Global to local: Science and community in the response to HIV in India

SCIENTIFIC SYMPOSIUM

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Presentation 3: Chemsex in India

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- Working in the field of psychological healthcare for last 4 decades.
- Member of Governing Council AIDS Society of India.
- Former Dean and Director in Kripa Foundation.
- Former Advocacy Executive for State of Maharashtra for HIV policy with Constella Group for BMGF.
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“Chemsex & Rave”

We need to understand

• Chemicals,
• Sexuality,
• Music & Hedonism.
Common cultural Belief systems
We need to Familiarise with

Risk perceptions : Maximum  
Risk Behaviour : do not like to take risk  
Sexuality: out of marriage is unacceptable  
SSPP : it is a Crime…
Multiple partners : Monogamy is good for people.  
Male & Female sex : Normal  
Hedonism. I’m seeker.. Materialistic wealth as a social status and parameter of success.  
Music & party : Should be soothing.
Common **Sub-cultural** Belief systems
We need to Familiarise with

**Social perceptions**: Unacceptable.
**Denial & Defiance**

**Risk perceptions**: hardly. That is an old school.
**Risk Behaviour**: Increased. High risk behaviour with precautions..

Sexuality, SSPP: Acceptable as a free choice.
**Multiple partners**: Monogamy is for old people
**Male & Female**: Normal.. but not me.. necessarily..

**Hedonism.** I’m seeker.. I enjoy experiments and fun. I have desire to have a life,,
**Music**: Should be Loud and rhythmic.
Trends in sub-culture
SSPP, CHEMSEX & HIV

Thought process

• Crime : why we are treated like criminal ??
• Fear : Cops are Pigs.. Corrupt.. They trouble us
• Social Dichotomy: Us & Them
• Discrimination: They don’t understand..

Drug addicts, Alcoholics, SSPP & HIV disease..
Are like Chronic manageable ailment.
Individually and collectively.
All have been marginalised and discriminated because of social Taboo.
Trends in sub-culture SSPP, CHEMSEX & HIV

Thought process

BOURGEOIS & MAURICE
In the pleasure seeking needs man found variety of substances (Chemicals). Like Alcohol, Cocaine, Amphetamines, LSD, psychotropic medications etc. are in these PnPs. while Gamma-Hydroxybutyric acid and its precursor gamma-Butyrolactone has not been seen to often. These were used to bring altered sense of reality. This altered reality got associated with recreational sex with were called Aphrodisiacs.
“Chemsex & Rave”

Group
Chemicals
&
Sex (Recreational)

Then added
Stimulating Electronic Music..

That became
CHEMSEX & RAVE
Also called Party and Play
We also need to understand

- Social perceptions
- Risk perceptions
- Risk Behaviour
- Sexuality, SSPP
- Multiple partners
- Male & Female
- Hedonism
- Music

Current subcultures

Normalcy is defined as statistical status..

Don’t follow norms..they are labelled as abnormal.
Current subcultures

Perceptions and Behaviour are inversely proportioned

We also need to understand
  • Social perceptions
  • Risk perceptions
  • Risk Behaviour
  • Sexuality, SSPP
  • Multiple partners
  • Male & Female
    • Hedonism.
  • &
  • Music
Current subcultures

Teachers teach reproduction … not sexuality…
Those who do not follow norms are abnormal..
SSPP is Same Sex Partner preference..
Exclusive or Partial..
Anal intercourse is also practiced in heterosexual population.

We also need to understand
• Social perceptions
• Risk perceptions
• Risk Behaviour
  • Sexuality,
  • SSPP
• Multiple partners
  • Male & Female
  • Hedonism.
• &
• Music
CHEMSEX is more often observed in SSPP people.

Fear of infection, Detection &/or Pain increase dysphoria
Use of substances Increases Euphoria Desire to have Longer & Stronger sex Enhances ..
Current subcultures

We are all Hedonistic by default. We want ..what we want..& Now..
Rapid rhythmic music can enhance desire

We also need to understand
• Social perceptions
• Risk perceptions
• Risk Behaviour
• Sexuality, SSPP
• Multiple partners
• Male & Female
  • Hedonism.
  • &
  • Music
Challenges & Interventions

- In our country the subculture of rave CHEMSEX already is existing. In Urban population and metro like Mumbai, Delhi, Kolkata, Bangalore, Chennai, Chandigarh
- However it is submerged.
- Proportion of parties are small with invitation only.
- Designer drugs like mephedrone, methamphetamine, cocaine, acid are available expensive not easy to obtain.
- Socio economic dynamics are with exclusivity.
- Trends of Alcohol and Cannabis groups are rampant and are included.
- Polydrug abuse is more than common.
Challenges

When a critical mass in population shares and believes, it becomes a norm. Individuals and families will form a group and societies. In turn will form communities. Geographical locations will form states, nations and countries.

Norms are for betterment of individuals and family. Groups, Nations Countries and Humanity.

Problems may not be identical in totality view. It is that global thought of better living is not crossed the critical mass.
Medical challenges are to deal with the reality that these chemicals alter the susceptibility of host by manifolds. Substances like Alcohol and Cocaine are known for these effects.

Genotypical or Phenotypical studies are not available. And are expensive. Multiple strains, mixed infections are observed in these people. Treatment failures and Resistance are found more than often, 2nd line treatment or swaps become increasingly difficult. Pattern of prescriptions are difficult to explain,
Interventions:

Individually people who wish to bring about change in the lifestyle, voluntary interventions are available.

In terms of public health perspective of managing issues related crime and Healthcare needs have limitations. Laws exist but implementations ???

Private and Government policies are not on the same page Management of Infectious diseases and substance abuse issues are with different ministries which at rare communication for congregated data. Global caretakers will give guideline.. Mandatory or otherwise.
Individually people who wish to bring change in the lifestyle, voluntary interventions are available. **At microscopic** like medicines for those infected. Before infection and after. Research continues in improving Pharma and Eugenetic verticals. **At macroscopic** levels SBCC, BCC Awareness, Advocacy, Adherence training and support and availability of medication ascertained. For patients and family members CHEM ..help for those who wish to, Detox/Harm minimisation and rehabilitations are required **SEX..Education counselling Awareness, ego syntonic interventions are must.** **Rave : legislations implemented without bias.**
In terms of public health perspective of managing issues related crimes and Healthcare needs ans have limitations. Laws exist but implementations ???

Private and Government policies are not on the same page. Management of Infectious diseases and substance abuse issues are governed by different ministries who are at rare communication for congregated data.
Globally we understand: “Ending the HIV/AIDS Epidemic: Community by Community”. Falls under absolutely perfect need. Research, technology and implementation is not only the prerogative of scientific communities, but, also responsibility of the members of Civil society and mass population.
A word of Caution:

PrEP is an excellent idea however, it has been Observed that in Alcohol and stimulant addicts have different mind set, it creates false sense of security. With a thought that “I’ll not get infected”. The increased indulgence of risk behaviour can and will be harmful to the client .. PrEP & PoEP also need counselling ..

Thank you..

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