Medical Intervention Model Of Chemsex In Taiwan

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Kunming Prevention and Control Center (KPCC)

Taipei City Hospital

- **Linsen, Chinese Medicine, and Kunming Branch (Clinical)**
- **Kunming Prevention and Control Center, KPCC (Public Health)**
- First specialized STD clinic (1968) and HIV/STD clinic (1988) in Taipei
- Located in the Ximen area (Downtown Taipei, Kunming street)

The composition of my clients

- Mostly are **LGBT population**: MSM, gender dysphoria (not drug users in Taiwan), PLWH
- Drug users, at least half of them engaged in chemsex, including deferred prosecution (involuntary clients)
- Our own PrEP study in 2022-2023
  - 136 gay and bisexual MSM, all HIV (-)
  - Mean age: 33.42 ± 6.76 y/o; mean years of schooling: 16.14 years
  - 71.4% have used illegal substance, 57.4% have used methamphetamine
  - 74 (54.4%) have substance use disorder (SUD) : methamphetamine (N=60), MDMA (N=13), GBL/GHB (N=12)

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What services does our clinic offer?

- **Infectious disease** clinic: Tx and prevention of HIV and other STDs (17 clinics, 12 doctors)
- **Mental health** clinic: evaluation and treatment of mental health issues, addiction and comorbidities (9 clinics + 5 clinics with methadone and deferred prosecution, 4 doctors)
- **Gastroenterology** (GI) clinic: treat and follow up hepatitis and other GI disease (1 clinic)
- **Vaccination** (COVID, HPV, HAV, HBV, MPOX, influenza), **PrEP**, **Doxy-PEP**
- Drug abuse prevention center: **peer support group**, **family support group**, **on-line support**, **referral** to other resources (employment, subsidy for Tx, case management and follow-up)
- **Matrix model** and **Friends Getting Off** (in collaboration with National Health Research Institute)

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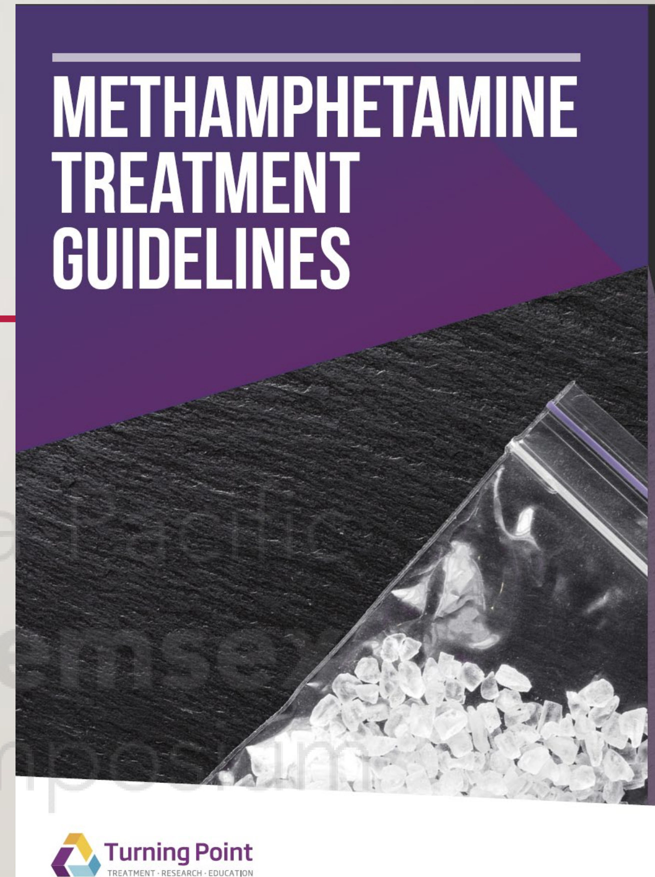
5

Working with clients who use methamphetamine

- Assessment should be considered integral to the engagement and treatment process rather than an independent process.
- Early engagement is vital for methamphetamine users and working with consideration of the stages of change or other engagement models is important.
- Intervention specific to methamphetamine should be negotiated with the client, as with other drug use intervention, and incorporated into a comprehensive treatment plan.
- Each individual is different and requires a tailored response.
- The pattern and extent of use should be considered when deciding on intervention or management strategies.
- Methamphetamine use should be addressed in the context of other drug use, given the high prevalence of polydrug use amongst methamphetamine users.
- Methamphetamine use should be addressed in the context of mental health and other psychosocial factors.
- Drug use, including methamphetamine, is a cyclical and relapsing condition. Interventions may need to be applied repeatedly, before significant change is achieved.

