



What is Chemsex?

Epidemiology, Harms & Impacts

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Disclosures

I have received speaker and
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& GSK



Objectives

- Substance use
- Chemsex
 - Definition/Terminology
 - 3 main drugs
 - Prevalence
 - Impacts
- Harm reduction

Substance Use

Substance use

- Drug use is common
- Pattern & context varies
 - Geographically
 - Intermittent v. regular
 - With/without sex
 - Licit/illicit/borderline

Substance use

- 'All' drug use 2x GBMSM* cf. gen pop
- Substance use disorder (SUD) 2.5x

**GBMSM = gay and bisexual men who have sex with men*

Courtesy of Professor Adam Bourne

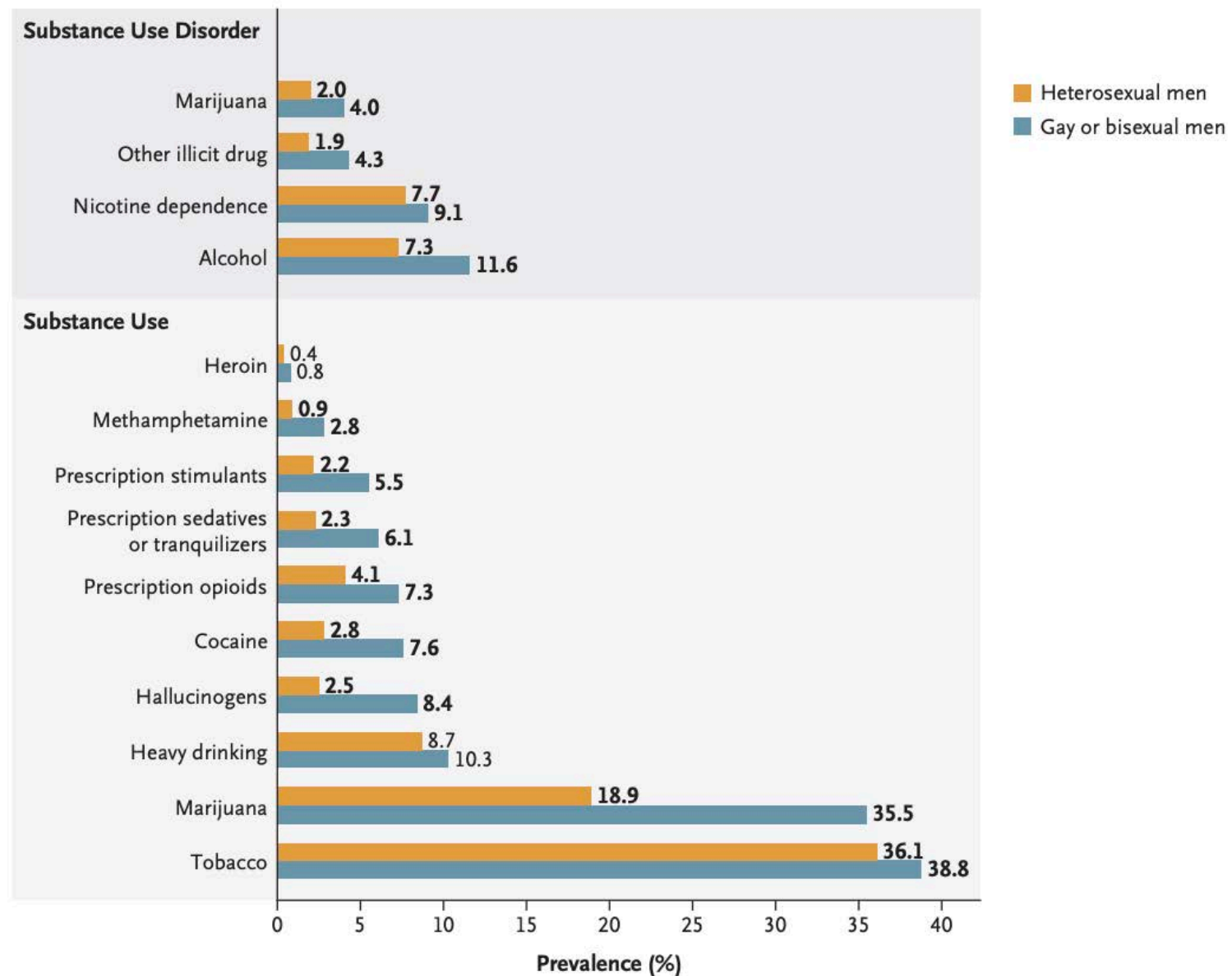
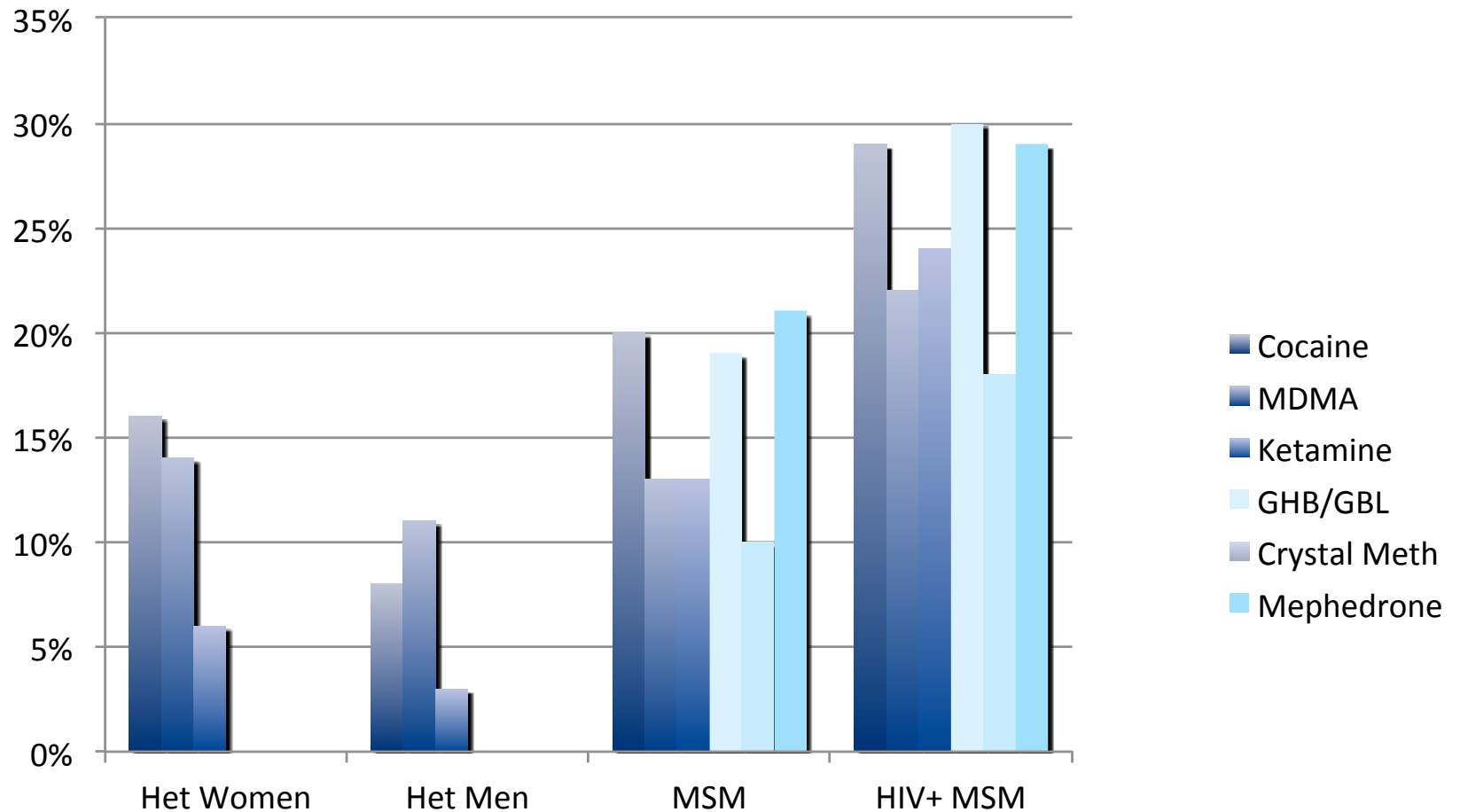


Figure 1. Prevalence of Substance Use and Substance Use Disorders among Gay or Bisexual Men as Compared with Heterosexual Men in the United States, 2017–2019.

