



# Chemsex: experiences, harms and care

## *Key findings from the APACHES study*

---

**Maitena MILHET**  
PhD, Sociology

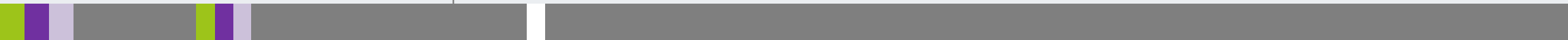
**French Monitoring Centre for Drug  
and Drug Addiction**

**Lisbon Addiction 2019**



# Chemsex what are we talking about?

## DEFINITION AND CONTEXTUAL DATA



# Chemsex: general characteristics

## Not all sexualized drug use is chemsex

- 'New' type of sexualized drug use among gay, bisexual and other MSM:

'new' drugs\* – specifically for sex – sexual networking Apps – slamming (injection)

\* in France mainly cathinones (3MMC, 4MEC ; GHB/GBL)

- (potentially) Associated with:

– high risk sexual practices (*condomless sex, group sex...*) - not always

– harms (*acquisition of STIs including HCV, syphilis, gonorrhoea / adverse mental health outcomes / drug dependency*) - not always but increased visibility

- A cause of concern but need for a better knowledge and understanding of the practices

=> provide tailored responses to people seeking assistance.

# Chemsex: contextual data in France

3 national surveys provide prevalence estimates among French MSM  
(*online recruitment. N > 10 000*)

➤ Prevalence estimates in France are ranging from to 5% - 7%

(*intensive use of drugs specifically for sex and/or at last sexual encounter*)

No standardised definition of chemsex practices / different indicators across surveys

***A robust estimate of prevalence remains 'elusive' => Need for an ad hoc survey / harmonisation of data***



## 2018 / 2019 – APACHES study *(some key findings)*

Objectives: provide a **better understanding** of the chemsex practices

- 1) *Individual experience*
- 2) *Perception of risk behaviours (Drug / sex)*
- 3) *Dynamics of the trajectories*

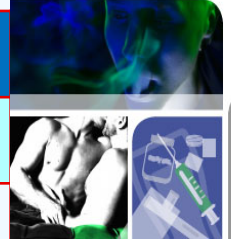
Method: qualitative study

- 37 in-depth interviews with gay – bisexual and other MSM

A **focus on the view of the individual**, in order to elaborate tailored messages and to inform therapists (addictologists, infectious diseases specialists, sexual health advisers, peer councellors...)

## Participant profiles at the time of the interview (N=37)

Criteria	Interviewee profiles (N=37)			
Age	7 participants (22-28)	12 (31-39)	8 (40-49)	10 (50-64 )
Education / Professional sector	14 participants (masters, doctoral and post-doctoral degrees) : <i>researcher, programmer, architect, working in commercial sale, finance, or unemployed</i> 23 participants (middle school or college diplomas, undergraduate degree) : <i>bartender, mason, costume designer, nurse's assistant, nurse, social educator, catering sector, fine arts</i>			
chemsex	25 active participants	7 former participants (having stopped a few months ago)	5 former participants (having stopped 2 to 5 years ago)	
Length of engagement in chemsex	9 participants (8 months to 2 years)	12 (3 to 6 years)	9 (7 to 8 years)	7 (>10 years)
Inject during chemsex	17 participants (Yes) - 20 (No)			
<b>Not</b> in contact with a care provider for <i>Chemsex problems</i>	18 participants.			
HIV Status	20 participants living with HIV			



# Chemsex experiences = much more than sex + drugs

1/ Several dimensions of pleasures at the heart of chemsex

*Body, love, socializing, letting go (physical disinhibition + sexual identity)*

2/ ...pleasures connected to self-fulfilment

*Everybody's needs / echos loneliness – stigma – need for self-expression*

3/ ...contradictory : both self-fulfilment and pain/accidents/severe harms

*When bodily pleasures turn into drug dependency, when love/sense of belonging turn into anonymity, non-consent sex (rape?)*

# Chemsex experiences: challenges for effective responses

## Concerns and issues facing individuals involved in chemsex:

- *How can I give up such an intense experience / that fill an emotional void / provide self-confidence?*
- *How can I speak about such a contradictory experience?*
- *Outsiders cannot understand – I will be stigmatized...*

## Challenges for care providers – effective responses

- *A focus on risks misses key dimensions:*
  - *Chemsex is much more than sex + drugs / Risk behaviours have to be seen within the wider context of a personal life experience*
    - ↔ *A balanced approach (including a « positive » view of chemsex) is needed*
- *Necessary to be ready to hear and talk about pleasures without shame / avoiding stigma*
  - ↔ *Training for care providers not familiar with sexual health intervention / not gay friendly... / drug services?*



# Chemsex risks behaviours

## 2 dimensions involved

### *Knowledge*

More information needed

- about drugs+++ (compounds, effects, harm reduction, drug facilities/resources...)
- New prevention treatment (PrEP)

### *Personal decision*

- Unanimous fear for drug dependency
- Sexual risks sometimes considered as inevitable / acceptable(not everybody)
  - ✓ *secondary to the pleasures expected and/or*
  - ✓ *Prevention / treatment available (PrEP, TASP)*

### *Major challenges :*

- *Identify best channels for disseminating the information (harm reduction, PrEP, facilities...)*
- *Zero risk doesn't exist*
- *Drug relapse / sexual reinfection shouldn't be felt by care providers as a personal failure...*
- *Integrated services (encompass harm reduction, abstinence, PrEP / PEP...)*
- *Training: drugs issues (NPS) for sexual health practitioners / sexual health issues for drugs services*

# Chemsex trajectories

- No age limit to start: 18 – 62
- Chemsex after years of drug consumption / chemsex = first drug consumption
- « happy users » (slam included) / severe accidents – damages
- Dynamic trajectories : avoid cliché of honey moon ~~→~~ descent into hell  
(going back and forth – pause / abstinence with or without professional help)

## Major challenges for effective responses

- Responses should be individualized, no typical profile of individual / trajectory
- Necessary to accept individual ambivalence:  
=> if patient return to chemsex, it shouldn't be felt as a failure
- « abstinence is the answer for some but not for everybody »
- Motivational technique of interviewing considered as interesting by care providers

**Thanks for your attention**

**<https://www.ofdt.fr/>**