Since individuals with co-occurring problems are a very heterogeneous group in terms of type, severity and readiness to address their various problems in treatment, a stepped care approach to treatment can allow for flexibility in intervention. This graded approach to treatment can:

- Allow for flexibility in intervention and match the treatment to the client's needs.
- Accommodate differences between individuals with co-occurring problems in terms of type and severity of use and readiness to change.
- Increase services to a greater number of people by reducing unnecessarily intensive interventions.
- Optimise use of resources such as practitioner time.



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POLYDRUG USE
IS COMMON IN PEOPLE
WHO USE METHAMPHETAMINE
AND MUST BE ASSESSED

Harm reduction approach

Being familiar with the specific harms and risks associated with methamphetamine abuse and dependence (e.g. polydrug use, behavioural and psychological disturbances) is essential in order to provide targeted and relevant interventions.

These guidelines outline six steps in assessing and intervening to reduce harm:

1. Be familiar with the potential harms.
2. Assess harm and risks associated with the client's use.
3. Provide information and personalised feedback about potential harms.
4. Use a collaborative approach to develop harm reduction strategies with the client.
5. Have the client identify goals to reduce harm.
6. Monitor behaviour, reinforce positive changes and address difficulties.

It is also important to remember that polydrug use is common amongst methamphetamine users and therefore interventions should aim to reduce harms associated with any drug use, not only the primary drug of choice. Other harm reduction strategies may include monitoring mental health and assisting the client to develop greater awareness about the relationship between methamphetamine use and psychiatric symptoms. Supporting a goal of remaining engaged in treatment may be important, as research shows that methamphetamine users often drop out of treatment prematurely.

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DRUG USE ASSESSMENT

Core elements of the drug use component of client assessment include:

- Accurate information about all aspects of methamphetamine use
- Indicators of severity of dependence, withdrawal symptoms and significant periods of abstinence
- Evidence of dependence on or withdrawal from other drugs
- Risk behaviour associated with mixing drugs, including overdose or toxicity
- Psychosocial factors
- Treatment goals

Accurate information should be gathered through clinical interview about:

- Type/s of methamphetamine being used
- The quantity and frequency of use
- The route of administration
- Duration of use
- Other drug use

ASSESSING DEPENDENCE

Information should be gathered about significant symptoms of methamphetamine dependence as defined in DSM-5 or ICD-11 diagnostic criteria (see page 11 for information on **Methamphetamine dependence**).

Indicators of dependence can include:

- Escalation of the dose used
- Persistent desire or unsuccessful efforts to cut down
- Cravings
- Continued use, despite social or occupational problems caused or exacerbated by use
- Continued use, despite physical or psychological problems caused or exacerbated by use
- Tolerance
- Withdrawal symptoms following cessation or reduction in use

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8

PSYCHOSOCIAL FACTORS IMPACTING ON DRUG USE

Assessment of clients with methamphetamine use problems should also include the standard information that would be gathered for any AOD client. Assessing the general health and psychosocial characteristics of the client (e.g. legal, financial, employment, relationships, supports) is important, not only in being able to offer comprehensive and integrated treatment (including referrals to other relevant services) but also to help identify potential barriers to change (e.g. partner's continued drug use).

GOALS OF TREATMENT CAN INCLUDE MONITORING MENTAL HEALTH, AND REMAINING ENGAGED IN TREATMENT

GOALS OF TREATMENT

Given the prevalence of polydrug use among people with methamphetamine use problems, it is important to be clear about what the treatment goals are for each drug type. Some individuals may choose to abstain from methamphetamine altogether, while continuing to use other drugs on either a dependent or recreational basis. Others may feel that a goal to control their use of methamphetamine is more realistic and achievable. Approximately half of those with methamphetamine use problems presenting to treatment are wanting to reduce their use rather than abstain completely.

Treatment goals should not be limited to drug use only. Other goals may include monitoring of mental health and assisting the client to develop a greater awareness about the relationship between methamphetamine use and psychiatric symptoms; as well as goals of remaining engaged in treatment (particularly given the low rates of retention in treatment for this group).

The reasons they're seeking for help, short-term and long-term goals, depending on their awareness of current own status and motivation to change.

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MENTAL HEALTH ASSESSMENT

9

Given the high incidence of mental health problems among people with methamphetamine use disorder, it is highly recommended that clinicians develop the skills to effectively assess and manage comorbidity. Addressing only the drug use disorder may increase the risk of relapse and disengagement with treatment. A comprehensive mental health assessment should focus on:

- Identifying symptoms of depression, anxiety and psychosis (the most common psychiatric symptoms associated with methamphetamine use)
- Duration of symptoms
- Whether symptoms are present only during use or persist after methamphetamine use has ceased
- Previous treatment for mental health problems

Emergent condition: suicidal, violent, acute psychosis
Comorbidities: bipolar, depression, ADHD, etc.

