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# The problematic chemsex journey: a resource for prevention and harm reduction

Tom Platteau, Roger Pebody, Nia Dunbar, Tim Lebacqz and Ben Collins

## Abstract

**Purpose** – Chemsex is a phenomenon that has gained increasing attention in recent years. The purpose of this paper is to differentiate chemsex from other sexualized substance use, and clarify differences between recreational and problematic chemsex use. Despite plentiful publications, little has been published on underlying determinants that predispose individuals to chemsex, and their process toward problematic chemsex use.

**Design/methodology/approach** – During the second European Chemsex Forum, people who engage in chemsex, community organizers, researchers, clinicians, therapists, social workers and (peer) counselors discussed potential pathways to problematic chemsex. In this manuscript, we translate findings from these discussions into a framework to understand the initiation and process toward problematic chemsex.

**Findings** – Six stages (loneliness and emptiness, search for connection, sexual connection, chemsex connection, problematic chemsex and severe health impact) and a set of factors facilitating the transition from one stage to the next have been identified.

**Originality/value** – It is hoped that this “Journey towards problematic chemsex use” will stimulate reflection and debate, with the ultimate goal of improving prevention and care for people engaging in chemsex.

**Keywords** Loneliness, GHB/GBL

**Paper type** Conceptual paper

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## Background

The term “chemsex” was coined in 2001 by David Stuart (2001) and has gained increasing social attention as chemsex practices have become more widespread. Since chemsex was first described in medical journals (Kirby and Thornber-Dunwell, 2013; Stuart, 2013), scientific interest has increased. Chemsex describes a phenomenon of substance use in a sexual context, primarily observed in men who have sex with men, trans- and non-binary people. It has been defined as “the use of drugs before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience” (HM Government, 2017).

### *Not all substance use in sexual contexts is chemsex*

Among gay men, substance use during sex has been described extensively (Bourne and Weatherburn, 2017). Many men start using substances to increase pleasure and for prolonging their sex sessions (Bourne *et al.*, 2014). A variety of other reasons, including a sense of belonging and coping with everyday problems, may facilitate substance use (Bourne and Weatherburn, 2017).

However, not all substance use in sexual contexts is chemsex. The term refers specifically to the use of very potent drugs, including crystal methamphetamine, mephedrone, GHB/GBL and cathinones, used in the context of sex and facilitated by gay smartphone hookup applications. Chemsex sessions may be lengthy; involve multiple sexual partners, polydrug use and harmful behaviors; and sometimes result in physical and/or emotional traumas.

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### *Not all chemsex is problematic*

Research in Europe has revealed differences in the extent of chemsex use between regions and cities (Schmidt *et al.*, 2016), and among studied populations (Edmundson *et al.*, 2018). There are variations between individuals, with some engaging in “recreational” and others in “problematic” use. Some “recreational” users feel in control of their drug use and are able to accommodate it within the wider context of their lives (Bourne *et al.*, 2015).

All chemsex carries the potential for harm. For many users, the benefit of the positive experiences they have (such as sexual exploration and boosting self-confidence) outweighs minor harms (such as “come downs” in the days afterwards and financial costs). Some people may not experience harm at all. But there is probably a particular set of skills required to manage chemsex while minimizing harmful consequences. These include harm reduction strategies, setting and safeguarding boundaries, an ability to care for oneself and for others, and an appreciation of sober life and sober recreational activities. Through learning and using these skills, some people can manage chemsex recreationally, in ways that minimize harms.

Some people may consider themselves to be recreational users for many years. They may weather stressful life events, relationship pressures and dramatic changes in circumstances while still viewing their substance use as recreational.

However, users who have encountered problems describe their chemsex journey as “spiraling” from exciting and exploratory into high-risk activity (Smith and Tasker, 2018). When using the very potent drugs described above, the potential toward less recreational or even problematic use is always present. Whereas chemsex may partially arise in response to mental and sexual health issues, it can, in itself, result in loss of friends and employment, addiction, rape and sexual assault, psychosis, overdose or suicide (Hockenull *et al.*, 2017). Participants may lose the capacity to give their consent to sex. Chemsex use has a strong association with high-risk sexual behavior (Sewell *et al.*, 2017; Tomkins *et al.*, 2018) and may facilitate HIV and other STI transmission (Pakianathan *et al.*, 2018; Tomkins *et al.*, 2018).

There is no clear definition of “problematic” chemsex. Indicative aspects of the problematic nature of use are the impact on one’s relationships, work and mental health, and the (in)ability to adopt a healthier lifestyle. Some people may feel in control of their chemsex behavior but have a limited insight into other difficulties they are experiencing being linked to their chemsex use. Identifying problematic use is best accomplished through an individual’s interaction with care providers and peers. A healthcare professional can assess a person’s situation and provide some insight, even a diagnosis. A therapeutic response comes from engaging the person and their peers in assessing the situation and identifying problematic chemsex and considering change.

