

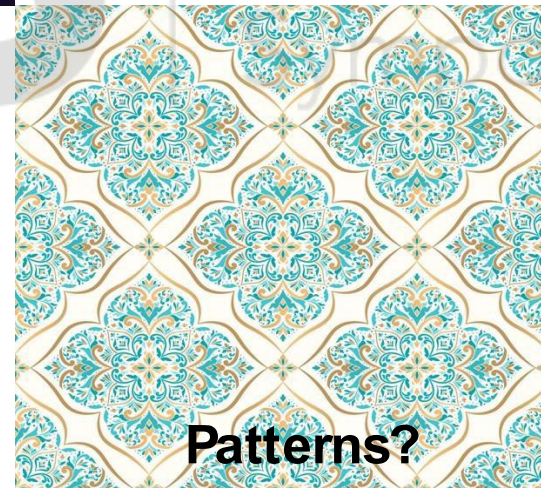
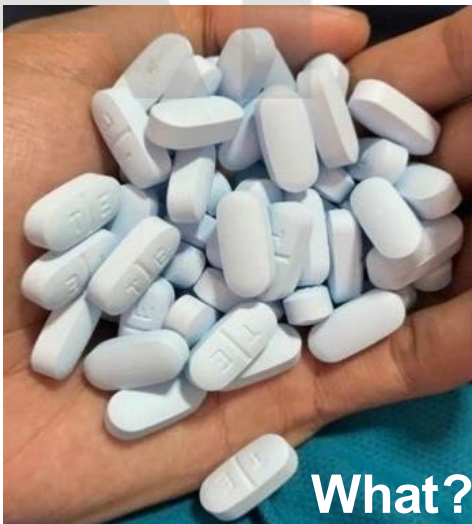
Chemsex in Adolescents and Young People

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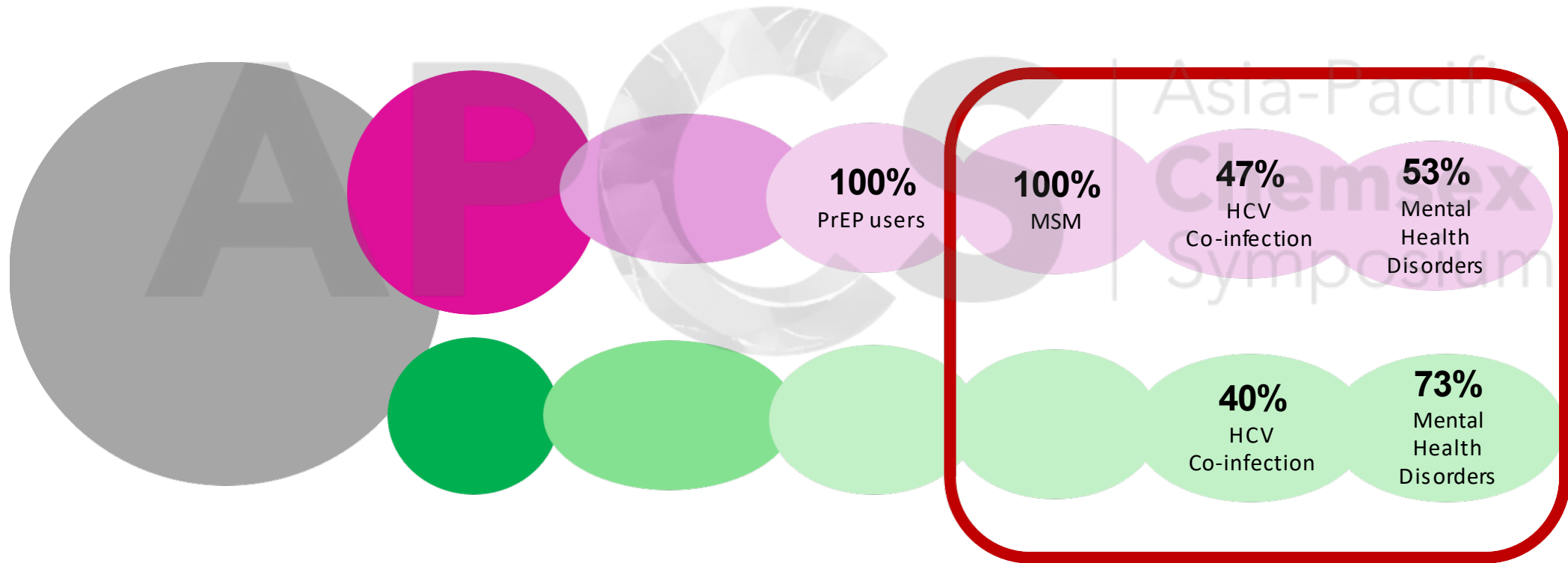
Outline: Chemsex in Adolescents



The Figures: Who?



