Chemsex & HIV among MSM
A social phenomenon in a marginalized population

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Outline

1. Chemsex and HIV among MSM

2. Our integrated health service: HERO healing, empowerment, recovery of chemsex
   - Chemsex intervention services
   - Process evaluation
   - Challenges and conclusion
Chemsex

Sex between men that occurs under the influence of [these] drugs taken immediately preceding and/or during the sexual session.
Biopsychosocial Drivers of the Syndemic in Gay, Bisexual and Other Men Who Have Sex With Men

**Biological Influences**
- Prevalence of Infectious Disease
- Infectiousness
- Susceptibility
- Efficacy of Treatment
- Efficacy of Risk Reduction Strategies

**Behavioral Influences**
- Partner Selection
- Number of Partners
- Sexual Behavior
- Retention in Medical Care
- Treatment Initiation and Adherence
- Choice of Risk Reduction Strategy
- Adherence to Risk Reduction Strategy

**Psychosocial and Structural Influences**
- Knowledge, Attitudes, and Beliefs
- Minority Stress, Homophobia and Racism
- Social Capital and Social Support
- Safe Schools and Legal Protections
- Allocation of Public Resources
- Access to Information and Tools


A report by the National Minority AIDS Council with support from the M•A•C AIDS Fund.
Why engage in chemsex?

- Different from generic recreational drug use, these drugs can cause hypersexualisation feelings (Bourne, 2014)
- Use these drugs to connect with others
  - Increase sexual confidence (Weatherburn, 2017)
  - People engage in chemsex report better sex because these drugs reduce inhibitions and increase pleasure; help to build instant rapport with sexual partners (McCall, 2015)
  - Some users report use drugs to manage negative feelings, such as lack of self-esteem and stigma (McCall, 2015)
  - Enhancing emotional intimacy and sexual connection (Weatherburn, 2017)
- Chemsex can take place in private homes or sex parties; chemsex can be between two partners or with more people (Bourne, 2014)
Why should we worry about chemsex?

- More likely to report engaging in HIV transmission risk behaviors and associated with HIV and other sexually transmitted infections (Hegazi, 2016)
- Drug dependence (McCall, 2015)
- GHB overdose (Busardò, 2015)
- Losing days (Bourne, 2014) – not sleeping or eating up to a few days
- Non-consensual sex: negotiation of sex is more difficult under the influence of drugs (Bourne, 2015)
Chemsex Is Universal Phenomenon Among MSM in Asia-Pacific Region

Japan
- 11% with drug use in the past 6 mo (LASH, 2016)
- 4.3% with chemsex in the past 6 mo (PrEP Survey, 2018)
- 5.8% with crystal meth use in the past 12 mo among PLWH (Futures Japan, 2016)

Australia
- 11.4% with crystal meth in the past 6 mo (Periodic Survey, 2014)
- 14% with crystal meth use and 4.5% with slamming in the past 6 mo (FLUX, 2014)
- 29.7% with chemsex in the past 12 mo among PLWH (HIV Futures, 2016)

Vietnam
- 20.1% with ever use of crystal meth during sex (Vu et al., 2016)

Thailand
- 17.6% with “drug use for sexual pleasure” in the past 4 mo (van Griensven et al., 2013)

Malaysia
- 7.0% with drug use in the past 6 mo (Lim et al., 2015)

Prevalence: ~5-30%
(depending on sampling methods)

Courtesy of Dr. Stephane Ku, Dr. Adam Bourne and Dr. Masazumi Yamaguchi
Chemsex Among MSM in Taiwan: 2017 Hornet/HEART Survey

“Have you used ecstasy, mephedrone, GHB/GBL, ketamine or crystal meth during sex with men within the past 3 months?”

**Central Taiwan**
- *Miaoli County 6.3%
- Taichung City 6.1%
- *Changhua County 5.0%
- *Nantou County 13.3%
- *Yunlin County 11.8%

**Northern Taiwan**
- Keelung City 0%
- Greater Taipei 12.6%
- Taoyuan City 13.1%
- Greater Hsinchu 7.0%
- Yilan County 0%

**Southern Taiwan**
- Chiayi City 0%
- Chiayi County 0%
- Tainan City 10.1%
- Kaohsiung City 5.9%
- *Pintung County 2.3%

**Eastern Taiwan**
- *Hualien County 7.1%
- Taitung County 0%
- Penghu, Kinmen and Lienchiang Counties: 0%

N= 1,499

*: n<5
Chemsex Among MSM in Taiwan: 2017 Hornet/HEART Survey

“Have you used ecstasy, mephedrone, GHB/GBL, ketamine or crystal meth during sex with men within the past 3 months?”

