**Informal Exercise Title:** ChemSex: sexualised substance use.

**Study Area/Group:** Prevention

**Exercise Aim and/or Purpose:**

To improve the understanding of sexualised substance use among gay and other MSM.

**Expected exercise outcome:**

Participants will have discussed sexualised substance use, the drugs involved and identified appropriate services for referral.

**Materials required:**

* PowerPoint Slides
* ‘Lets Talk about Drugs’ cards printouts
* ‘I’m looking for help and advice’ prompts printouts
* Flipchart easel, pad and pens
* Paper and pens for participants

**Facilitator Preparation:**

* Read through the drug related information in the E-Learning module
* Identify local services around drug use and specifically any work about ChemSex that happens in your local area. You may want to share information and figures with the group if they are available and you can add that information to the talk during the PowerPoint slides section in the Method section.
* Prepare enough of the cards for the “Lets Talk About Drugs” game and the prompts for the “I’m looking for help and advice” small group practice for the numbers of participants attending.

**Helpful hints for facilitators:**

* As there are only 14 cards for the ‘Lets Talk About Drugs’ exercise it will depend on the number of participants as to how the game plays. If you have more than 14 people, encourage others apart from the person who has chosen the card to talk about the substance/drug. If you have less that 14 participants can pick up more than one card. Information on the drugs on the cards is contained in the e-learning module – other information on substances like nicotine and caffeine are easily found online.
* This exercise can be linked to other exercises around Stigma and Discrimination, like Vulnerable MSM Subgroups or Populations and Creating Non Judgemental Services and skills like Motivational Interviewing.

**Method: (90 mins)**

1. Ask the group:

“What do you understand by the term ‘ChemSex’?”

They are to brainstorm their answers to the question, you can write a few of these suggestions onto the flipchart if you wish, but it’s not essential.

1. Tell the group that they are going to play a game called ‘Lets Talk About Drugs’.

Tell them you are going to place a series of cards onto the floor, facedown, and in turn they will pick up a card and read it out.

They are to talk about what it says on the card, what they know about the drug or substance written on the card, including the name it’s commonly called (i.e. Crystal Meth is commonly known as Tina, although names can vary according to region and subgroup of users)

If they feel comfortable enough it would be good to hear if they have personal experience of using the drug or substance. Do not force people to share anything they do not want to.

Drugs and substances on the cards are:

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| **Poppers** | **Cocaine** |
| **GHB/GBL** | **Crystal Meth** |
| **Ketamine** | **Marijuana** |
| **Caffeine** | **Nicotine** |
| **Alcohol** | **Sugar** |
| **Mephedrone** | **MDMA** |
| **Speed** | **Acid** |

Place the cards so that the words face the floor and without letting the participants see what the cards say and ask for a participant to volunteer to be the first one to pick up a card.

Encourage them and the group to fill in any gaps, and use your own knowledge from your reading to help.

1. When all the cards have been used, ask the group to get into pairs and discuss

“What’s the difference between drug use and drug dependency?”

Tell them they have five minutes for this chat.

When five minutes has ended ask the pairs to feedback to larger group on their thoughts, and encourage the group to discuss them. Remind the group of the Harm Reduction approach and model, which is to lessen the possible harmful impact of potentially dangerous actions. Harm Reduction and Safer Use initiatives related to drug use include needle exchange programmes for example.

1. Show the PowerPoint Slides to the group outlining:

* Main drugs used in ChemSex
* How those drugs used and their effects
* EMIS 2017 data on number of users of ChemSex drugs

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| **ChemSex: Main drugs used: GHB/GBL**   * Also known as G or Gina * Depressant drugs or ‘downers’ * Have a sedative and euphoric effect similar to being drunk * Overdoses can be common as its hard to know what is a ‘safe dose’ * Is used as ‘knock out drops’ in peoples drinks at bars and parties. |

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| **ChemSex: Main drugs used: Methamphetamine**   * Also known as Crystal Meth, T or Tina * Super strength stimulant drug * Releases ‘stress’ hormone Norpinephrine and ‘feel good’ hormones Dopamine and Serotonin into the blood stream. * Increases body temp, heart beat and blood pressure so increases risk of heart attack, stroke or comas. |

