



**CHEM SEX**

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**CHEMSEX WITH METH  
AND/OR G**

‘ChemSex’ or ‘Puff and Play’ are common terms used by gay men on sexual networking sites and smartphone Apps.

ChemSex is **NOT** the same as recreational drug use.  
It is a specific form of recreational drug use and sexual behaviour.



## CHEMSEX: METH AND G

ChemSex is defined by the use of one or two specific drugs (“chems”) in a sexual context.

The two drugs commonly used in NZ are;

- Methamphetamine (P/ meth/ crystal/crystal meth/Tina/synthetic drugs).
  - GHB/GBL\* (G, Gina).



## EFFECTS OF THE DRUGS

- **METHAMPHETAMINE**; is used as a recreational nervous system stimulant which has the ability to increase energy, lift mood, increase confidence and increase sexual desire and stamina (to an extent that users can engage in sexual activity continuously for several days).
  - **GHB/GBL**; is used as a recreational nervous system depressant with effects similar to alcohol. Commonly used to take the edge off any potential agitation or paranoia from prolonged meth use. Also useful to help promote sleep.



## PREVALENCE OF DRUG USE

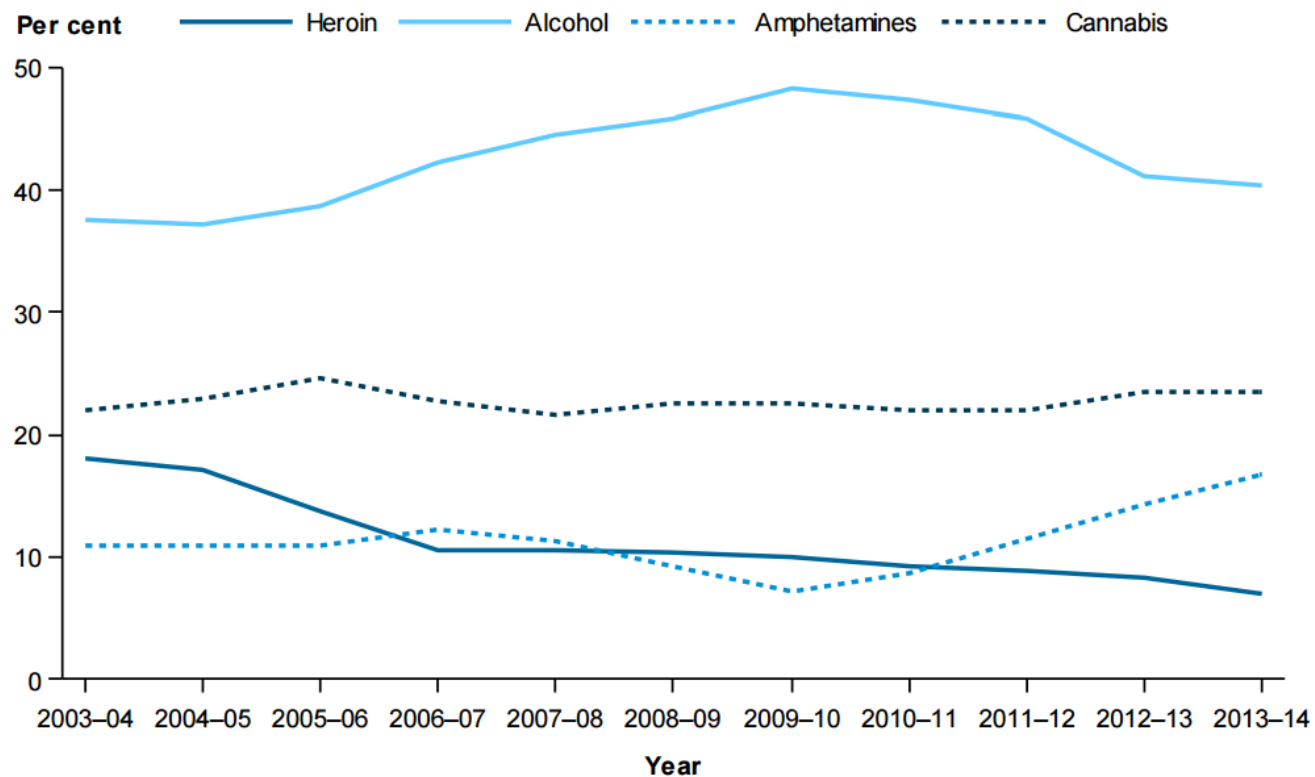
Nearly one in two NZ adults (49.0%) aged 16–64 years had ever used ‘any drugs’ for recreational purposes in their lifetime, equating to about 1,292,700 people.

(New Zealand Alcohol and Drug Use Survey 2007/08)

Australian study indicates about 8 million (or 42%) people in Australia aged 14 years or older had ever illicitly used drugs. Almost 3 million (15.0%) had done so in the previous 12 months.