Substance use: Genito-urinary medicine (GUM) clinic



Scrivener et al. *Recreational drug use among GUM attendees*. BASHH conference (2013)

Chemsex

Sexual health

Gay men warned on risks of 'chemsex'

First British study of 'chemsex' reveals gay men taking serious risks with their health and with HIV after using drugs

Denis Campbell

Tuesday 8 April 2014
21.02 BST



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'There has been a change in gay cultural, social and sexual networks.' Photograph: Dosfotos/PYMCA/Rex

Gay men are suffering serious harm and are in danger of spreading HIV by having unprotected sex while under the influence of illegal drugs, the

Chemsex

World Report

High-risk drug practices tighten grip on London gay scene

Use of crystal methamphetamine is on the rise in London's gay scene, putting men who have sex with men at higher risk of infections. Tony Kirby and Michelle Thornber-Dunwell report.

London's 24-hour gay scene is world famous, with clubbing that goes on all weekend and beyond. Many of London's drug-using men who have sex with men (MSM), and also lesbians, and their heterosexual male and female friends often congregate at post-club parties known as chill-outs where drug-taking continues until drugs, money, energy, or all

including crystal meth use, putting them at risk of infection with HIV, hepatitis C (HCV), and a range of other bloodborne and sexually transmitted infections (STIs). This trend is concerning since, in 2011, there was a record high 3010 new HIV infections in MSM in the UK, of which 1296 were in London. At the 56 Dean Street Clinic in Soho, London, 511 new cases of HIV

lesbian, gay, bisexual, and transgender health and wellbeing charity. This includes managing the UK National Health Service (NHS) partnership clinics: the Club Drug Clinic at Chelsea and Westminster Hospital (funded by the Central and North West London NHS Foundation Trust) and the CODE Clinic at 56 Dean Street (part of the Chelsea and Westminster NHS

For more on the 56 Dean Street Clinic see www.chelwest.nhs.uk/56deanstreet/

For more on the Club Drug Clinic see <http://www.clubdrugclinic.com/>

For more on the CODE Clinic see <http://www.code-clinic.co.uk/>

Chemsex definition

- ***Sexualised drug use (SDU)***
Use of drugs during sex
- ***Chemsex***
Use of specific drugs with *specific intention* to shape the intensity/longevity/diversity of sex
- ***Slamsex***
Injection of chemsex drugs

	Street names	Common routes of ingestion	Pharmacological properties
Most commonly reported, or classic, chemsex drugs			
Methamphetamine	Christina, crystal, crystal meth, ice, meth, Tina	Smoked, snorted, injected (intravenously or anally), or inserted into urethra	Stimulant
GHB and GBL	G, Gina, G water, liquid ecstasy	Swallowed	Depressant
Mephedrone	Bath salts, drone, Mcat, meow meow, 4-MMC	Smoked, snorted, injected (intravenously or intramuscularly), or swallowed	Stimulant
Other drugs also considered part of the chemsex scene in some regions			
Ketamine	K, special K, vitamin K	Smoked or snorted	Depressant, dissociative
MDMA	E, ecstasy, Mandy, Molly, XTC	Swallowed	Stimulant
Cocaine	Coca, coke, crack, snow, stash	Smoked or snorted	Stimulant
Substances commonly used alongside, but not typically constituting, chemsex drugs			
Alkyl nitrites	Bolt, poppers, rush	Snorted	Vasodilator
Cannabis or marijuana	420, grass, hash, herb, pot, weed	Smoked or swallowed	Cannabimimetic
Sildenafil, tadalafil, and vardenafil	Viagra (brand name), Cialis (brand name), Levitra (brand name)	Swallowed	Vasodilator
GHB=γ-hydroxybutyrate. GBL=γ-butyrolactone. MDMA=3,4-methylenedioxymethamphetamine.			
Table: Drugs commonly associated with chemsex			

Most commonly reported chemsex drugs

Other drugs part of the chemsex scene in some regions

Drugs commonly used alongside chemsex

Short et al. *HIV, chemsex, and the need for harm-reduction interventions to support gay, bisexual, and other men who have sex with men*. Lancet HIV (2022) 9(10): e717-e725

Meaning and language

Terms used by professions

- Chemsex
- Party and play (PnP)
- Sexualised drug use

Other terms used by gay men

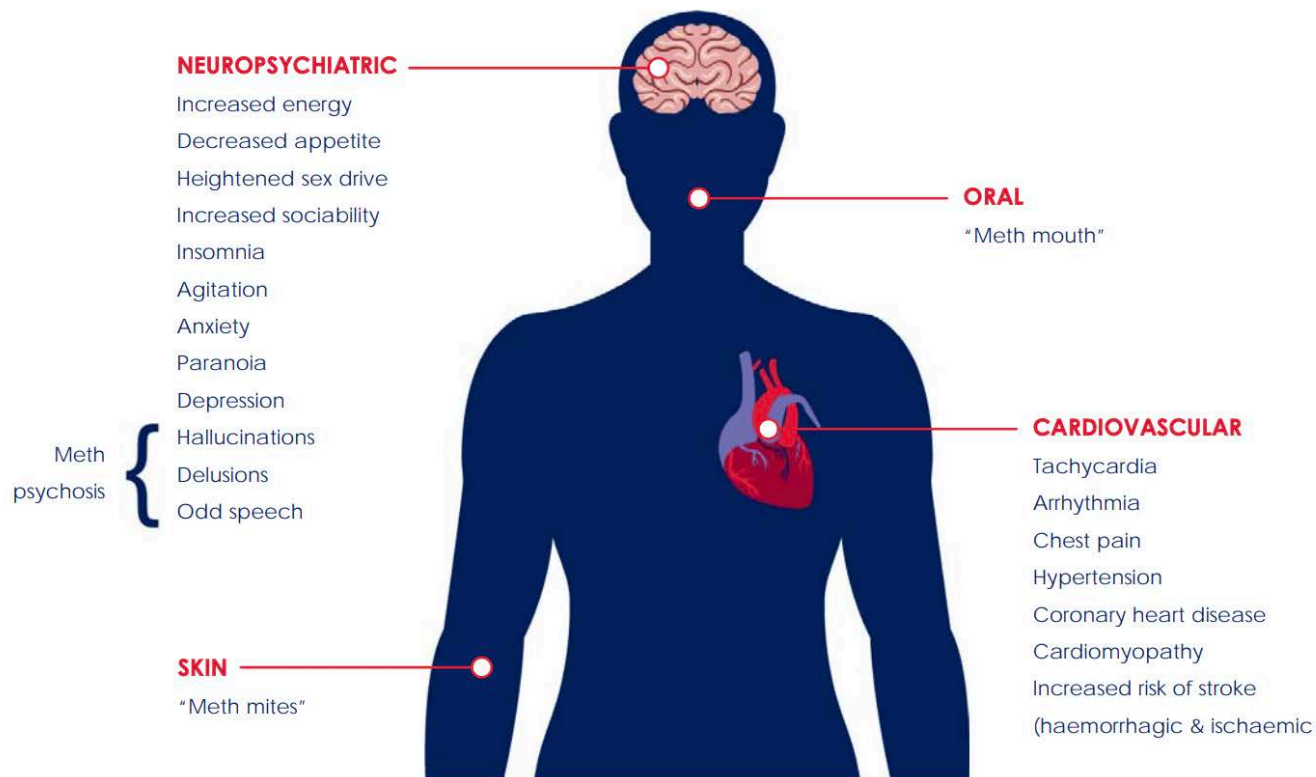
- High and horny (HnH)
- M Play
- T Play
- Chemplay
- Wired play
- Chilling