There is little evidence on underlying determinants that predispose individuals to chemsex, and factors that facilitate people to move from recreational toward problematic use (Smith and Tasker, 2018). Due to a lack of understanding of underlying determinants, as well as users’ limited recognition of chemsex being problematic and subsequent reduced motivation to change, providing truly adequate support is challenging. While associations between substance use and sexual risk behavior among MSM have been well documented, the nature and pathway of these are poorly understood (Bourne and Weatherburn, 2017). Treatment and support includes medical interventions, harm reduction or minimization, and assessment and discussion of consequences (Pakianathan *et al.*, 2016). Integration of drug treatment and support into sexual health services that are trusted by LGBTQ+ communities is a promising avenue (Knight, 2018). However, evidence of effective treatments is scarce.

The second Chemsex Forum Organisation Committee (2018) brought together over 230 chemsex responders, including people who engage in chemsex, community organizers, researchers, clinicians, therapists, social workers and (peer) counselors. The purpose of the forum was to quicken, expand and improve responses to chemsex harms across Europe. These harms include threats to the health, wellbeing, lives and legacies of people in affected communities and cities.

Participants shared experiences and insights in order to understand and explain the pathways toward problematic chemsex, leading to an infographic “Problematic Chemsex Life Cycle”

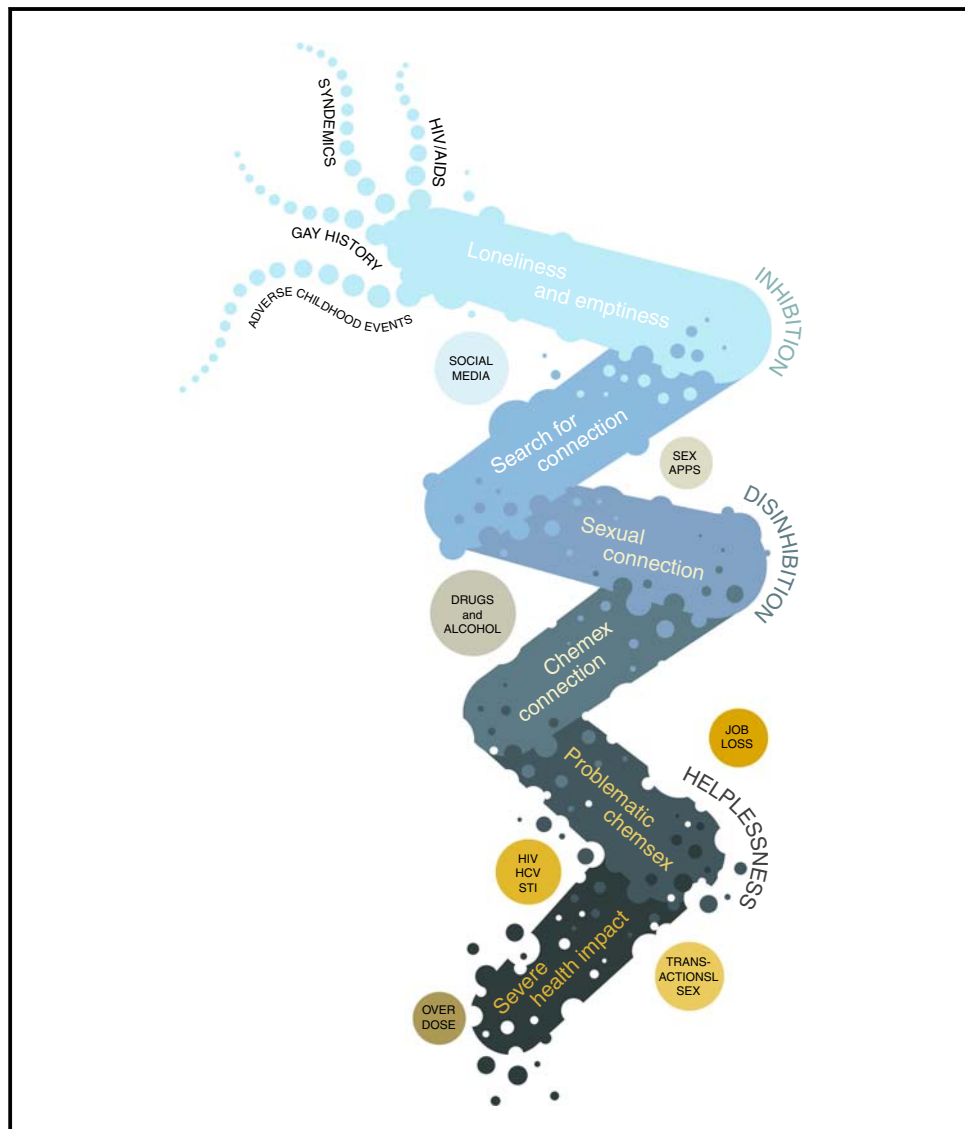
(Chemsex Forum Organisation Committee, 2018, p. 14). As a follow-up to the Chemsex Forum, a draft “Journey towards problematic chemsex use” was sent to forum attendees to encourage elaboration by clinicians, researchers/academics and peers. Several feedback loops resulted in Figure 1.

