

CHEM

SEX

A CLOSER LOOK AT
CHEMSEX IN SPAIN, 2016

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CREDITS

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Introduction

Chemsex¹ is a phenomenon that was first detected in the United Kingdom at the turn of 2012 and has since spread throughout many other European countries, one of them being Spain². It is defined as the act of having sex, principally by Men who have Sex with other Men (MSM), under the influence of psychoactive drugs³. This activity refers principally to the use of new substances such as methadone, GHB and methamphetamines, and less frequently, cocaine, ketamine, speed, ecstasy or MDMA⁴. These drugs, especially methadone, GHB and methamphetamines, increase disinhibitions and heighten pleasure, and are often consumed together to aid group sex sessions that last several hours or days. Many studies limit the definition of chemsex exclusively to the use of methadone, GHB and methamphetamines, however, we believe this is inaccurate⁵, as sessions often involve poly-consumption of other widely known substances, such as poppers or alcohol for example.

Within the MSM population, the most commonly consumed drugs in sexual contexts are poppers or erectile dysfunction prescription drugs, both of which facilitate diverse sexual practices. The novelty of chemsex lies in the fact that it involves the poly-consumption of already known drugs with newer ones for the enactment of sexual intercourse. However, this definition doesn't indicate the time invested or the number of sexual partners, and within this context we find a range of users, from those that consume drugs for sexual encounters to those with substance abuse problems.

Individuals that practice chemsex often meet each other through digital resources, such as mobile apps with GPS⁶ and other online resources, or in physical spaces, such as nightclubs or sexclubs. The encounters often take place either in saunas or private residences. The adaption of the phenomenon to Spain brings with it its own definition that includes emojis in mobile appli-

cations (icons such as 🍆💉🍷, a form of almost hieroglyphics that represent a fetish, a sexual practice or the consumption of a determined substance). The concept of Chemsex in Spain, although heard of through the media, is more commonly referred to as a "session".

Before the appearance of chemsex as a phenomenon, some studies had sought to analyse the recreational drug consumption habits amongst MSM. The European MSM Internet Survey (EMIS)⁷ was an online study carried out in 2010 that compiled data from 174,209 men from 38 countries in Europe. The findings of the study concluded that there was a higher level of drug consumption amongst MSM than the general population. Other more recent studies (Daskalopoulou et al, 2014) illustrate the same trend and highlight a higher prevalence of drug consumption amongst MSM with HIV⁸. This data shows that the use of drugs for recreational purposes is relatively frequent amongst the MSM population.

There is scarce scientific literature undertaken in Spain about chemsex and the potential consequences to public health⁹, due in part to its recent establishment in the country. However, despite its incipient arrival to Spanish society, the term chemsex has already exploded in the media, which gives a slanted and sensationalist view of the phenomenon, provoking alarm and stigma against men who practice it¹⁰. This treatment can fuel an erroneous perception of the magnitude of the phenomenon, which in reality, according to findings gleaned in numerous studies, is a minority practice amongst MSM. Understanding the impact of chemsex in Spain is the first step to working out the potential short-term and long-term consequences¹¹. The following investigation has been carried out to understand the magnitude of the phenomenon and to design adequate actions to reduce the danger and promote the health of MSM that engage in chemsex.

Chemsex: Potential Health Risks

Some chemsex users describe the sessions as “lost days”, devoid of sleep, rest and food for up to 72-hour periods¹². Amongst the potential health damages concurred¹³ is the difficulty of accessing non-occupational post-exposure prophylaxis (PEP) within 72 hours of having sexual intercourse, which is when it starts to become ineffective. The health risks increase with the more time invested in sessions, as the number of different sexual partners increases¹⁴ and with this bring a higher probability of contracting a Sexually Transmitted Infection (STI)¹⁵. Some data suggests an average of at least five sexual partners per session and although not all chemsex is performed without a condom¹⁶, unprotected sex is commonplace¹⁷.

The link between the consumption of drugs and risk-taking behaviour is complex but there appears to exist a clear relationship between the two. With this combination comes the danger of overdosing, especially in the case of GHB. This substance was found to be the main cause of the significant increase in deaths amongst MSM in London in 2015¹⁸. The men tested positive for multiple substances, such as alcohol and methamphetamines, which implies that poly-drug use in chemsex was what caused the deaths. The fatality of these situations could be related, amongst many factors, to the difficulty of regulating the correct dose on behalf of the consumer. For example, in the case of accidental consumption, whereby a bottle or a glass that contains the substance might be incorrectly labeled and/or when it's combined with alcohol. It seems there is a lack of information available to consumers about the risks and potential dangers associated with consuming certain substances.

Additionally, links have been drawn between chemsex and poorer adherence to anti-viral treatment administration in men with HIV¹⁹. Certain side effects of drugs like methadone or methamphetamines reduce the feelings of hunger and thirst, which in turn impairs the sense of time. Routine habits, such as administering anti-viral medication, are disrupted and often suspended. This has serious consequences for the individual's HIV treatment, even if medication administration is suspended only for the days during which the chemsex session lasts.

Another danger associated to this phenomenon for men with HIV is the possible chemical interference with anti-viral treatments. Few studies have investigated this area but there seems to exist a potential risk for patients whose anti-viral treatment is made up of protease and integrase inhibitors. These inhibitors contain drug enhancers such as ritonavir and cobicistat, and in a lower quantity, non-nucleoside reverse transcriptase inhibitors²⁰, such as efavirenz, nevirapine and etravirine.

These inhibitors can increase the concentration of drugs in the body and heighten their toxicity²¹.

Beyond the physical health dangers there are also diverse psychological dangers²², which range from mild anxiety or depression (especially during the days after consumption), to more serious, severe or chronic psychiatric conditions, such psychotic outbreaks, visual and/or auditory hallucinations or altered behaviour.