Conduct an assessment of the comorbidity of substance use disorder and psychiatric illness, using the following prompts:

- Consider the range of symptoms caused by each identified substance
- Determine whether substance use preceded the psychiatric symptoms, using questions such as:
  - *How old were you when you first experienced (symptoms)?*
  - *How old were you when you started using (substance) regularly (at least weekly)?*
- Determine duration and patterns of use and effect on psychiatric symptoms, using questions such as:
  - *Has there been a time when you have not used (substance)?*
  - *If yes, how long was this for and how did this affect your symptoms?*
- Determine duration and patterns of psychiatric symptoms and effect on substance use, using questions such as:
  - *Has there been a time when you have not experienced (symptoms)?*
  - *If yes, how did this affect your use of (substance)?*

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Several important issues when working with the clients

- **Psychotic symptoms**
- Relationship issues (single or partnered, partner's continued drug use, whether they're on the same track to control or abstain, whether their partner is psychotic or violent that might need other resources, boundary issues of their partner, cheating, lying…)
- Internalized homophobia, sex worker, bisexual or gay parent with a kid…
- Physical and sexual health (PrEP, Doxy-PEP, vaccination, ART)
- GBL/GHB dependence other than chemsex
- Medication Tx: Bupropion & Naltrexone (frequently prescribed, NNT: 9), Mirtazepine (lower tolerability). Behavioral treatment is still indispensable.

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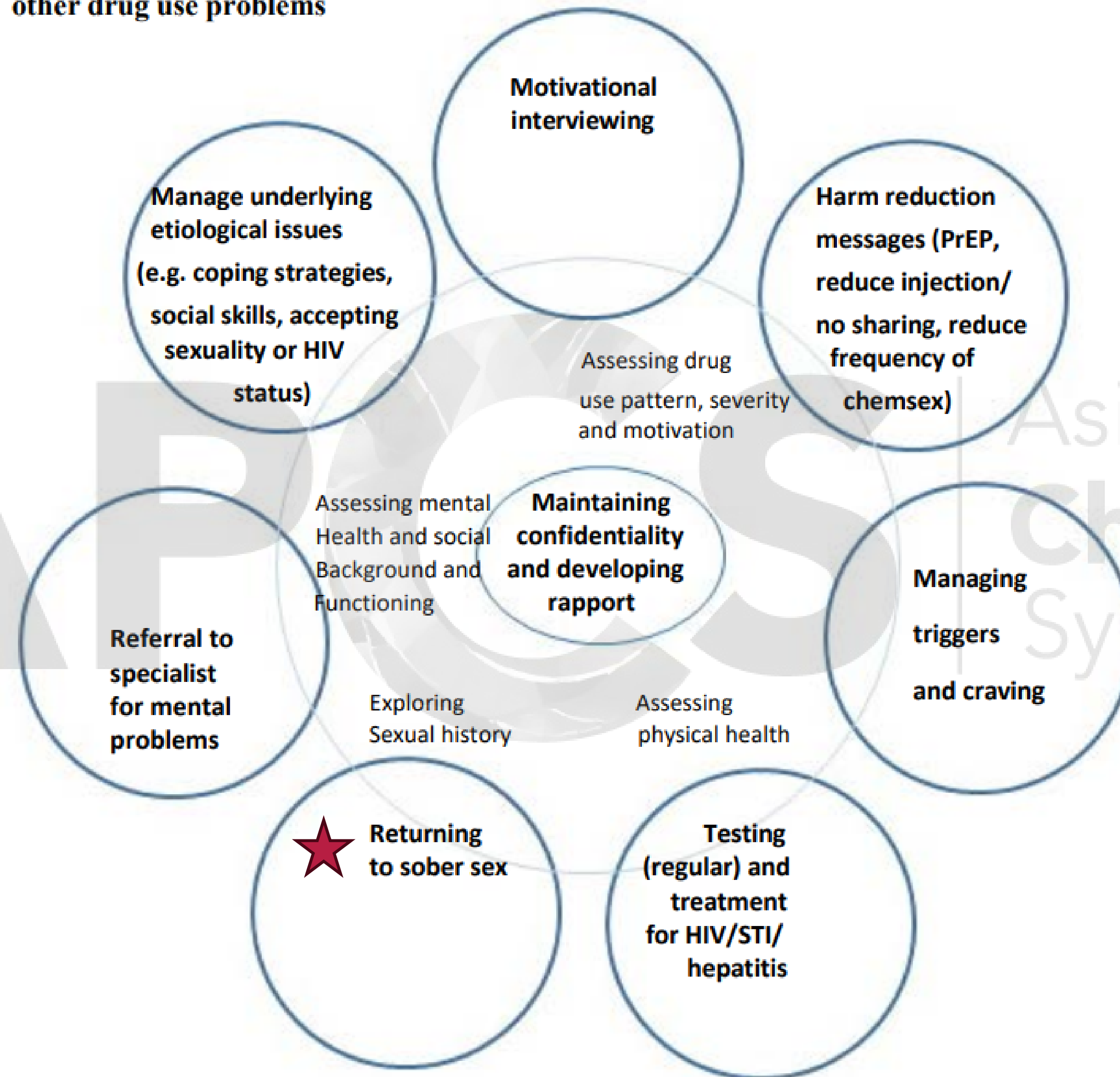
Algorithm A. A framework on assessment and management of gay men with chemsex or other drug use problems
Motivational interviewing
Manage underlying etiological issues (e.g. coping strategies, social skills, accepting sexuality or HIV status)
Harm reduction messages (PrEP, reduce injection/ no sharing, reduce frequency of chemsex)
Assessing drug use pattern, severity and motivation
Assessing mental Health and social Background and Functioning
Maintaining confidentiality and developing rapport
Referral to specialist for mental problems
Managing triggers and craving
Exploring Sexual history
Assessing physical health
Returning to sober sex
Testing (regular) and treatment for HIV/STI/ hepatitis
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A Guide to
Staying Off Crystal
For a Day or Longer

