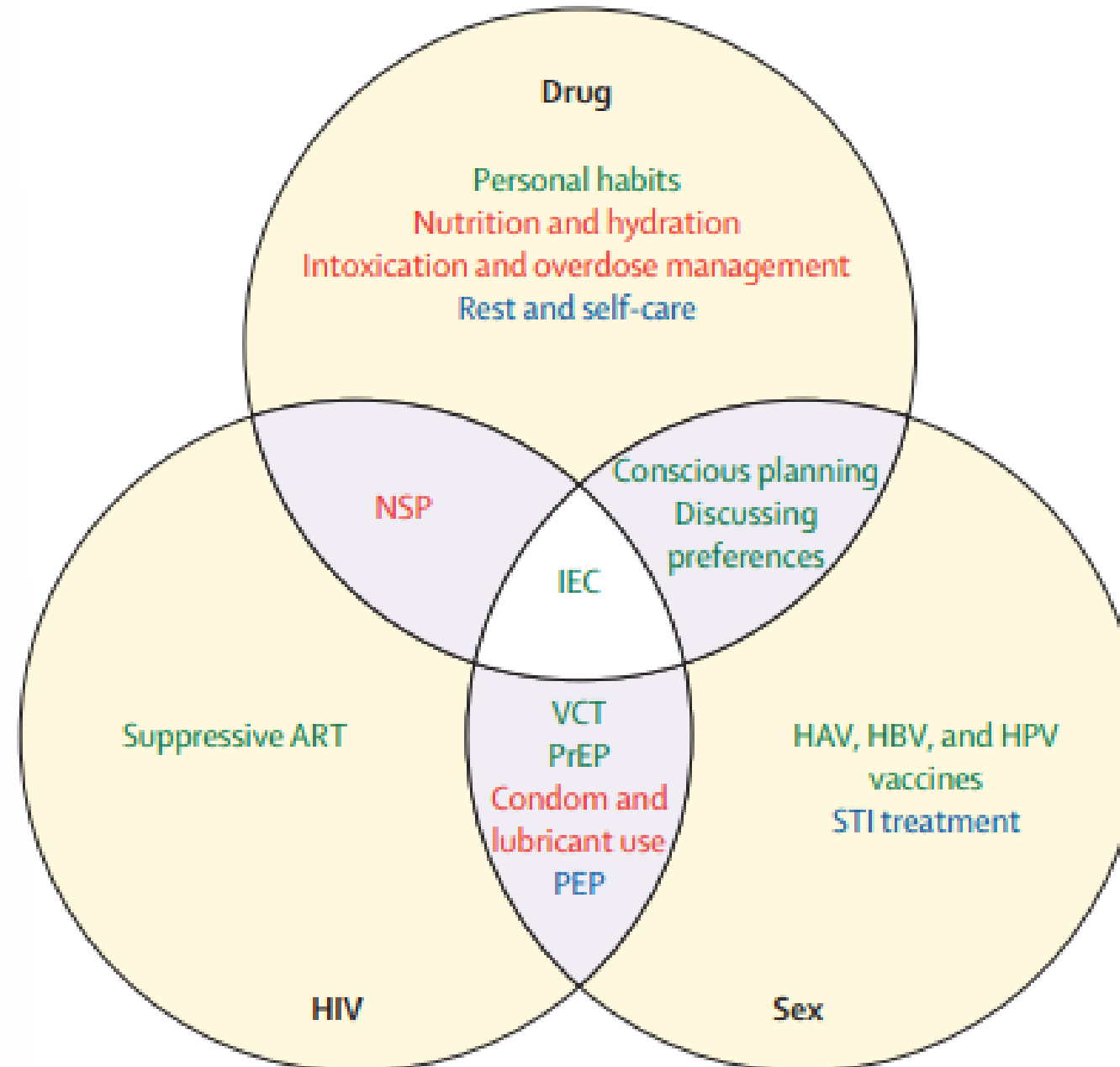
PEP=post-exposure prophylaxis.

PrEP=pre-exposure prophylaxis.