Furthermore, chemsex is occasionally associated with the injection of substances. Although methadone and methamphetamines tend to be inhaled or smoked, a small minority of chemsex users, which appears to be increasing or at least becoming more visible, administer it intravenously. In the argot of such users, this trend is known as “slam” or “slamming”. The method entails a high risk of transmitting HIV and Hepatitis C²³ and is also linked to more serious health deterioration and higher addiction rates. The trend of slamming in chemsex has eroticized the practice of injecting drugs, which is no longer seen as marginalized behaviour associated with social exclusion, as it was in Spain during the heroin boom in the 80's, but part of an erotic ritual. This trend has materialized through the proliferation of amateur videos on pornographic websites²⁴ in which men having sex while they inject themselves with various substances, such as methadone, methamphetamines or MDMA. This profile of the modern chemsex user defies the archetypal drug-addict of the 80s but it is vitally important to acknowledge the return to the trend of injecting drugs when it designing actions aimed at reducing the health dangers posed by chemsex.

It seems clear, therefore, that the consumption patterns within the MSM population are undergoing a significant change, especially with the arrival of new drugs and contexts in which to administer them. Just as drugs such as cocaine and MDMA are known to cause disinhibitions and fuel carefree behaviour, poppers or erectile dysfunction prescription drugs are more associated with sexual behaviour. Some studies link the consumption of the latter two to a higher risk of contracting HIV amongst MSM²⁵, concluding that MSM who practice chemsex and/or slam are up to six times more likely of having unprotected sex and up to four times more likely to contract an STI²⁶. This trend has been reflected in various studies that have found that those who take drugs in sex parties or look for sexual meet-ups are more likely to have unprotected sex²⁷.

This study looks to investigate and clarify the origin of drug consumption amongst MSM, especially amongst those who practice chemsex. Adam Bourne et al²⁸ found a high number of men to have experienced problems related to self-esteem and/or self-confidence in sexual

contexts. Men said they saw drugs as a way of getting over (or at least masking) these issues. Although the majority of the participants claimed that drugs merely increased their sexual desire or arousal, others believed that they had become dependent on them and saw it as difficult or impossible to have sexual relations without them. Other studies have identified emotional factors associated with recreational drug consumption. A common denominator in many investigations that explore the link between unprotected sex with drugs abuse was having been a victim of sexual abuse during childhood²⁹. Lopez-Patton et al. linked child abuse with higher emotional distress and methamphetamine abuse³⁰.

Chemsex, therefore, is the interaction of universes as common and complex as sexuality and drug consumption. To better understand this reality, we need a broad

approach that considers emotional aspects that can trigger or promote such behaviour, how this then develops and the possible ensuing health consequences for the individual. For this reason, amongst many others, the teams at Imagina MÁS and Apoyo Positivo have collaborated to design a quantitative investigation that takes a broad look at chemsex in Spain.

The aim of this investigation is to understand how chemsex is developing in Spain and to measure its scale. We have outlined the generic chemsex user profile, investigated their consumption and sexual habits and explored the aforementioned health risks. We paid special attention to the context in which chemsex participants contact each other and the spaces in which chemsex encounters play out.

The following study is an in depth investigation into the consumption habits of psycho-active drugs linked to sexual encounters in Spain, a phenomenon denoted as chemsex. For this purpose, a questionnaire was designed which looked into the following areas:

- Socio-demographic aspects. In this section, we collected data related to age, sexual orientation, marital status, relationship type, birthplace, city of residence, level of education and employment situation at the time of answering the questionnaire. On account of being a study carried out Spain, questionnaires by those who live outside the country were discounted.

- Drug consumption habits. Participants were asked about the contexts in which they tend to consume drugs and their motivations for doing so, what type of drugs they have consumed in the last year, how they administered them and with what frequency. Information was gathered about wider drug use, such as anti-depressants and/or anxiolytics, and if these have been prescribed by a doctor. In the case of injecting or snorting drugs, we investigated if needles or utensils were shared. Finally, we enquired as to whether the individual has felt out of control of his consumption at any point.

- Sexual habits. In this section, a battery of questions looked in to if the individual engaged in sexual practices without being under the influence of drugs and what type of sexual activities they partook in whilst under their influence. Questions were asked about regular condom use and whether drug consumption had ever provoked unprotected sex and if so, whether methods to reduce risks were habitually sought. We wanted to know whether agreements of the terms of sexual practice were established a priori, such as condom use, and we asked if informants had ever felt out of control of their sex life.

- Health aspects. The first question looked into whether the individual had ever done an HIV test, and if so, what the result was. In the case of a positive result, had treatment been undergone and had an undetectable viral load being maintained. The same questions were asked with regards to Hepatitis C and we also asked if informants had ever had an STI. We also explored to what extent these matters are communicated between participants of chemsex sessions.

- Emotional aspects of chemsex. This final section sought to understand whether individuals felt fulfilled at the end of the chemsex sessions or encounters. Questions looked into whether personal boundaries were generally respected, if expectations were met and if they saw participating in chemsex as a form of self-punishment. Informants were asked about their leisure activities be-

yond chemsex sessions and how practicing chemsex affected their family, personal and work relationships.

There is a general fear amongst chemsex users of being judged for their drug consumption or sex life, which makes accessing this group quite difficult. For this reason, we opted for an online questionnaire that could be completed on computers or mobile phones so that we could safeguard the anonymity and privacy of participants.

A preliminary version of the questionnaire with 34 questions was issued on October 7th 2016 to check that the questions were comprehensible and clearly presented. Minor changes were made to the multiple-choice questions and the amended version was published the following week, with links to the questionnaire posted on the webpages and social media of Imagina Más and Apoyo Positivo. The study was originally published on various LGBT media, such as chueca.com, where chemsex users were invited to participate in the questionnaire via a web link.