(National Drug Strategy Household Survey 2013)

## AOD TREATMENT ACCESS IN AUSTRALIA



Source: Table SD.2.

**Figure 4.1: Closed episodes provided for own drug use, by selected principal drug of concern, 2003-04 to 2013-14**



# Gay Community Periodic Surveys

Guiding HIV and sexual health programs across Australia

## RECREATIONAL DRUG USE BY GAY MEN IN SYDNEY

Recreational drug use remains common within the sample. In 2014, 65.7% of the sample reported drug use.

There was a small increase in reports of drug use for sex between 2013 and 2014 ( 23.5% in 2014).

Since 2010 there have been significant decreases in the use of ecstasy, amphetamine/speed and ketamine and a significant increase in the use of crystal methamphetamine.

2014 report found that HIV-positive men remain more likely to report drug use compared with HIV-negative men (78.5% vs 67.6% in 2014).

HIV-positive men remain disproportionately more likely to report any IVDU compared with HIV negative men (21.5% vs. 4.2% in 2014).



**FLUX  
(FOLLOWING LIVES UNDERGOING  
CHANGE)**

Sex, drugs, gay life.  
Have your say.



**FLUX**

**PRELIMINARY RESULTS**

80% smoked, 30% injected  
30% used monthly, 13% weekly and 4% every day.

Reasons for methamphetamine use:

“For fun” ~70%

To get a buzz ~60%

PnP Session ~60%

## The reported "Highs"

- Had better sex (60%)
  - I felt happy
- Had some great parties
- Gained more confidence
  - Met new friends
- Brought me closer to people (40%).

## The reported “Lows”

- Multiple lows including; depression, psychosis, STI’s etc
  - “Had unsafe sex“ (around 50%).
- Research found that condom-less sex was significantly more likely with recent methamphetamine use.

