



Chemsex 101: a Broad Overview

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Agenda

- Intro: Who am I? Also, overview of Harm Reduction, Recovery, and Substance Use vs. SUD
- Sex and Drugs vs. Chemsex: definitions, similarities, differences
- Terminology and main substances used
- Checking our biases around sex, drug use, and LGBTQIA2S+ healthcare
- Upcoming topics, questions, end



About me, and why I'm here to discuss Chemsex with you



- I've been a chemical health counselor for 5 and a half years between this clinic and other harm reduction based settings; I've worked in various capacities with marginalized populations through a harm reduction lens for over 10 years. I've been working at HHS with the Positive Care and Addiction Medicine teams for 4 years.
- I've had the privilege of attending various conference sessions and abstracts which have covered Chemsex by people who are both in professional roles and who have lived experience; I also have learned a lot from our patients.
- I've been promoting trainings and sharing resources with providers I work with for around 3+ years now; not as something that providers need to worry about "fixing" but more for providers to understand patients better and open conversations around risk reduction, bodily autonomy, consent, and how this aspect of someone's life not only fits into the overall picture of someone's health – but is an integral piece of it that intersects with all other aspects of their overall health.
- Like you, I'm constantly still learning! I'm grateful for what I have been able to learn, and I'm also by no means an "expert" either.

Intro: going over some harm reduction basics



Acceptance that substance use is part of our world, and we can work to minimize the harms associated vs. minimize/condemn them or PWUD (people who use drugs)

Substance use, sexual health, and sex work are complex and multi-faceted! Very much on spectrums.

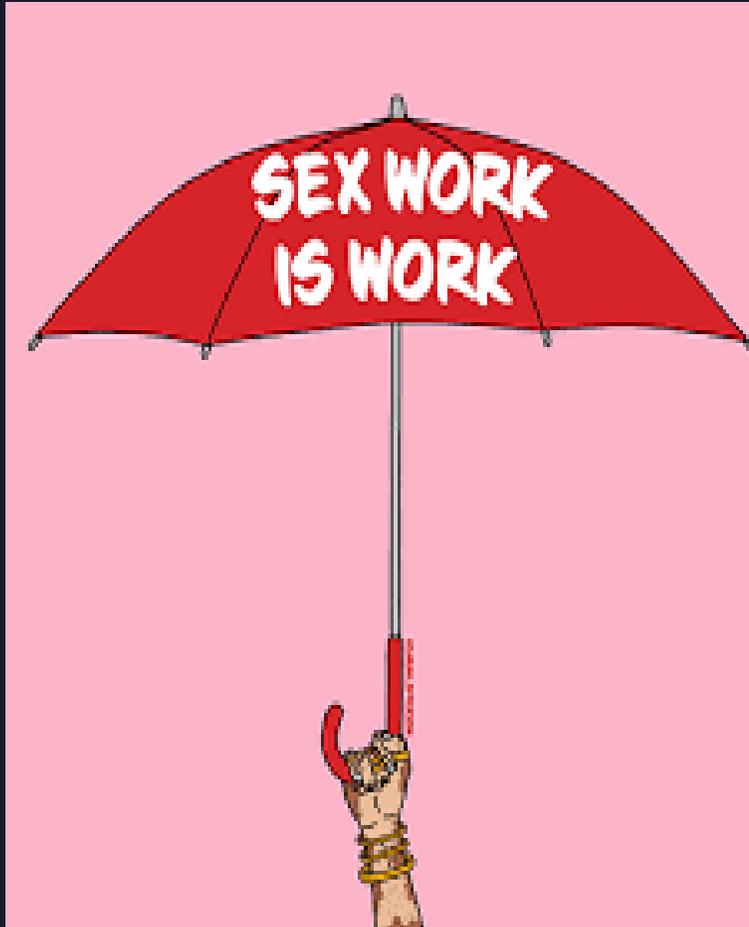
Quality of life and well-being for individual defines success, not cessation of use or work.

Non-judgmental and non-coercive provision of services.

PWUD, sex workers and those with lived experience have had and should continue to have a real voice in programs and policies designed to serve them and their peers.