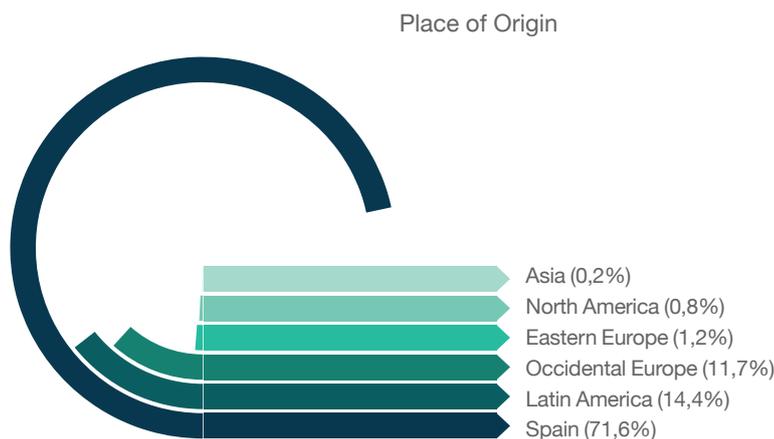
Given that many chemsex users contact each other through dating apps, we published the questionnaire on the most commonly used app, Scruff. It was only published on Scruff in Madrid and Barcelona, but had an out-reach of 20,436,763 (the number of times the advert was seen by app users). 25,902 people accessed the questionnaire, of which 527 successfully completed it. The cut-off date by which the information had to be collected was 3rd December 2016; by which point a total of 486 questionnaires had been completed by Spanish residents that practice chemsex.

Socio-demographic Analysis:

Outlining the MSM chemsex user profile

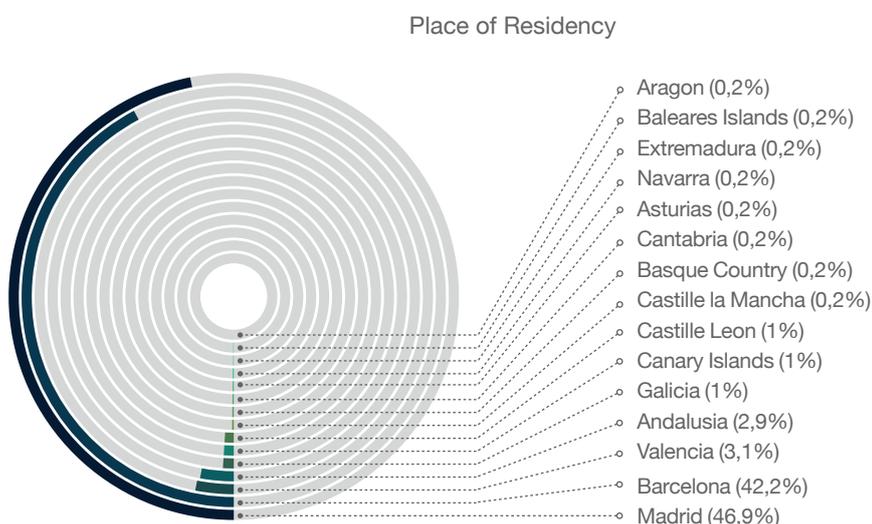
The study gathers data from 486 MSM in Spain that have had chemsex in the last 12 months. Outlined below are the socio-demographic variables that give us closer look at the MSM population that engage in chemsex and which allows us to draw a profile of average user.

The place of origin of the men that have completed this questionnaire is chiefly Spain (71.6 %), followed by Latin America (14.4%), Occidental Europe (11.7%), Eastern Europe (1.2%), North America (0.8%) and Asia (0.2%).

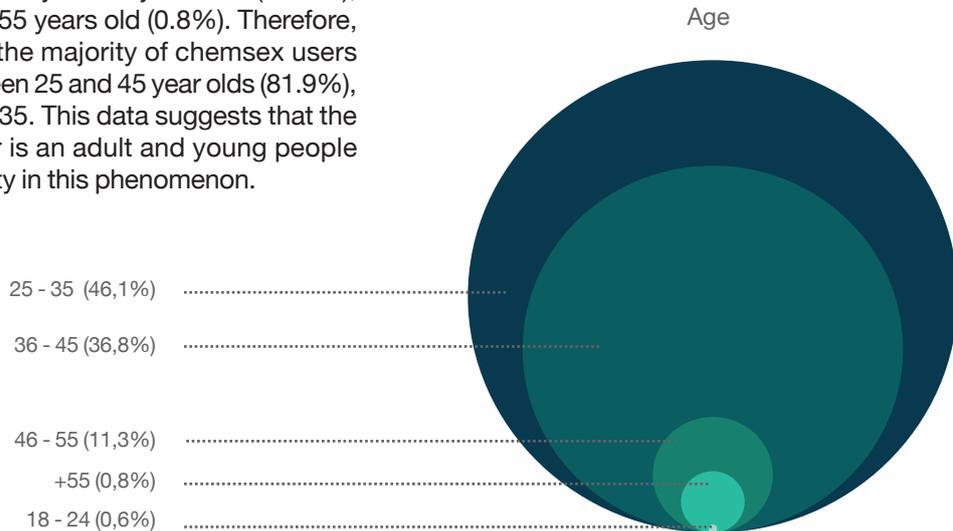


With regards to the place of residency, we find that the autonomous communities with a higher concentration of chemsex users are the community of Madrid (46.9%) and Catalonia (42.2%), in which lie the two most populated cities of the country, Madrid and Barcelona. Following these two is the community of Valencia (3.1%) and Andalusia (2.9%). The prevalence of this phenomenon in other regions appears to be minor, as we find with Galicia (1%), the Canary Islands (1%), Castile y Leon (1%), Castile la Mancha (0.2%), the Basque Country (0.2%), Cantabria (0.2%), Asturias (0.2%), Navarra (0.2%), Extremadura (0.2%), the Balearic Islands (0.2%) and Aragon (0.2%).