- All participants: 9.3%
- HIV(+) participants: 30.5%
- HIV(-) participants: 7.4%
- Participants with unknown HV status: 5.1%

Central Taiwan
* Miaoli County 6.3%
* Taichung City 6.1%
* Changhua County
* Nantou County
* Yunlin County

Northern Taiwan
Keelung City 0%
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* Hualien County 7.1%
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Penghu, Kinmen and Lienchiang Counties: 0%

N= 1,499
*: n<5
COMeT: Chemsex Online Survey for Men Who Have Sex with Men in Taiwan
Basic Demographics of the Responders
December 1, 2018 - January 31, 2019

**NATIONALITY**
- Taiwanese: 99%
- Non-Taiwanese: 1%

**AGE**
- 20-25: 10%
- 26-30: 1%
- 31-40: 17%
- 41-50: 27%
- 51-60: 45%

**EDUCATION**
- Senior high school: 16%
- College or university: 20%

**OCCUPATION**
- Full-time: 5%
- Part-time: 6%
- Student: 26%
- Jobless: 35%
- Retired: 28%
- Military: 7%

**MONTHLY INCOME**
- N=916
- Mean: 32.6
- SD: 7.4
- No income: 78%
- <15001: 7%
- 15001-30000: 7%
- 30001-45000: 7%
- >45000: 1%

N=884
Severity of Dependence Scale (SDS)-Meth

SDS-Meth score (%)

Mean (SD): 4.3 (3.1)
SDS-Meth >4: 43.8%
(N=595)
Why do we need HERO?

• Because of the rise of chemsex, the existing health care model that tackles substance abuse, sexual health, and HIV prevention independently is no longer desirable.

• A model of integrated health services can effectively improve disease prevention and quality of life.

• This kind of integrated model stresses using an organized way to manage health services and provide in a user-friendly and efficient way to achieve the expected outcome.
Internet/Phone Pre-registration or On-site Registration

On-line/On-site Risk Behavior Evaluation Survey

STD Screening & Treatment

PrEP Counseling

Substance Use Evaluation & Counseling

HIV Support Group

Chemsex Recovery Group

Treatment

Recovery

Empowerment
—The first abstinence group for MSM.
—Once per two months.

—The premiere of “Chemsex 藥愛” at Queer Film Festival.
—The secretary-general, Nai-Ying Ko, hope to invite the Principal Investigator of chemsex care, David Stuart, to come to Taiwan.

2016
11/17

—“愛無懼男同志戒癮團體”
—Once per month.

2017
05/10

—David Stuart’s first time to Taiwan.
—The word “Chemsex” was introduced to Taiwan by Taiwan Love and Hope Association.

2017
11/27

—The first HERO established and opened.

2017
10/20

Colleagues of Taiwan Love and Hope Association head to UK to visit 56 DEAN Street
Address: No.134, Kaisyuan 2nd Rd., Lingya Dist., Kaohsiung City 80276, TAIWAN
Tel: +886 7224798
Email: herokhh8f@gmail.com
https://herokhh8f.wixsite.com/myhero

HERO
Healing, Empowerment, Recovery of Chemsex Center
Kaohsiung City
Patient Portal
Patient can:
1. View lab test results
2. View and enter mental health and chemsex assessment
3. Log service-utilization record

Healthcare Provider Portal
HCP can:
1. Manage clients in the membership system
2. Summarize quick statistics for various services provided
3. Manage test results and survey data
Hsu, Su-Ting
Psychosomatic Doctor

Chung, An Chun (Daniel)
Vice-Secretary

Liu, Chao Yu (Zoe)
Staff

Pang, Wan Y (Winni)
Staff

Nai-Ying Ko
Professor
Department of Nursing

Carol Strong
Associate Professor
Department of Public Health

Johnson Huang
Managing Director

Hung, Cheng Kai (Hank)
IT Consultant
Chemsex-related services

Psychiatric referral and treatment

Chemsex recovery group

Counseling using ChemSex Care Plan
Chemsex Care Plan
Chemsex care plan

https://www.davidstuart.org/care-plan

Have you decided to make some changes around your Chem use?
This online guice can be done with your healthcare provider, or on your own. It'll help you to identify a goal, and work toward it. Just follow the prompts.
Ready?

(No data entered, or personal info are collected when you use these pages.
No buttons you click, no text you enter, no tickboxes you tick, will be submitted, sent or collected. It is completely anonymous and confidential.
There are no "compulsory" fields. You can go back, forth, or do as many times as you like.
This is just for your own private use.)
Chemsex care plan

https://www.davidstuart.org/care-plan

• Choose a goal among these options.

• As clinics choose different goals, the website provide many tips, and lead clinics to try to the option “take a short break”.

Take a break: Work toward a small, achievable goal
Chemsex care plan

https://www.davidstuart.org/care-plan

• The website leads the clinic to choose a time period as a goal to take a break from chems.

