

# **CHEMSEX 101: TIPS AND SCRIPTS FOR PROVIDERS**

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# BACKGROUND

- Education: St. Olaf College, Des Moines University, and University of Washington
- Infectious Diseases Physician-Scientist
- Research focuses on STI and HIV prevention
  - Clinical trials
  - Adherence behavior research
  - Clinical care in low-resource settings
  - Cisgender women engaging in transactional sex
  - People who inject drugs

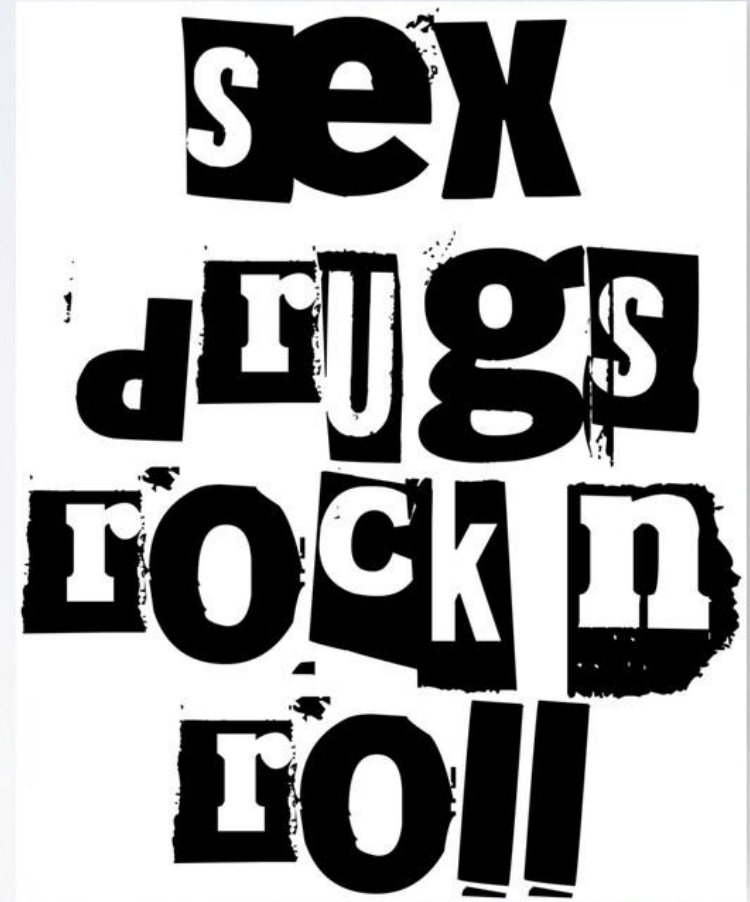
No conflicts of interest to disclose



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# OVERVIEW

1. Sex positive approach to talking with patients about sexual health
2. Key topics:
  - a) Transactional Sex
  - b) Trauma-Informed Care
  - c) Booty Bumping
  - d) Poppers
3. STI and HIV prevention and management



# SEXUAL HISTORY

Questions	Pit falls
Are you sexually active?	No timeframe, vague
Do you have a girlfriend, husband, etc.?	Heteronormative
Do you have sex with men, women, or both?	What about non-binary/gender fluid people?
Do you use protection?	Vague; protection includes PrEP, LARC, etc.
You're monogamous, right?	Conveys a judgment and is leading
Have you had anal receptive intercourse?	Too technical, not patient-centered language

Adopted from the Fenway Institute

# SEXUAL HISTORY

Is it ok if I ask some questions about your sex life to ensure that I'm providing the best care for you?

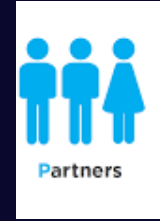
## The five “P”s

Partners – number, gender

Approximately how many people did you have sex with last year?

What were the genders of your sex partners?

Adopted from CDC



# SEXUAL HISTORY

Is it ok if I ask some questions about your sex life to ensure that I'm providing the best care for you?

## The five “P”s

Partners – number, gender

Practices – oral, vaginal, anal, transactional, anonymous, chemsex

Did you have any anonymous partners or partners whose HIV status you were unsure about?

Do you or your partners get drunk or high before sex?  
[Drugs can be expensive] do you ever exchange sex for drugs, money, or other things?

Adopted from CDC



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**Past history of STIs – testing history**

Have you ever been told you had an infection from sex before?

When was the last time you were tested for an STI?