This data shows us that, in Spain, chemsex is a phenomenon that is primarily concentrated in big cities, namely Madrid and Barcelona. This confirms the trend found by numerous studies that show how in large European cities (Brussels, Paris, London, Amsterdam, Colene, Berlin, Madrid and Rome) (Bourne et al, 2015) there is a common link between drug consumption and having sex with multiple partners³¹. In the case of Spain, this reality could be due not only to the large population of Madrid and Barcelona but also to the fact that they are more connected with the rest of Europe, which makes them important tourist destinations for LGBTB.

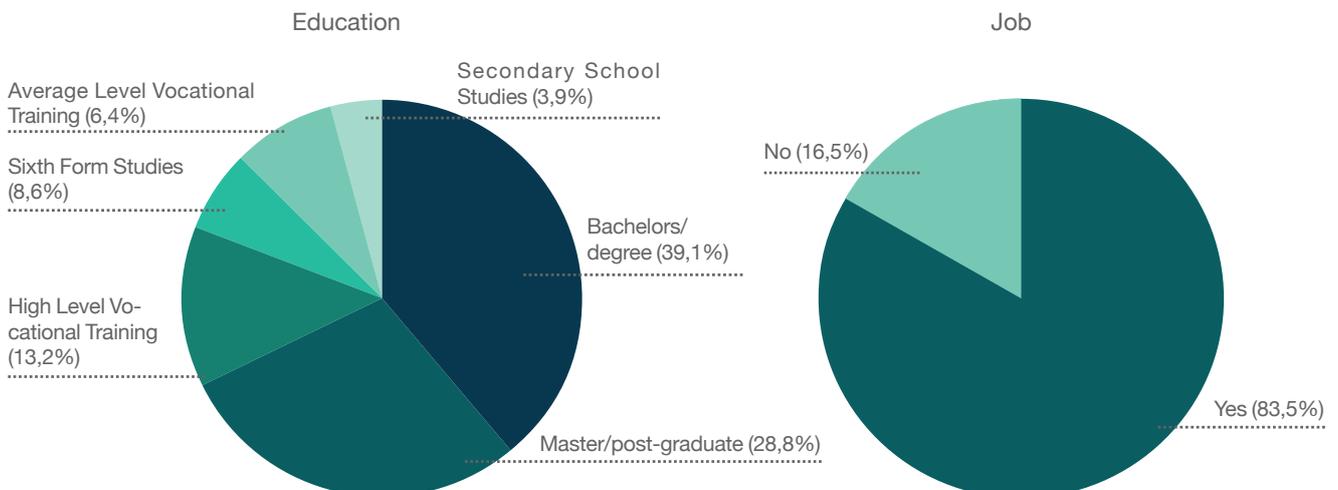


With regards to the age of the participants, the majority laid between the ranges of 25-35 years old (46.1%) and 36-45 (35.8%), followed by 46-55 years old (11.3%), 18-24 (6.0%) and over 55 years old (0.8%). Therefore, we can conclude that the majority of chemsex users are concentrated between 25 and 45 year olds (81.9%), giving a median age of 35. This data suggests that the average chemsex user is an adult and young people make up a small minority in this phenomenon.

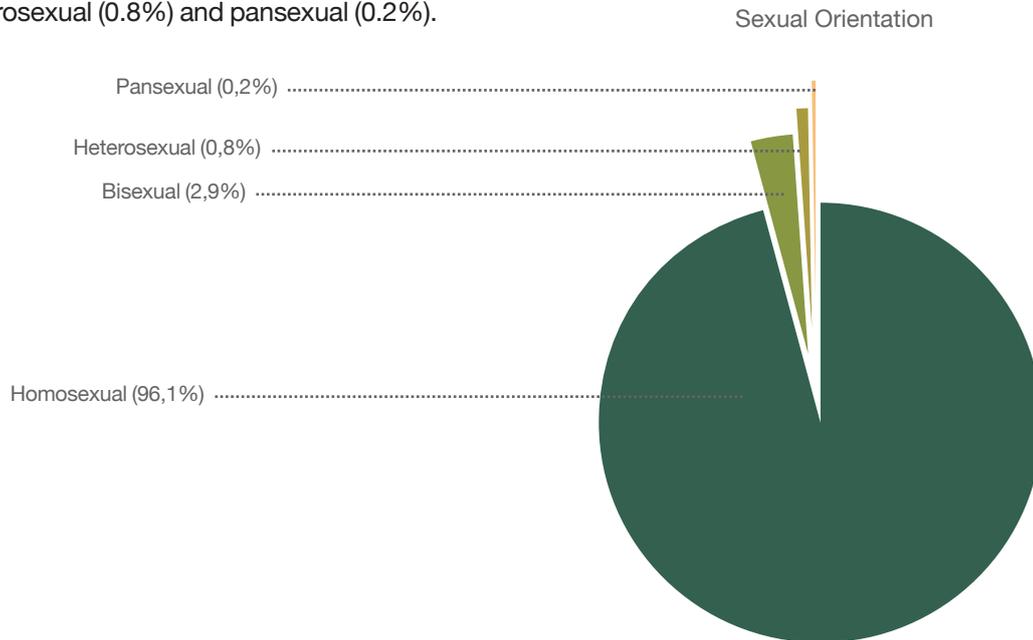


With regards to the education of the participants, a high percentage had at least a bachelor's degree (39.1%) or masters/postgraduate studies (28.8%). The remainder had completed Superior Level Vocational Training (13.2%), Sixth Form studies (8.6%), Average Level Vocational Training (6.4%) and Secondary Level Studies (3.9%). The majority found themselves in work (83.5%) at the time of answering the questionnaire, compared

to those that were unemployed (16.5%). Therefore we can conclude that the chemsex users in Spain have a high level of education and are professionally active. This data contradicts some hypotheses that have been outlined in studies, Fernández-Dávila (2016), which state unemployment as a risk factor for becoming involved in chemsex.