M = mephedrone; T = 'tina', crystal methamphetamine

Crystal methamphetamine

PHYSIOLOGICAL / BEHAVIOURAL EFFECTS OF CRYSTAL METHAMPHETAMINE



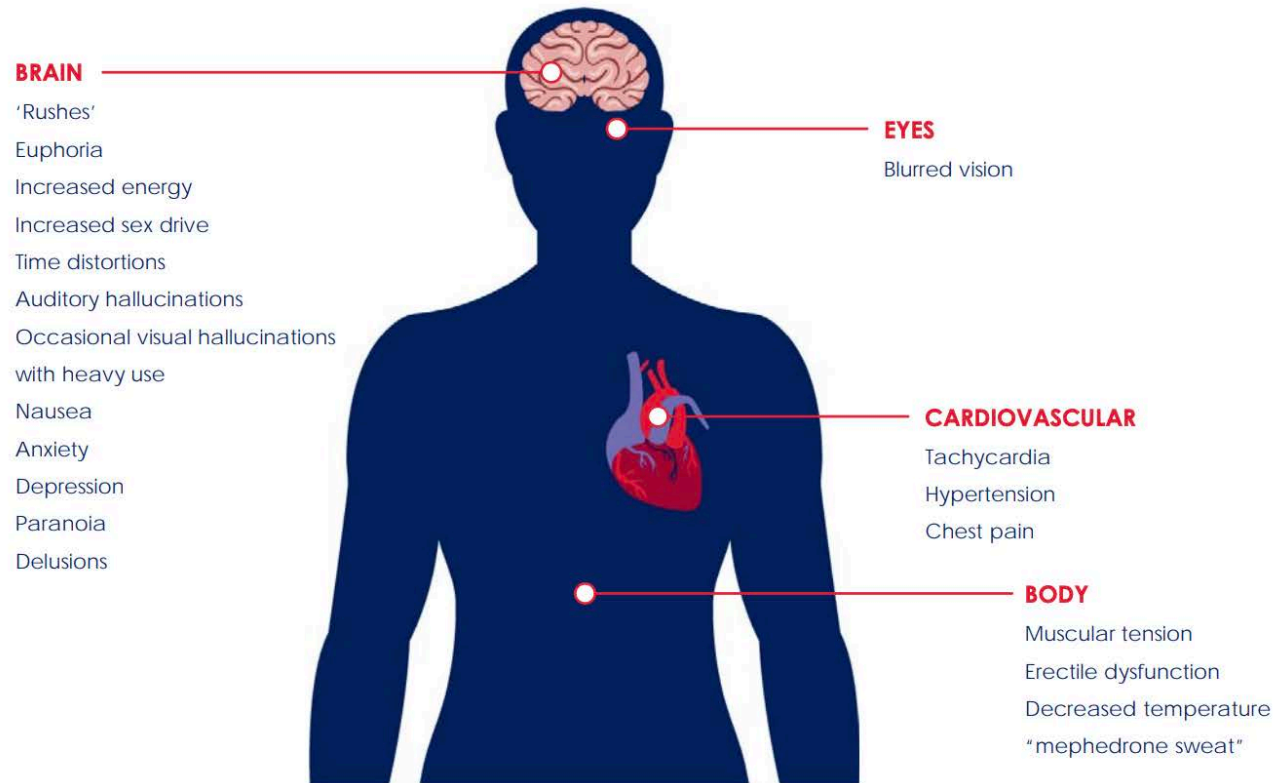
Crystal methamphetamine

CRYSTAL METHAMPHETAMINE

Alternative/street names	Crystal, Tina, Meth
Route of administration	Intravenously, oral ingestion, smoke, insufflation, rectal insertion,
Bioavailability (oral administration)	67-80%
Metabolism	CYP2D6; other non-CYP pathways (minor)
Half-life	~12 hours
Mechanism of action	Increases neuronal release of monoamines. Indirect agonist at dopamine, noradrenaline and serotonin receptors
Interaction potential	Moderate (RTV inhibition of CYP2D6) Weak (COBI inhibition of CYP2D6)
Long-term effect	Depletes the brain's stores of dopamine. Damages dopamine and serotonin nerve terminals. Repeat dosing leads to neuroadaptation and neurotoxicity. Damage to dopamine neurones in the nigrostriatal pathway may increase risk of developing Parkinson's disease in later life

Mephedrone

PHYSIOLOGICAL / BEHAVIOURAL EFFECTS OF MEPHEDRONE



Mephedrone

MEPHEDRONE

Alternative/street names	meow meow
Route of administration	Intravenously, Oral ingestion, insufflation (most common), rectal insertion (dissolved or as gel forms),
Bioavailability (oral administration)	10%
Metabolism	CYP2D6; NADPH-dependent enzymes (minor)
Half-life	30 minutes – 1.5 hours
Mechanism of action	Inhibits uptake of serotonin and dopamine (thought to have preference for serotonin)
Interaction potential	Moderate (RTV inhibition of CYP2D6), Weak (COBI inhibition of CYP2D6)
Long-term effect	Not known

GHB/GBL

**gamma-hydroxybutyric acid/
gamma-Butyrolactone**

GHB/GBL

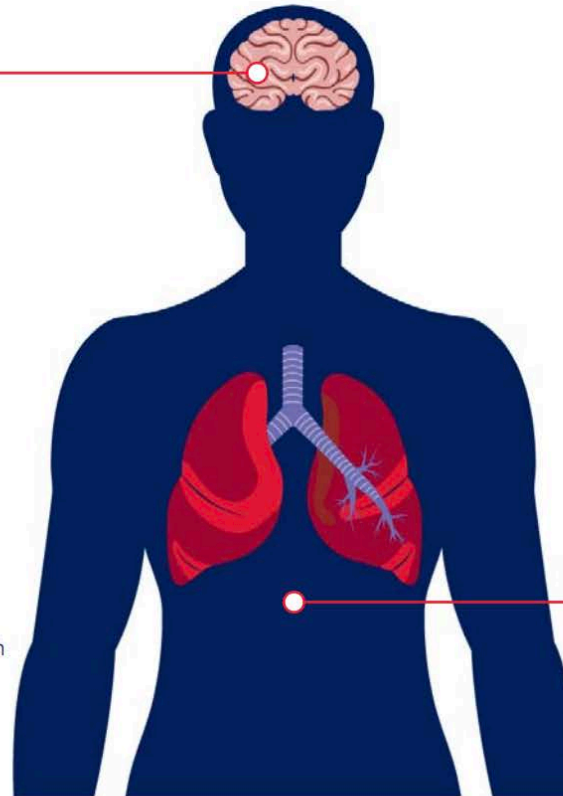
PHYSIOLOGICAL / BEHAVIOURAL EFFECTS OF GHB / GBL

