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Asia-Pacific **Chemsex** Symposium

Pleasures, Policies, Possibilities

From Guidelines to Daily Practices: Implementing Chemsex Toolkit in Your Clinical Settings

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Step 1: Know Your Clients

“They are not here to talk about chem, but sex.”



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Initiating Non-Judgmental Conversations

Create the right environment

Create a safe environment for the conversation to take place. Ensure that it is quiet and private and that you won't be interrupted. Sit with an open posture (avoid crossing arms), appear relaxed (try not to fidget or look nervous), and keep comfortable eye contact.

Establish confidentiality

Discuss the topic of confidentiality at the start of the consultation, and clearly specify that the consultation will be confidential, except in specific circumstances (i.e., if there is harm to vulnerable people in their care). People engaging in chemsex would be reassured that there is no obligation to report them to the police for their drug use or sexual practices, that what they disclose to you is confidential and you are there to support them.

Use non-judgmental language and gestures

Non-judgmental language is using words that do not put a negative interpretation to what the person is sharing. Instead of using words like "good," "bad," "right," or "wrong," it is using more neutral and non-judgmental words to express that you are hearing the person, rather than judging what they say.

An example of an opening statement could be: "Forgive me; I'm not too familiar with some of these drugs or chemsex but I'm not judgemental at all, just eager to provide the best care that I can. Can you tell me more about it please? And I'll find the right person or service for you to speak with if you'd like any support".

It is essential to keep the client engaged, even if their behaviour appears self-harmful, as the right time will come for a person who uses drugs to ask for help. Show that you are listening by nodding or making short affirming comments. Try not to interrupt the person to given them time to express their thoughts and feelings. Using words that convey acceptance ("It's okay," "That makes sense," "I hear you") make the other person feel heard and valued, and they are likely to share more.

Assess the nature of client's chemsex

Once the patient has opened up about their drug use, and is willing to engage you could ask the following:

Have you used drugs before or during sex in the last 6 months?

When did you start using drugs for sex?

Which drugs have you used?

**How are you taking the drugs
(smoked, snorted, injected, taken orally or anally).**

How frequently
is this happening?

Are there are drugs being used daily / consistently / dependently?

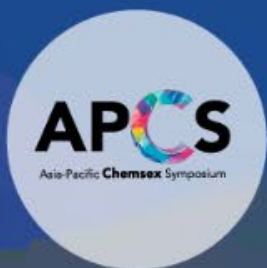
If PWID (People Who Inject Drugs) then also discuss safe injecting advice and to alert to non-sexually transmitted infection risks

Chemsex Drugs You Should Know

Drug	Street names	Administration	Effect	Specific harms	Drug	Street names	Administration	Effect	Specific harms
Methamphetamine	Ice, meth, Tina, crystal, crystal meth	Smoked, snorted or injected (IV or anally)	Altered perception, arousal alertness, euphoria, increased energy, lowered inhibitions, increased confidence, delayed ejaculation, prolonged orgasm Duration of 4-12 hours	Acute intoxication can cause hallucinations, delusion, agitation, tachycardia, hypertension, dehydration, seizures Strong desire to use more when it wears off 'Come down' afterwards (anxiety, depression, agitation, headache, aggression) Longer term use can lead to tooth decay, insomnia, weight loss, poor memory, and paranoia	GHB/GBL (gamma-hydroxybutyrate and gamma-butyrolactone)	G, Gina, G water, liquid ecstasy	Administered orally in small doses, commonly between 0.5ml and 1.5ml	Nervous system depressant, but also induces euphoria, and sexual arousal. Alcohol like intoxication Duration up to 7 hours	Acute intoxication due to narrow safety window. Can lead to coma or loss of consciousness, life threatening respiratory depression or arrest, suffocation due to aspiration of vomit Combining with alcohol and any other CNS depressant is extremely dangerous Daily use can lead to severe physical withdrawal

Step 2: Spill The Tea

“That sounds quite interesting. Do you mind telling me a bit more?”