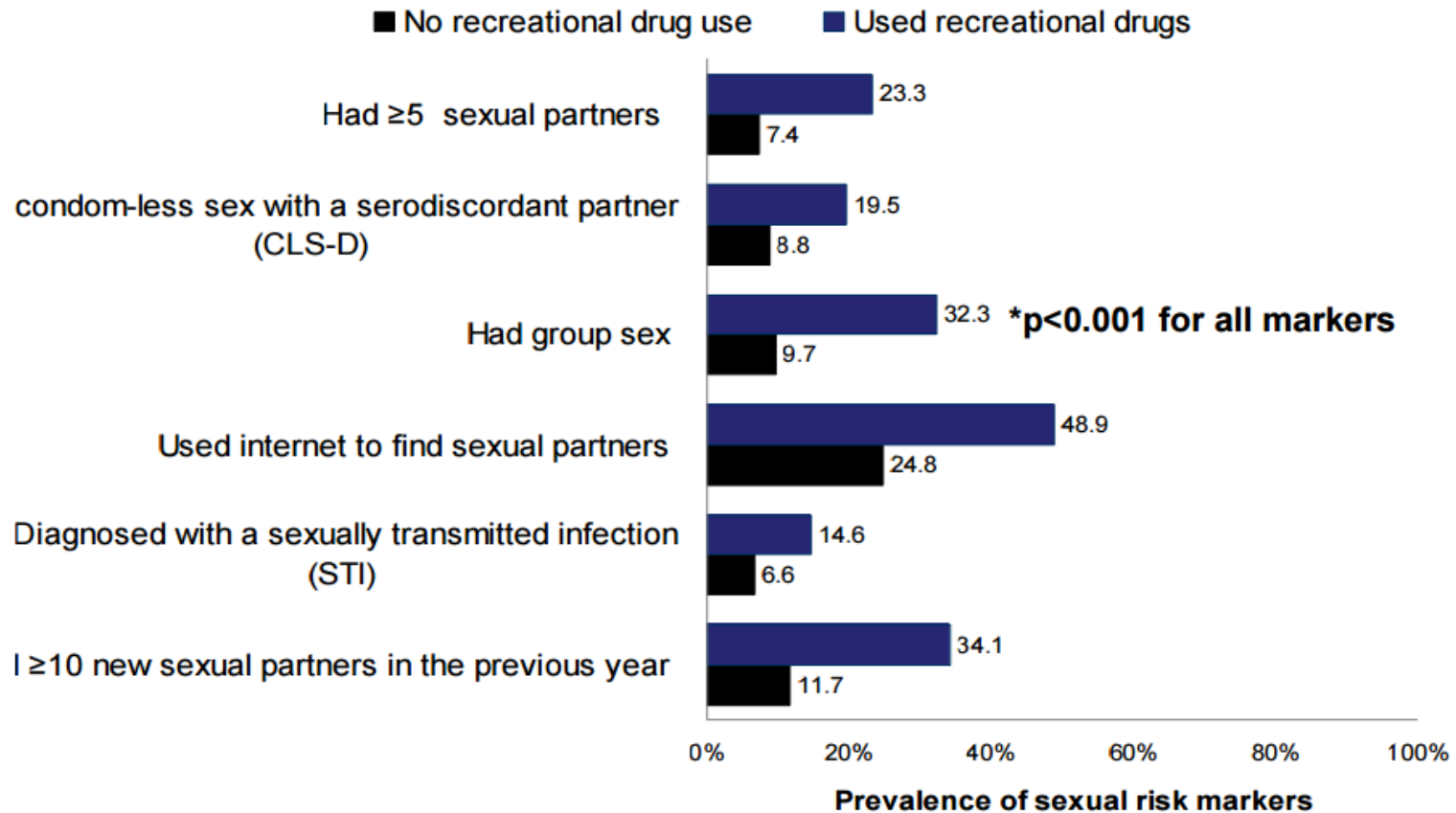


## ASSOCIATION WITH INCREASED RISKY SEXUAL BEHAVIOUR

- Sexual marathons and ‘sex parties’
  - Increase number of partners
    - More anal intercourse
      - Less condom use
      - Anonymous sex
- High levels of injecting (55%) (high risk and sexualised)
  - Increased use of toys, fisting, bare-backing, fetish

Marquez 2009, Thiede 2003, Semple 2003, 2011, Klitzman, Bowden-Jones 2013 (Methamphetamine, Mephedrone, MDMA)

## MARKERS OF RISK



N=2,248 MSM, denominators vary  
Three-month recall period unless otherwise specified

## SEXUAL NETWORKING APPS

# BarebackRT.com

MEET REAL MEN ONLINE FOR REALTIME BAREBACK SEX



The world's largest all Bareback hookup site.

**ENTER**

I am over 18

**EXIT**

I am under age





- >8000 LGBT clients
- Sharp rise in service for Crystal Meth, GHB, GBL and Mephedrone
- 3% of all presentations in 2005 increasing to 85% in 2012
- Nearly all crystal meth use was reported within sexual settings
- 85% of GHB/GBL and 75% of mephedrone users said they used the drug solely to facilitate sex (Stuart, 2013)





## South London Chemsex study

A large number of men had experienced problems relating to self-esteem or sexual self-confidence, and reported that drugs helped to overcome (or at least mask) these issues.

While most participants said that drugs could enhance sexual arousal or desire, some felt they had become reliant on drugs and found it difficult or impossible to have sex without them.

Chemsex Study 2015



## TRANSMISSION RISK BEHAVIOUR

Four narratives of drug use and sexual risk taking.

1. More than a quarter of participants (all of whom were HIV positive) had made pre-determined decisions to engage in unprotected anal intercourse (UAI) with men they believed to be sero-concordant.
2. Nearly a third of men found it difficult to control their behaviour while under the influence of drugs and engaged in behaviour which they subsequently regretted.
3. A small sample of men sought out risky sex and felt that this was facilitated by the drugs they took.
4. Approximately one in four participants frequently engaged in chemsex but felt in control of their actions.

## ADHERENCE

HAART - Strong association meth use and poor ARV adherence,  
within meth using group poorer adherence if injecting

Marquez 2009, Halkitis 2008, Gokarn 2012

Antidote - 60% report adherence failure while under influence of  
drugs

Stuart, 2013

ASTRA - missing >2 days in previous 3/12 - adj OR: 1.7  
[95%CI:1.35,2.36] Lampe,2013



## TACKLING METHAMPHETAMINE: AN ACTION PLAN

NZ Government created an action plan in 2009 to try and reduce the methamphetamine problem in NZ.

1. Crack down on precursors –Stronger controls
2. Break supply chains -Police Methamphetamine Control Strategy
3. Provide better routes into treatment - More AOD treatment
4. Support communities - Strengthen best practice interventions
5. Strengthen governance - Ensure agencies work together



## RECOMMENDATIONS

A Chemsex forum has been established of interested professionals in the sector

The forum believe there needs to be a sector lead health promotion plan and harm reduction programme developed to address the risks associated with Chemsex

And

Government support and funding is needed for this project



## NEXT STEPS

Community Focus Groups:

Coordinated by NZAF, BP CAYAD, CADS & AOD  
Professionals

Develop promotional material/flyer to develop awareness of the  
project

Create set of AOD screening questions to be incorporated in  
HIV screening questionnaires

Outcomes: Identify NZ need and appropriate response.

Timeline: Oct / Nov.



**PROGRAM DEVELOPMENT**

Oct - Jan

Program development.

Review existing resources – include new content.

Propose scope for NZ initial response

Prepare program



## FUNDING

Identify potential funding sources

Develop revised project proposal budget and timeline.

Target Pride Launch for program?