BRAIN

Relaxation
Euphoria
Heightened sex drive
Increased sensuality
Increased sociability
Confusion
Drowsiness
Seizures
Temporary amnesia
Shaking
Headaches
Unconsciousness

WITHDRAWAL SYMPTOMS

Agitation, sweating and tremor, which can develop into an acute delirium



BODY

Ataxia
Nausea

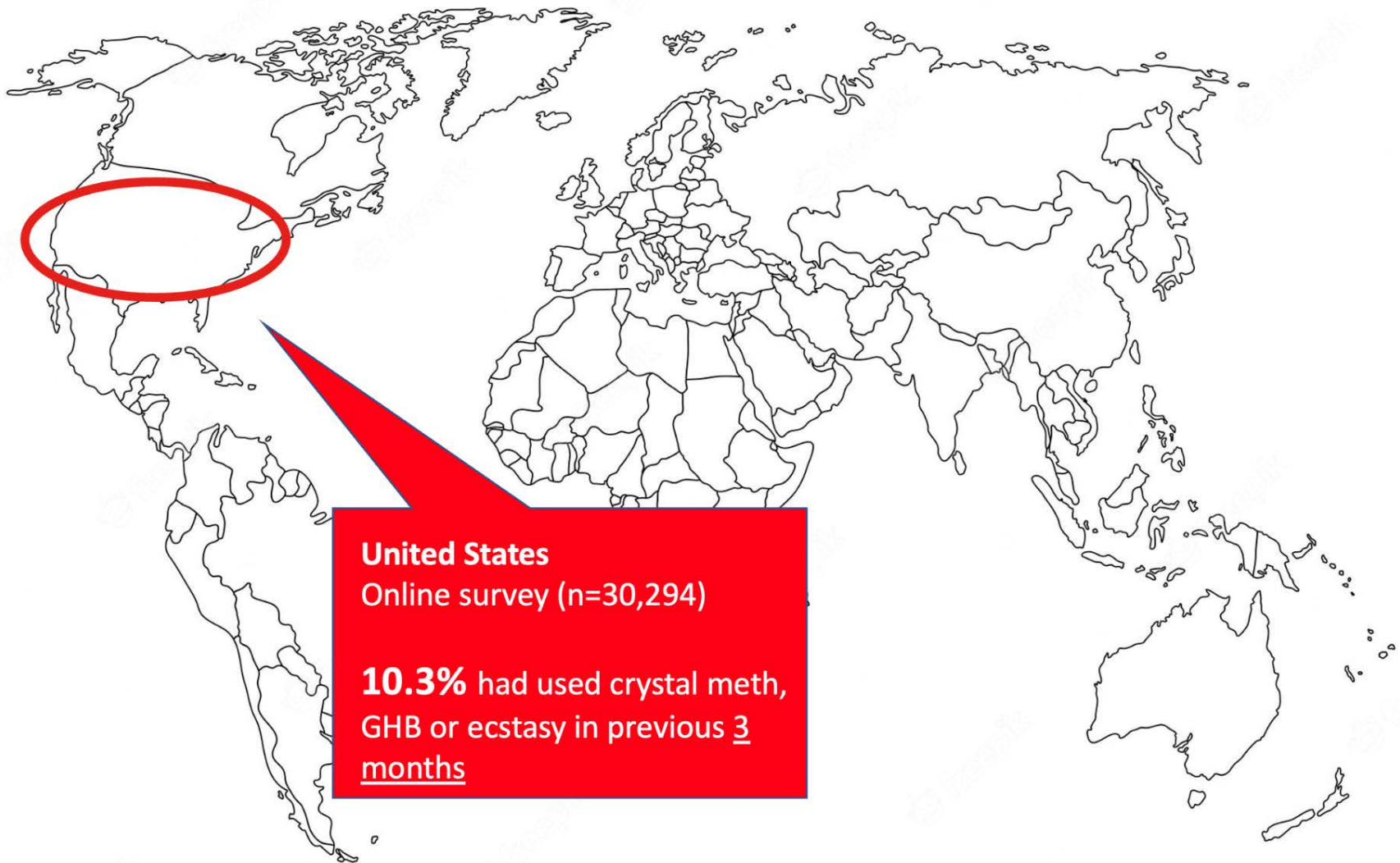
GHB/GBL

GHB / GBL / 1,4 GD

Alternative/street names	G, Gina, liquid E
Route of administration	Oral ingestion (liquid), rarely Intravenously
Bioavailability (oral administration)	10GHB: 59-65% GBL: 85%
Metabolism	GHB: GHB-DH and SSA-DHGBL: lactonase 1,4 BD: alcohol DH and aldehyde DH
Half-life	GHB: 20-60 minutes (GLB and 1,4 BD are rapidly converted to GHB)
Mechanism of action	Binds to GABA (B) receptors
Interaction potential	Not known
Long-term effect	Not known

Chemsex: prevalence

Global prevalence



Global prevalence



Global prevalence, HIV+ GBMSM

- UK
 - Positive voices, 2014, past year
 - 29.5% chemsex
 - 10.1% slamsex
- Spain
 - 22 Madrid hospitals, 2017
 - 29.1% SDU
 - 4.6% slamsex

Pufall et al. *Sexualised drug use ('chemsex') and high-risk sexual behaviours in HIV-positive men who have sex with men*. HIV Medicine (2018) 19: 261-270

Gonzalez-Baeza et al. *Sexualised drug use (chemsex) is associated with high-risk sexual behaviours and sexually transmitted infections in HIV-positive men who have sex with men: data from the U-SEX GESIDA 9416 Study*. AIDS Patient Care STDs (2018) 32(3): 112-118

Chemsex: impacts

Chemsex impacts

- Prolonged chemsex sessions
= mucosally traumatic & condomless sex
- Injecting drug use

Risks

- STI, bacterial/viral
- Enteric infections
- MPX?

Pufall et al. *Sexualized drug use ('chemsex') and high-risk sexual behaviours in HIV-positive men who have sex with men*. HIV Medicine (2018) 19:261-270

Thornhill et al. *Monkeypox virus infection in humans across 16 countries – April-June 2022*. NEJM (2022) 387:679-691

Chemsex impacts

- Meta-analyses:
 - Higher risk of
 - Condomless sex
 - STI, within 3/12
 - Living with diagnosed HIV

Maxwell et al. *Chemsex behaviours among men who have sex with men: A systematic review of the literature*. International Journal of Drug Policy (2019) 63: 74-89

Nevendorff et al. *Prevalence of sexualised drug use and risk of HIV among sexually active MSM in East and South Asian countries: systematic review and meta-analysis*. Journal of the International AIDS Society (2023) 26.1; e26054

Chemsex impacts

- ‘Syndemic of inequalities’
 - Mental health
 - Sexual health
 - Substance use
- <https://neuropsychiatry-hiv.com/en-2021-mark-pakianathan/>

Chems4EU

Chems4EU

- Aim
 - Prevalence, chemsex in HIV+ GBMSM
 - Attending HIV services
 - UK, Spain, Italy, Greece
- 2^{ary} aim: measure
 - Sexual behaviour/STI
 - Impacts, chemsex
 - Uptake, chemsex services

Whitlock et al. *Chems4EU: chemsex use and its impact across four European countries in HIV-positive men who have sex with men attending HIV services*. HIV Medicine (2021) 22: 944-957

Chems4EU

- N = 1589
 - In last 12 months
 - 44.6% rec drug use
 - 24.0% chemsex
 - 6.5% slamsex
- Rec drug use/chemsex
 - UK>Spain>Greece>Italy
 - Patterns differ

Whitlock et al. *Chems4EU: chemsex use and its impact across four European countries in HIV-positive men who have sex with men attending HIV services*. HIV Medicine (2021) 22: 944-957