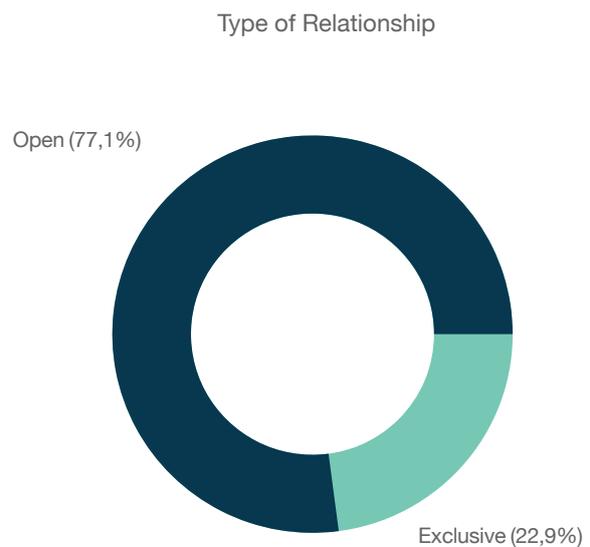
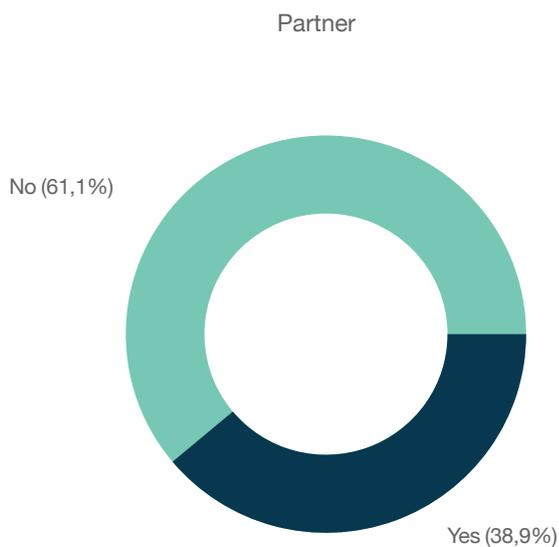


The sexual orientation of the participants was predominantly homosexual (96.1%), followed by bisexual (2.9%), heterosexual (0.8%) and pansexual (0.2%).



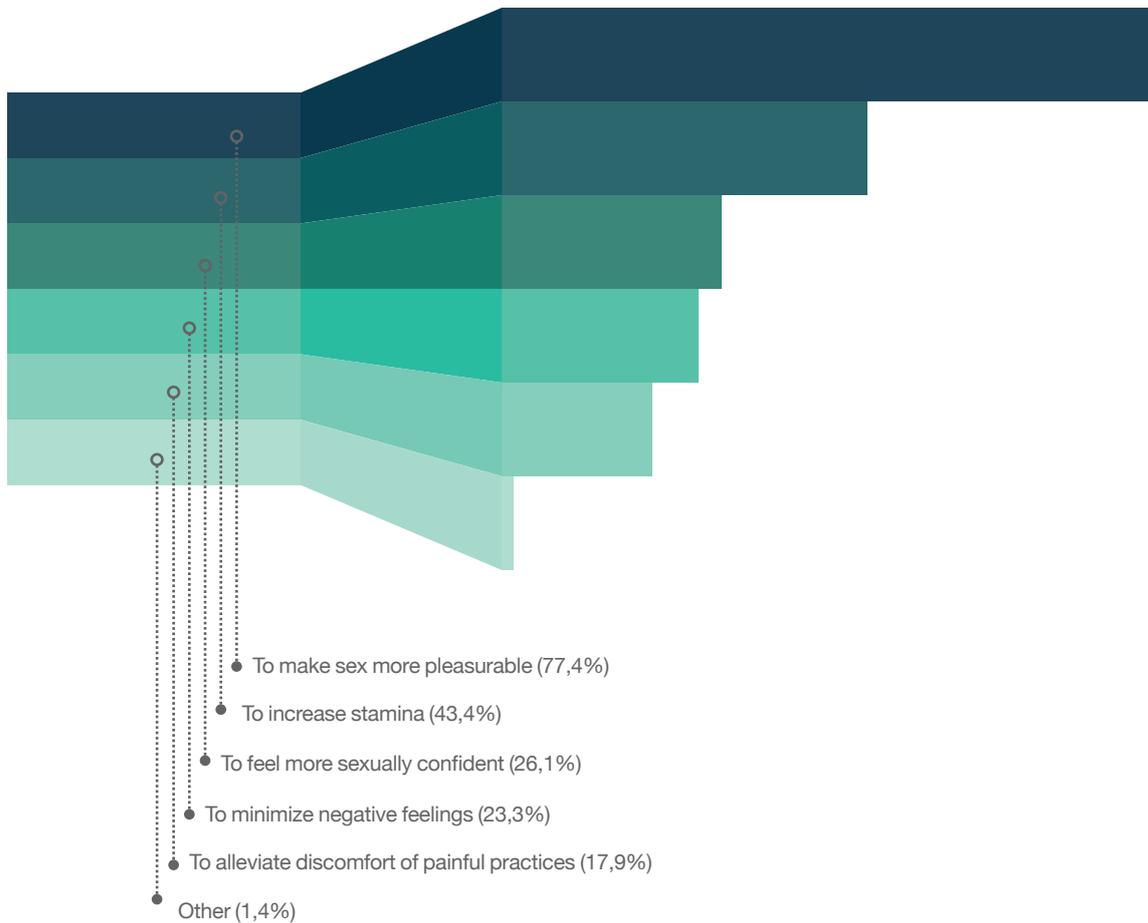
The majority of informants stated that they didn't have a partner (61.1%) at the time of taking the questionnaire, compared to those that did have a partner (38.9%). Of the latter, the majority were in open relationships

