2023 NATIONAL HIV & HEPATITIS TECHNICAL ASSISTANCE MEETING

REAFFIRMING MEANINGFUL COMMUNITY ENGAGEMENT

Chemsex: Addressing the Harm Reduction Needs of People Who Participate in Sexualized Drug Use

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10:45AM-12:00PM

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Financial Disclosures & Affiliations

Financial Disclosures:

- None

Clinical Affiliations:

- Medical Program Lead - Substance Use Disorders @ Whitman-Walker Health
- Clinical Instructor @ Yale School of Medicine

Professional Affiliations:

- President-Elect @ GLMA: Health Professionals Advancing LGBTQ Equality
- Creator @ ChemsexHarmReduction.org

*Presentation prepared in the author's personal capacity

Abbreviations

TGNC - Transgender/Gender Non-Conforming

TGW - Transgender Women

SGD or SGM - Sexual and Gender Diverse OR Sexual and Gender Minorities (synonyms for LGBTQ+)

WSW - Women who have Sex with Women

MSM - Men who have Sex with Men

SU - Substance Use

SUD - Substance Use Disorder

STI - Sexually Transmitted Infection

DSM - Diagnostic and Statistical Manual of Mental Disorders

IVDU - Intravenous Drug Use

PrEP - Pre-Exposure Prophylaxis

PEP - Post Exposure Prophylaxis

What is Chemsex?

A: Exchange of sex for substances

0%

B: Condomless sex while on PrEP

0%

C: Use of substances to enhance/enable sex

0%

D: Practice of combining stimulants and depressants

0%

UPPERS

Cocaine

MDMA

Mephedrone

Amphetamines

DOWNERS

Ketamine

Alcohol

GHB/GBL

Benzodiazepines

Opioids

HALLUCINOGENICS

Psilocybin

Dextromethorphan

Cannabis

LSD

PCP

Discussion Questions #1 - Setting the Stage

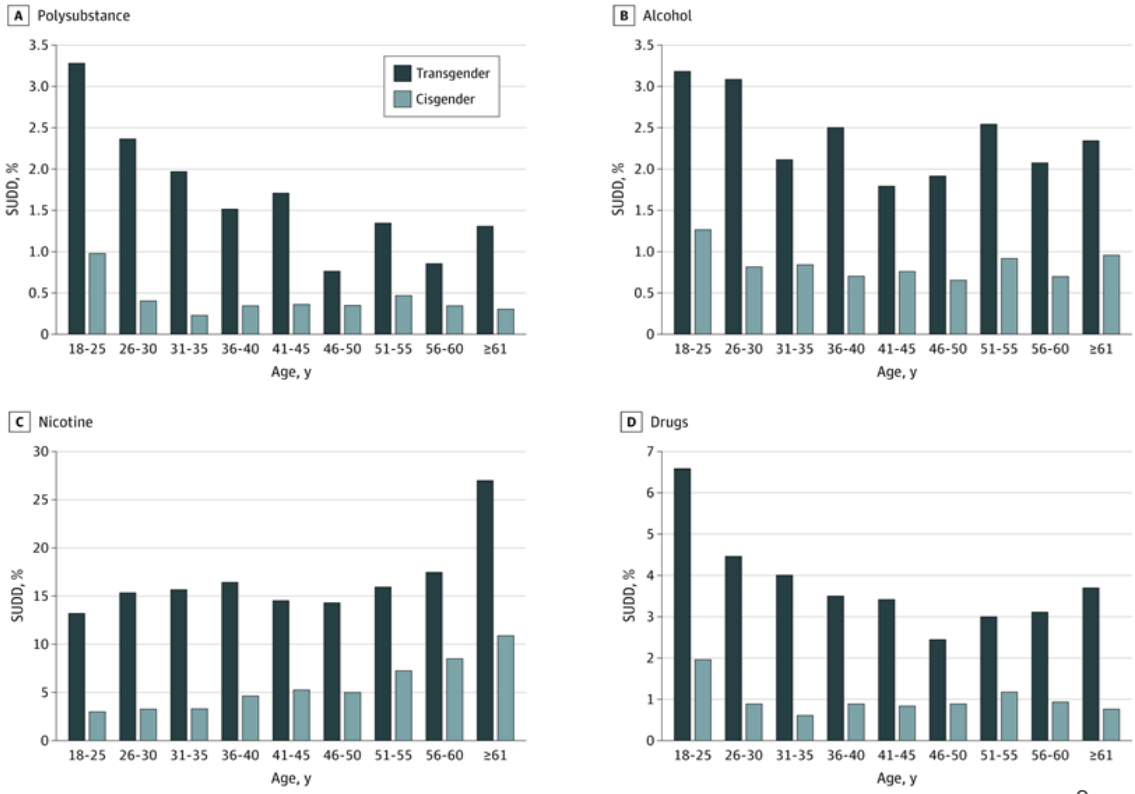
How is substance use different in Sexual and gender diverse (LGBTQ+) Communities?