	All	UK	Spain	Greece	Italy
(b) Self-reported chemsex use (<i>N</i> = 382)					
	382	168	113	82	19
GHB/GBL					
Yes	268 (70.2)	117 (69.6)	84 (74.3)	55 (67.1)	12 (63.2)
No	50 (13.1)	23 (13.7)	8 (7.1)	19 (23.2)	0 (0)
Don't know	7 (1.8)	0 (0)	6 (5.3)	1 (1.2)	0 (0)
Blank	57 (14.9)	28 (16.7)	15 (13.3)	7 (8.5)	7 (36.8)
Crystal methamphetamine					
Yes	256 (67.0)	125 (74.4)	80 (70.8)	47 (57.3)	4 (21.1)
No	56 (14.7)	23 (13.7)	8 (7.1)	24 (29.3)	1 (5.3)
Don't know	3 (0.8)	0 (0)	3 (2.7)	0 (0)	0 (0)
Blank	67 (17.5)	20 (11.9)	22 (19.5)	11 (13.4)	14 (73.7)
Cocaine					
Yes	227 (59.4)	89 (53.0)	78 (69.0)	45 (54.9)	15 (78.9)
No	84 (22.0)	45 (26.8)	12 (10.6)	27 (32.9)	0 (0)
Don't know	7 (1.8)	0 (0)	7 (6.2)	0 (0)	0 (0)
Blank	64 (16.8)	34 (20.2)	16 (14.2)	10 (12.2)	4 (21.1)
Mephedrone					
Yes	185 (48.4)	78 (46.4)	64 (56.6)	39 (47.6)	4 (21.1)
No	99 (25.9)	50 (29.8)	18 (15.9)	31 (37.8)	0 (0)
Don't know	4 (1.0)	0 (0)	4 (3.5)	0 (0)	0 (0)
Blank	94 (24.6)	40 (23.8)	27 (23.9)	12 (14.6)	15 (78.9)
Ketamine					
Yes	122 (31.9)	40 (23.8)	69 (61.1)	11 (13.4)	2 (10.5)
No	134 (35.1)	69 (41.1)	15 (13.3)	50 (61.0)	0 (0)
Don't know	3 (0.8)	0 (0)	2 (1.8)	1 (1.2)	0 (0)
Blank	123 (32.2)	59 (35.1)	27 (23.9)	20 (24.4)	17 (89.5)
Abbreviations: GHB, gamma-hydroxybutyrate; GBL, gamma-butyrolactone.					

Chems4EU: impacts

- 382 chemsex in last 12 months
 - 40.6% unwanted side-effects
 - 7.1% emergency medical care
 - 7.3% drug overdose
- Negatively impacted on
 - Work 25.1%
 - Friends/family 24.3%
 - Intimate relationships 28.3%

Whitlock et al. *Chems4EU: chemsex use and its impact across four European countries in HIV-positive men who have sex with men attending HIV services*. HIV Medicine (2021) 22: 944-957

Associated factors

- Factors assoc with chems use in HIV+ GBMSM in England
- Univariable analysis (OR):
 - London clinic (2.14)
 - Missing 3+ ART (3.08)
 - 10+ sex partners (8.34)
 - Group sex (6.81)
 - Fisting (4.99)
 - Bacterial STI in last y (3.76)
 - Unsure/unhappy with sex life (2.21)

Chems4EU: impacts

	All	UK	Spain	Greece	Italy
Access professional services in relation to your chemsex ^b					
Yes	57 (14.9)	32 (19.0)	18 (15.9)	6 (7.3)	1 (5.3)
No	310 (81.2)	131 (78.0)	89 (78.8)	74 (90.2)	16 (84.2)
Don't know	8 (2.1)	1 (0.6)	3 (2.7)	2 (2.4)	2 (10.5)
Blank	7 (1.8)	4 (2.4)	3 (2.7)	0 (0)	0 (0)
If yes, did the service meet your needs?					
Yes	38 (66.7)	20 (62.5)	13 (72.2)	4 (66.7)	1 (100)
No	9 (15.8)	5 (15.6)	2 (11.1)	2 (33.3)	0 (0)
Don't know	6 (10.5)	3 (9.4)	3 (16.7)	0 (0)	0 (0)
Blank	4 (7.0)	4 (12.5)	0 (0)	0 (0)	0 (0)

Whitlock et al. *Chems4EU: chemsex use and its impact across four European countries in HIV-positive men who have sex with men attending HIV services*. HIV Medicine (2021) 22: 944-957

Chems impacts

- Acute intoxication assoc. amphetamine
 - Oct 18 – Oct 20
 - HIV+, ED, Hospital Clinic, BCN
- N=170
 - 28.2% severe intoxication (admission ≥ 6 h)
 - 12 (7.1%) ITU
 - 2 (1%) died

Perello et al. *Amphetamine-related implications in people living with HIV: an observational study in an Emergency Department in Barcelona (Spain) from 2018 to 2020*. HIV Medicine (2023) 24: 260-266

TABLE 2 Unadjusted and adjusted analyses of factors associated with severe acute amphetamine intoxication in 170 people living with HIV

Characteristic	Unadjusted		Adjusted	
	OR(C.I.95%)	<i>p</i> -value	OR(C.I.95%)	<i>p</i> -value
Age	1.01 (0.72–1.93)	0.7		
Mental disorder	1.03 (0.52–2.01)	0.55		
IgG antibodies hepatitis C	2.14 (0.74–6.12)	0.18		
CD4 cell count	0.87 (0.44–1.73)			
>350 cells		0.71		
RNA HIV-1 <20 copies	1.17 (0.55–2.46)	0.38		
Ritonavir/cobicistat-based ART	0.75 (0.86–15.3)	0.05		
Suicide attempt	4.6 (1.14–14.9)	0.01	4.6 (1.8–11.6)	<0.01
Methamphetamine	1			
Amphetamine	1.47 (0.23–2.34)	0.48		
MMDA	0.98 (1.12–4.52)			
Injected drug use	3.99 (1.2–13.28)	0.03	2.56 (0.64–10.21)	0.18
Polysubstance use	1.48 (0.62–3.54)	0.44		
Agitation, anxiety, chest pain	1		1	
Psychosis	8.7 (2.61–38.73)	<0.01	5.86 (2.27–15.2)	<0.01
Altered level of consciousness	15.1 (3.64–62.4)		6.58 (2.37–18.9)	
Ritonavir/cobicistat-based ART	0.75 (0.86–15.3)	0.05		

Abbreviations: ART, antiretroviral therapy; IgG, immunoglobulin G; MMDA, 3-methoxy-4,5 methylenedioxyamphetamine; RNA, ribonucleic acid. Data are presented as odds ratio (95% confidence interval) unless otherwise indicated.