PWUD and sex workers are the primary agents of reducing harms of their drug use and in sex work, as well as their overall sexual and chemical health – and often the best source of information to support each other in strategies which meet their conditions.

Intro: going over some harm reduction basics



We need to recognize the realities of poverty, class, racism, social isolation, past and present/ongoing trauma, sex/gender-based discrimination and other social inequities impact people's vulnerability and capacity for effectively dealing with various harms.

We do NOT attempt to minimize or ignore the real and tragic harms associated with substance use and sex work.

We should NOT withhold services or medical treatment due to someone's substance use or sexual health – unless there is an evidence based clinical rationale for doing so, and it is explained to this individual (ex: not administering estradiol to a transwoman w/ a drug related infection due to clotting concerns; did the reason for holding the estradiol get explained to her or no?)

We should NOT impose our own biases and beliefs around substance use and sexual health onto those we serve; instead seek to utilize this information in the whole picture of their health and with their consent having fact-based, honest discussions around why there are concerns.

Is all substance use a disorder?

Short answer, no. Opposite of “order” is “disorder.” We have diagnostic criteria, and each individual will be different in how they do/don’t meet this. Each person’s relationship w/ each substance is different. It’s normal that people engage in drug use for pleasure as well as many of the other reasons we think like trauma, self-medicating physical/mental health issues, etc.

DSM V Diagnostic Criteria: Substance Use Disorder

SEVERITY: 2-3: mild 4-5: moderate 6 or more: severe

1. Taking the substance in larger amounts or for longer than you meant to.
 2. Wanting to cut down or stop using the substance but not managing to do so.
 3. Spending a lot of time getting, using, or recovering from use of the substance
 4. Cravings and urges to use the substance
 5. Not managing to do what you should at home, work, or school because of substance use
 6. Continuing to use, even when it causes problems in relationships
 7. Giving up important social, occupational, or recreational activities because of substance use
 8. Using substances again and again, even when it puts you in danger
 9. Continuing to use, even if 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
- *Criteria not met if taking prescribed drugs under supervision

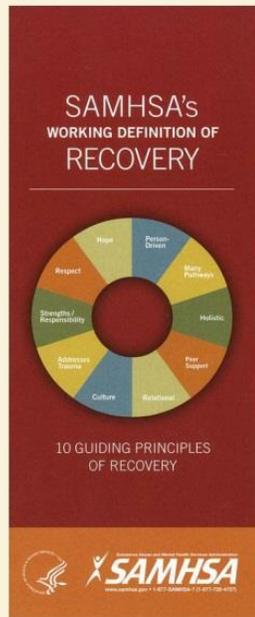
What is “recovery?”

Per the Substance Abuse and Mental Health

Service Administration (SAMHSA), this will be up to the individual to define. These definitions do not include terms like “sobriety”, “abstinence”, or “clean.”

SAMHSA's Working Definition of Recovery

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A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

(SAMHSA, 2011)



Principles of Recovery



- Person – driven ;
- Occurs via many pathways;
- Is holistic;
- Is supported by peers;
- Is supported through relationships;
- Is culturally - based and influenced;
- Is supported by addressing trauma;
- Involves individual, family, and community strengths and responsibility;
- Is based on respect; and
- Emerges from hope.

(SAMHSA, 2012)



Do something bigger altogether

Why this overview is included:

It's always a solid idea to brush up on principles of Harm Reduction as we find ways we're able to integrate it into our work and practices.

Substance use and sexual health are part of the holistic picture when we work with our patients – not always a “problem” we need to list or that needs to be “fixed” or “cured.” It is important information for when we're looking at the whole picture of someone's overall health, and having a safe and non-judgmental environment in your clinic/office creates this space for patients to be open with us.

It's of course fine to check in and ask patients if they have any concerns around if their use is impacting other life areas, or that they feel safe and that consent is honored in the setting of sex. That said, it doesn't need to be the main focus. How is this patient sleeping, eating, etc? Are they allowing themselves breaks, and are there concerns around medication adherence, appetite, and sleep? Have you discussed ways for improvement in these areas such as setting various phone alarms or having an app?