What treatment programs and harm reduction services are offered in your region?

Would SGD people feel comfortable using them? Do they have information and supplies especially for SGD People?

Rates of Substance & Alcohol Use Disorders

- Rates of SU and SUDs are greater in SGD people generally
- Additionally, there are more SUDs in TGNC folx than their cisgender peers
- Trans folx experience more discrimination and low social support, risk factors for SUD



Hughto 2021 (image), Ruppert 2021

IVDU & Chemsex in MSM & TGNC People

- Bui 2018 - Over 90% of the 10.3% of Australian MSM who reported IVDU were injecting stimulants, almost always in a sexual context
- Hibbert 2021 - Systematic Review
  - Drug use highly associated with sexual health outcomes (HIV, STIs) in MSM
  - Research lacking in WSW and TGNC people
  - The few studies that exist suggest drug use is also linked to sex in TGW
- Jalil 2022 - TGW in Brazil had 2.44 times the odds of participating in Chemsex as gay/bi cis men
- In general Chemsex in TGW more associated with sex work, and crack cocaine also more common

Epidemiology

	Men				χ^2 between orientations within men
	Heterosexual	Homosexual	Bisexual	Total men	
Alcohol	6,966 (60.2%) [1]	710 (58.0%) [1]	551 (58.5%) [1]	8,227 (58.5%) [1]	$\chi^2 = 3.041$, $P = .219$
Cannabis	4,535 (39.2%) [2]	322 (26.3%) [2]	367 (39%) [2]	5,224 (37.0%) [2]	$\chi^2 = 78.465$, $P < .001$
Cocaine	1,172 (10.1%) [4]	173 (14.1%) [6]	88 (9.3%) [4]	1,433 (10.2%) [4]	$\chi^2 = 20.242$, $P < .001$
GHB/GBL	83 (0.7%) [9]	120 (9.8%) [8]	16 (1.7%) [9]	219 (1.6%) [9]	$\chi^2 = 582.407$, $P < .001$
Ketamine	233 (2%) [6]	62 (5.1%) [9]	29 (3.1%) [7]	324 (2.3%) [7]	$\chi^2 = 47.014$, $P < .001$
MDMA	1748 (15.1%) [3]	262 (21.4%) [3]	169 (17.9%) [3]	2,179 (15.5%) [3]	$\chi^2 = 36.141$, $P < .001$
Mephedrone	132 (1.1%) [8]	52 (4.2%) [10]	15 (1.6%) [10]	199 (1.4%) [10]	$\chi^2 = 74.980$, $P < .001$
Methamphetamine	150 (1.3%) [7]	134 (10.9%) [7]	27 (2.9%) [8]	311 (2.2%) [8]	$\chi^2 = 467.445$, $P < .001$
Poppers	80 (0.7%) [10]	238 (19.4%) [4]	47 (5%) [6]	365 (2.6%) [6]	$\chi^2 = 1525.796$, $P < .001$
Viagra	543 (4.7%) [5]	214 (17.5%) [5]	78 (8.3%) [5]	835 (5.9%) [5]	$\chi^2 = 325.375$, $P < .001$
Total number of people in this group	11,577	1,225	942	14,050	

"Yes, I have had sex while on this drug in the last 12 months"

- Large gap between GB & Heterosexual in chemsex substance use
- Original goal: prove chemsex is universal
- Concluded higher prevalence in MSM, targeted measures warranted

Discussion Questions #2

How would define addiction or a Substance Use Disorder?

