

The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham

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The Chemsex Study was an exploratory, mixed-method research project that explored drug use in sexual settings among gay and bisexual men living in Lambeth, Southwark and Lewisham (LSL). This executive summary describes the background, methods and an overview of key findings. These will be of use to anyone working to reduce harms associated with drug use, across the sexual health, drug harm reduction, health promotion and social care spectrum.

BACKGROUND

“Chemsex” is a term commonly used by gay or bisexual men to describe sex that occurs under the influence of drugs, which are taken immediately preceding and/or during the sexual session. The drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine. All, except ketamine, are stimulant drugs in that they typically increase heart rate and blood pressure and trigger feelings of euphoria. Crystal methamphetamine, GHB/GBL and mephedrone also have a common effect of facilitating feelings of sexual arousal.

These drugs are widely known to facilitate pleasure or euphoria but are also associated with a range of harms. Particular concern has been raised regarding the role of crystal meth, GHB/GBL and mephedrone in sexual HIV or STI transmission risk behaviour. The link between drug use and risk taking behaviour is complex, but there is a clear association between the two. These drugs can facilitate long sexual sessions with multiple partners and the likelihood of STI transmission may be increased due to rectal trauma or penile abrasions. There are also harms associated with drug overdose, especially in relation to GHB/GBL, which is typically administered in small, carefully timed doses. Within the last two years there have been a number of drug related casualties among gay men in clubs or sex-on-premises venues in London.

Levels of injection use among this population have typically been very low, however concern has been voiced

AIMS OF THE CHEMSEX STUDY

This report was commissioned by the London Boroughs of Lambeth, Southwark and Lewisham in order to understand the issues associated with chemsex in greater detail and to inform strategic commissioning intentions. The research sought to:

1. establish and describe the personal and social context of sexualised drug use among the population of gay men resident in Lambeth, Southwark and Lewisham;
2. understand the harms perceived or experienced by gay men who use drugs during sex including, but not limited to, sexual health and the possible transmission of STIs and HIV;
3. identify motivations, meanings and values associated with sexualised drug use among this population and how these might be influenced;
4. generate recommendations for policy and practice to meet the complex needs arising from drug use during sex.

The research focuses on drug use in sexual settings, rather than on drug use among gay men per se, and does not address use of performance enhancing drugs such as steroids.

from a range of health and social care professionals that an increasing number of gay men may be injecting crystal meth or mephedrone.

It is widely perceived that Chemsex is particularly prevalent in LSL; these boroughs are home to very large populations of gay and bisexual men and to men living with diagnosed HIV. There is a large commercial gay scene in Vauxhall, which contains clubs previously associated with drug use, as well as sex-on-premises venues, such as saunas.

METHODS

Between August 2013 and February 2014 we undertook a series of interlinked research activities to address the study aims. Initially, we conducted a secondary analysis of drug use data collected as part of the European MSM Internet Survey (EMIS) specific to LSL. EMIS was a large-scale internet survey of MSM conducted in the summer of 2010. Responses to survey questions that related to use of drugs and use of gay social or commercial spaces were compared between LSL residents and those in the rest of London and England.

TABLE 1 Key qualitative interview sample characteristics

HIV testing history	N	Age	N
Diagnosed HIV positive	13	Mean	36
Last test negative	17	Range	21-53
Borough of residence	N	Ethnicity	N
Lambeth	14	White British	16
Southwark	11	White Irish	3
Lewisham	5	White Other	8
		Black Caribbean	1
		Other	2

We also undertook 30 face-to-face interviews with gay or bisexual men from across LSL. To be eligible to take part they had to be over the age of 18, have used crystal meth, GHB/GBL or mephedrone during sex within the previous 12 months and be resident in any of the three boroughs. They were recruited via: online promotion on geo-spatial networking apps that specifically cater for gay men; paid promotion in a London gay-scene magazine; and distribution of specially designed business cards that directed people to a dedicated webpage.

The interviews explored a range of topics related to chemsex, including motivations, effects, social norms, experience of harms, management of harm and help seeking behaviours. Transcribed data were subject to a rigorous thematic analysis.