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Assess motivations for chemsex

What do you enjoy about chemsex?

What benefits have you had from chemsex?

Was there any event or situation that started your chemsex use?

Are you happy with your level of drug use?

When did you last have sober sex?

Are you getting enough intimacy or closeness from your sexual encounters?

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Assess risk and harms for HIV, viral hepatitis and STIs

How many partners might a typical chemsex episode include?

How consistent is condom use during chemsex episodes?

If HIV positive:

- Are you on ART treatment?
- Do you sometimes forget your medicine when on chems?

If injecting drugs:

- Do you have access to sterile needles and injecting equipment?
- Have you had infections over injecting sites?

If HIV negative:

- Are you taking PrEP?
- If not taking PrEP, would you like to know more about it?
- Do you sometimes forget to take PrEP?
- Have you taken PEP in the past?
- Are you aware of seroconversion symptoms?

How many STI's have you had in the past 6 months?

Do you have any STI symptoms?

Assess other harms

Is chemsex negatively impacting your sober sex life?

How is your general wellbeing?

Are you experiencing financial problems?

Have you missed work or study due to chemsex?

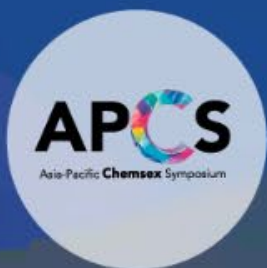
Are you experiencing family problems?

Are you experiencing social problems?

- Physiological harm
- Psychological harm
- Social harm
- Legal harm

Step 3: Are They Ready?

“How may I help you? Or you are actually doing okay now?”



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Risk Assessment for Immediate Action

1. Mental Health

Assessment	Actions to consider
<ul style="list-style-type: none"> Is the patient suicidal? Do they have a plan? Are they psychotic, paranoid or highly anxious? Is their mental state a danger to themselves or others? Do they feel safe being at home? Will they be at home alone or is there someone at home to care for them? Do you feel safe letting the client leave the clinic today? 	<ul style="list-style-type: none"> Call their emergency contact or a friend for support Call acute mental health service for advice Find a quiet/safe space for them to rest if possible, to allow them time to recover

2. Vulnerable People

Assessment	Actions to consider
<ul style="list-style-type: none"> Is the patient's drug use impacting vulnerable people? Are there children or other vulnerable people in their care? Are they at risk of driving and causing harm? 	<ul style="list-style-type: none"> Harm to vulnerable people in their care is a reason to break patient confidentiality Police / social workers should be contacted

3. HIV risk

Assessment	Actions to consider
<ul style="list-style-type: none"> Has there been potential HIV transmission in the past 72 hours? 	<ul style="list-style-type: none"> Commence PEP as soon as possible if HIV negative and not on PrEP Discuss PrEP if ongoing risk of HIV infection Discuss risky sexual behaviours

4. Sexual Assault

Assessment	Actions to consider
<ul style="list-style-type: none"> Has the patient disclosed sexual assault? Have they suffered any acute physical or sexual injuries from this? Do they want the assault followed up? 	<ul style="list-style-type: none"> Follow appropriate national guidelines for sexual assault HIV/STI screening PEP if less than <72 hours if risk of acquiring HIV Refer to emergency for any acute physical injuries

5. Urgent medical treatment / advice

Assessment	Actions to consider
<ul style="list-style-type: none"> Is the patient GHB/GBL dependant? Do they have enough drug to keep them safe? Are they aware of GHB/GBL withdrawals? Does the patient have any acute skin infections from injection site 	<ul style="list-style-type: none"> Provide advice on dangers of GHB/GBL withdrawal Refer to acute medical service for management Provide advice on safe injection of drugs and access to safe equipment

Assess problematic substance use

Are you worried about any aspects of your drug use?

How long do you stay awake for?

Have you ever felt like your drug use has gotten out of control?