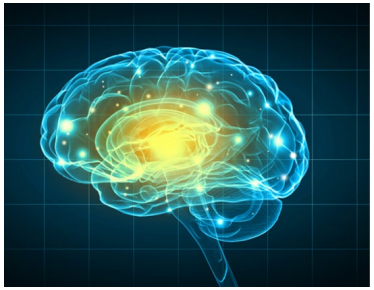
Why does substance use matter to your programs?

Theories of Addiction: Is it a ...

Moral Failure?

"These junkies keep coming through here, what's the point of trying when they keep choosing drugs?"

Disease?

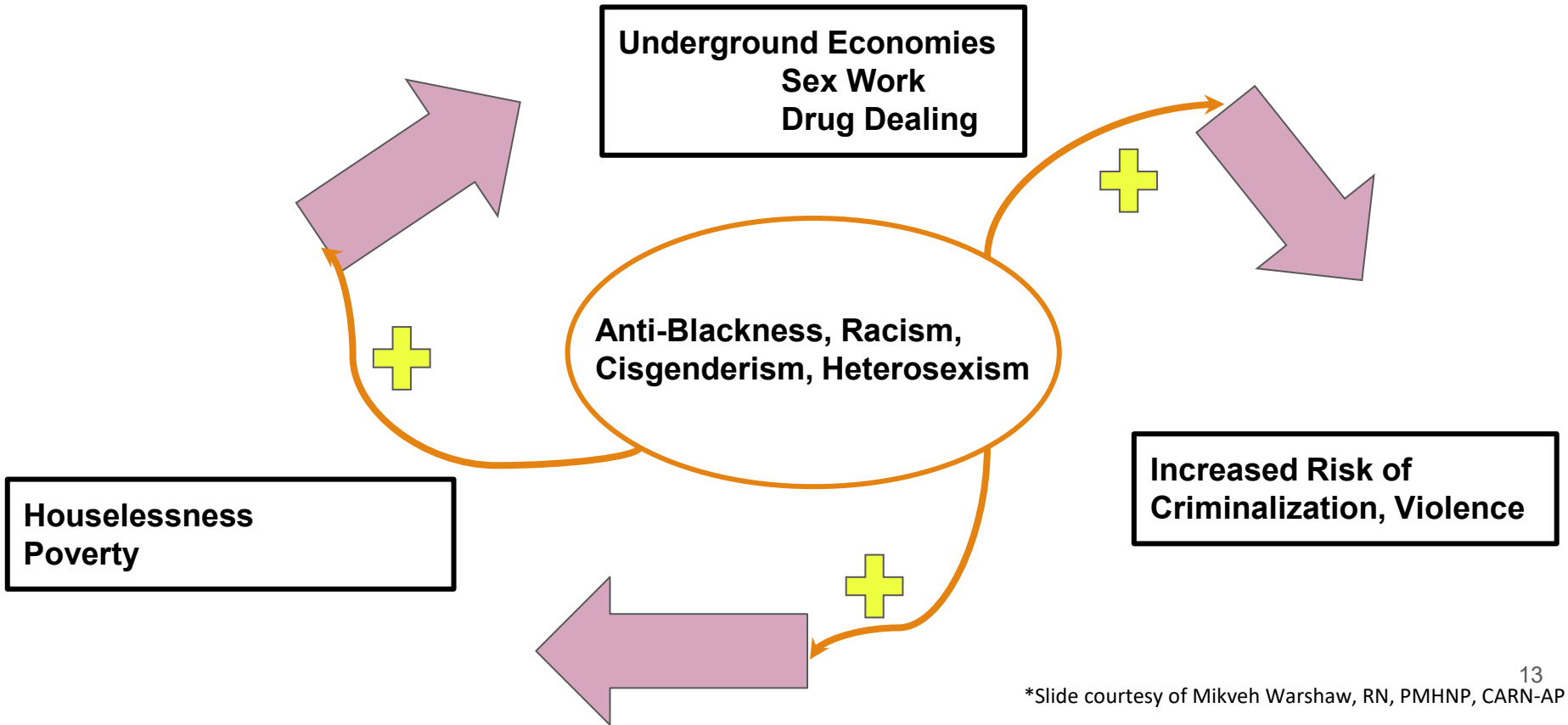


"Drugs hardwire the brain making it nearly impossible for addicts to stop using."