Adopted from CDC



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Past history of STIs – testing history

**Protection from STIs – type and frequency**

What do you do to protect yourself from STIs?  
How do you decide when to use a condom?

Adopted from CDC





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Past history of STIs – testing history

Protection from STIs – type and frequency

Pregnancy plans – fertility desire

\*If patient has a uterus or has a partner with a uterus\*  
How would you feel if you or your partner got pregnant this year?  
What have you done in the past for contraception?  
Are you interested in discussing contraception options today?

Adopted from CDC



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Partners – number, gender

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Past history of STIs – testing history

Protection from STIs – type and frequency

Pregnancy plans – fertility desire

**\*Pleasure\* (the 6<sup>th</sup> “P”)\*** – we’re in the business of preventing disease, not sex.

Have you had any challenges with discomfort during sex or sexual pleasure in general?

Anything else I need to know about your sexual practices?

Adopted from CDC



# APPROACH TIPS

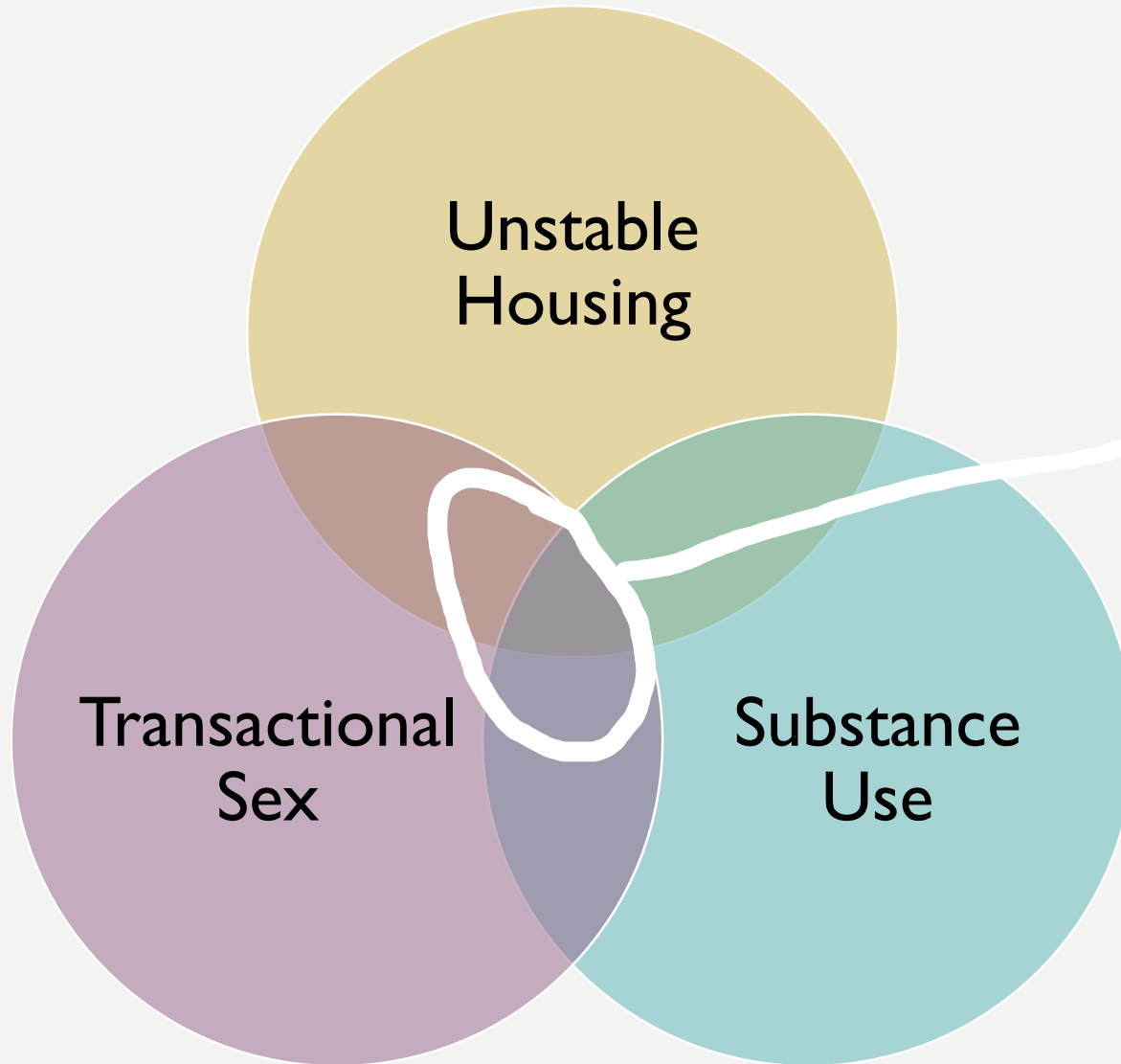
- Normalize spectrums, “on the scale of monogamous to poly, where is your relationship?”
- Normalize “less desirable” answers, “it can be hard to take PrEP everyday, in the last week, how many days did you miss a dose?”
- Don’t ask details you don’t need to know, “I recommend screening for chlamydia and gonorrhea in all the places you may have been exposed, for example after oral sex, I recommend testing the mouth; in addition to testing your urine, should we test your throat and rectum today?”
- Giving patients tips on lubricant, sex toys, etc., can be a good way to establish a sex positive approach (e.g., silicone lubricants last longer than water based lubricants)
- Tone and rapport matter! Practice taking a sexual history so that you are comfortable talking about it with your patients.