Have you ever tried to stop or reduce your chemsex but found it difficult to do so?

Have you done things during chemsex that you later wished you hadn't?

Have you had any bad experiences?

Has a friend or relative expressed concerns over your drug use?

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Assess support networks

Are your friends or family supportive?

Are you getting support from health professions or peer groups?

Is there anything stopping you from asking for help?

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Actions to Consider

HIV and Sexual health

- **HIV and STI testing +/- treatment**
- **PrEP advice and prescribe if available and willing to take or refer to someone who can**
- Hepatitis A and B vaccination if not immune
- **PEP if HIV risk in the last 72 hours**
- **ART adherence counselling if HIV positive**
- **Provide condoms and lubricant**
- **Provide sterile needles and syringes to PWID or refer to service**

Educate about harm reduction

- Discuss 'Client Guide to Harm Reduction'
- Provide educational resources or links to websites/networking apps on chemsex safety and harm reduction

Self-Assessment / Care Plan

- Consider 'Chemsex Boundaries Self-Assessment Tool' (Appendix 3) if patient is willing to engage
- Consider 'Chemsex Care Plan' (Appendix 3) if patient is willing to set some boundaries

Referrals

- Community/peer organisations or therapeutic groups for additional support
- Mental health services for underlying mental health issues or issues that have arisen from chemsex use
- Drug services who are experienced with chemsex

Self-Assessment Tool

What do I enjoy about chemsex?

What do I dislike about chemsex?

Am I missing work, study or appointments due to chemsex?

Am I experiencing more STIs, because of chems?

Have I been exposed to risky or uncomfortable situations while on chems?

Have I lost consciousness after taking G?

Have I felt paranoid or unsafe when using chems?

Have I got into arguments around using drugs?

When did I last have sober sex?

When was my last relationship?

Are my emotional needs being met from sex when on chems?

Is chemsex affecting my physique and the way I look?

Is chemsex affecting my finances?
Am I spending money on drugs over things I need such as food and rent?

Am I missing social activities and seeing friends/family because of chemsex?

Is chemsex affecting the goals I have for my life? What are my goals?

Have I used drugs when I had planned not to?

Have I felt irritable or depressed after using chems?

Are there other activities in my life that satisfy me other than having chemsex?

When was the last time I had a substantial break from chems? How long was it?

What would be my reasons for taking a break from chems?

What would be the things preventing me from taking a break from chems?

Do I have a long-term plan about continuing or stopping chems?

Chemsex Care Plan

Step 01 Choose a Goal

Choose a goal that will give you a feeling of control over your drug use. It doesn't need to be long to start with, you can build it up over time. It can be anywhere from 1 day without drugs to abstaining entirely.

My goal is:

Step 02 How important is this goal to you?

Rate on a scale from 1 – 10
(10 being very important)

Step 03 How confident are you in achieving this?

Rate on a scale from 1 – 10
(10 being very confident)

Step 04 Identify some triggers that make you think about drugs

Identifying triggers can help you learn how to manage them. Triggers may include:

- Being bored or lonely
- Being around other people that use drugs
- Being stressed
- Being sexually aroused
- Being angry or upset
- Using hook-up apps
- Being invited to chemsex
- Coming home from a night out
- Being drunk
- Taking other party drugs such as cannabis or cocaine