Symptom?

"While genetics and brain chemistry play a role, addiction is largely a symptom of poverty & social determinants of health."

Systemic Cycle of Structural Violence



*Slide courtesy of Mikveh Warshaw, RN, PMHNP, CARN-AP

What is a Substance Use Disorder?

DSM5 Criteria:

1. Taking the substance in larger amounts or for longer th
2. Wanting to cut down or stop using the substance but n
3. Spending a lot of time getting, using, or recovering fror
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, o
6. Continuing to use, even when it causes problems in re
7. Giving up important social, occupational, or recreationa
8. Using substances again and again, even when it puts y
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

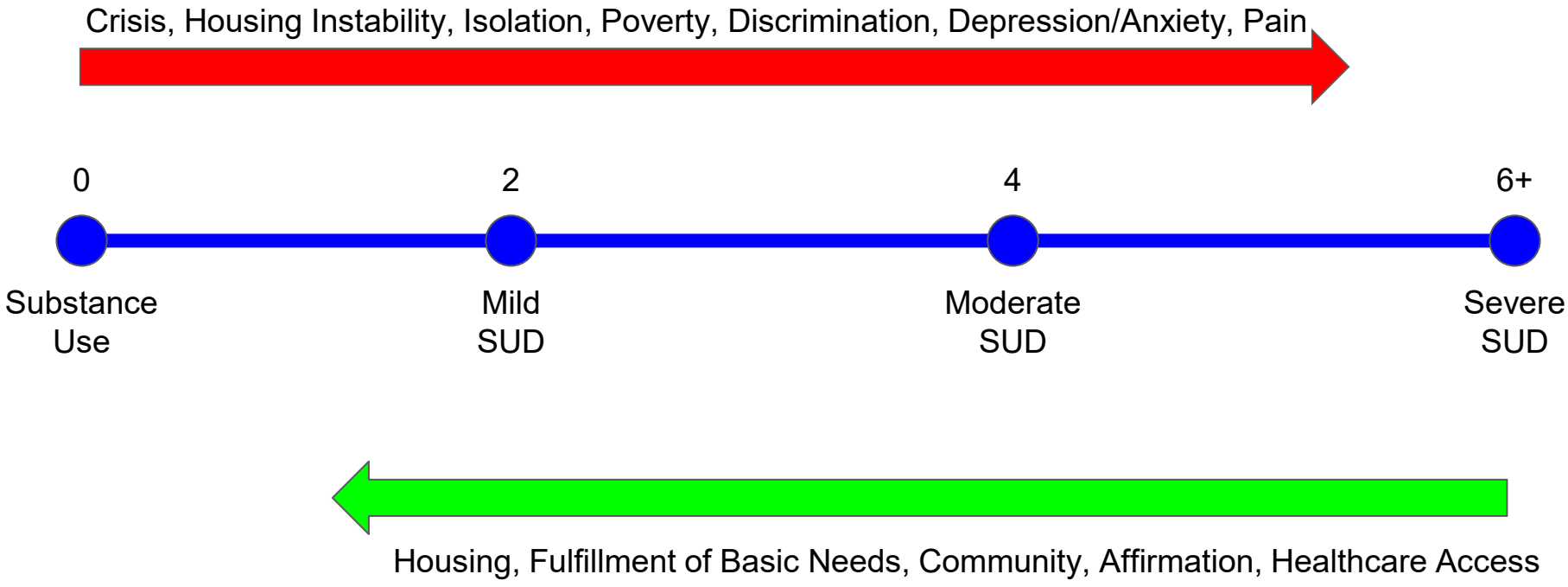
Loss of Control ***

Cravings ***

Social Dysfunction/Consequences ***

Physical Dependence/Withdrawal ***

Understanding the Spectrum



Why is Chemsex Common in SGD Communities?