Including Harm Reduction Strategies

Practical tips from gay and bisexual men

What about sex after crystal?

We can have great sex after crystal even if we are worried that sex will never be the same. Be glad that it won't! Sex may have been hot and wild at first, but it probably became mechanical, disconnected, painful, dehydrated and impotent. Most guys are happy to leave that part behind.

How to reclaim your sex life without crystal

AT FIRST:

» Chat rooms, websites, and bathhouses can be a slippery slope. If you're going there, why are you (honestly)? Is it for sex, or are you really looking for drugs?

» Think twice before dating or fucking guys you meet in early recovery. Emotions can be raw, volatile, and skewed.

AIDS Committee of Toronto (ACT)

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- Find less risky ways to take care of your sexual urges. Play it safe.
- Trust that you will have sex again. Most men do. Are you throwing a pity party about sex as an excuse to get high?

BEFORE SEX STARTS AGAIN:

- Get to know your sexual self again. Maybe you changed or got lost in crystal. What turns you on now? What satisfied you before?
- Rethink your values about sex. What do you really want from relationships? Sex?
- Trust your gut on when it feels okay to start having sex again. If you can't even jerk off without thinking about drugs, you might not be ready.
- Get tested for HIV and other sexually transmitted infections (STIs), even if you fear the results or don't feel or see any symptoms.
- What about safer sex? How will you talk about HIV status or condoms? How will you limit risks around HIV and other STIs?

"Don't compare your recovery with anyone else's. Focus on who you are now, who you were then, and who you still want to become."

WHEN SEX DOES HAPPEN:

The first few times can feel awkward and embarrassing. You might feel self-conscious about your looks or worry about how your body will function. Emotional connection or actually knowing someone before sex can help ease fear and anxiety.

Be prepared for how much you will actually feel physically and emotionally. Pleasure, pain, confusion, thrill, love – anything can happen without crystal to numb it.

Talk about how you feel with your partner. Set limits on what feels safe for you. It's okay to stop if you feel freaked out. It's also okay to dive in if it feels good!

GOOD THINGS ABOUT SEX WITHOUT CRYSTAL

- A dick that works!
- Actually feeling and experiencing it.
- Not feeling shame about what you're doing.
- A sense of respect for yourself and the guy you're with.