Comprehensive Adolescent Health Services (ages 15-24y)
based in tertiary care teaching hospital, Central Bangkok



Data as of October 2024

Chemsex: Assessing

Voluntary intake of drugs in recreational settings to enhance sex

How do I even know my client is using chemsex?

Safe Space

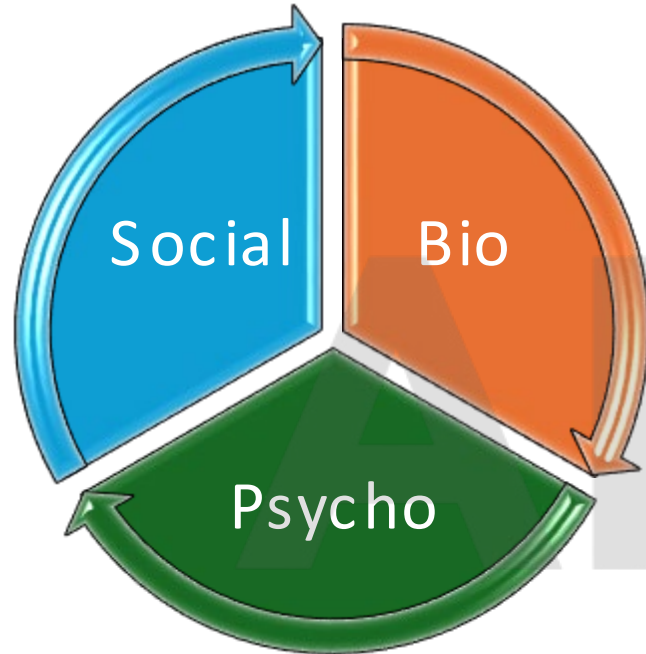
Signposting: “As part of our standard care package to tailor our care for you, we ask clients about any drugs they use with sex”

Normalisation “Some teens find using drugs helps them to enjoy sex more, have you ever had that kind of experience?”

Giorgetti R, et al. When "Chems" Meet Sex: A Rising Phenomenon Called "ChemSex". *Curr Neuropharmacol*. 2017;15(5):762-770

Pakianathan MR, et al. How to assess gay, bisexual and other men who have sex with men for chemsex. *Sex Transm Infect*. 2016 Dec;92(8):568-570

Chemsex: Assessing



Substance Use Disorder Screening Test (SUDST)

11-item questionnaire (scale 1-5) adapted from WHO ASSIST Tool:

1. Loss of control
2. Risky/harmful use
3. Impact of use

Mild 3-4, Moderate 5-6, Severe ≥ 7

Saengduenchai S, et al. Development and Validation of a New Substance Use Disorder Screening Test Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). J Health Sci Med Res. 2023;41(4):e2023932

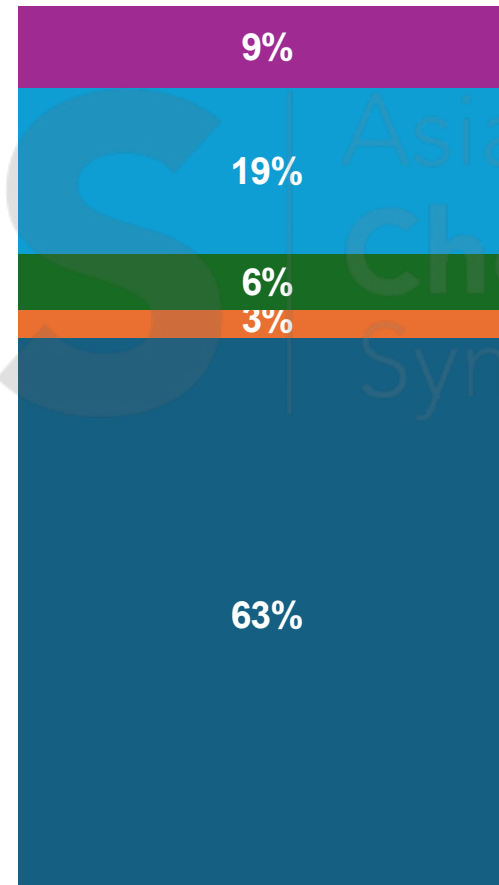
The Figures: What?