“a life-affirming cultural practice, one that can ensure the symbolic and even material survival not only of the men who engage in it, but also of the subcultures and subcultural histories within which they locate themselves”

-João Florêncio, PhD

Escape **Belonging** **Material Survival** **Affirmation/Power**

Substance Use as an Attempt To Heal

Substance use is often used as self medication/escape to heal the effects of...

- Gender/sexuality discrimination
- Racism and body dysmorphia/fatphobia
- Anxiety, depression, minority stress
- Experiences of homelessness/poverty
- Queer ageism

For some, substance use is a means of survival, of self healing, that can be **celebrated**

Examining Prevalence: Culturally Defined Space

Circuit Parties

Gay Saunas

Apps
(PNP/parTy)

Cruise Clubs & Sex Parties

Gay Party Cruise
(eg Atlantis)

Examining Prevalence: Partner Seeking & Drug Sourcing

- Apps increase access to drugs, partners, & parTies
- Data shows decreased isolation & increased loneliness
  - Harbors of racism, misogyny, & toxic masculinity
- Discrete/Coded Language Used
- Some Apps are beginning to address these issues
  - Be Kindr campaign

Gilbart 2015, Race 2015, Wong 2020

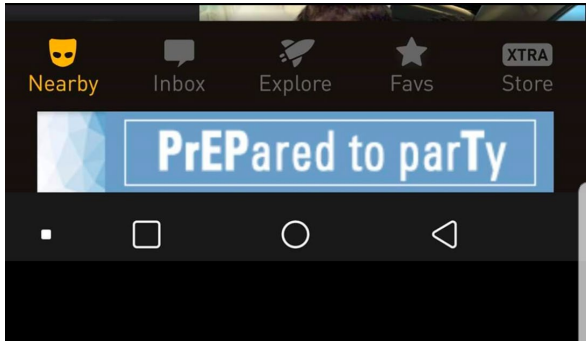
Discussion Questions #3

Now that you know more about Chemsex, what are some of the needs for this community?

How might we engage HIV+ and HIV- people who participate in Chemsex in status neutral care? What kind of outreach are you doing, and what ideas do you have?

The Potential of Peer Navigators

- Culturally similar and able to connect with the community on another level
- Using Apps can…
  - Advertise clinic and Ryan White services
  - Distribute safer sex and substance use information
  - Link people at high risk to PrEP care
  - Re-engage people living with HIV
  - Ads on apps can be highly targeted/selective



Engage the Community in Building Outreach!

- Identify what apps, what places, etc to do outreach
- Partner with community outreach organizations
  - AIDS Projects
  - What's local?
- Call-in people who participate in Chemsex specifically
- Fight stigma - including within the SGD community itself

What strategies have been tried? What worked and what didn't?

Discussion Questions #4

What are the challenges to implementing peer programs and outreach programs?

What harm reduction programming have you piloted?

Syringe Exchange

- Per HRSA FQHCs can be SSPs - funding can’t be federal
  - Other opportunities via governmental grants - CDC, SAMHSA
- Creative ways for syringe exchange
  - Mail delivery
  - Mobile Van
  - 24hr vending machine
  - Community partnerships
- Consider supplies to reduce injection
  - Bubblers and pipes
  - Hammer pipes
- Kits for slamming vs injecting opioids

Safer Sex and Substance Use Kits & Information

- Some states starting programs for drug checking
- Safer smoking kits
- Safer snorting kits
  - Straw sharing associated with HCV transmission
- Safer sex kits - go where the people are!
  - PrEP 2-1-1
  - Lubricant
  - Fisting gloves and education
    - Reduce HCV transmission
- Education sheets
  - Loading syringes

SGD Care Quality Improvement at Health Center Level

- Peer inclusion
- Resource navigation
- Join LGBTQ+ directories!
- Drug testing kits
    - DanceSafe.com
- **Trainings for clinicians & staff - CHC and state level**

Evolving Beyond Trauma Informed

Trauma-Informed Care
Providing sensitive exams and affirming bodily autonomy
Recognizing triggers and avoiding retraumatization
Organizational training and safe space planning