Chems & HIV

- Chems4EU
 - Missed ART doses
 - 3+ in last 14/7 (5.5% v 2.3%; aOR 2.54)
- REACH, London, UK (2014-15)
 - Sub-optimal clinic attendance
 - aOR 1.71

Whitlock et al. *Chems4EU: chemsex use and its impact across four European countries in HIV-positive men who have sex with men attending HIV services*. HIV Medicine (2021) 22: 944-957

Howarth et al. *The association between use of chemsex drugs and HIV clinic attendance among gay and bisexual men living with HIV in London*. HIV Medicine (2021) 22: 641-649

Chems & ART

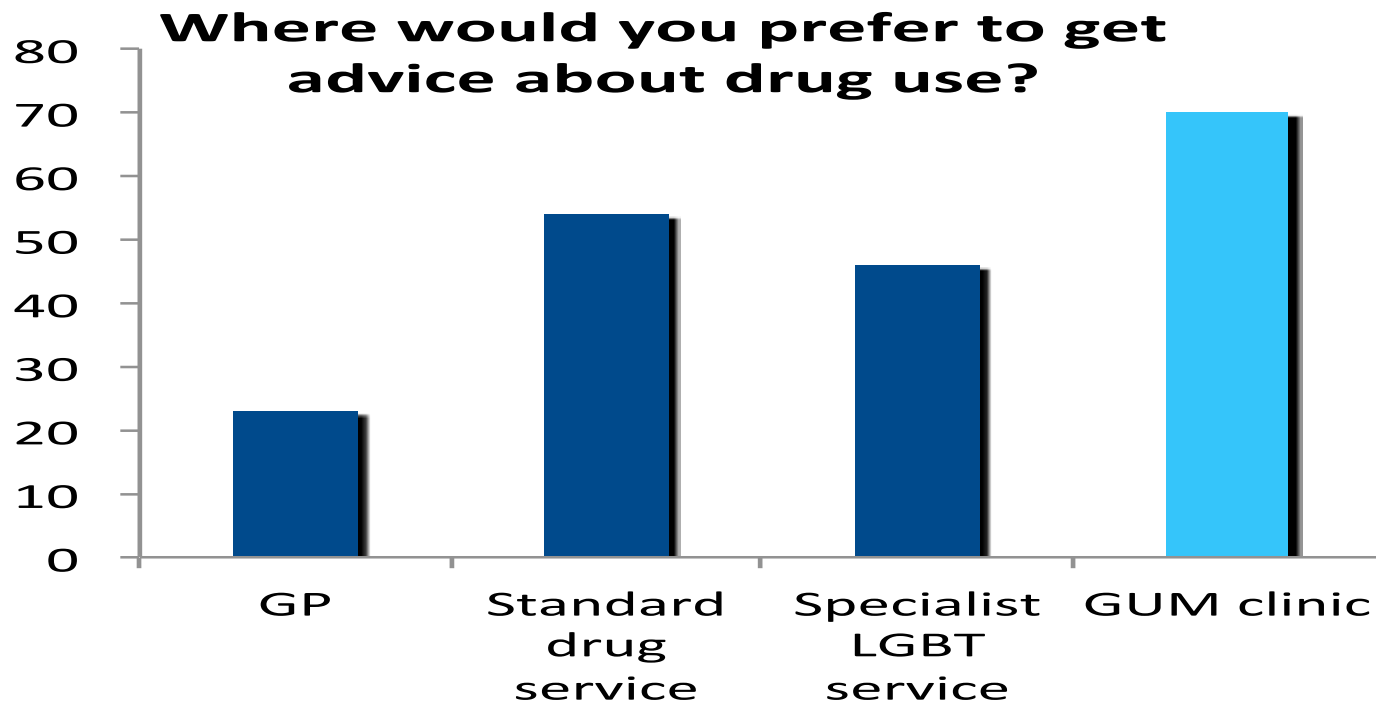
Drug	Metabolism	Interaction Potential		Signs of Toxicity	Recommendations with cobicistat, ritonavir or lenacapavir containing regimens
		Cobicistat (Cobi) Ritonavir (RTV) Lenacapavir (LEN)	BIC, CAB, DOR, DTG, FTR, MVC, RAL, RPV, NRTIs		
Benzodiazepines: <i>Midazolam, Triazolam</i>	CYP3A4	High (Cobi, RTV) Moderate (LEN)	Low	<ul style="list-style-type: none"> • Drowsiness • Disorientation 	<ul style="list-style-type: none"> • Contraindicated with cobicistat and ritonavir.
Benzodiazepines: <i>Others</i>	CYP3A4	High (Cobi, RTV) Moderate (LEN)	Low	<ul style="list-style-type: none"> • Drowsiness • Disorientation 	<ul style="list-style-type: none"> • Caution– use lower dose of benzodiazepine.
Cocaine	CYP3A4 (minor)	Low-moderate	Low (Note, caution with FTR and RPV due to known risk of QT prolongation with cocaine)	<ul style="list-style-type: none"> • Tremors • Paranoia • Seizures • Headache • Hyperthermia 	<ul style="list-style-type: none"> • Clinical relevance unknown. • Inform users of signs of toxicity.
Ecstasy (MDMA)	CYP2D6	Limited CYP2D6 inhibition but small PK changes could be significant due to non-linear PK (Cobi, RTV) Low (LEN)	Low	<ul style="list-style-type: none"> • Hypertension • Seizures • Hyperthermia • Arrhythmia • Tachycardia • Teeth grinding 	<ul style="list-style-type: none"> • Avoid if possible. • If unavoidable with cobicistat or ritonavir, start with ~25-50% of the usual amount of ecstasy. • Inform users of signs of toxicity.
GHB	GHB dehydrogenase CYP?	Unknown. Caution due to GHB narrow therapeutic index	Low	<ul style="list-style-type: none"> • Seizures • Bradycardia • Respiratory depression 	<ul style="list-style-type: none"> • Use with caution. • Use lower dose. • Inform users of signs of toxicity.
Ketamine	CYP3A4	High (Cobi, RTV) Moderate (LEN)	Low	<ul style="list-style-type: none"> • Respiratory depression • Hallucinations 	<ul style="list-style-type: none"> • Avoid if possible. • If unavoidable with cobicistat or ritonavir, start with ~33-50% of the usual amount of ketamine.
Mephedrone	CYP2D6	Limited CYP2D6 inhibition (Cobi, RTV) Low (LEN)	Low	<ul style="list-style-type: none"> • Tachycardia • Agitation 	<ul style="list-style-type: none"> • Use lower dose with cobicistat and ritonavir. • Inform users of signs of toxicity.
Methamphetamine	CYP2D6	Limited CYP2D6 inhibition but small PK changes could be significant due to non-linear PK (Cobi, RTV) Low (LEN)	Low	<ul style="list-style-type: none"> • Hypertension • Seizures • Hyperthermia • Arrhythmia • Tachycardia • Teeth grinding 	<ul style="list-style-type: none"> • Avoid if possible. • If unavoidable with cobicistat or ritonavir, start with ~25-50% of the usual amount of methamphetamine. • Inform users of signs of toxicity.
Poppers (nitrites)	Non-CYP mediated	Low	Low	<ul style="list-style-type: none"> • Dizziness • Hypotension 	<ul style="list-style-type: none"> • Inform users of signs of toxicity.
Sildenafil Tadalafil Vardenafil	CYP3A4	High (Cobi, RTV) Moderate (LEN)	Low	<ul style="list-style-type: none"> • Chest pain • Nausea • Arrhythmia 	<ul style="list-style-type: none"> • Use lower dose: Sildenafil – 25 mg in 48 h Tadalafil – 10 mg in 72 h Vardenafil – 2.5 mg in 72 h (5 mg in 24 h with lenacapavir)

Harm reduction

Obstacles

- Not a problem in your population?
- You forget to ask
 - Proformas; ?prompts
- Panic!
 - Your own knowledge
 - Drugs; effects; potential problems
 - Authenticity
 - Terminology
 - Local use – which ones are out there