• As clinics choose different time period, the website asks how confident are the clinic to achieve the goal.
Chemsex care plan

https://www.davidstuart.org/care-plan

• If the number is under 7, the website will suggest clinics to achieve a shorter time period as a goal which the clinic is more confident to achieve.
Chemsex care plan

https://www.davidstuart.org/care-plan

• Again, as clinics choose different goals, the website asks how confident are the clinic to achieve the goal.

Great; now that you’ve chosen a different goal to work toward, rate your confidence level again.

How confident am I that I can achieve this goal?

• If the number is above 7, the website will ask the clinic how important is it to the clinic to achieve the goal.

It’s important that you’re doing this for yourself. (No one else should push you into this - be it a family member, a friend, a partner, a healthcare professional); it has to be important to you, or it won’t work.

Choose a number from the scale below.

HOW IMPORTANT IS IT TO YOU, TO ACHIEVE THIS GOAL?
Chemsex care plan

https://www.davidstuart.org/care-plan

• In the end, the website will give positive feedbacks to the clinic.

Great.
So now, you've:

- Identified a goal to work towards
- You've made sure it's a realistic, achievable goal; nothing too "big".
- You've told us that you feel pretty confident to achieve this goal (It's not a "promise", just a goal to work toward).
- You've told us **how important this is to you**.
- Then you identified the times of the week you're most vulnerable to using chems. That's really helpful to know. Now you can be better prepared for those moments. Put things in your diary, keep yourself busy. Don't get caught idle and bored. Get a good friend to support you if you can, it's always better than doing it alone.
- You tick-boxed some things you can do differently when cravings hit. It's important to realise you're not victim to those cravings; there are things you can actually do, to make them go away. Practice those. Get good at those. You'll be needing them a lot, moving forward.

That's it. You have your own Care Plan.
Chemsex care plan

https://www.davidstuart.org/care-plan

- We use this for all chemsex recovery group members
- We conduct this plan using google form with the assistance of our staff. We go through this plan together with each client individually.
- Every time they come in, we run through this plan.
- In this process, very often people would realize that they are not as confident as they originally thought they were, in terms of recovery goal-setting.
A process evaluation for the integrated health service for sexual health, PrEP use and counseling and intervention for substance use

<table>
<thead>
<tr>
<th>Institution Level</th>
<th>Individual Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase the convenience of administering PEP/PrEP</td>
<td>4. Utilize integrated chemsex care</td>
</tr>
<tr>
<td>2. Train staff to provide integrated chemsex care</td>
<td>5. Increase uptake of PrEP</td>
</tr>
<tr>
<td>3. Encourage chemsex clients to take part in the recovery group</td>
<td>6. Decrease Chemsex behavior</td>
</tr>
</tbody>
</table>
**Sexual Health**

**At-risk Group**

**Behavioral Outcome**

- Improve sexual health for at-risk group
- Decrease substance use behavior for at-risk group
- Improve quality of life and mental health for at-risk group

**Health**

- Decrease chemsex behavior
- Increase HIV/STD screening and treatment
- Increase uptake of PrEP

**Environmental Outcomes**

- Increase prescription rate for PEP/PrEP; STD/HIV screening rate; number of outpatient clients
- Train physicians/therapists/social workers/staff that are capable to provide chemsex care
- Raise awareness of chemsex in the community and society

**Quality of life**

- Improve sexual health for at-risk group
- Decrease substance use behavior for at-risk group
- Improve quality of life and mental health for at-risk group

**Change Objectives:**

**PO4 – PO6**

- PO4. Improve the speed and level of convenience for PEP/PrEP delivery to improve utilization rate in at-risk group
- PO5. Train staff and healthcare workers that are capable to provide chemsex consultation
- PO6. Identify high-risk chemsex group that are in need and encourage them to participate help group

**Environmental Agent**

Integrated Chemsex Care

**Process evaluation for HERO**
Proportion of chemsex in the sex life among MSM chemsex individuals (n=115)

**Reality** — What percentage of my sex life, involves chems?

**Expected** — Ideally, I’d like the percentage of my sex life that involved chems to be?

<table>
<thead>
<tr>
<th>Proportion of Chemsex</th>
<th>Reality</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%-25%</td>
<td>60%</td>
<td>77.4%</td>
</tr>
<tr>
<td>26%-50%</td>
<td>13.9%</td>
<td>14.8%</td>
</tr>
<tr>
<td>51%-75%</td>
<td>8.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>76%-100%</td>
<td>17.4%</td>
<td>5.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected – Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Want to get better group &lt;0</strong></td>
</tr>
<tr>
<td><strong>Stay the same or use more group &gt;=0</strong></td>
</tr>
<tr>
<td>72.2%</td>
</tr>
</tbody>
</table>
Types of substance among chemsex individuals (n=115)