Trauma-Informed Care
Defining people as their trauma
Pathologizing trauma and confining narratives
Treating methods of resilience as negative consequences of trauma
Focusing on individual vs systems change

Healing Centered Management

- Celebrating all attempts at survival and healing
- Wellness, recovery, and health are defined by the individual, or by the community itself
- Focusing on manifesting health, rather than treating disease
- Removing stigma and biases about “victims”
- Empowering individuals to create their own narrative

Doing the Work - Healing Centered Substance Care

Personal	Team	Organization
• Challenging our biases and expectations • Receiving care for vicarious trauma • Making allies with other TIC/Harm reduction providers	• Change in language • Recognizing burnout and supporting each other • Make space for processing painful clinical experiences • Recognize difference of experiences of team members due to ID and Hxs • Acknowledge and discuss systemic issues impact on clients	• Advocate for peer inclusion • Ensure language on forms, etc is is gender and sexuality inclusive • Access/Referrals to pharmacotherapy for SUD is fast and easy • Celebrating resilience and empathy • Removing punitive structures

*Slide courtesy of Mikveh Warshaw, RN, PMHNP, CARN-AP

Pharmacotherapy for Methamphetamine Use *(Off Label)*

- **Bupropion** (Elkashef 2008, Shoptaw 2008, Heinzerling 2014, Anderson 2015)
  - Reduces cravings, regulates mood, restores libido and energy
  - Likely best for light to moderate use, XL better than SR
  - Bupropion XL + IM Naltrexone-ER (Trivedi 2021)
- **Naltrexone** (Jayaram-Lindström 2008, Tiihonen 2012)
  - Works on craving center in brain
- **Mirtazapine** (Colfax 2011, Coffin 2019)
  - Reduces anxiety/depression, regulates sleep wake cycle, increases appetite
  - Studies specifically in MSM and TGW who participate in Chemsex
- **Topiramate** (Elkashelf 2012, Rezaei 2016)
  - Assists with euphoric recall and mood regulation, more effective at preventing return to use than treating active use

Pharmacotherapy for Methamphetamine Use *(Off Label)*

- **Sildenafil/Tadalafil** or injectable **Alprostadil/Papaverine/Phentolamine**
  - Assists in restoring sexual function
- **Long Acting Stimulants**
  - Especially for injection use, mod-severe MUD, or for those with underlying ADHD
  - **Methylphenidate-ER** (Tiihonen 2007, Konstenius 2014, Rezaei 2015)
  - **Lisdexamfetamine** (Ezard 2016, Heikkinen 2022)
  - Avoid short-acting stimulants, modafinil
- **AVOID SSRIs & Benzos!**
  - SSRIs: ineffective and decrease retention (Shoptaw 2006)
  - Benzos: higher all cause mortality and hospitalization (Heikkinen 2022)

Discussion Questions #5

What programs might work at your facility?

What are the barriers? Strategies to overcome those barriers?

Discussion Questions #6

What are the big picture policy barriers to drug user health?

What can be done in 5 years? In 10?

Translational Chemsex Research

- No more association studies - sex is associated with STIs
- Evidence based treatments
  - Primary and secondary outcomes related to health and wellness
- Community designed and interventions
- Removing stigma and sensationalism
  - Chemsex is not new
  - Considering voyeurism in research

Decriminalize Poverty

- Decriminalizing drugs
- Rerouting dollars to treatment services
- Recognizing that most people who sell drugs, use drugs
- Decriminalizing sex work
    - Empowering people with consent
- It’s been done before
    - Data from Europe
- Drug Policy Alliance - works with states

Abolish the DEA

- No evidence in support of DEA practices or existance, no evidence based policy
- Ample evidence of corruption and worse outcomes for people who use drugs
- Established in the 70s by Nixon and is nidus of the drug war
- Licensing practices and controlled substance schedules are…
  - Outdated and don’t prevent fraud
  - Stigmatizing and harm gender diverse people
  - Have limited research into potentially beneficial therapies

Power of Lived Experience

- Bring people in active use and sustained abstinence into policy decisions and programs
  - How can they be integrated at the program, clinic, and state policy level?
  - Inclusion of community advisory boards for research and grant proposals

Patient Oriented Resources

- Chemsex Patient Safety Guides at Chemsex.gay
- Information for healthcare providers at Chemsex.health
- Safer slamming/meth use information at tweaker.org
- How-to video on safer injection of stimulants https://vimeo.com/174172509
- Information and peer support at controllingchemsex.com
- Guides to safer opioid use at harmreduction.org

Wrap Up and Q&A

- What information do you need more of?