Chems impacts

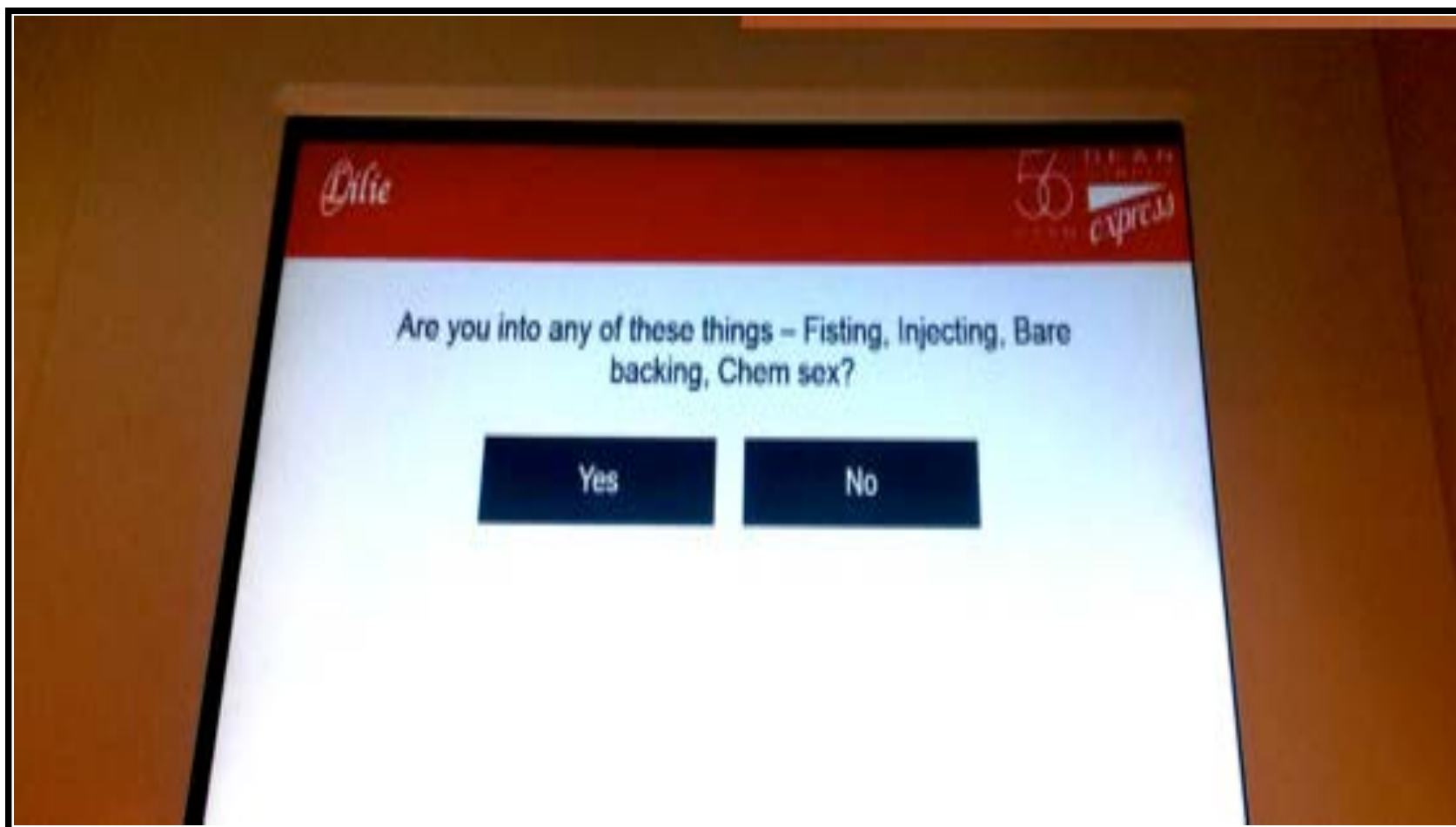


Scrivener et al. *Recreational drug use among GUM attendees*. BASHH conference (2013)

Asking about substance use



Asking about substance use



Harm reduction

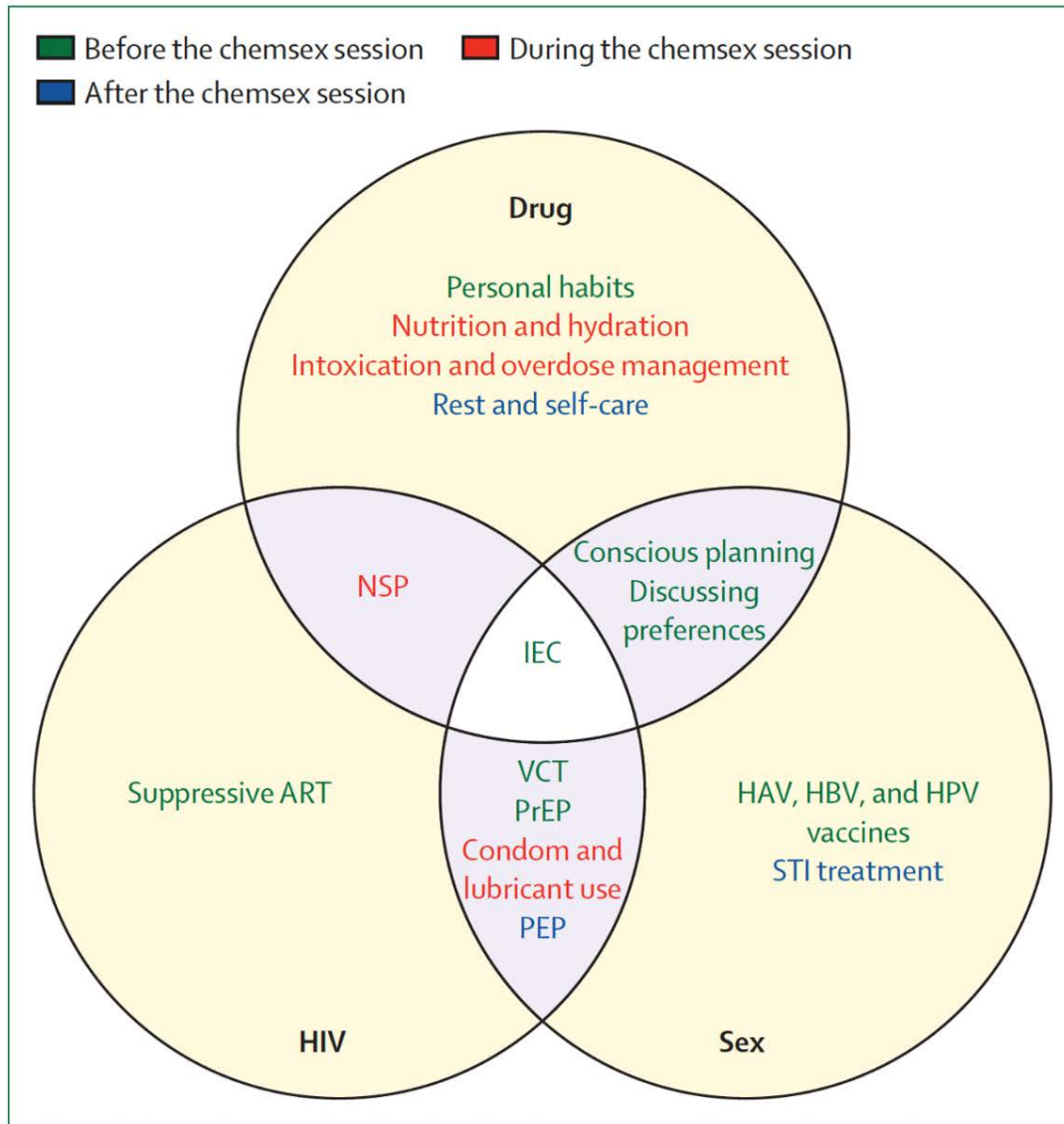


Figure: Proposed scheme of harm-reduction strategies for chemsex

ART=antiretroviral therapy.

HAV=hepatitis A virus.

HBV=hepatitis B virus.

HPV=human papillomavirus.

IEC=information education and communication.

NSP=needle and syringe programmes.