(77.1%), with a smaller percentage in closed or monogamous relationships (22.9%). Therefore, the profile of a chemsex user in the present study is a single, gay man not in a relationship.



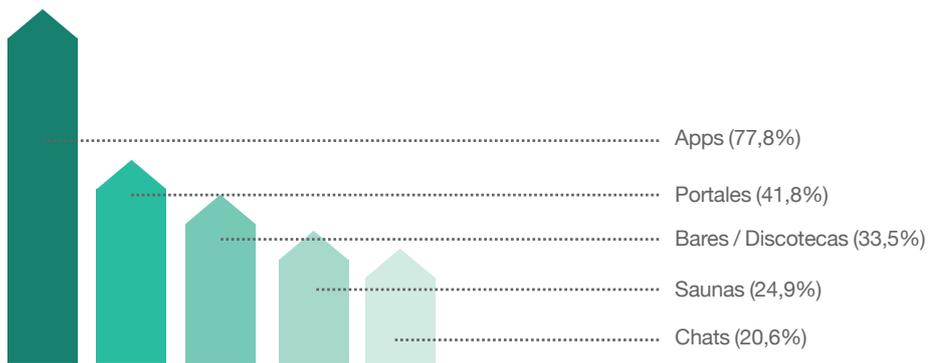
Different studies reveal a range of motivations for consuming substances associated with sexual encounters, amongst which are highlighted “their use for enabling intimacy, dealing with anxiety and low mood, improving HIV stigma, getting over negative feelings of body image (Bourne, A; Reid, D; Hickson, F. et al. 2014). However, others point to internalized homophobia as a driving factor, and use drugs as an outlet through which to lose their sexual inhibitions³².

The study sought to understand the numerous factors that lead MSM to practice chemsex in Spain. Amongst various, the most common was to make sex more pleasurable (77.4%), followed to increase stamina (43.4%), feel more sexually confident (26.1%), minimize negative feelings (23.3%), alleviate the discomfort of more painful sexual practices (17.9%), and other factors (1.4%).



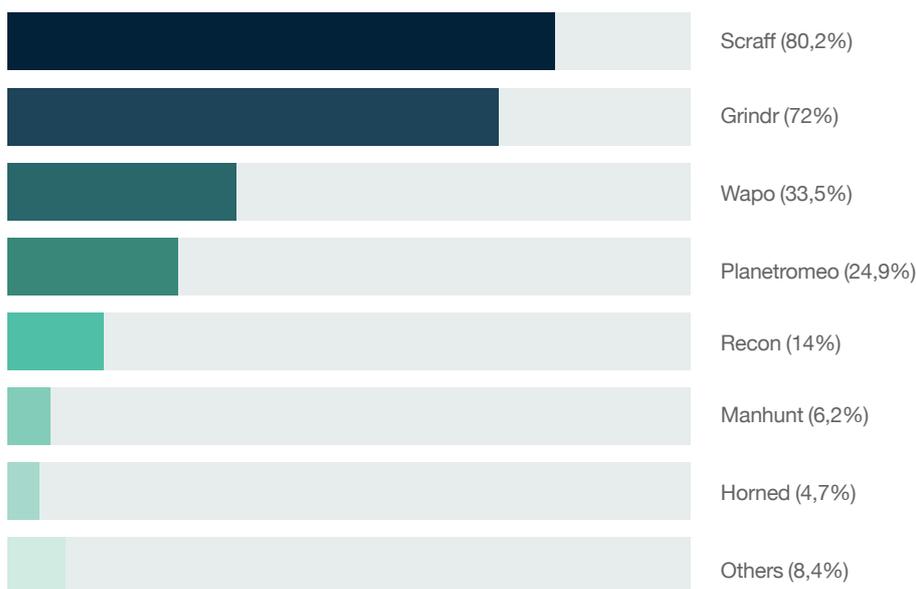
Additionally, the study also investigated the methods through which men contact each other to arrange chemsex sessions. Often, it was discovered, many different channels were used, the most frequent being apps (77.8%), websites (41.8%), bars/clubs (33.5%), saunas (24.9%) and online chats (20.6%). Mobile phone applications were the most common way of making contact

with other men interested in chemsex, due to their immediacy, which enables the user to take into account the location of men in their immediate radius. These apps have the potential to serve as a useful platform through which associations that work for the wellbeing of chemsex users can provide help and support.



There are numerous applications for MSM and we wanted to know the most popular amongst chemsex users. The first was Scruff (80.2%), followed by Grindr (72.0%), Wapo (33.5%), Planetromeo (24.9%), Recon (14.0%),

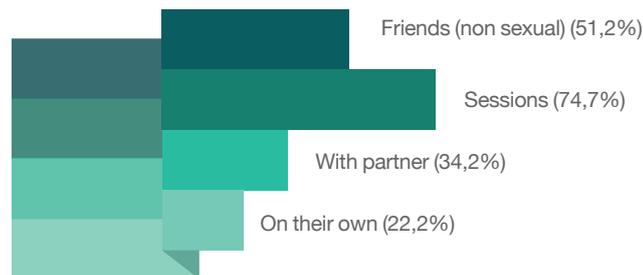
Manhunt (6.2%), Hornet (4.7%) and others (8.4%). It is important to note that MSM tend to use various applications simultaneously and the most frequently used are Scruff and Grindr.