STI=sexually transmitted infection.

VCT=voluntary counselling and testing.

■ Before the chemsex session ■ During the chemsex session ■ After the chemsex session



ChemSex Case Study

Questions to Ponder

- What function or underlying need does ChemSex serve for this Veteran?
- What are some barriers to his care and recovery?
- What are some of his strengths?
- As a health care provider, what competencies do you have that would be helpful when engaging with this Veteran?
- Are there any blind spots for you?



CHEMSEX CASE STUDY (SEATTLE VA ED)

Amari



Demographics

33-year-old, black, cisgender male, houseless, single, African-born, queer-identifying veteran without service connection, currently staying at the Seattle Crisis Center. Veteran is intermittently employed and does not report any current legal issues.

Presenting Issues

“I can only have sex if I use meth.”

- Amari

Substance Use History

Methamphetamine

Diagnosis: Severe Methamphetamine Use Disorder

ChemSex Case Study (Seattle VA)

Substance Use History (Continued)

Cannabis (flower)

Reports smoking one bowl before bedtime, daily, in recent years to help with sleep.

"Weed makes the come down from meth a bit easier."

Does not meet criteria for CUD

Alkyl nitrite (Poppers)

Reports episodic use of poppers but a detailed using history was not been collected.

Does not meet criteria for IUD

Alcohol

Reports minimal alcohol use over the past several years due to stimulant use.

Does not meet criteria for AUD



ChemSex Case Study (Seattle VA)

Medical History:

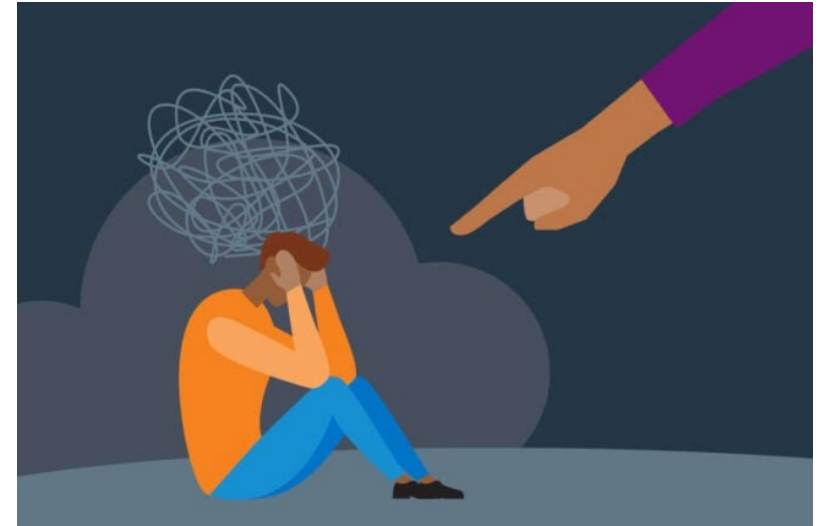
No active medical concerns or history other than presenting issue.
HIV-negative; Reports adhering to daily PrEP medication.
Regular HIV/STI testing through community care.

Mental Health History:

No psychiatric Dx's or medications at the time of ED presentation;
No SI or HI;

Amari explained that he has been struggling with using illicit substances and is seeking care to address both the substance use itself and the root causes of his use. The Veteran explained a complicated history of his use and its relation to risky sexual behaviors.

He described his childhood as having received limited affection and communication especially after he came out to his family, and life challenges due to generational and minority trauma. He is compelled to use meth out of a desire to feel wanted, needed, and safe. He shared that he ultimately wants to feel and be loved. However, he is unsure if it's possible to experience that without using substances and engaging in sex.



