

# Harm reduction and HIV prevention need among gay men in London using GHB/GBL, crystal methamphetamine and mephedrone during sex



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## Introduction

Recreational drug use among gay men in London has historically centred on club drugs such as ecstasy and cocaine. Recent evidence, however, indicates shifting trends in drug use among some gay men, both in terms of the most popular drugs and the way in which they are used. The term ‘chemsex’ or, to a lesser extent, ‘Party and play’, has entered the vocabulary of certain sections of the gay population in London and is a behaviour that has attracted significant media attention. Chemsex is commonly understood to describe sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session. Such drug and sexual activity typically occurs at private sex parties or in saunas (bath houses) and is particularly prevalent among gay men living with diagnosed HIV in the city. This study sought to understand the personal and social context of chemsex, as well as HIV prevention and drug harm reduction need.

Table 1 – Drugs commonly associated with ‘chemsex’

Name of drug	Street names	Delivery
Mephedrone	Meow Meow, MCAT, plant food	Snorted as a powder, injected or administered rectally
GHB/GBL	G, Gina, liquid ecstasy	Swallowed in small liquid doses
Crystal meth	Crystal, Ice, Tina, T	Snorted as powder, smoked in glass pipe, injected or administered rectally

## Methods

In-depth qualitative interviews were conducted with 30 gay and bisexual men who reported using crystal methamphetamine, mephedrone or GHB/GBL during sex and who lived in the London boroughs of Lambeth, Southwark & Lewisham (areas of HIV high prevalence among the large, local gay populations). They were recruited via commercial print advertising as well as on mobile phone applications that cater for men seeking sex. We sought to balance the sample of participants according to HIV status and ethnicity. Data were subjected to an inductive thematic analysis.

Table 2 – Participant demographic characteristics

HIV testing history	N	Age	N
Diagnosed HIV positive	13	Mean	36
Last test negative	17	Range	21-53
Injection drug user		Ethnicity	N
Regular	8	White British	16
Irregular	4	White Irish	3
No injection drug use	12	White other	8
		Other ethnicities	3

The interviews explored a range of topics, including:

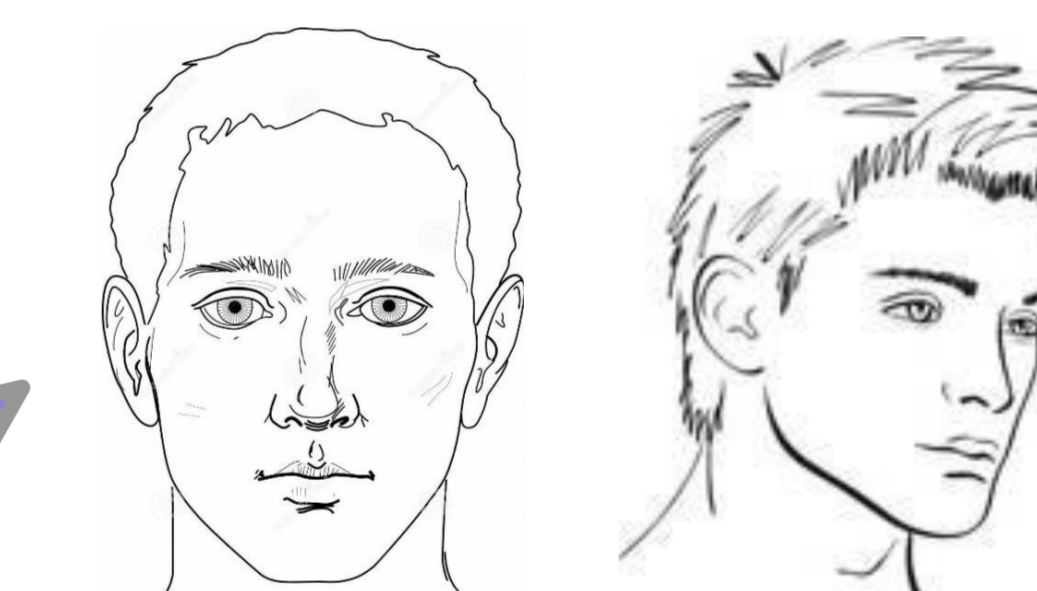
- men’s sexual history and current sexual behaviour
- motivations for using drugs during sex
- perceived social norms surrounding chemsex
- the impact of drugs on sexual practice & pleasure
- harms relating to chemsex they had personally experienced or witnessed in others
- experiences of managing their drug use and/or seeking help

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## Results

Participants frequently described how GHB/GBL, mephedrone or crystal methamphetamine facilitated sex with a high number of partners, often as group sex taking place over several days. While a few men felt that they were able to control their drug use, many others had found it difficult to negotiate sex they were comfortable with. Problems using condoms effectively while under the influence of drugs were widely reported, as were recent diagnoses of STIs. This was particularly commonly place among gay men using crystal meth. A large number of participants reported problems with appropriate dosing of GHB/GBL, which requires careful timings in small amounts. This had, for some, resulted in collapse, disorientation, convulsions and, in several cases, hospitalisation. Accounts of sexual assault while under the influence of chemsex drugs were reported on a number of occasions..

“Matt” is 27 and works in journalism. He regularly has sex with a large number of men – usually between 6-8 men a week but sometimes it’s closer to 20 or 30, particularly in group sex situations. Injecting crystal meth means he is able to have more adventurous sex for much longer. In the last 12 months he has been diagnosed with shigella as well as recurrent genital herpes. He has had two semi-psychotic episodes which required medical intervention to control panic attacks and disorientation.



“Rob” is 27 and works as a personal trainer. He was introduced to GHB/GBL and mephedrone by a sex partner about a year ago and now finds it difficult to have sex without them. He has problems with dosing of GHB//GBL and has passed out on several occasions. Once when he came-to he found that someone at the party had sex with him without his consent. While he used to wear condoms regularly he now finds it more difficult to negotiate their use. Matt was diagnosed with HIV 3 months ago.

While some men felt that drugs were facilitating a more adventurous and desirable sex life, many others felt they had become dependent on them and were struggling to have sex they were happy with. Their engagement in chemsex had, on many occasions, seeped into other areas of their lives and some had experienced significant harms to their social, emotional, physical and well-being. Most participants had never sought professional help to control their drug use. Many were uncomfortable accessing generic drug services who they felt were unfamiliar with the drugs now used by gay men (and the setting of their use) and consequently had difficulty accessing relevant harm reduction information or services.

## Conclusions

Changing trends in drug use among gay men in London have not been matched by a re-positioning of harm reduction services to meet their needs. Generic drug harm reduction services that have typically catered for opiate users need to take account of both the types of drugs that gay men are using and the unique, sexual setting within which their use occurs. Sexual health services should develop or upscale drug services situated within their clinics and improve linkages to psycho-therapeutic services.