# SEXUAL HEALTH – DON'T MISS IT

Example	Rationale
Diarrheal illness	Sexually transmitted GI pathogen (e.g., Shigella)
Mono-like illness	Acute HIV should be on your differential
Undifferentiated febrile illness	Consider syphilis, HIV, etc.
Desire for gender-affirming hormone therapy	Hormones can impact sexual function
Substance use	May impact sexual behavior; higher rates of transactional sex

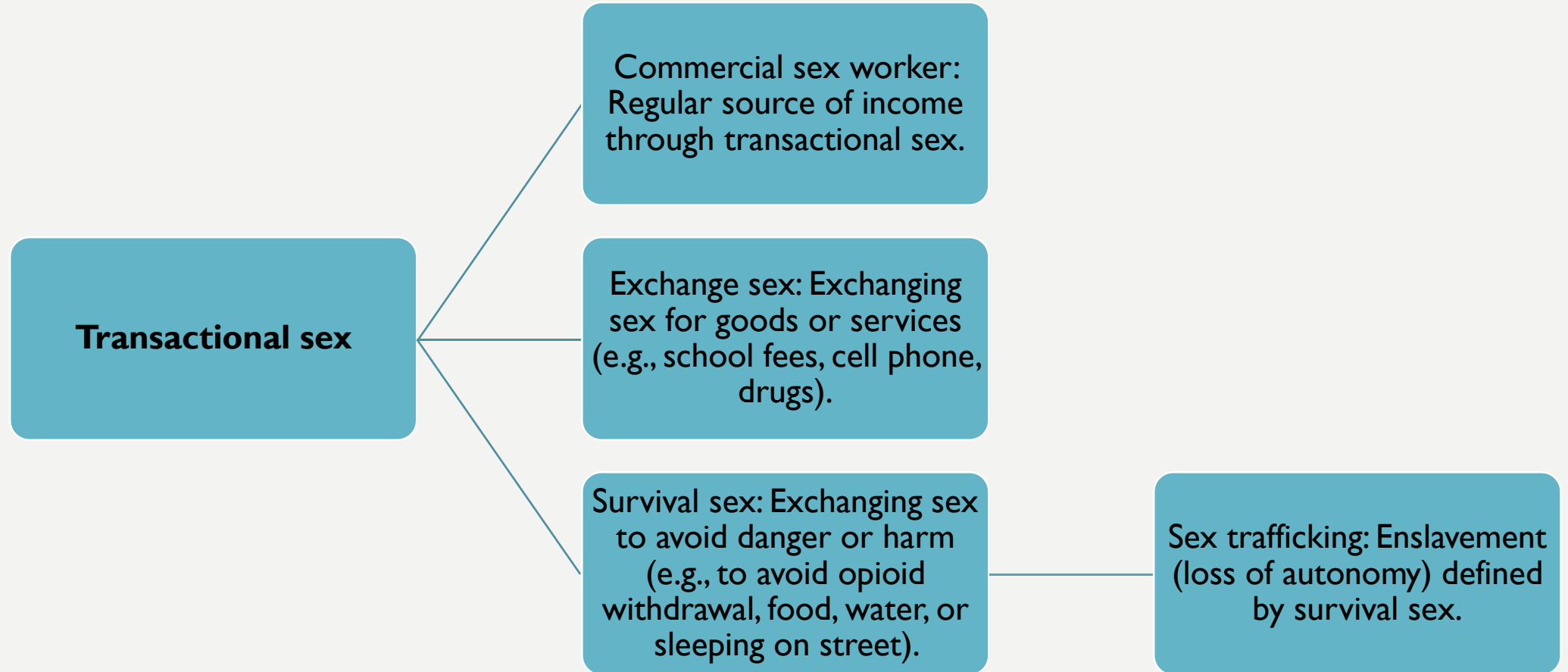
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# TRANSACTIONAL SEX