CHEMSEX CASE STUDY (SUBSEQUENT ACTIVITY)

- After initial ED presentation, Veteran was referred to but fails to show for Seattle VA ATC for SUDs assessment/tx
- Presents to Seattle VA ED on multiple occasions related to ChemSex activity
- Reports increase in IV Methamphetamine use combined with sexual intercourse
- Increase in work and school absenteeism
- Presents for ATC Assessment with tx goal of abstinence from Methamphetamine
- Minimal IOP engagement and is discharged from ATC after no shows
- Continues to present to Seattle VA ED for ChemSex-related issues: Abscesses, STIs, Positive SI
- Not longer adhering to PrEP medication. Receives HIV-positive Dx

CHEMSEX CLINICAL CASE STUDY - (MORE RECENT ACTIVITY)

- 28-day residential SUDs tx program

“I never want to use meth ever again. I keep hitting new lows every time I use. I need to go to a residential treatment program, and I need to be away from the places where I used and far from the people I used with.”

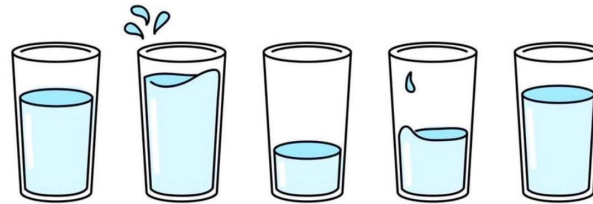
- Amari

- Subsequent periods of outpatient SUDs tx engagement with ATC
- Actively engaged with community support programming (Peer Seattle, Recovery Café, etc.)
- Adherence to Biktarvy for HIV treatment
- Attachment to clinicians
- Connects with a community psychotherapist

ChemSex Clinical Case Study - (more recent activity)

- Experiences difficulty shifting from transitional housing to more permanent housing through VA's HUD VASH program.
- Finds employment, limited SUDs outpatient tx engagement, and continues to experience lapses in his recovery

HOW IS SUCCESS MEASURED?



Progress looks different everyday

HARM REDUCTION STRATEGIES

- Don't use alone
- Use fentanyl strips and have access to Naloxone
- Know your using and sex partners (and set rules)
- Consent
- Avoid open, anonymous parties
- Set group rules
- Schedule a session at the start of the weekend to allow plenty of recovery time before the workweek begins
- Adhere to a maximum dose per occasion (see next slide)
- Pay attention to the time of intake and avoid taking another dose while the first dose is still in effect
- If you are engaging in Chemsex or Groupsex – try and limit to events where you know someone else who you can trust. If you feel uncomfortable or unsafe – LEAVE!
-
-
- Be aware of bleeding gums and sores
- water, Gatorade, other electrolyte drinks)
-
- Never use GHB after drinking alcohol
- No poppers and Viagra/Cialis
-
-
-

HARM REDUCTION STRATEGIES

Booty Bumping	Injecting
<ul style="list-style-type: none"> - 3cc syringe barrel - Sterile - 2 packets of water-based lube - Glove - Hand sanitizer - Information inserts - 2 drams of sterile water - Female and male condoms 	<ul style="list-style-type: none"> - 2 iodine wipes - 2 alcohol wipes - 2 syringes <ul style="list-style-type: none"> o 28g/100cc & 30/31-100cc o Options are best for IV stim use - Tourniquet - Information inserts - Cooker - Paperclip/bread tie - Cotton for filter - Female and male condoms - 2 packets of water-based lube
Smoking	Snorting
<ul style="list-style-type: none"> - Pipe or foil - Brillo - Short wooden stick - Chapstick - Gum - Sucker - Straw - Information inserts - Female and male condoms - 2 packets of water-based lube 	<ul style="list-style-type: none"> - Clean plastic card - Small cosmetic scoop - 3 short straws in different colors - Plastic razor blade - Information inserts - Female and male condoms - 2 packets of water-based lube

RELAPSE PREVENTION STRATEGIES

- Eat a full meal
- Delete “hook-up” apps/download app blocker
- Block and delete using contacts
- Avoid PnP/using porn
- Avoid people, places, and things
- Relapse prevention planning
- Find connection



Resources

"Those who lack a home on the inside will never find one on the outside."