PEP=post-exposure prophylaxis.

PrEP=pre-exposure prophylaxis.

STI=sexually transmitted infection.

VCT=voluntary counselling and testing.

Strong et al. *HIV, chemsex, and the need for harm-reduction interventions to support gay, bisexual, and other men who have sex with men*. *Lancet HIV* (2022) 9(10): e717-e725

What do we offer

- Brief discussion in consultation
- Referral to counselling team:
 - Assessment & therapeutic intervention
 - Motivation interviewing (risk reduction)
 - CBT (behavioural therapy)
 - Brief psychodynamic therapy
- Referral to addiction services

Chemsex support at 56DS

- HIV/GUM clinic
 - Brief MI (motivational interviewing)
 - Health advisor team
- Substance use support: CODE
 - One-to-one with counsellor
 - Online resources
 - Risk reduction advice
- Club drug clinic: clinical intervention



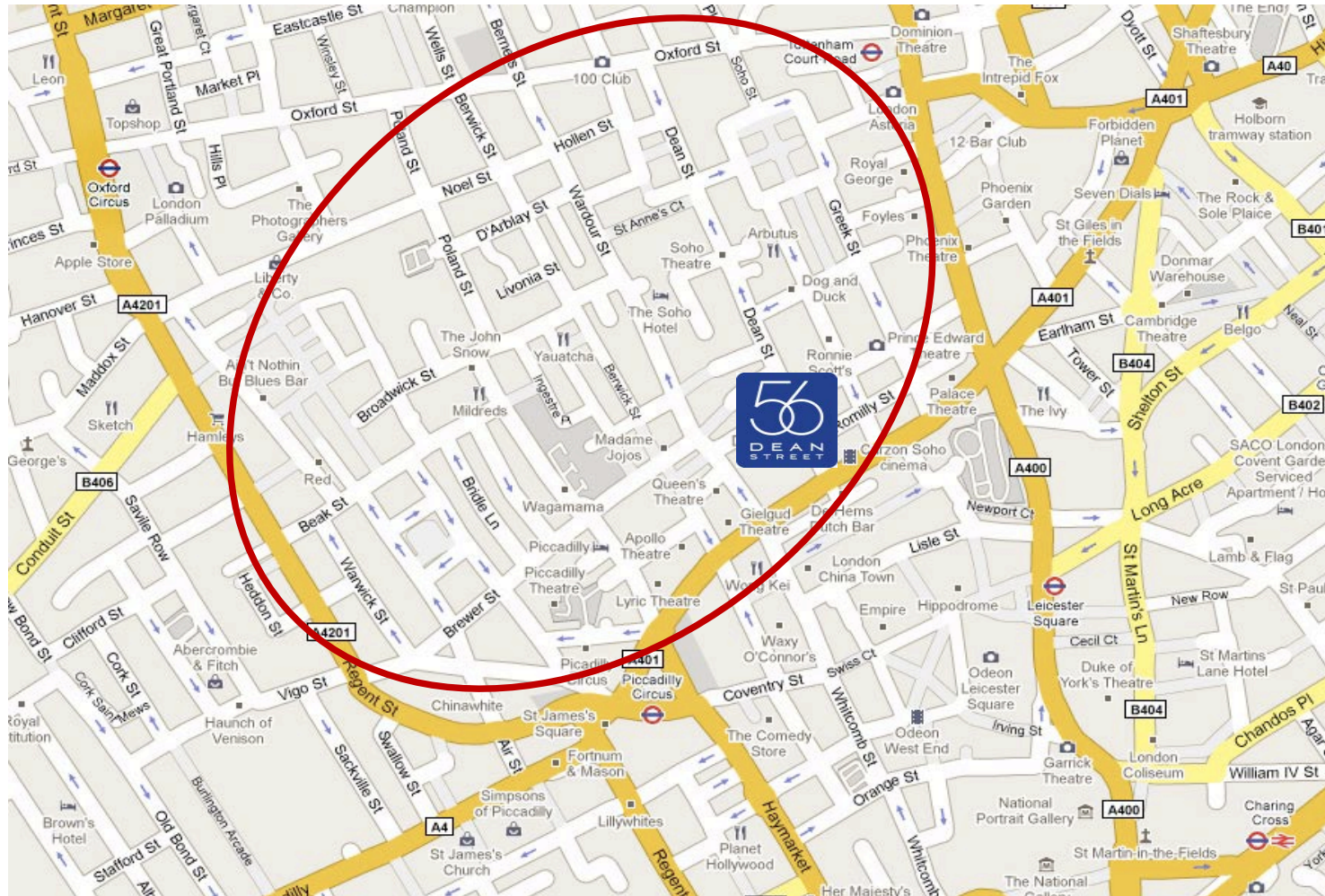
**ChemSex
Support**

Walk-in 1 to 1 chat
Here to help,
not to judge.

▲ Tuesday 5 - 7pm
▲ Thursday 1 - 4pm
▲ 1st & 3rd Saturday of
the month 1 - 3pm

56
DEAN
STREET

Location



Welcoming space



Care plan



Care Plan, ChemSex

Name

DATE

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

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Confident

Care plan

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)

When are your cravings/triggers likely to happen?

Home alone ☐ weekends ☐ Friday/Sat nights ☐ When playing online ☐ When drinking ☐

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?

Needle/syringe programmes



Needle/syringe programmes

New Needle Point



Needle Point, used TWICE



Needle Point, used ONCE



Needle Point, used over six times



Clinical intervention

Guidelines on when to call an ambulance to take recreational drug users to A&E

Call an ambulance if ANY of the following are present:

1. AVPU assessment graded as either P or U
A=Alert
V=Responds to voice i.e. talking to
P= Responds to painful stimuli only
(e.g. pressure across a finger nail)
U=Unconscious
2. Chest pain similar to a 'heart attack' (i.e. like a pressure on the chest, like a band around the chest).
3. Any history of seizures (i.e. a convulsion similar to an epileptic fit) during this episode
4. More than 2 'poisoned clubbers' per 'club medic'
5. Temperature $>38^{\circ}\text{C}$ not settling after 15 minutes of rest
OR a temperature $>40^{\circ}\text{C}$ at any time
6. Heart rate >140 beats per minute not settling within 15 minutes
7. Blood pressure Systolic <90 or >180 , Diastolic >110 on 2 readings 5 minutes apart
8. Confusion, significant agitation (e.g. pacing around the room) or significant aggression not settling within 15 minutes
9. Any concerns on behalf of the medical personnel involved
10. IF IN DOUBT CALL AN AMBULANCE

Guidance for
paramedics in Clubs...

Crystal meth psychosis

- Presents with apparent drug-induced psychosis:
 - Reassure that they are safe
 - Assess if patient is a risk to:
 - Themselves
 - Others
 - Refer to A&E (ER) if appropriate
 - Liaison psychiatry

Management: G detox

- If patients are using G:
 - If using daily for 4 consecutive days or more
 - Do *not* stop without medical advice
 - Immediately to A&E (ER) if no more supply
 - Call ahead to A&E (ER) to alert staff about G withdrawal symptoms

What can you do?

- Be aware of recreational drugs, their short- and long-term effects and risks
- Be aware of potential drug-drug interactions between antiretrovirals and drugs
- Provide safety advice on possible harm and sources of information
- Agree referral pathways into appropriate services

Evaluation

Outcomes

Web-Based Harm Reduction Intervention for Chemsex in Men Who Have Sex With Men: Randomized Controlled Trial

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- Starting to see evaluations
 - Randomised controlled trial
 - Hong Kong
 - Lower PrEP use
 - Intervention promoted testing and condom use

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Any questions?



Thank You for Your Attendance!
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