852
Current Service
Users
**3.8% Chemsex
Users**

Substance Use Breakdown N = 32

- Methamphetamines
- Amphetamines
- Kratom (Opioid-like)
- Poppers (Alkyl Nitrites)
- Ketamine



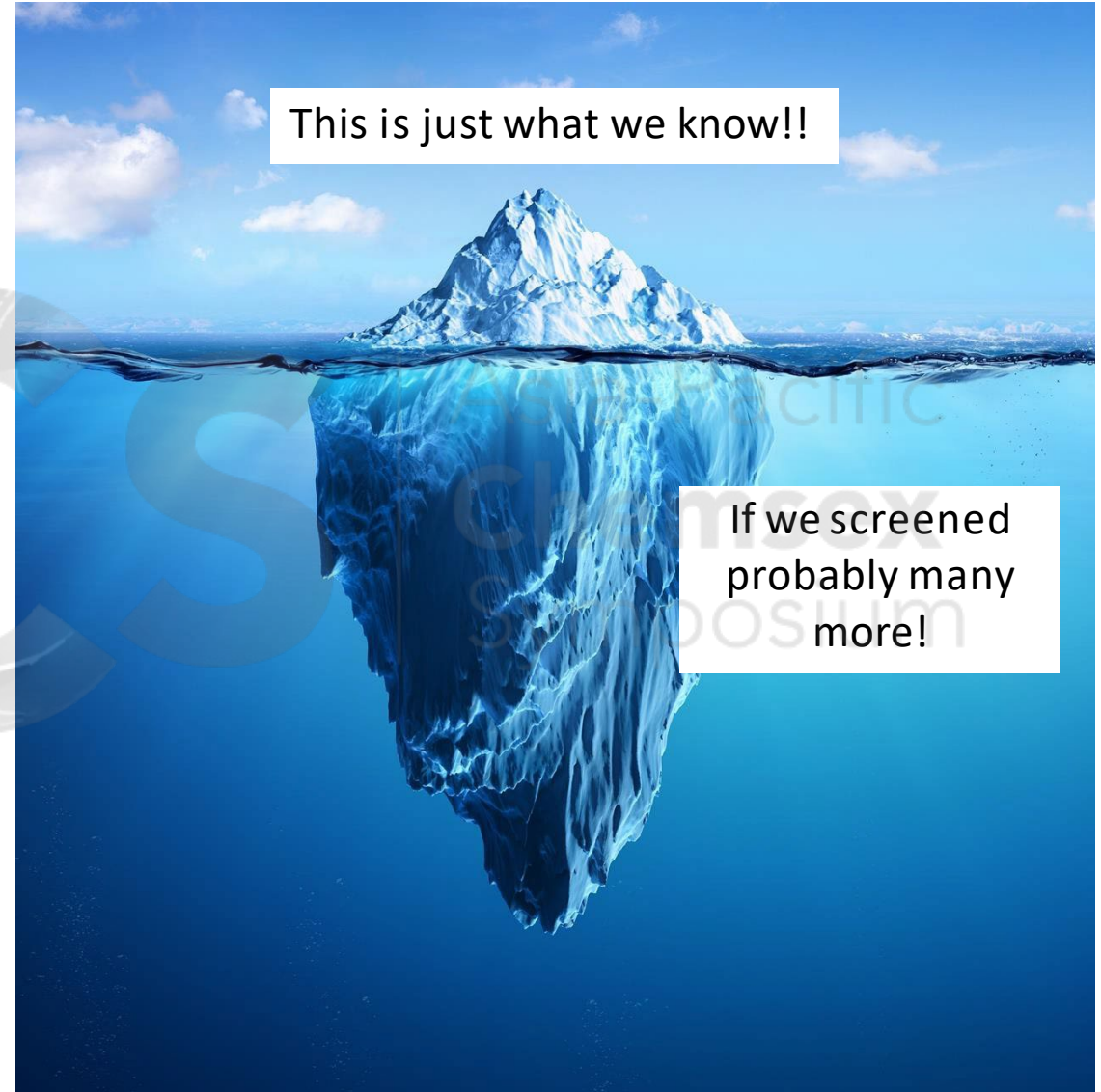
The Figures: What?



