

Combining strategies: echoes from the APACHES chemsex study in France

Tim MADESCLAIRE, Independent Researcher and Consultant based in Paris

Laurent GAISSAD, EVCAU / ENSA Paris Val-de-Seine

Maitena MILHET, French Monitoring Centre of Drugs and Drug Addictions (OFDT), Paris

Presentation of co-authors

- Laurent Gaissad works as a social-anthropologist in a research team dedicated to the study of Virtual Environments, Architectural and Urban Cultures (EVCAU) at Paris Val-de-Seine School of Architecture.
- Tim Madesclaire works as a consultant for Australie, the agency in charge of sexual health programs of SpF (Santé Publique France). He is a former editor in chief of Prends-Moi, the magazine edited by INPES (now SpF), and cofounder of La Revue Monstre.

They both were in charge of the « gay context » area in Paris for the TREND / Sintés publication by OFDT (Observatoire français des drogues et des toxicomanies)

Background:

a growing number of studies on the current evolution in sexualized drug use.

International reviews:

- Edmundson C, Heinsbroek E, Glass R, Hope V, Mohammed H, White M, et al. Sexualised drug use in the United Kingdom (UK): A review of the literature. *Int J Drug Policy* 2018.
- Maxwell S, Shahmanesh M, Gafos M. Chemsex behaviours among men who have sex with men: A systematic review of the literature. *Int J Drug Policy*. 2019 ; 63: 74-89.
- Tomkins A, George R, Kliner M. Sexualised drug taking among men who have sex with men: a systematic review. *Perspectives in public health*. 2019 ; 139 (1): 23-33

Studies in France:

- Foureur N, Fournier S, Jauffret-Roustide M, Labrouve V, Pascal X, Quatremère G, et al. SLAM - Première enquête qualitative en France. *Pantin*: 2013.
- Le Talec J-Y, Linard F. Plaisirs chimiques : sexualité et usage de drogues chez les hommes gais séropositifs. *Psychotropes*, 2015 ; 21 (2-3): 157-182.
- Milhet M, Shah J, Madesclaire T, Gaissad L. Chemsex experiences: narratives of pleasure. *Drugs and Alcohol Today*, 2019 ; 1: 11-2

APACHES: « Attentes et PArcours liés au CHEmSex »

- Expectations and Trajectories in Chemsex
- « Chemsex », short for « chemical sex »: eroticized drug use
- A survey commissioned by the DGS (General Direction of Health)
- Defining possibilities of answers, information, care providing in case of problem with uses
- Interrogations, between experiences and hesitations in term of public policy

« Echoes from Apaches »

- A pre-vision of the results of the survey, from the interviewers point of view.
- The strategies and situation of users facing issues in sex and in chems
- Combining strategies: facing sexuality, community, HIV, drug use

APACHES : materials and methods

- Recorded comprehensive interviews with 37 « chemsexers » or ex-users
- Individual and collective interviews with care providers
- Contextualization with quantitative data from various surveys in France and Europe (Prevagay, EMIS, ERAS, Net Gay Baromètre)

APACHES Study (OFDT, 2018) / Sampling

Table 1 Participant profiles at the time of the interview

<i>Criteria</i>	<i>Interviewee profiles (n = 33)</i>			
Age	6 participants (22–28)	12 (31–39)	8 (40–49)	7 (50–61)
Education/professional sector	12 participants (masters, doctoral and post-doctoral degrees): researcher, programmer, architect, working in commercial sale, finance, or unemployed			
	21 participants (middle school or college diplomas, undergraduate degree): bartender, mason, costume designer, nurse's assistant, nurse, social educator, catering sector, fine arts			
Chemsex	21 active participants	7 former participants (having stopped a few months ago)	5 former participants (having stopped 2–5 years ago)	
Length of engagement in chemsex	9 participants (8 months to 2 years)	12 (3–6 years)	7 (7–8 years)	5 (> 10 years)
Inject during chemsex	15 participants			
Not in contact with a care provider for chemsex problems	17 participants			
HIV Status	17 participants living with HIV			

Other variables criteria reached

- Geographical diversity (Paris / provinces ; urban/rural)
- Contrasted biographies related to HIV
- Position toward protection in sexual intercourses :
condom use, serosorting, PrEP, TasP

General objectives of the study

- Document chemsex culture and chemsex trajectories
- Document existing Harm reduction strategies and knowledge
- Identify needs and expectations

The recurrences of HIV experiences, through generations...

We try a bit of everything, we have no taboo, we are no more under rules. When you are gay, and first when you fuck around, considering moralism and the education you got, you are already out of the system. But here, we are out of everything. And say, when you have HIV, I think we consider that nothing worse can happen to you.

(David, 58 years old)

Bingo ! In 2012 i turned seropositive. I believe that the fact I got to know I was, has opened doors to less restraints, I was less frightened (...) Becoming seropositive has been to me like a liberation, like a relief. Because I was having sex without condoms for long, but I was always a bit anxious about it.

(Francisco, 35 years old)

... is enforced through implementation of PrEP.

PrEP, from the moment i went to see the physician, since he prescribed it to me, I saw how it worked, it developed my sexual appetite. At the same time it freed my from anxiety related to HIV and my anxiety toward drugs.

Since then, once I had started PrEP, I had a sexuality much more regularly, more and more « trash », meaning also with two partners, then three, with fist etc. And drugs. I had no more guilt.

(Franck, 37 years old)

When you got HIV, as far as diseases, STDs are concerned, you have no more fear. Except maybe for the Hep C, but apparently it is now well taken care of, you don't give a damn catching STDs, when you got HIV. So now with PrEP it is even worse, there was a massive « whores release » over Paris !

(David, 58 years old)

A complex interaction between the recent biomedical turn in HIV protection and chemsex

- Many interviews show a simultaneous engagement in PrEP and chemsex
- The correlations of PrEP and chemsex is not made of cause and effect, but through a new display of information.

Harm reductions strategies are scarce and unadjusted

- Users turn to care providers once there is more « drugs » than « sex »
- Strategies based on peer-to-peer informal education and on line resources
- Confusion between drug harm reduction and sexual harm reduction