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National Harm Reduction Technical Assistance Center (NASTAD and partners)

The **National Harm Reduction TA Center** seeks to build on proven methods of harm reduction technical assistance delivery—programmatic resources, peer support and mentoring, demonstration and program models—to provide coordinated TA to new and established community-led harm reduction efforts, including syringe services programs (SSPs), across the United States and territories.

NASTAD will work with AIDS United and other partners to field and respond to requests for TA and programmatic support from SSPs and community-based harm reduction organizations.

ASSISTANCE AVAILABLE THROUGH THE NATIONAL HARM REDUCTION TA CENTER INCLUDES:

- Consultation on program planning, design, and implementation
- Capacity building, workforce development and training
- Education and resource development
- Monitoring and evaluation, including best practices on data collection and synthesis
- Consultation on funding and grant writing
- Policy analysis and guidance

Harm Reduction TA CENTER

FOR MORE INFORMATION:

NASTAD.org/druguserhealth

DrugUserHealthTA@NASTAD.org

TO REQUEST TECHNICAL ASSISTANCE:

NASTAD.org/HarmReductionTA

Harmreductionhelp.cdc.gov

DrugUserHealthTA@NASTAD.org

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Stimulant Safety

Getting Amped Up to Reduce Harms When Using Stimulants

Harm Reduction TA CENTER

- What are Stimulants?
- Possible Benefits and Risk of Use
- Drug Consumption Safety
- Safer Drug Use Kit Materials
- Overamping
- Social Determinants of Health and Stimulant use
- Promising Practices from the Field

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Thank You for Participating!

Drug User Health Team, NASTAD:

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Jona Tanguay, MMSc, PA-C, AAHIVS:

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Bonus Slides - Substance Specific Harm Reduction

General Safety Counseling

Talk about their use with interest

- Hydration and nutrition
- Situational Safety
- Accountability
- STI Prevention: U = U, PrEP, PEP, Doxy PEP*
- Supplies

Strategies for Poppers & Ketamine

Poppers (amyl nitrites):

- Interactions with PDE5 Inhibitors
- Caustic and flammable
- Eye toxicity and methemoglobinemia with G6PD

Ketamine

- Stronger than cocaine, use ¼ to 1/3
- Hydration/Kidney health
- Route of administration (PO>IN>IV)

Crystal Meth “T” “Tina”

- PO > smoking > IV or Booty bump
- Clean needles and safer injection kits
- Oral Care!
- Sleep & Drug Holidays
- Pharmacotherapy

Tomkins 2019, 56 Dean St. Clinic, Avert.org

Harm Reduction for People Who Slam

- Filters/Cotton balls
- Clean needles (NEPs)
- Cook Kits
- Sterile Water
- Disposable Syringes
- Alcohol Swabs
- Narcan
- Wound Care
- PrEP/ART

https://vimeo.com/174172509

G Safety Counseling

- Recovery position → Most G deaths caused by vomit aspiration/asphyxiation
- Risk for overdose and dependance
    - Drug holidays, dose timelog, exact measurements (syringe)
- Avoid alcohol as well as benzodiazepines, opiates, and antihistamines
- Buddy system and G sleep supervision