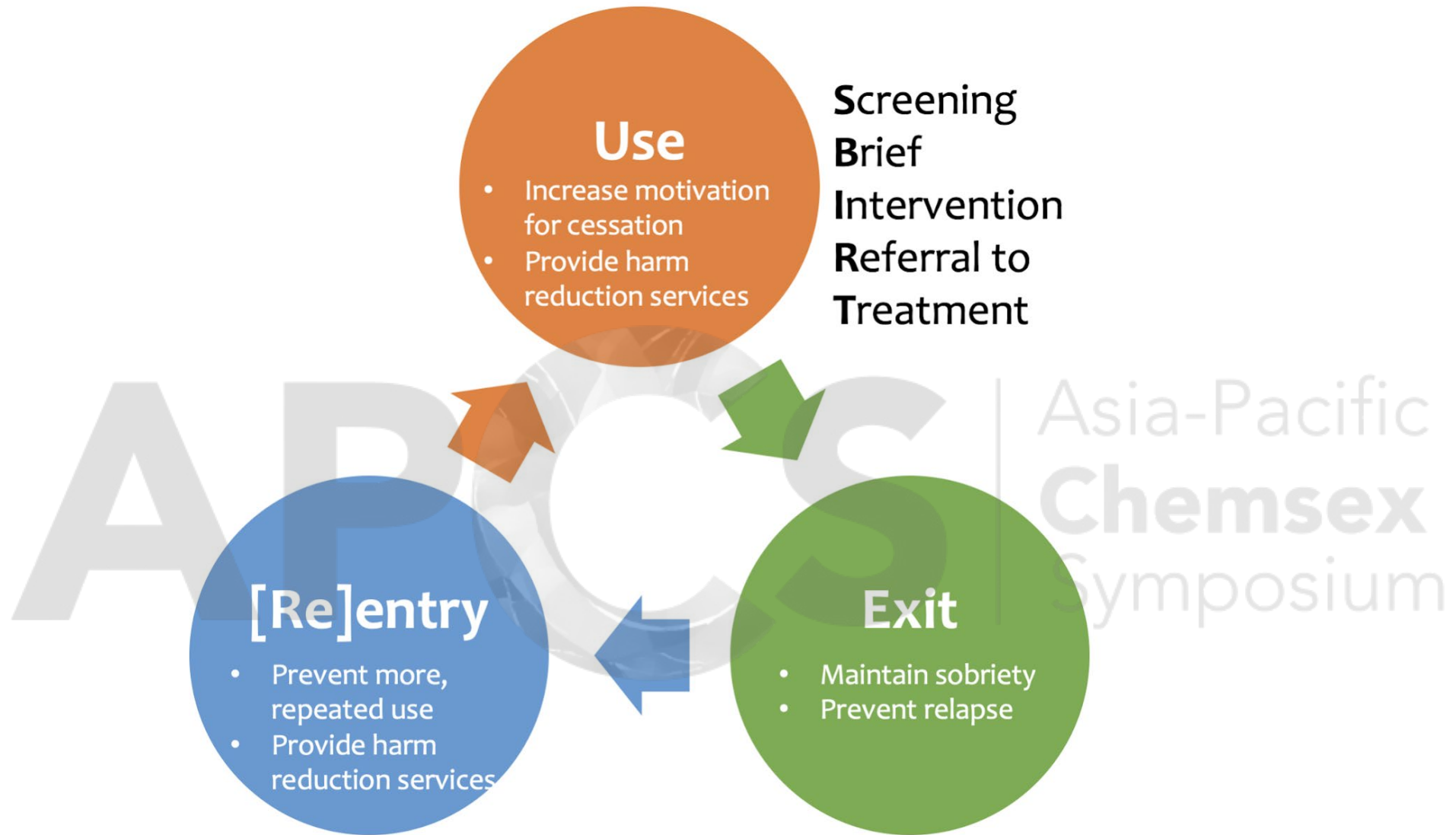
My triggers are:

Step 05 Strategies to manage triggers

Some of these suggestions might be helpful when you feel a craving for chemsex:

- Closing hook up apps
- Going for a walk
- Calling a friend who doesn't use chems
- Calling a family member
- Watching a favourite TV show
- Doing some exercise
- Turning off pornography
- Quickly masturbate
- Practice meditation
- Delete drug contacts
- Throw away drug-using equipment
- Change friend's circle
- Organise weekend activities that don't involve drugs such as a hike
- Make a list of things to keep yourself busy with

My strategies are:



<https://www.samhsa.gov/sbirt>. Courtesy of Mr. Geoff Reiher



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Thank You

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