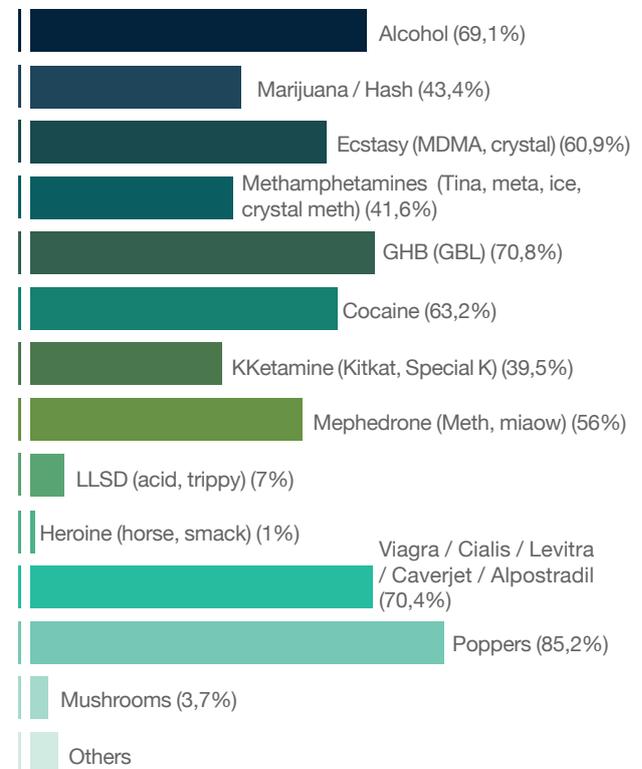
Analysis of Drug Consumption Habits

This following section will look at drug consumption habits and the principal drugs consumed. The first question to address was the context in which consumption takes place. Respondents stated that they took drugs in chemsex sessions (74.7%), followed by with friends in non-sexual environments (51.2%), with their partner (34.2%) and on their own (22.2%). This draws a direct link between drug consumption and sexual encounters or leisure activities, which tells us that drugs are used in recreational circumstances within this group.

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The most commonly consumed drugs were primarily poppers (85.2%), followed by GHB (70.8), Viagra and variants (70.4%), alcohol (69.1%), cocaine (63.2%), ecstasy (60.9%), mephedrone (56.0%), methamphetamines (41.6%), ketamine (39.5%), LSD (7.0%), mushrooms (3.7%) and heroin (1.0%). Additionally, a small group of respondents had consumed drugs that weren't listed on the questionnaire (5.6%). This data reveals that the most frequently consumed drugs amongst MSM are those associated with sex, such as GHB, Viagra and variants. Mephedrone registers, but to a lesser extent, and is followed by methamphetamines. Upon analysing drug consumption by cities of residence, we found the consumption of GHB to be similar in Madrid and Barcelona. However, mephedrone is more frequently consumed in Madrid (73.7%) than in Barcelona (37.9%), where methamphetamines are more common (51.9%) rather than in Madrid (38.2%).