In addition, a series of focus groups with members of the gay community and interviews with representatives of clinical and community organisations helped to shape the content of the interviews, framed priorities for analysis and contributed to the recommendations.

PREVALENCE OF DRUG USE AMONG MSM LIVING IN LSL

These findings are drawn from analysis of EMIS survey data. A total of 15,423 EMIS respondents were resident in England at the time of survey completion, with 3,837 in London and 1142 resident in LSL (Lambeth = 603; Southwark = 357; Lewisham = 182). The mean age of men living in LSL was 36.6 years (median 36 years, range 17-76). One in five (19.7%) of the men in LSL were living with diagnosed HIV infection.

5.9% of LSL men had ever injected drugs other than steroids or medicines, and 3.5% had done so in the last year. This was only slightly higher than the rest of London but much higher than the rest of England. TABLE 2 shows the proportion of men in each area who used any drug within the last four weeks.

In general, the drugs associated with chemsex (highlighted in green) were not those most commonly utilised by survey respondents. However, men living in LSL were twice as likely as men elsewhere in London to use GHB/GBL (10.5% vs. 5.5%) and mephedrone (10.2% vs. 5.2%). Compared to men elsewhere in England, men in LSL were four times more likely to use cocaine (18.0% vs. 4.8%) and mephedrone (10.2% vs. 2.9%); seven times more likely to use GHB/GBL (10.5% vs. 1.6%); and eight times more likely to use crystal meth (4.9% vs. 0.7%).

TABLE 2 Drug use among MSM in LSL compared to elsewhere

	Proportion of men who used drugs in the last 4 weeks		
	LSL	Elsewhere in London	Elsewhere in England
Alcohol	93.2	90.6	87.6
Tobacco	43.5	40.0	38.7
Poppers	38.2	33.3	26.9
Sedatives	8.2	6.2	3.8
Cannabis	19.5	15.9	10.5
Ecstasy	11.7	7.1	4.1
Speed	1.3	1.4	1.7
Crystal meth	4.9	2.9	0.7
Heroin	0.1	0.2	0.3
Mephedrone	10.2	5.2	2.9
GHB/GBL	10.5	5.5	1.6
Ketamine	9.6	5.9	3.8
LSD	0.6	0.4	0.3
Cocaine	18.0	11.0	4.8

Two thirds (69%) of men in LSL who used crystal meth in the last 4 weeks had diagnosed HIV and a similar proportion (64%) of men who injected (non-steroid) drugs in the last 12 months had diagnosed HIV.

THE CONTEXT OF CHEMSEX

Chemsex is a diverse and complex phenomenon – a behaviour in which a wide variety of men engage, at different times, at different points in their lives, in different spaces, with a range of drugs and with complex consequences. There is no set formula for chemsex – what behaviour men engage in, and the reasons for their use of drugs in sex, are specific to each individual. The majority of participants were experienced drug users. While many had a favourite or a “drug of choice” most had experience of several, or all of these drugs. Polydrug use within the same sexual session was very common.

The rise in use of mephedrone and GHB/GBL seems, at least in part, to be a result of the rising cost, poorer quality and reduced availability of ecstasy and cocaine.

Geo-spatial networking apps have made drug use more visible than perhaps it once was and have facilitated both the acquisition of drugs and engagement in chemsex. Saunas and other sex-on-premises venues also have a role to play in facilitating access to drugs and their use in sexual settings.

A third of participants had recently injected crystal meth or mephedrone, feeling that it gave them a more intense and immediate high. In nearly all instances injection drug use was safe and there was no evidence of needle-sharing. Those who had no experience of injecting were very uncomfortable with the idea, feeling that it suggested addiction or was a sign of a chaotic lifestyle.

THE IMPACT OF DRUGS ON SEXUAL PLEASURE AND SEXUAL PERFORMANCE

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.

this delivery mechanism facilitated even more extreme sex than when drugs were otherwise administered. While this sense of sexual adventure was valued by most participants, several men were concerned that they had, at times, pushed their own sexual boundaries too far and subsequently regretted their behaviour.