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| **ChemSex: Main drugs used: Mephedrone**   * Also known as Meow Meow * Stimulant drug similar to amphetamines * Induces euphoria, alertness, confidence, feelings of empathy to people around you as well as making you feel horny and talkative. * Powerful comedown, with tiredness, depression and no ability to concentrate for a few days after taking it. Mixing it with alcohol causes problems. |

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| **ChemSex: Main drugs used: Ketamine**   * Also known as K or Special K * An anaesthetic drug, also known as a horse tranquiliser. * Users feel ‘high’, numb, have ‘out of body’ experiences (known as k-holes) * K-Holes can lead to swallowing and breathing difficulties and sexual and physical assaults can happen while under the affects of K. |

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| **ChemSex: How the drugs are used: Injection**   * Also known as ‘slamming’. * Carries risk of HIV and Hep C transmission if needles, spoons, filters or water are shared * Use own syringe and utensils – a new syringe for every shot. |

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| **ChemSex: How the drugs are used: Snorting**   * Cocaine, Crystal Meth, Mephedrone, Speed and Heroin are all snorted * Carries risk of Hep C and HIV transmission if tubes shared. * Use own tube, never use banknotes. |

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| **ChemSex: How the drugs are used: Smoking**   * Cocaine, Crystal Meth and Heroin are all smoked * Carries risk of Hep C if pipes shared because of high temps causing mouth blisters. * Use own pipe, don’t share with anyone else. |

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| **ChemSex: How the drugs used: Swallowing and anal ingestion**   * Pill and liquid forms of many drugs are swallowed. * Anal use (booty bumping) can irritate the anal lining, cause bleeds and increase risk of HIV and Hep C transmission * Less control over amounts taken and their effects, but less damage caused to the body i.e. nose, lungs and veins. Measure out amounts taken carefully and remember how much taken to avoid overdosing. |

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| **EMIS 2017 data on chemsex in Europe**  {data to be included after publication} |

This is the section where you can share any information about local work or numbers that you have sourced.

1. Tell the group that they are now going to do a small group practice of a few situations to examine what it’s like to try and access services as an MSM. They are to get into pairs, each pair will take a turn in being the person trying to access a service while the other person takes the role of the service provider, whether that is a Doctor, Nurse, outreach worker etc. They will each get to play both roles – as the person trying to access a service they will be given a short outline of what they are trying to get help with. Each person in the pair will have a different outline.

The outlines are:

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| You got a bit drunker than you normally do and can’t remember if you took some drugs as well. You woke up in some guys bed and can’t remember much about what happened, so you are here to ask for PEP. |
| You have been using drugs at the weekends to relax and chill for years, recently you’ve started using meth as it helps you enjoy sex, but you are worried about becoming HIV positive so want to start taking PrEP and are here to talk to the staff about it. |
| You have been having sex without condoms on and off for a while now, but can’t access PrEP or afford to buy it for yourself online and want to know how to avoid STI’s. |
| You are worried about getting Hep C because your sex life sometimes includes being fisted and you have heard that this is linked to Hep C. You want advice on how to ‘play safer’ to help avoid Hep C. |
| You were recently diagnosed with syphilis and can’t understand why as you always use condoms when having anal sex. The last STI you had was oral gonorrhea about 8 months ago. You want to know why it happened and what your treatment options are. |
| Although you have been taking meth for a year or so with no problems you have recently started slamming which you really enjoy, but you are starting to notice that it’s affecting your job. Also you are starting to take more Tina which is costing a lot and so you’ve started to ask for money in exchange for sex, and got arrested recently. You’d like some advice. |
| You have always used condoms as you are afraid of getting infected with HIV. Now you started to have sex without condoms with your new boyfriend. You really love him but you also feel insecure and afraid and have problems talking about it with him. You’d like some advice. |

1. Ask the group to get into pairs and decide who is the ‘patient’ and who is the service provider, and then give the ‘patient’ one of the outlines, making sure they know to not show it to their partner. The person who is the service provider is encouraged to think of someone they know who may be a bit judgemental around these issues and use them for their practice. Once you have done this with all the pairs tell them they have 5 minutes for each practice, so a total of about 10 minutes. Remind them that this is a time to practice, not discuss what they could, would or should do between them.
2. Start the small group practices, and go around the pairs encouraging them to really engage with each other in the practice. Once 5 minutes has ended, get the pairs to swap roles and give the new ‘patient’ a different outline, and start them practicing, again encouraging the service provider to use a person who may be judgemental as their inspiration.
3. When the time has finished, ask the pairs to feed back to the large group on the following questions:

“How did this experience feel as the ‘patient’? What made the situation and conversation easy and what made it difficult?”