**“In the life”**

# LAYERS OF TRANSACTIONAL SEX



- Neo-abolitionism: illegal to buy but legal to sell sex, e.g., Nordic model.
- Legalized sex work: requirements for permitted work, e.g., Peru.
- Decriminalized sex work: removal of criminal penalties, e.g., New Zealand.

# TRAUMA-INFORMED CARE

## The 4 Rs of Trauma-Informed Care

#TraumaInformedCanada

A program, organization, or system that is trauma informed:

1

**REALIZES**

the widespread impact of trauma and understand potential paths for recover;

2

**RECOGNIZES**

the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

3+4

**RESPONDS**

by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively

**RESIST**

re-traumatization

It's about asking what happened to a person, **not what's wrong** with them.

Substance Abuse Mental Health Administration (SAMHSA, 2012)

# TRAUMA-INFORMED CARE

## Realize

- Trust and safety are key components of a therapeutic relationship

## Recognize

- Symptoms of trauma include agitation, anxiety, anger, dissociation, etc.

## Respond

- Give choice/collaboration and active listening

## Resist Re-trauma

- Avoid labels, e.g., “drug user,” and avoid making people repeat themselves as much as possible

TRIGGER  
WARNI



WARNING:  
PROCEED WITH  
CAUTION

Caution!  
is contains  
phic content



## SEXUAL HEALTH CONSIDERATIONS OF CHEMSEX

### Rectal Methamphetamine use

Disinhibition further reduces  
condom use

Performance enhancement

Mucosal injury

- lubricant
- take breaks



Graphic from San Francisco AIDS Foundation



## SEXUAL HEALTH CONSIDERATIONS OF CHEMSEX

Use of erectile dysfunction medications

- Patients need to be warned about potentially serious interaction with ingested or inhaled amyl nitrate “poppers”
- relaxes muscles but also relaxes blood vessels which can lead to hypotension and myocardial infarction

If You Can Say "CONDOM" in English...

You know how  
to say "CONDOM"  
in French, Italian  
AND Spanish!

**Note!**

Never  
Use A Condom  
With...

Vaseline  
Crisco  
Cool Whip  
Sandpaper  
Hand Lotion  
Motor Oil  
Suntan Lotion  
Baby Oil  
Butter

Condoms  
protect  
against:

Pregnancy  
AIDS  
Herpes  
Syphilis  
Gonorrhea  
Genital Warts  
Chlamydia

AVOID  
the  
CAVITY CREEPS!

"I have  
something  
for you..."



CONDOMS  
ARE...

EQUALLY effective both DAY  
or NIGHT!

EASY to coordinate with  
ANY wardrobe!

Dramatically IMPROVED  
since your parents use them  
(if they had sex, that is)!!!

Now available OVER THE  
COUNTER in 50 states,  
Puerto Rico and Cleveland!!

An EQUAL-OPPORTUNITY  
prophylactic (available in  
any size, color or flavor)!

BELIEVE IT!!!...

Every day Someone  
Successfully Uses  
A Condom  
Under The Influence  
of Alcohol.



"Is it BIGGER  
than a  
BREAD BOX?!?"

"That all  
depends!"



CONDOMS  
THEY GO WHERE YOU GO

DID YOU KNOW?

3 out of 4 dentists surveyed  
recommended sugarless gum  
for their patients who use  
condoms!

WARNING!

OBJECTS IN  
CONDOMS MAY  
APPEAR LARGER  
THAN THEY  
ACTUALLY ARE!



4 out of 4 persons prefer  
condoms to herpes!