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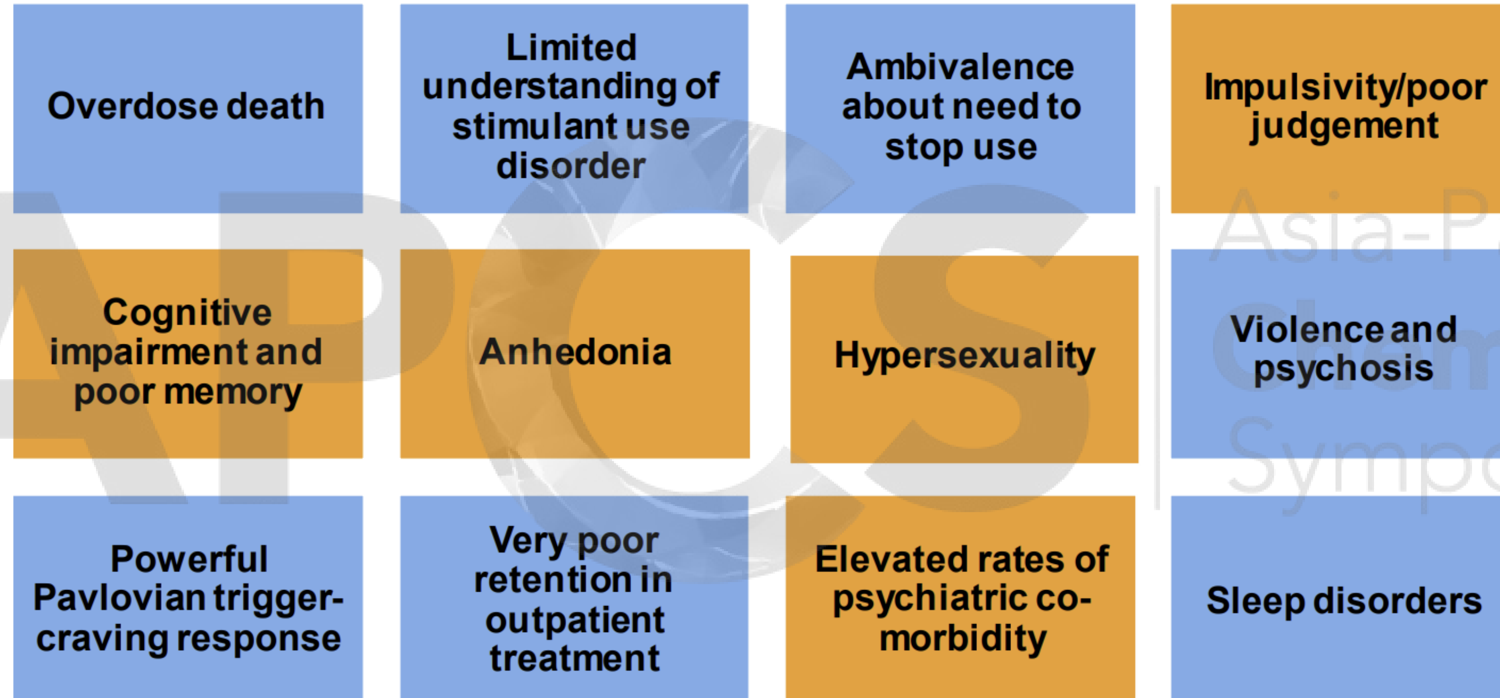
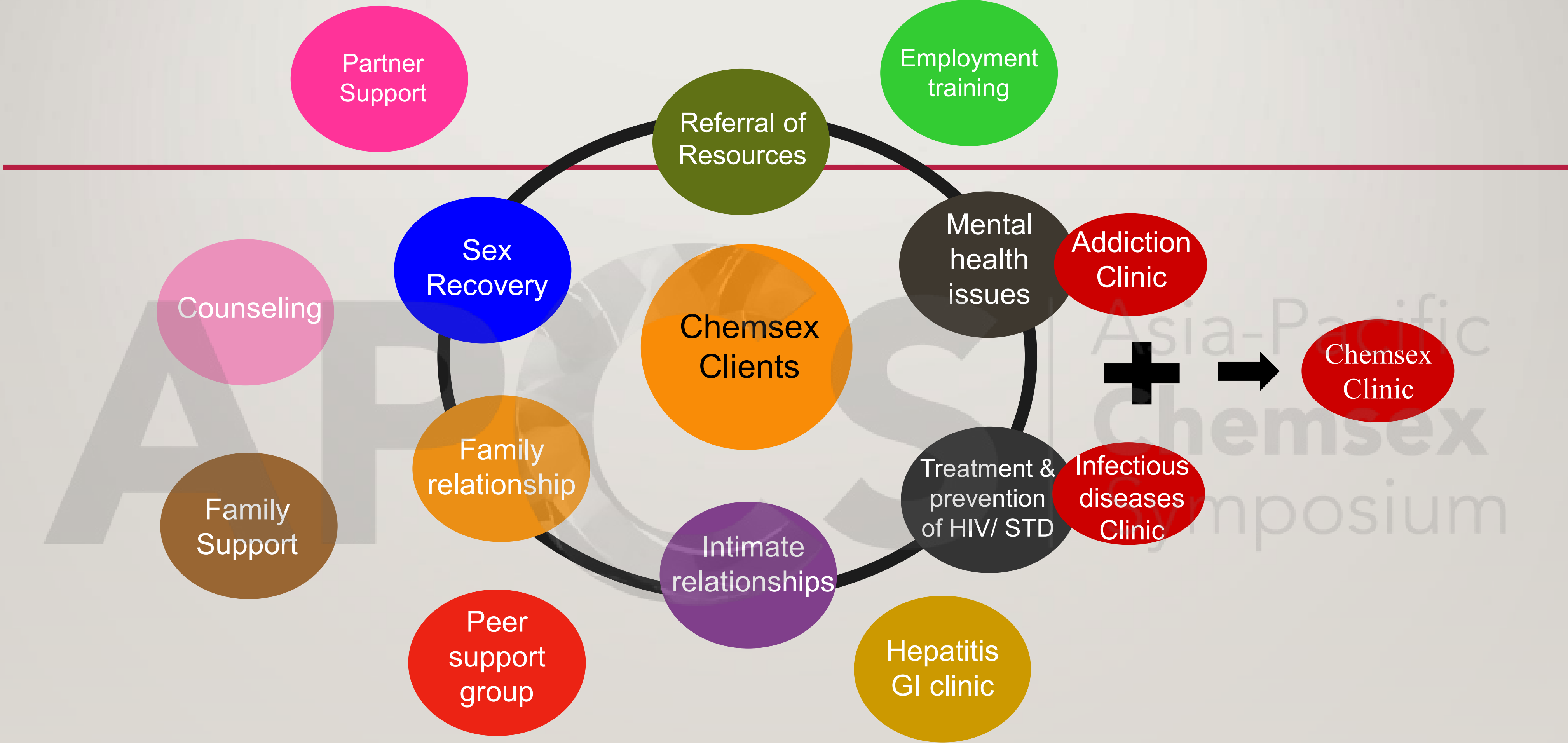
Clinical Challenges Of Working With People With A Stimulant Use Disorder