Drugs could provide a more intense sexual experience and the ability to connect with another individual, although this effect was often short-lived. Using drugs also facilitated lengthier sexual sessions (enabling sex with more men or sex for longer with each man) and sex that was more diverse or adventurous. Those who chose to inject drugs, especially crystal meth, often felt that

While drugs were able to facilitate sexual enjoyment in a variety of ways, the majority of men were actually not happy with their sex life. Many desired a long-term partner for more intimate and emotionally connected sex and felt that drug use, or a close association with the social network of men who engage in chemsex, was unlikely to lead to this.

THE ROLE OF DRUGS IN HIV/STI TRANSMISSION RISK BEHAVIOUR

There were, broadly speaking, 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. Drugs may increase the volume of men they have sex with, and the duration of sexual acts, but did not appear to be the main driver of sexual risk taking.

(2) Nearly a third of men found it difficult to control their behaviour while under the influence of drugs and engaged in HIV/STI transmission risk behaviour, which

they subsequently regretted. These were often men who had pre-existing problems negotiating safer sex, which were exacerbated by the presence of drugs.

(3) A small sample of men sought out risky sex and felt that this was facilitated by the drugs they took. The drugs enabled them to push sexual boundaries and to play out sexual fantasies of danger and transgression.

(4) A sizeable minority – approximately one in four participants – frequently engaged in chemsex but felt in control of their actions, enjoyed their sex lives, and were, for the most part, engaging in sex with very limited chance of HIV/STI transmission.

Levels of understanding about HIV (including means of prevention) were high across the sample, but around a third of HIV negative men engaged in UAI under the influence of drugs (either accidentally or with intention, sometimes with casual partners of unknown sero-status).

STIs other than HIV were generally perceived as not as serious (with the exception of Hepatitis C) and not all men with diagnosed HIV took steps to protect themselves from further sexual infections.

NEGATIVE EXPERIENCES AND HARMS ASSOCIATED WITH CHEMSEX

While drugs were able to facilitate a great deal of sexual pleasure, they were also associated with a range of physical, mental, social and relational harms. Overdosing was an issue of significant concern for a large number of men, particularly in relation to dosing of GHB/GBL. Several men had been hospitalised as a result of overdosing, while others had experienced panic attacks, convulsions and loss of consciousness. Three men reported being the victim of sexual assault under the influence of drugs, and several others reported hearing about the sexual assault of friends or acquaintances. Problems relating to paranoia, anxiety, or aggression were reported by some men, while a few had experienced

acute attacks of mania or psychotic episodes that required medical intervention.

Chemsex occupied a large amount of time for many men, both in terms of actual engagement and recovery. A significant number of those we interviewed lamented the lost opportunities for social connection, career progression or relationship development, which they believed was a consequence of their drug use. Participants expressed concern about the impact of chemsex on the gay scene in London with concern expressed that geo-spatial networking apps may further normalise it within the community.

MANAGING DRUG USE AND GETTING HELP

While the majority saw their drug use as relatively unproblematic, many had sought, or were seeking, greater control over their drug use (for sex). A minority told emotional stories of recovery and relapse and described the steps they had taken to limit their engagement in chemsex, or to overcome their dependence on drugs more broadly.

Where it was available, men valued clear, honest and nonjudgmental information about how to use drugs and have chemsex safely. Most felt comfortable accessing drug information and harm reduction services in sexual health settings (both clinical and community based), or would prefer to do so in the future.

RECOMMENDATIONS

We do not recommend a social marketing campaign on the dangers of chemsex (either LSL, London or national). Very few of the needs identified in this research are amenable to resolution via a social marketing approach. Instead there are a number of broad areas related to policy and practice that this research highlights.

1. We recommend the production and dissemination of a range of resources that provide drug harm reduction information.
2. We recommend ensuring access for men to gay-friendly drug and sexual health services that are competent to address the psychosocial aspects of their health and any harms arising from chemsex.

3. We recommend co-ordinated work with managers of commercial sex-on-premises venues to facilitate development of clear harm reduction policies and procedures.
4. We recommend co-ordinated engagement (local, national and international) with commercial companies and gay media, including those which provide geo-spatial networking apps and websites, to explore opportunities for health promotion and harm reduction as part of a corporate responsibility to their users.