The Child in You: The Breakthrough Method for Bringing Out Your Authentic Self
- Stephanie Stahl, Author and Psychologist

RESOURCES

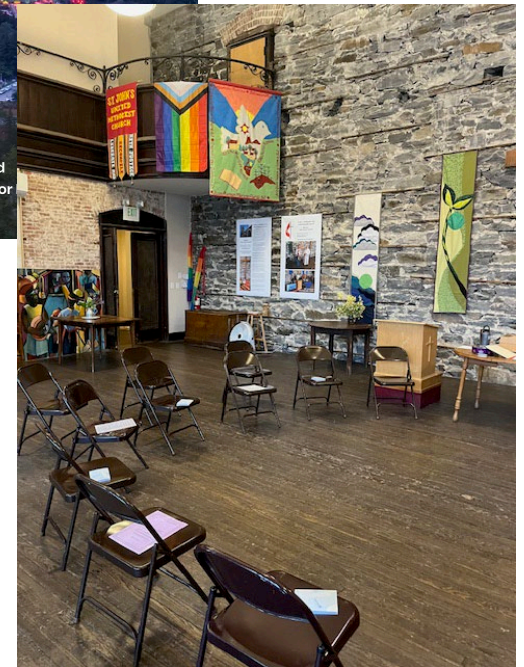
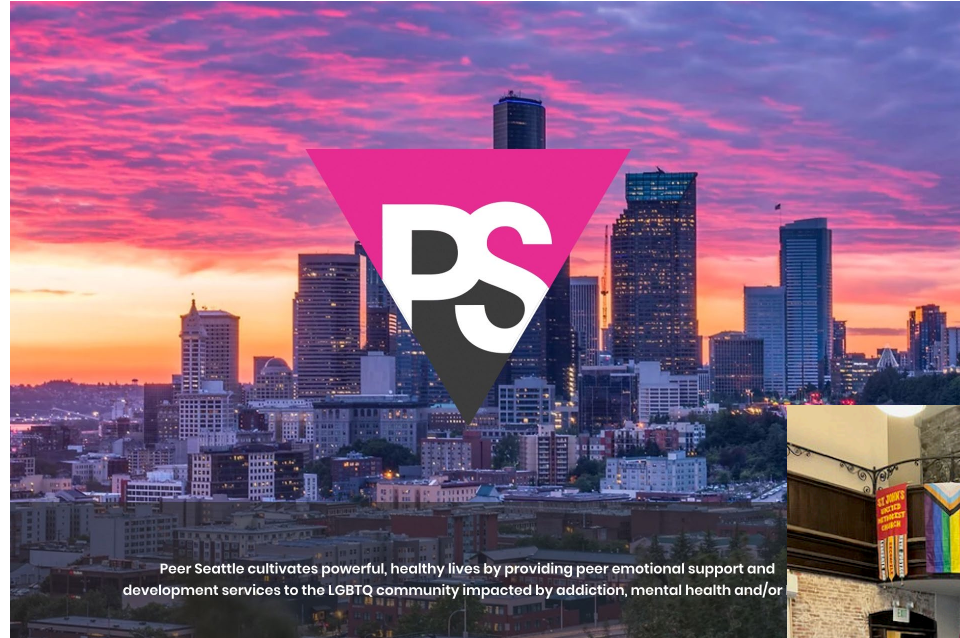
- Crystal Meth Anonymous (CMA)
 - Sex and Love Addicts Anonymous (SLAA)
 - Sex Addicts Anonymous (SAA)
 - SMART Recovery
 - Dharma in Recovery
-
- Gay City (Seattle's LGBTQ Center)
 - HIV/STI testing
 - Access to PrEP, PEP, DoxyPEP



RESOURCES

Peer Seattle

- HIV Testing (U-TEST)
- Peer Counseling
- Support Groups
 - **Strength Over Speed (and workbook)**
 - Poz-itive People
 - LGBTQ+/BIPOC 12-step groups
- Employment /Housing Referrals
- Family Navigator



RESOURCES

- POCAAN (BIPOC and Gender Diverse)
 - Breaking the Chains Program
 - MOCHA PrEP



Questions



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