Sex and Drugs vs. Chemsex

- Definitions, overall similarities, and important differences



Chemsex vs. Sex and Drugs

Definitions and differences

And

What's same/similar, common benefits, and
concerns/considerations

Sex and Drugs; Substance Induced Sex

- For those of us who aren't among marginalized groups within the queer, trans, and/or sex-working communities, this really just translates into engaging in sexual acts with other(s) while under some form of chemical influence.
 - In a sense, this very well could fit quite well under the umbrella definition of chemsex – which is important in having a non-pathologizing viewpoint of individuals who do fall within the communities and practices which define Chemsex (also historically referred to as “PnP” – or “Party and Play.”)

Chemsex/PnP

- Refers to using substances to enhance sexual experiences and includes recreational encounters (sex parties) and/or paid experiences such as between sex-workers and their clients; unique to LGBTQIA individuals and/or sex-workers. Typically shaped by:
 - LGBTQIA hook up apps (Grindr/Scruff) and tendency/pattern around body-shaming
 - Internalized queerphobia/transphobia
 - Trauma of surviving AIDS crisis (and long history of being criminalized for who they are)
 - Trauma that can be linked to sex-working
 - **PLEASURE. Optimally, intentionally and consensually planned by all parties.**



Sex and Drugs vs Chemsex – in common



Every single person has a varying relationship with the various substances they use (pleasure, survival, feeling different, numbing trauma, wanting to loosen inhibitions, etc)

Intersection of sex and drugs/chems → sexual disinhibition, which has benefits and drawbacks/risks.

Substance use in and of itself is not a disorder; we should seek to understand the patient's benefits and drawbacks they have with it as it's an important piece of the patient's overall health – just like their sexual health.

Intoxication can easily blur lines or even violate lines around consent and bodily autonomy.

Without normalizing precautions and access to tangible resources associated, there's even more increased risk around STIs and/or bloodborne infections.

Importance of knowing one's limits, and recognition of overdosing/overramping along with how to respond.

Extended periods of use can lead to malnutrition, dehydration, sleep deprivation and the mental/physical consequences associated.

Terminology used in the Chemsex/PnP scene:

PnP = Party n Play (party = drugs/chems, play = sex).

Booty bumping/boofing/plugging = substance is inserted into the rectum and enters bloodstream via subsurface capillaries in mucous membrane lining rectum and colon.

Slamming = injection drug use

Barebacking = condomless anal sex

Bottom = passive/receptive sexual role; Top = active/penetrative sexual role; Vers/Versatile/Switch = alternating roles between top and bottom.

Coming down/washing out = aftermath of use where physical/psychological effects of substance use is experienced.



Substances typically used

As well as their benefits, drawbacks, and safer use strategies

Crystal Meth (aka “Tina”, ice, T, and several other terms)



BENEFITS OF USE

- More energy
- Can have sex for longer periods of time
- Sex feels more amazing due to the euphoria + added arousal
- Sensitivities to touch, smells, colors are heightened
- Delayed ejaculation w/ prolonged orgasms
- Can help lessen internalized stigma or other insecurities and increase confidence.

DRAWBACKS TO USE

- Overamping and/or polysubstance overdose risks.
- Paranoia, delusions, hallucinations, aggression, hostility, possible violence risks are increased
- MH symptoms intensified w/ use that lasts for several days without any periods of sleep/rest
- Strong desire for more when it feels it’s wearing off
- Boundary expanding and invincibility can lead to engaging in sex acts later regretted.
- Dehydration and malnutrition + extreme dryness of the mouth.
- Prolonged use for sex can make sex without it more challenging.

TIPS FOR SAFER USE

- Discuss intended amounts of use with partner(s) beforehand, being honest about limits – and agree to adhere to max dosing for each person.
- Self disclosure about any STIs or other communicable illnesses (e.g. HCV, herpes, syphilis, etc).
- Set boundaries around time for dates and discuss with partner(s)
- Try avoiding combining w/ other substances; test for presence of fentanyl.
- Have hydrating fluids (water, sports drink, Pedialyte) and easy to snack on food nearby; avoid dehydrating beverages; set reminders to rest, hydrate, snack.