852

Current Service
Users

**3.8% Chemsex
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Thai Adolescent Chemsex: Patterns of initiation

Social Pressure



From Partners

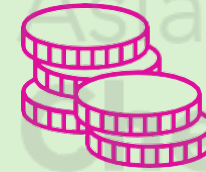
“My boyfriend wanted me to use it. He said it’s ok so I guess it’s ok”.



From the Group

“Everyone in the group was using it. I couldn’t not use it”

Occupational Demands



Sex Work

(Obligation to Use)

Case Study: 22-year-old MSM



Personal/Home

- Diagnosed with HIV age 16 y
- Parents separated, severe emotional abuse from family and school for being MSM
- Living with grandparents, unwanted, feels a burden
- Runs away from home
- Left school –bullying

Mental Health

- Feels 'abnormal' having to take HIV medication
- Major Depressive Disorder
- Prescribed multiple antidepressants
- Substance dependence
- Methamphetamine induced psychosis (age 17)

Chemsex

- Multiple sex partners, some voluntary, some transactional
- Introduced by partner, really increased sexual pleasure
- 'Sex, drugs and alcohol are my escape'
- Substances: methamphetamines, cannabis, cocaine, ketamine, alcohol, cigarettes

Asia-Pacific
Chemsex
Symposium

Case Study: 22-year-old MSM



Continuous support from HIV and Psychiatry Clinics (HIV well-controlled!)

Metamphetamine use
on-off

On-off self studies for
secondary education
certification

Tries to stop drug
use after multiple
drug-induced
psychotic
episodes

Moves back and forth
between different
relatives and
boyfriends

Mood swings between
depression +
happiness

HIV status publicly
exposed on social
media by peers-

Improved self esteem,
mental distress coping
skills

Has clearer life goals

Gets certificate in
general secondary
education! Now in
University!

Still using drugs
(escape
stress/boredom)
infrequently

Case Study: 24-year-old MSM

- HIV negative, PrEP user, known MDD
- Age 22 friend introduced to methamphetamines
- Uses during casual sex to increase sexual pleasure (increases sexual energy)
- Uses more and more
- Starts having hallucinations, delusions
- Wants to stop using but can't

4 months later

- Using methamphetamines, has psychotic symptoms
- Argument with partner
- Jumps from 4th floor
- Psychiatric diagnosis: Bipolar disorder

MDD – major depressive disorder



Case Study: 24-year-old MSM

- On-off methamphetamine use

Empowerment by psychiatrist:

- Recognising triggers e.g. social circles that use, loneliness
- Self management plan: skills with setting boundaries, setting larger life goals



Thai Adolescent Chemsex: Use Trajectories

I continue chemsex because...

It makes sex more pleasurable (orgasm, erections)

It makes sex less painful (receptive/bottom partners)

Increases sexual stamina 'all-nighers'

I don't want to go on with chemsex anymore because...

It's become a problem:

Paranoia, Hallucinations

Insomnia

Drug Cravings
(Not during sex, during blood tests at hospitals)

Peers Peers Peers

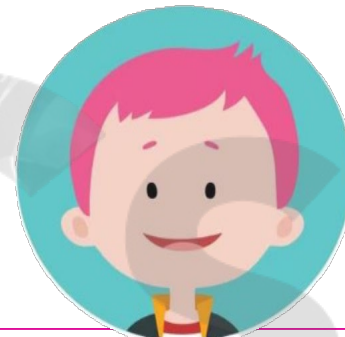
Adolescent behavior hugely depends on social influences!!

Typical User Profiles



Methamphetamine
'Ice'
Higher Income

Ketamine
Higher Income
Lesser Hangover



Amphetamines
Lower Income
Gives energy
Suppresses Appetite
Promotes Self Body Image

Poppers
Less Expensive
Easier to find



Which adolescents tend to do better?