- Methamphetamine: 45%
- RUSH: 44%
- Alcohol: 36%
- GHB/GBL: 24%
- Ecstasy: 19%
- Prescribed sedative drugs: 16%
- Marijuana: 10%
- Ketamine: 7%
- 5-meo: 7%
- 1%
Rates of substance use in the past twelve months among chemsex individuals (n=115)
Polydrug Use (n=95)

Proportion of drugs used in past 1 months (%)

1 (50%) Methamphetamine
2 (15%) RUSH
3 (12%) ED drugs
4 (10%) Alcohol
5 (8%) GHB/GBL
6 (3%) Ecstasy
7 (1%) Prescribed sedative drugs
8 (1%) Ketamine

5-meo

Marijuana
Sexual Health: STI (n=115)

Proportion of STI diagnosed (%)

- No STI diagnosed: 50%
- HIV positive: 29%
- Syphilis: 26%
- Anal warts: 13%
- Gonorrhea: 12%
- Hepatitis B: 7%
- Hepatitis A: 3%
- Amoebic colitis: 3%
- Acute Hepatitis C: 2%
- Penile warts: 2%
- Chlamydia: 1%
- Genital herpes: 1%
Baseline mental health among chemsex individuals

**GAD-7**

- <10, mild: 28%
- ≥10, moderate & severe: 72%

- <10, mild: 32%
- ≥10, moderate & severe: 68%

- <10, mild: 17%
- ≥10, moderate & severe: 83%

**PHQ-9**

- <15, mild: 23%
- ≥15, moderate & severe: 77%

- <15, mild: 26%
- ≥15, moderate & severe: 74%

- <15, mild: 17%
- ≥15, moderate & severe: 83%

- Total: 77%
- Get better: 26%
- The same or use more: 17%
Baseline DAST-10 (Drug Abuse Screening Test) among chemsex individuals (n=46)

- Total: 50%<3, mild | 50% ≥3, moderate & severe
- Get better: 49% The same or use more 51%
- 55% 45%
Findings from the chemsex recovery group
Chemsex recovery group & HIV support group

Chemsex recovery group was held twice per month since 2019.
**PrEP cascade in chemsex clients**

- **Chemsex**: 115 clients
  - **HIV +**: 33 clients (30.3%)
  - **HIV -**: 87 clients (71.3%)

- **Use PrEP**
  - Joined chemsex recovery group: 10 clients (11.5%)
  - Use PrEP: 17 clients (19.5%)
Trajectory of chemsex proportion among group participants

What percentage of my sex life, involves chems?

Participated recovery group <= 5 times (n=9)

Participated recovery group > 5 times (n=13)

Possibly (based on the interview):
1. Participants may be more likely to tell the truth if they are more engaged. Those who only comes in once or twice might be less likely to tell the truth due to social desirability.
2. Some people might decide to quit the group when they relapse.
3. Yet some might come back to the group once they replase. People feel that the group is helpful. They feel supported by the counselor and the peer. They trust the group.

For those who participated <=5 times, chemsex decreased.
For those >5 times, chemsex went up and down.
Challenges with the group and future plan

• Still a learning process: For many therapists, chemsex is new.
• Still experimenting: Each therapist run groups for 4 months continuously; we have at least three staff participating the group process to ensure it is on the right track and people are not losing interests.
• Group members sometimes asked each other out
  – We set rules
• Peer support group (no therapists involved)
  – Started running this since April 2019, with 10-15 participants
  – We chose peer mentors
How do we identify MSM that might be engaging chemsex?

• We have many clients that just self-identified and told us they engage in chemsex:
  – Some would tell us during HIV tests
  – Some came directly asking for our recovery group
  – Some would tell us after several visits
• Why?
  – HERO’s physical environment: Many have learned about our specialty before they visited; We also have signs and posters at HERO talking about chemsex
  – HERO’s FRIENDLY staff: Clients often told us that they feel safe telling us about chemsex. They think we get it.
• We also actively mention and ask them about chemsex:
  – We actively tell them about our chemsex intervention services.
  – At the end of our survey that they filled out every time they come in, they got a direct feedback for their chemsex and depression/anxiety score.
  – Some specific questions we asked:
    • “You look a bit tired. You ok?”
    • “Have you been sleeping well?”
Conclusions

- Integrated health services for chemsex are necessary and in high demand.
- Main services we provide for chemsex, including counseling using chemsex care plan, psychiatric referral and treatment, and chemsex recovery group are continually evaluated using survey and administrative data.
- Chemsex recovery group members stay engaged with our group by continuing to attend them.
- High compliance observed for our own psychiatric referral and treatment. Because of this integrated health services, we can keep the patient in our system and take care of their other needs.
- All these chemsex services complement each other. You take what you need.
- The development of EHR will hopefully improve our service provision. More importantly, to help clients to better manage their sexual and mental health.
Thank you.
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