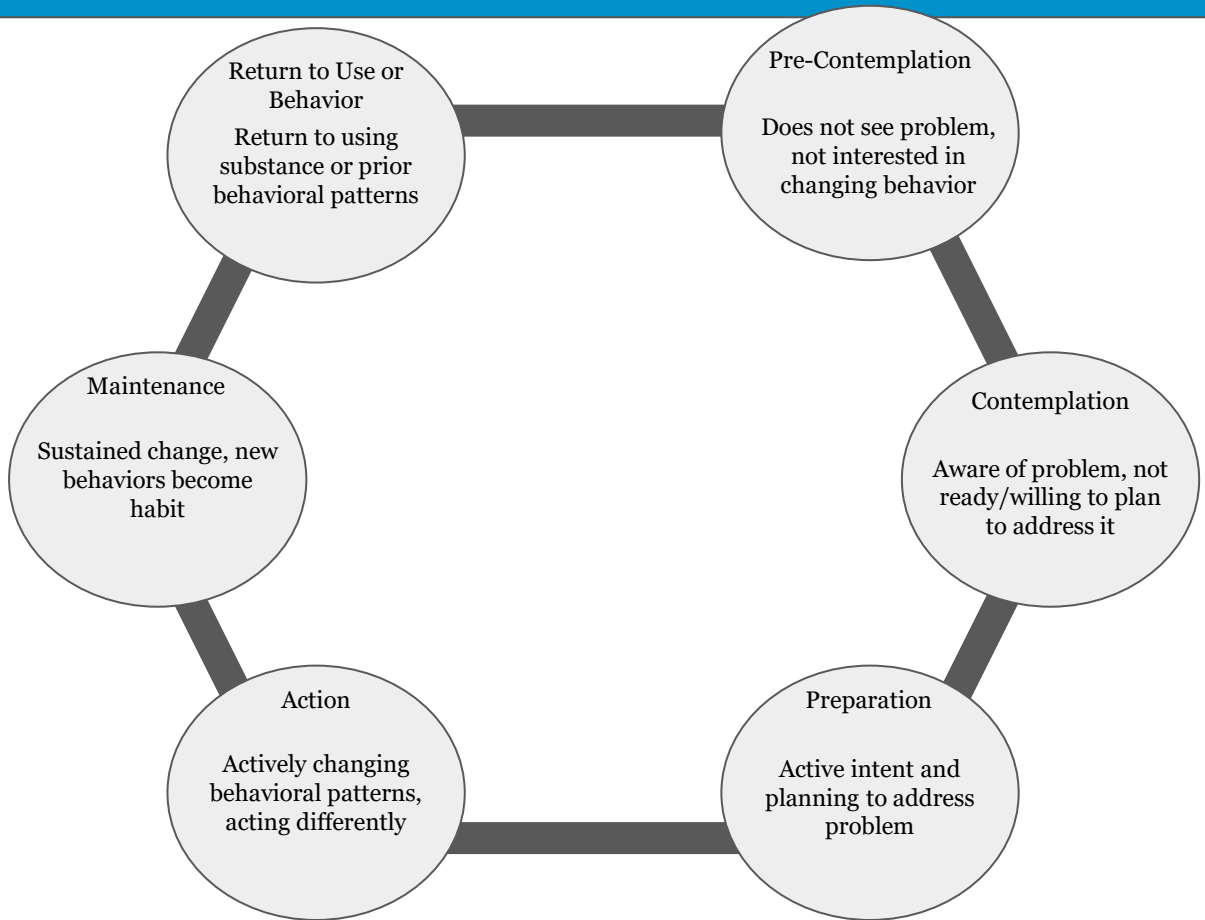
Mental Health Diagnoses & SUD

- “Chicken or the Egg” Problem - which came first?
  - High/withdrawal dichotomies mimic mood cycling (Meth high ≠ mania)
  - Anxiety/depression are symptoms & drivers
- Over- and miss- diagnosis of Bipolar and Schizophrenia along racial lines
  - Racial disparities in quality and setting of treatment
- Acceptance of Chart Lore/Problem Lists as fact
  - Diagnostic rigor & context of MH diagnoses
  - Ease of carrying forward, or errantly adding diagnoses

Putting MI Into Practice

- Who has worked with a patient who does not or will not take their ART? Complete health screenings? Change their use of a substance?
  - When that person comes to your office, what are their goals?
    - What did they ask for?
  - What stage of change are they in?
  - What stage of change are we asking for?
- **Understanding motivational interviewing prevents burnout!**

Motivational Interviewing: Stages of Change



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