SAMHSA, 2020; UNODC, 2019

TAPin Technical Assistance Provider innovation network

Chemsex Intervention Program (KPCC, Taipei)



Promote this program to reduce the high risk of infection in HIV, other STDs, hepatitis and implement intervention of drug abuse and mental health issues related to chemsex.

Chemsex Intervention Program

- Support workshops are held with LGBT NGO for times every year.
- We encourage case managers and other specialty doctors to refer those in need to chemsex clinic.
- HIV & STD checkups, PrEP, and vaccinations are provided in our clinic,
- NGO outreach programs; on-line counseling services.

當遇到身邊的親友在玩煙嗨（安非他命性愛），
你可能會感到震驚、不解、無力或無奈，
不知該如何處理，也不敢和其他人討論。
身為陪伴者，你需要多一點的知識與支援，
來一起度過這起起伏伏的過程。

「他們關在房間裡面好幾天都沒出來，不會有問題吧？」

「我的朋友該不會上癮了吧？」

「我不知道該怎麼幫助他，我可以找到什麼資源呢？」

「他說有人要害他，是用到出問題了嗎？」

歡迎你參加男同志用藥者親友支援工作坊，
讓我們一起找出一些方向與力量。

我的朋友玩煙嗨—
男同志用藥者親友支援工作坊

2019.9.29
(星期日) 09:00-18:00

地點/
臺北市立聯合醫院昆明大樓
臺北市萬華區昆明街 100 號 7 樓會議室

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若有問題，請來信詢問
tsghinf@gmail.com

主辦單位：社團法人臺灣同志諮詢熱線協會 臺北市立聯合醫院昆明防治中心

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Recommendation by Mainline: capacity building

- To facilitate mental health treatment: having a **network** of addiction psychiatrists who are willing and available to work with people who use meth would be critical for successful referrals to treatment services.
- Further coaching and training should pay greater attention to how to deliver mental health support in the field and to enhance motivational interviewing skills.
- In mental health, it is imperative to collaborate with and sensitive service providers.

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Recommendation by Dr. Shoptaw from UCLA

- Best outcomes for integrating behavior and medication treatments.
- **Culturally competent treatment** for individuals with stimulant use disorder is built upon:
  - The “power of the repeat visit”
  - Liberal use of structure and positive reinforcement
  - Expertise into effects of stimulant on behavior
  - Commitment to integrated, whole person treatment
  - Respect for cultural differences; reduction in bias/stigma

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THANKS FOR YOUR ATTENTION

Schedule	Intensive Treatment Weeks 1 through 4*	Intensive Treatment Weeks 5 through 16†	Continuing Care Weeks 13 through 48
Monday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	Nothing scheduled
Tuesday	12-Step/mutual-help group meetings	12-Step/mutual-help group meetings	12-Step/mutual-help group meetings
Wednesday	7:00–8:30 p.m. Family Education	7:00–8:30 p.m. Family Education or 7:00–8:30 p.m. Social Support	7:00–8:30 p.m. Social Support
Thursday	12-Step/mutual-help group meetings	12-Step/mutual-help group meetings	12-Step/mutual-help group meetings
Friday	6:00–6:50 p.m. Early Recovery Skills 7:15–8:45 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	Nothing scheduled
Saturday and Sunday	12-Step/mutual-help group meetings	12-Step/mutual-help group meetings	12-Step/mutual-help group meetings

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Getting Off:

A Behavioral Treatment Intervention For Gay and Bisexual Male Methamphetamine Users

Steven Shoptaw, Ph.D.
Cathy J. Reback, Ph.D.
James A. Peck, PsyD.
Sherry Larkins, Ph.D.
Thomas E. Freese, Ph.D.
Richard A. Rawson, Ph.D.