## SAFER SEX

### HIV

- Testing every 3 months
- U=U
- PEP and PrEP

### STIs

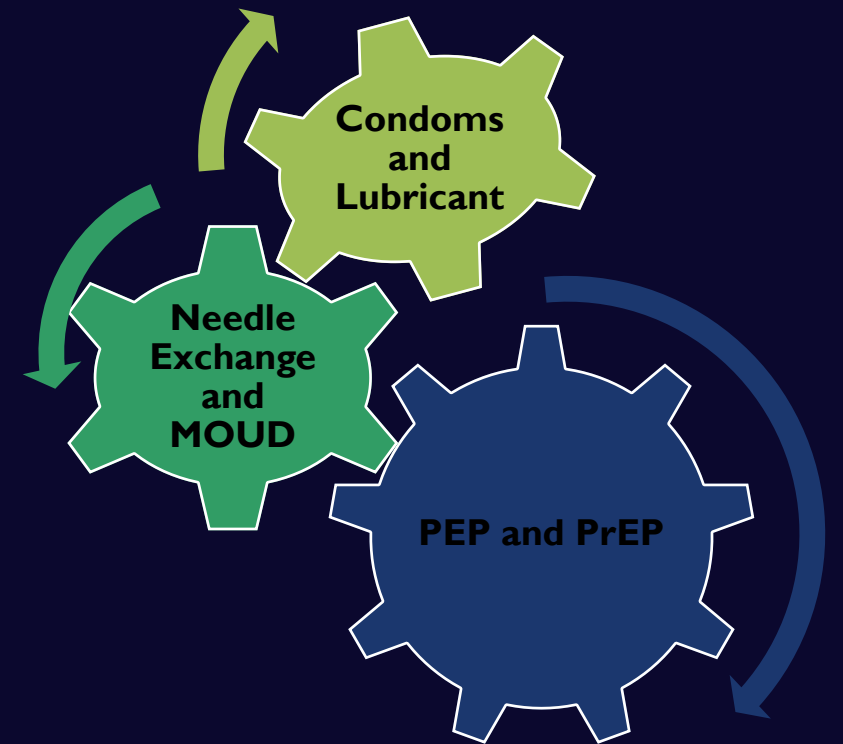
- Testing every 3 months
- Vaccines
- PEP

### HCV

- Testing every 12 months
- Treatment

# HIV PREVENTION

- PEP to PrEP transition
  - Hx of STI or risk of possible exposure in the future, do a seamless PEP to PrEP transition (evidence rating CIII)\*
  - Screen for signs or symptoms acute retroviral syndrome in preceding 28 days\*\*
  - Test with fourth-generation HIV antibody-antigen assay\*\*\*
  - Consider screening for Hep B to guide monitoring with intermittent discontinuation\*\*\*
  - A word on CDC's recommendation for "risk reduction counseling"



\*(Saag, JAMA, 2018)

\*\* (USPHS, 2014)

\*\*\* (Jain, CID, 2015)

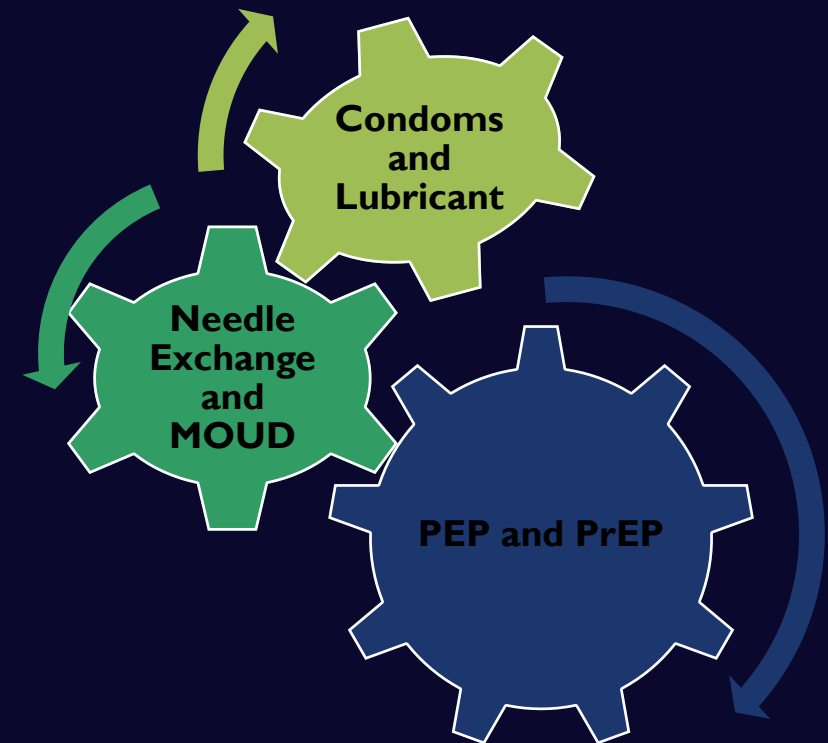
- Oral PrEP
  - Daily vs. 2-1-1: event driven, 2-1-1, dosing only approved for people who were born male
  - TAF vs. TDF: FTC/TAF [Descovy] was approved for anal-insertive and -receptive sex, but not for vaginal/front sex\*\*
- LA injectable\*\*\*
  - HPTN 084: Cabotegravir IM q 8 weeks superior to daily oral PrEP (FTC/TDF) HR 0.11, 95% CI 0.44-0.32 among 3223 cisWSM
  - HPTN 083: Cabotegravir IM q 8 weeks superior to daily oral PrEP (FTC/TDF) HR 0.34, 95% CI 0.18-0.62 among 4570 cisMSM and transWSM