GHB/GBL (G, liquid E, vita-G)



BENEFITS OF USE

- Feeling relaxed, more sociable
- Feelings of dizziness and sleepiness are common
- Can be an alcohol like intoxication.

DRAWBACKS TO USE

- High doses can cause loss of consciousness/coma
- Dosing must be exact and can be difficult; also GBL is stronger than GHB and potential for confusion is high
- Combining w/ ETOH, opiates, benzos, other CNS depressants can increase odds of overdose fatality.
- Daily use can lead to tolerance and severe physical require needing medical assistance.

TIPS FOR SAFER USE

- Know what's being taken (ex: GHB vs GBL)
- Wait at least 2 hours before redosing (timer can help keep track)
- Use measuring tool to accurately measure dose each time – don't eyeball it.
- Shake bottle before extracting dose (GHB can settle at the bottom)
- Never use alone
- Do NOT drive while on GHB/GBL
- If someone who's used GHB/GBL passes out, assist them into recovery position and have airway open.

MDMA (ecstasy, molly)



BENEFITS OF USE

- Experience extra pleasure
- Feeling more free and adventurous
- Have sex for longer as it inhibits ejaculation during orgasm.
- Amplifies feelings of love

DRAWBACKS TO USE

- Can make it difficult to get erection
- Jaw muscles can tense → teeth grinding.
- Excess sweating, can lead to panic attacks
- Increased risk of heart failure (higher lethality risk)
- Risks of under-hydrating OR over-hydrating
- Depression when coming down

TIPS FOR SAFER USE

- Test the drugs for fentanyl and meth (DanceSafe has some testing kits specific to MDMA)
<https://dancesafe.org/>
- Drink water in moderation; try to pace for around one glass every hour.
- Be gentle w/ self in days after during come down; rest and give brain/body time to recover.

Amyl/Alkyl Nitrates (Poppers, jungle juice, rush)

BENEFITS OF USE

- Expands blood vessels (lower BP and increased HR)
- Warm, woozy, horny effect lasting a few minutes
- Increase in desire around performing penetrative sex and to be penetrated
- Ideal for bottoms as poppers relax muscles, including sphincter muscles.

DRAWBACKS TO USE

- Can burn nasal passages quite badly
- Can burn on skin contact
- Feelings of dizziness and syncope can be unpleasant for some folks
- May lose erection due to expanded blood vessels
- Headaches.

TIPS FOR SAFER USE

- **DO NOT MIX WITH ERECTILE DYSFUNCTION MEDICATION;** this combo can increase risk of myocardial infarction.
- If the liquid in poppers touches the skin, rinse immediately with water.
- If it gets into the eyes, seek medical attention.

Ketamine (special K, wobble, K-holing)



BENEFITS OF USE

- Can be energizing, and also can be relaxing.
 - Feelings of trippy, horny, numb
 - Used more by bottoms to relax the muscles
 - Ideal when fisting
- 

DRAWBACKS TO USE

- K-hole: highly disorienting, can cut off awareness of surroundings and of own body; this can make it more difficult to move, talk, and/or breathe
- Numbing effect can allow for rougher than usual sex – which can lead to rectal tears/bleeding and increasing transmission risks w/ HIV, HCV, and other infections.
- Long-term use increases tolerance, psych problems (SI, anxiety, memory issues), damage to bladder, liver, kidneys
- Can cause bladder scarring/inflammation and lead to incontinence issues

TIPS FOR SAFER USE

- MODERATION both in dose and frequency.
- If experiencing a K-hole, get to quiet spot away from bright lights, encourage calmness; keep airways open and space safe to gently come out of it.
- If slamming, do IM instead of IV
- Use timer to avoid any memory issues messing w/ dose management
- Remove hard/sharp objects from the space.