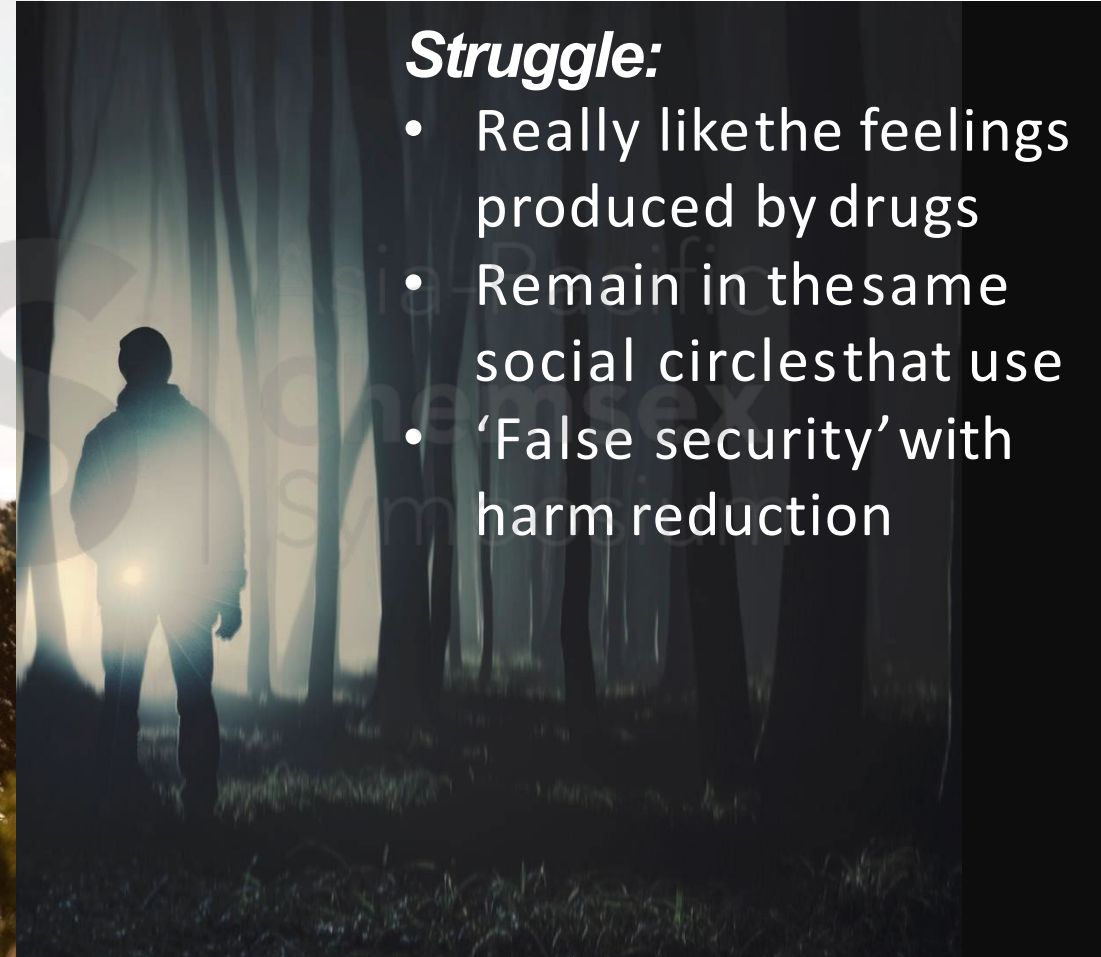
Successfully stop:

- Perceive abnormal symptoms to be a warning sign
- Want a different life
- Having a reliable source of help (medical teams, good relationships)
- Good mental health care
- Different focus in life



Struggle:

- Really like the feelings produced by drugs
- Remain in the same social circle that use
- 'False security' with harm reduction



How do we manage their care?

Level of use	Care Given	
User	Exploration of use	
Hazardous/Harmful Use	Motivational Interviewing	Offer specialist addiction care referral
Addict	Offer of help for psychosocial issues, mental health issues	

Manage chemsex with co-morbid mental health disorders



Brunt TM, et al. Mental Health Among Men Who Have Sex with Men Under the Influence of Psychoactive Substances: a Systematic Review. International Journal of Mental Health and Addiction. 2024.

Red Flags...

Signs

- Psychotic symptoms
- Suicidal ideation
- Poor mental health
- Loss to follow-up



Actions


Emergency
management plan

- *Adolescent*: triggers, help sources, safe spaces
- *Care team*: out of hours services, team capacity, peer outreach


Take-Home Messages: Adolescent Chemsex



**Chemsex in
adolescents is not
uncommon**



**Social pressure and
occupational demand
hook in adolescents
and keep them using**



**Substances used
depends on access
and financial status**

**Common:
Methamphetamines
Poppers**



Action!
Psychosocial support
Mental Healthcare
Empowerment
Refocus life goals

Acknowledgements



All of our adolescent service users and the wisdom they bring us

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