\*(CDC, 2020)

\*\* (Hare, CROI, 2019)

\*\*\* (NIH, 2020)

## HIV PREVENTION



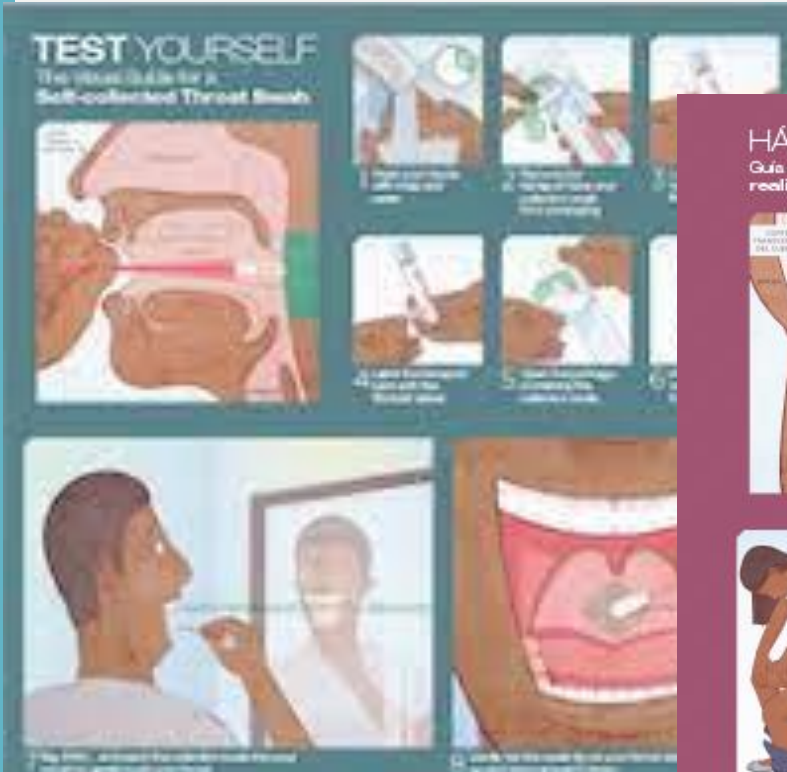
# STI PREVENTION/MANAGEMENT

- **Syphilis (*Treponema pallidum*)**
  - Every 3-6 months check RPR
- *Trichomonas vaginalis*: Test every 3 months (No testing recommended for MSM)
- HPV vaccines up until age 45
- Hep A/B vaccines
- Meningococcal vaccines
- EPT (for all partners)
  - Poor evidence for TV EPT at population level
  - Harm reduction strategy: partners receiving EPT aren't getting HIV screening

## Doxycycline PEP

**200mg of doxycycline hyclate taken PRN after sex (up to 72 hours after) prevents chlamydia, syphilis, and sometimes gonorrhea among people who were born male. <sup>1,2,3</sup>**

# Self-collected swabs = trauma-informed care



## HÁGASE LA PRUEBA

Guía visual de un hisopado vaginal realizado por usted mismo



## How to Self Swab



- 4 Gently insert the swab(s) about 1-inch
- 5 Twist the swab(s) a few times and gently move it side to side, then remove.
- 6 Follow the instructions for placing the swab(s) in the right tubes.

## STI SCREENING

Rectal, pharyngeal, and genital CT/NG screening

Self-collected swabs

Test/Treat/EPT every 3 months



Fentanyl is ubiquitous.  
Please prescribe naloxone!

# THANK YOU

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