### Explanation of the schematic diagram

The diagram should be read from top to bottom. It is important to emphasize that the process toward problematic chemsex use and severe health problems does not occur with everyone. The diagram represents a common pattern of events, rather than an inevitable progression. Some may experience the journey differently, while others are able to continue recreational use and do not evolve toward the final stages.

The problematic chemsex journey may be set in motion by intersecting factors including adverse childhood experiences (Felitti *et al.*, 1998) and the experience of being a member of a stigmatized and sometimes criminalized minority (LGBTQ+ history). Gay men, trans- and non-binary people

**Figure 1** Schematic diagram: the problematic chemsex journey



grow up in the shadow of syndemics (Singer and Clair, 2003) of HIV, poor mental health and substance use. This may lead to loneliness, emptiness, depressive feelings, and emotional and sexual inhibition – which may facilitate the process of (problematic) chemsex.

The actual “Journey towards problematic chemsex use” includes six stages (loneliness and emptiness, search for connection, sexual connection, chemsex connection, problematic chemsex and severe health impact). Factors such as social media, geosocial networking applications (hookup apps), substance use and transactional sex may facilitate passage from one stage to the next.

## **Stages of the journey toward problematic chemsex use**

### ***Loneliness and emptiness***

The process begins with feelings of loneliness and emptiness. Events and challenges in the individual’s past or present may impact their personal and social relations and their mental health, leading to feelings of loneliness and loss of resilience. They may have anxieties about body image and/or sexual performance, contributing to emotional and/or sexual inhibition.

### ***Search for connection***

When people feel lonely and empty, they may seek connection with others. They may engage with friends and family or try to find community belonging via social media. Others seek connection through casual sexual partnerships.

### ***Sexual connection***

Sexual connection with casual sex partners may be fun and satisfy a number of desires (physical intimacy, self-validation). It is easily and instantly facilitated via online dating websites and mobile phone applications using GPS tracking (sex apps), which are designed to facilitate sex encounters (Chan *et al.*, 2016). However, it may not meet all of a person’s needs in relation to loneliness and emptiness. This process may be amplified when people are introduced to substance use in sexual interactions.

### ***Chemsex connection***

In many settings, drug use among gay men, trans- and non-binary people is normalized. In recent years, the introduction of new substances, such as GHB/GBL and crystal methamphetamine, has intensified this “sex and drugs” connection. Via gay hookup culture, individuals may be rapidly introduced to chemsex to enhance sexual pleasure.

For some, chemsex drugs enhance the things they like – both physically and emotionally – about sex. The instant emotional connection can be very appealing. Drugs can also remove barriers and cultural, religious and psychological inhibitions. Chemsex can promise sexual and emotional connection through disinhibition. It may provide increased capability to have certain types of sex. Chemsex may foster a sense of gay identity and can be a normal behavior amongst peers; some of whom have the skills or self-care to manage the risks.

### ***Problematic chemsex***

Substances may create addictive feelings and behaviors. People may want to experience the “high” more often or more intensely. For some, this high dulls their feelings of loneliness. The process can lead to situations where people start engaging in chemsex weekly (or more often), sometimes during parties that last for consecutive days and nights.

Subsequently, users may lose their grip on other aspects of their lives (work responsibilities, finances, friendships, family relationships, etc.). Any remaining positive experiences are attributed to chemsex, with which the user gets more and more involved. Ultimately, this loss of control over their life can lead to feelings of helplessness, inducing a lack of interest in the consequences for their own health.

## Severe health impact

Problematic chemsex can severely impact on various aspects of a person's health:

- HIV, hepatitis and other sexually transmitted infections: the immediate reward of a sexual interaction may feel more salient than the potential long-term consequences.
- Mental health: people often feel “down” after their chemsex use, an emptiness that they may attempt to fill with another chemsex episode.
- Social consequences: individuals may lose touch with their family and friends while holding on to volatile friendships with other chemsex users. They may lose their job, home or partner.

If an individual has reached this stage and wishes to stop or curtail chemsex, moving on and re-building social connections may be challenging. If the individual attempts to disengage from other chemsex users, loneliness and emptiness may once again be issues. It may be particularly difficult to have “sober sex” after the intense highs of chemsex.

## Conclusions

With this journey, we aim to provide a framework that may guide the development of prevention, support and treatment interventions. Each stage described in the above journey provides the opportunity to intervene and help people step out of the process or develop better harm reduction skills.

An important aspect of support can be to help people make sincere and meaningful connections with others. When discussing this search for belonging, peers and healthcare providers agree that community can play a critical role in recovery and may complement therapy. Peers and community may pull (potential) users out of their destructive problematic chemsex journey.

We call for more scientific debate. Our “Journey towards problematic chemsex” may be seen as a starting point for discussion in order to improve understanding with the ultimate goal of providing effective prevention and care for chemsex users.

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