Mephedrone (synthetic stimulant of amphetamine and cathinone classes; bath salts)



BENEFITS TO USE

- Gives the confidence of cocaine and feelings of affection of MDMA
- Sexually arousing, euphoric, clear rush that temporarily makes the person think nothing can ever go wrong again

DRAWBACKS TO USE

- Comedown is a bummer; effects wear off quickly → nasty dip and severe craving
- Snorting it is very painful and not great for the nasal passages
- If slamming mephedrone, frequency is often much higher than it is w/ other drugs → increased chances of permanent vein damage

TIPS FOR SAFER USE

- Test the drugs for adulterants such as fentanyl.
- Best swallowed vs snorted; better snorted vs slammed
- If snorting, rinse out nose properly after.
- If slamming, have plenty of sterile works on hand and change injection site regularly

Let's check some biases here

Sex and drugs are a normal part of life for many people. Not all substance use is a disorder – but it is helpful to know about for overall clinical picture of a patient's health. Same with sexual health – just because it may seem weird or like something you're not familiar with does NOT make it a “problem” for a provider to “fix.”

MSM can be an antiquated term, especially as the LGBTQIA2S+ community includes many individuals who are trans or gender diverse. Consult with colleagues in Gender/Sexual Health clinics if unsure. Create welcoming space in clinic such as showing pronoun inclusivity.

Some kink may seem dangerous or harmful when the patient discusses it; check in with them if they feel their kink is something they feel safe and comfortable with, open discussion for safer strategies if your patient is open to this. Don't yuck someone else's yum.

Kink, consent, and involvement of substances/chems

- Kinks can be sexual and non-sexual, and deviate from the usual idea of norms and conventions from what most people understand about sexual health/sexual encounters.
- Kink is overall safe and always consensual, though there can be risk of injury/infection involved depending on the kink (e.g. BDSM, sounding, anal play, etc) and also includes “aftercare” such as softer touch, debriefing with partner(s) around what worked or didn’t, etc.
 - If there’s not consent, then it’s abuse/assault.
- Do NOT ever kink shame patients; rather ask if they’re open to discussing safer practices/tips from a medical perspective (ex: discussing importance of flared base, medically safest type of lube to use, safer sounding, etc).
- As the topic comes up, ask the patients about how they discuss and agree on consent and safety with their partner(s), and how they factor in substance use and knowing their own limits/partner(s)’ limits as this pertains to ability to consent.
- Does the patient have any concerns about their own use as it does or doesn’t relate to chemsex?
- If they and/or their partner(s) are IVDU, do you help prescribe diabetic syringes or know how to help the patient find the resource to get sterile supplies/naloxone/testing strips? Safer sex supplies? A place they feel safe going for regular testing?

Coming in future Chemsex ECHOs...

Discussing high numbers of sexual partners in a nonjudgmental and sex-positive way with patients

Medical management and pharmacotherapy options for safely tapering off substances with higher physical withdrawal risks.

Overlap of chemsex in survival sex (such as in the context of homelessness), concerns to be aware of w/ intersection of chemsex and sexual violence

Overdose/overamp prevention outside of opioids (but also with opioids in mind considering fentanyl proliferation in the drug supply)

Patient POV w/ provider interactions as it relates to sexual health and drug use; also provider experience in gathering medical history in a non-stigmatizing way.

References used, and are good to have on hand.

- AIDS United – Chemsex 101 <https://aidsunited.org/chemsex-101/>
- Exchange Supplies Slamming Booklet https://www.exchangesupplies.org/shopdisp_slamming_booklet.php
- Chemsex First Aid (David Stuart) <https://www.davidstuart.org/chemsex-first-aid>
- Some other handy links to explore:
 - <https://filtermag.org/what-is-chemsex/> and <https://filtermag.org/chemsex-europe/>
 - <https://www.advocate.com/current-issue/2017/9/11/its-time-talk-about-chemsex-and-consent>
 - <https://www.controllingchemsex.com/tips-and-information/tips/how-to-enjoy-fetish-kinky-sober-sex>





Questions?

Please feel welcome to ask! Or if there's a discussion point to open up, that can also work 😊

Thank You

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<https://www.hennepinhealthcare.org/project-echo/>