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On the next page is a calendar for a week. Think about the last time that you used crystal. Write in the date(s) for the day(s) of the week in which this occurred. This exercise is to provide an example for how to fill in the calendars; if you don't remember the exact date(s), just number the day(s) from 1 to 7. Complete the calendar as follows:

1. Starting with the first day of this week, place a dot on any day that you did not use any crystal.
2. On each of the days that you did use during this week, write in the substance or substances that you used (for example, alcohol, crystal, poppers).
3. Think about what was going on that day. What events or activities may have "triggered" you to use (examples include going to the gym, visiting a family member, engaging in sex work, Gay Pride, Halloween, circuit parties)?
4. On which of the days did you have sex? Write this in your calendar, including who your partner was and where the activity occurred. See if there is a connection between your crystal use and sexual behaviors.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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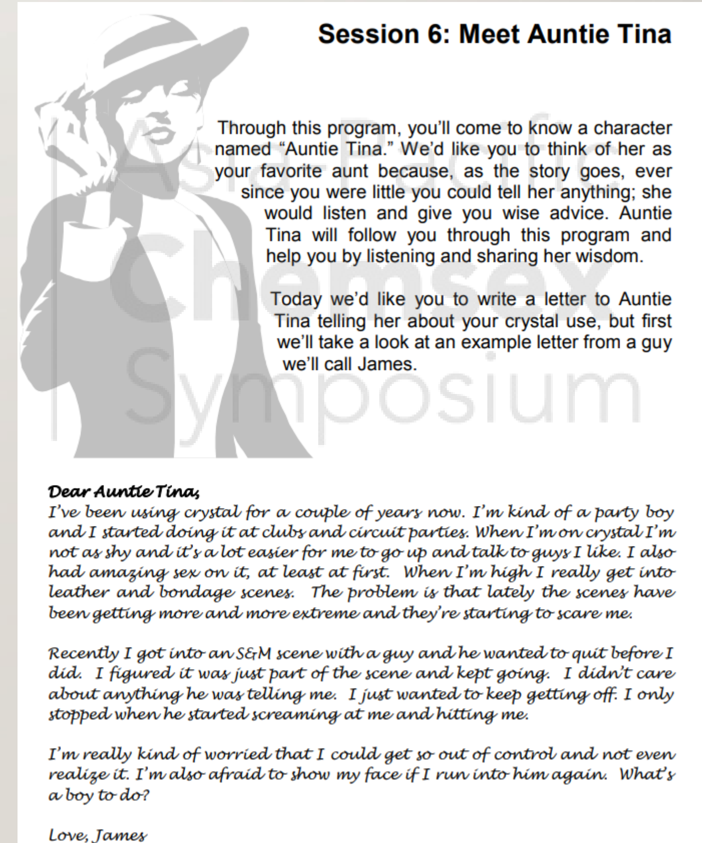
Behavioral intervention for meth-using MSM

- Write a letter to a fictional Aunt Tina, telling her about their meth addiction and how it has affected their sexual lives and work and relationships.

- The use of fictional gay and gay-friendly characters in the intervention sessions.



Session 6: Meet Auntie Tina

Through this program, you'll come to know a character named "Auntie Tina." We'd like you to think of her as your favorite aunt because, as the story goes, ever since you were little you could tell her anything; she would listen and give you wise advice. Auntie Tina will follow you through this program and help you by listening and sharing her wisdom.

Today we'd like you to write a letter to Auntie Tina telling her about your crystal use, but first we'll take a look at an example letter from a guy we'll call James.

Dear Auntie Tina,

I've been using crystal for a couple of years now. I'm kind of a party boy and I started doing it at clubs and circuit parties. When I'm on crystal I'm not as shy and it's a lot easier for me to go up and talk to guys I like. I also had amazing sex on it, at least at first. When I'm high I really get into leather and bondage scenes. The problem is that lately the scenes have been getting more and more extreme and they're starting to scare me.

Recently I got into an S&M scene with a guy and he wanted to quit before I did. I figured it was just part of the scene and kept going. I didn't care about anything he was telling me. I just wanted to keep getting off. I only stopped when he started screaming at me and hitting me.

I'm really kind of worried that I could get so out of control and not even realize it. I'm also afraid to show my face if I run into him again. What's a boy to do?