“What do you think could help make this situation less intimidating for the person accessing the service, and lessen any shame they may feel?”

“Was there any point in your practices as the ‘patient’ that you felt accepted, and at what points did you notice any stigma or discrimination?”

1. When you are taking feedback remind the group that we are working to reduce stigma and discrimination around the work we do and not to stigmatise people for their choices. Doing so can be a barrier for the work we are doing, leading to people not coming to us at all. If we provide help and ‘neutral’, scientific based information that helps people to take their own, informed decisions that is less stigmatising and allows people to engage with us. Not everyone who uses drugs develops a dependency or has a problem, and there are many reasons for drug use that we have to respect - i.e. fun, adaptive behaviours like dealing with minority stress or feelings of inferiority etc.
2. When you have done that ask group to share any experiences they have of working with gay and MSM who report ‘Chemsex’ use. How do they help them and which services do they provide or refer to.

1. Show the last PowerPoint slide to refer onto ‘How to Help’ – this includes details of David Stuart’s Chemsex Care Plan and ChemSex First Aid, the 56 Dean Street Chemsex pages and THT’s fridaymonday website.

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| **ChemSex: How to help**   * Refer to appropriate local services * Read the E-Learning module to find out more about the drugs used and their safer use * David Stuarts ChemSex Care Plan – [www.davidstuart.org/care-plan](http://www.davidstuart.org/care-plan) * David Stuarts ChemSex First Aid – [www.davidstuart.org/chemsex-first-aid](http://www.davidstuart.org/chemsex-first-aid) * 56 Dean Street ChemSex pages – [www.dean.st/chemsex-support](http://www.dean.st/chemsex-support) * THT fridaymonday – [www.fridaymonday.org.uk](http://www.fridaymonday.org.uk) |

When you have shown the last slide, close the exercise.

**Chemsex: Lets Talk about Drugs – Cards for the exercise**

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| **Poppers** | **Cocaine** |
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| **Ketamine** | **Marijuana** |
| **Caffeine** | **Nicotine** |
| **Alcohol** | **Sugar** |
| **Mephedrone** | **MDMA** |
| **Speed** | **Acid** |

**Chemsex: “I’m looking for help and advice” – situation prompts for the exercise**

To be used for the small group practice.

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| You got a bit drunker than you normally do and can’t remember if you took some drugs as well. You woke up in some guys bed and can’t remember much about what happened, so you are here to ask for PEP. |
| You have been using drugs at the weekends to relax and chill for years, recently you’ve started using meth as it helps you enjoy sex, but you are worried about becoming HIV positive so want to start taking PrEP and are here to talk to the staff about it. |
| You have been having sex without condoms on and off for a while now, but can’t access PrEP or afford to buy it for yourself online and want to know how to avoid STI’s. |
| You are worried about getting Hep C because your sex life sometimes includes being fisted and you have heard that this is linked to Hep C. You want advice on how to ‘play safer’ to help avoid Hep C. |
| You were recently diagnosed with syphilis and can’t understand why as you always use condoms when having anal sex. The last STI you had was oral gonorrhea about 8 months ago. You want to know why it happened and what your treatment options are. |
| Although you have been taking meth for a year or so with no problems you have recently started slamming which you really enjoy, but you are starting to notice that it’s affecting your job. Also you are starting to take more Tina which is costing a lot and so you’ve started to ask for money in exchange for sex, and got arrested recently. You’d like some advice. |
| You have always used condoms as you are afraid of getting infected with HIV. Now you started to have sex without condoms with your new boyfriend. You really love him but you also feel insecure and afraid and have problems talking about it with him. You’d like some advice. |