Love, James

HIV-related content

Some men use to cope with aspects of being HIV-positive.

Do you relate to any of the following HIV-related crystal-use motivations?

- To cope with the emotional reactions of being diagnosed with HIV
- To cope with fatigue or lack of energy because of HIV or HIV meds
- Because of protease inhibitors and highly active antiretroviral treatment (HAART, or "drug cocktails"), many people with HIV are living much longer now. If you've been positive for 10-20 years, did you decide back then to "live like today is your last day"? Did that lead to a lifestyle of partying?
- To avoid the often anxiety-provoking choice of whether or not to disclose your HIV status to potential sex partners
- To escape, just for a little while, the awareness that you *are* positive

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Sex-related content

Low-Tech Sex

There are many things that can enhance sex. Crystal is definitely one of them, and for many gay men it has become the primary means of enhancing sex. We call crystal sex "high-tech" sex, because sex on crystal is often connected to the Internet, where guys can hook-up to party-n-play. For this session we're going to call sex without crystal and the Internet "low-tech" sex. If you've been using crystal for a while, you may have even forgotten what it's like to meet someone without using the Internet. In some ways, it's become easier and faster to "order" crystal and a guy online than it is to order a pizza!

An important part of the recovery process, particularly for gay men who use crystal, is to find ways of being sexual that do not include crystal and everything associated with it. Sex without crystal isn't going to be as intense as sex on crystal, especially not in the early stages of recovery. However, the goal is to discover and create ways of having and enjoying "low-tech" sex. This means first figuring out what kind of connection you want to have with another guy (or guys) and then developing some steps to move you toward that connection.

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Primary results of Matrix Model

- During 2018-2023, 62 people, with 39 of them completed the course (**62.9%**), and **72.6%** of them were **HIV positive**.

- Among those who completed the treatment course, the longest period of negative urine testing were **8.2±4.5 weeks** ; among those who dropped out from the course were **3.6±3.3 weeks**.

- During assessment of **Quality of Life**, those who completed the course had significantly better outcome in physical, social, and environmental domains.

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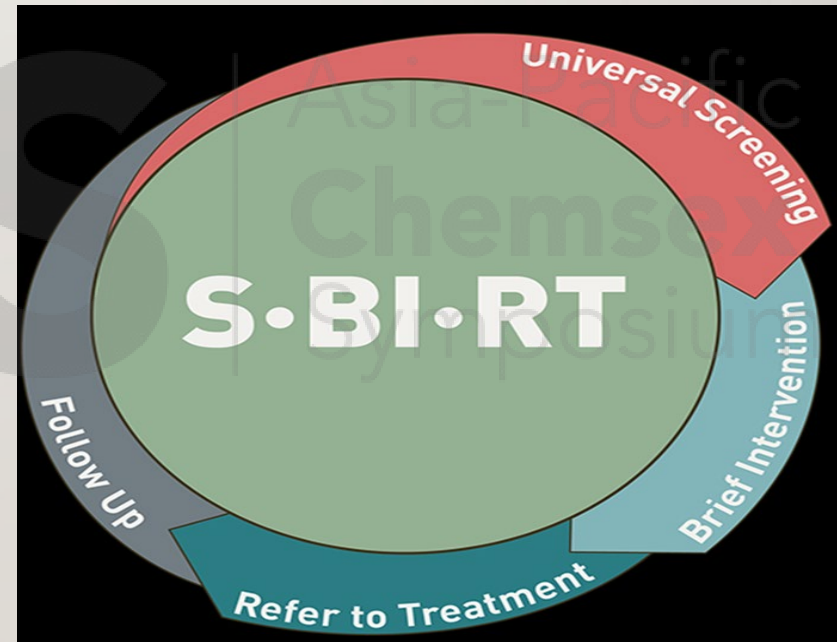
The approach of SBIRT

- Screening
- Brief Intervention
  - Education, CBT, Motivational enhancement
- Refer to treatment (and other resources)



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AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	**Acute Intoxication and/or Withdrawal Potential** Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	**Biomedical Conditions and Complications** Exploring an individual's health history and current physical condition
3	DIMENSION 3	**Emotional, Behavioral, or Cognitive Conditions and Complications** Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	**Readiness to Change** Exploring an individual's readiness and interest in changing
5	DIMENSION 5	**Relapse, Continued Use, or Continued Problem Potential** Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	**Recovery/Living Environment** Exploring an individual's recovery or living situation, and the surrounding people, places, and things

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Topics of Brief Intervention

- Be aware of stimulant use disorder
- Road to recovery (different stages)
- Identifying triggers and cravings
- Scheduling of daily life
- Self rewarding
- Effective refusal and management of risky scenarios
- Chemsex counseling and sex recovery

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