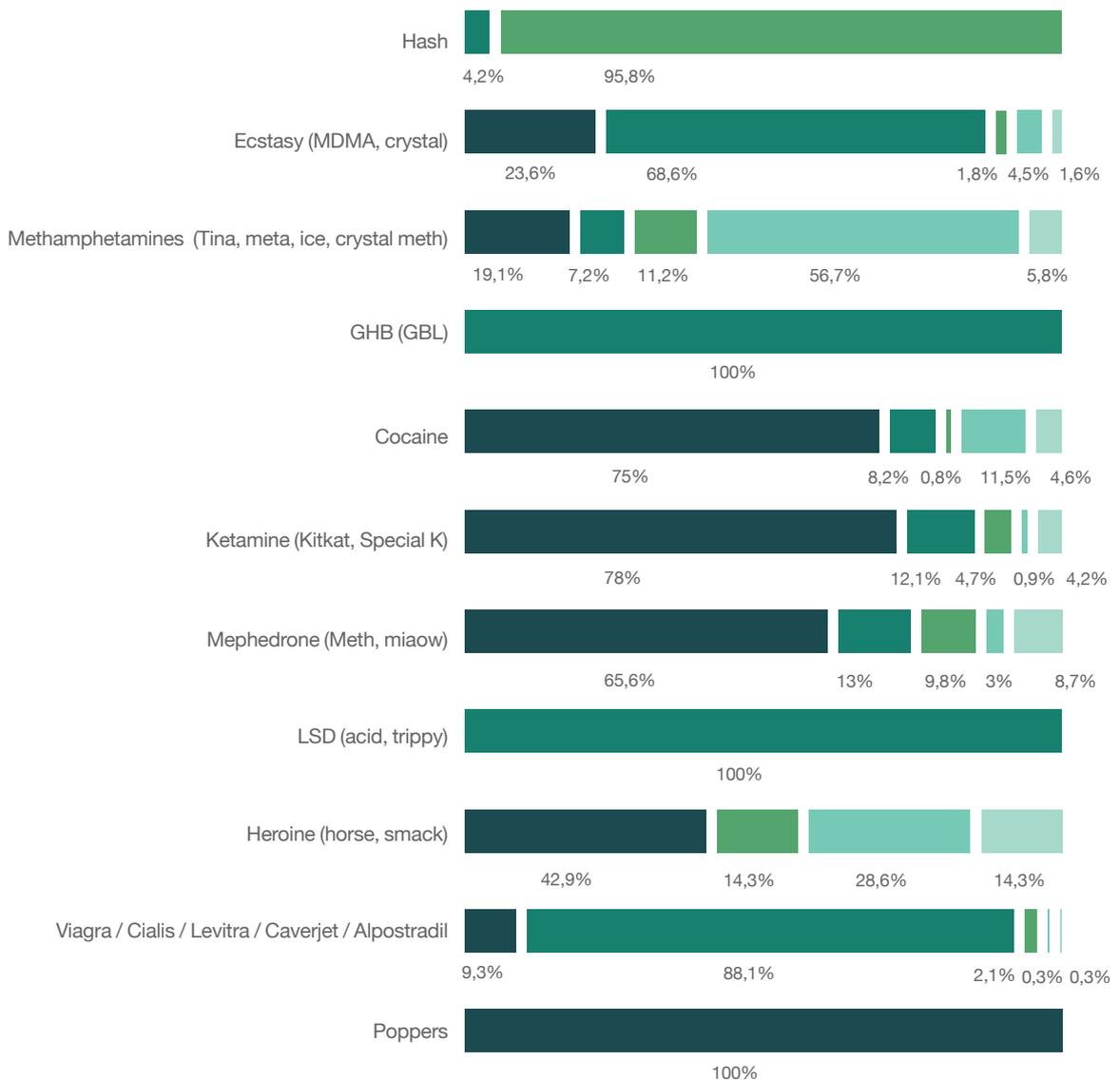


The methods of administering each drug differed substantially.

Poppers were always inhaled (100.0%) and GHB was always administered orally (100.0%). Viagra and variants were most commonly administered orally (88.1%), but sometimes snorted (9.3%), injected (2.1%), smoked (0.3%) or administered rectally (0.3%). Alcohol was always consumed orally (100%). Coke was either snorted (75.0%), smoked (11.5%) administered orally (8.2%), rectally (4.6%) or injected (0.8%). Ecstasy was most commonly administered orally (68.6%) or else snorted (23.6%), smoked (4.5%), injected (1.8%) or administered rectally (1.6%). Ecstasy was most commonly administered orally (68.6%) or else snorted (23.6%), smoked (4.5%), injected (1.8%) or administered rectally (1.6%).

Mephedrone was most commonly snorted (65.6%), taken orally (13.0%), injected (9.8%), administered rectally (8.7%) or smoked (3.0%). Methamphetamine was most commonly smoked (56.7%), but also snorted (19.1%), injected (11.2%), administered orally (7.2%) and rectally (5.8%).

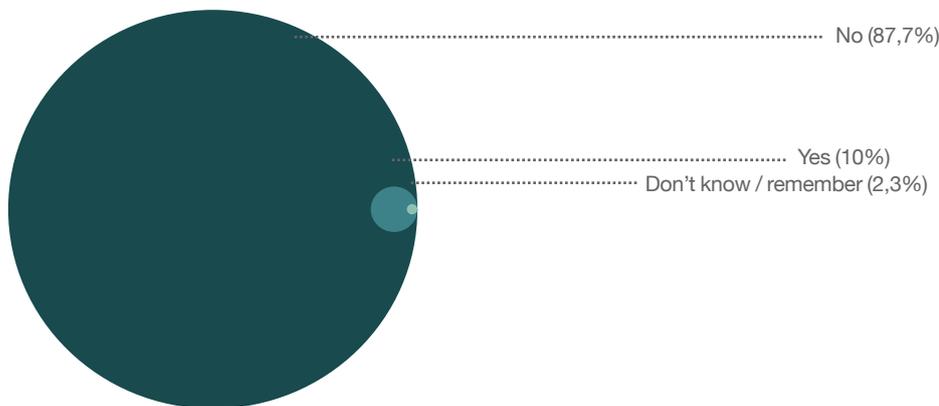
Ketamine was most commonly snorted (78.0%), but also administered orally (12.1%), injected (4.7%), rectally (0.9%) or smoked (4.2%). LSD was consumed orally (100%) and as were mushrooms (100%). Heroin, however, was snorted (42.9%), smoked (28.6%), injected (14.3%) and administered rectally (14.3%).



It is important to note that injecting mephedrone or methamphetamine was found to be a minority practice in this study. We can therefore conclude that slamming is not a frequent practice amongst chemsex users in Spain. Nonetheless, it has serious health consequences due to the physical and psychological side effects of both drugs, especially mephedrone. The first few cases of psychological breakdowns due to slamming mephedrone in chemsex sessions have recently been documented in Spain, along with the possible interference

with anti-viral treatments and the impact of adhering to such treatments amongst men with HIV who practice slamming. Another risk derived from slamming is the transmission of the virus Hepatitis C (HCV). To evaluate the extent of this risk, informants that had practiced slamming in the last year were asked if they had shared injection material. Amongst those that injected drugs, the majority stated that they hadn't shared injection material (87.7%), with a small group that had shared (10.00%) and some that couldn't remember (2.3%).

Have you ever shared injection material?



Analysing the age of those that administered drugs intravenously, we can see that this method is markedly much lower amongst the younger generations and was reduced solely to injecting methamphetamines (6.90%). In comparison, those in the 26-35 years old and 36-45 years old categories were found to not only inject methamphetamines but cocaine, mephedrone, ketamine and heroin. Intravenous drug administration appears to be associated with the older generations and is noticeably reduced amongst the under 25-age group.

The risk of transmitting HCV is not only present when sharing injection material but also when snorting drugs. Participants were asked if they had shared material, the most common being to share a small lever or tool to aid snorting powder (85.2%), although some never shared material (13.1%) and others couldn't remember (1.7%). The transmission of HCV through sharing equipment to snort drugs could be prevented through awareness

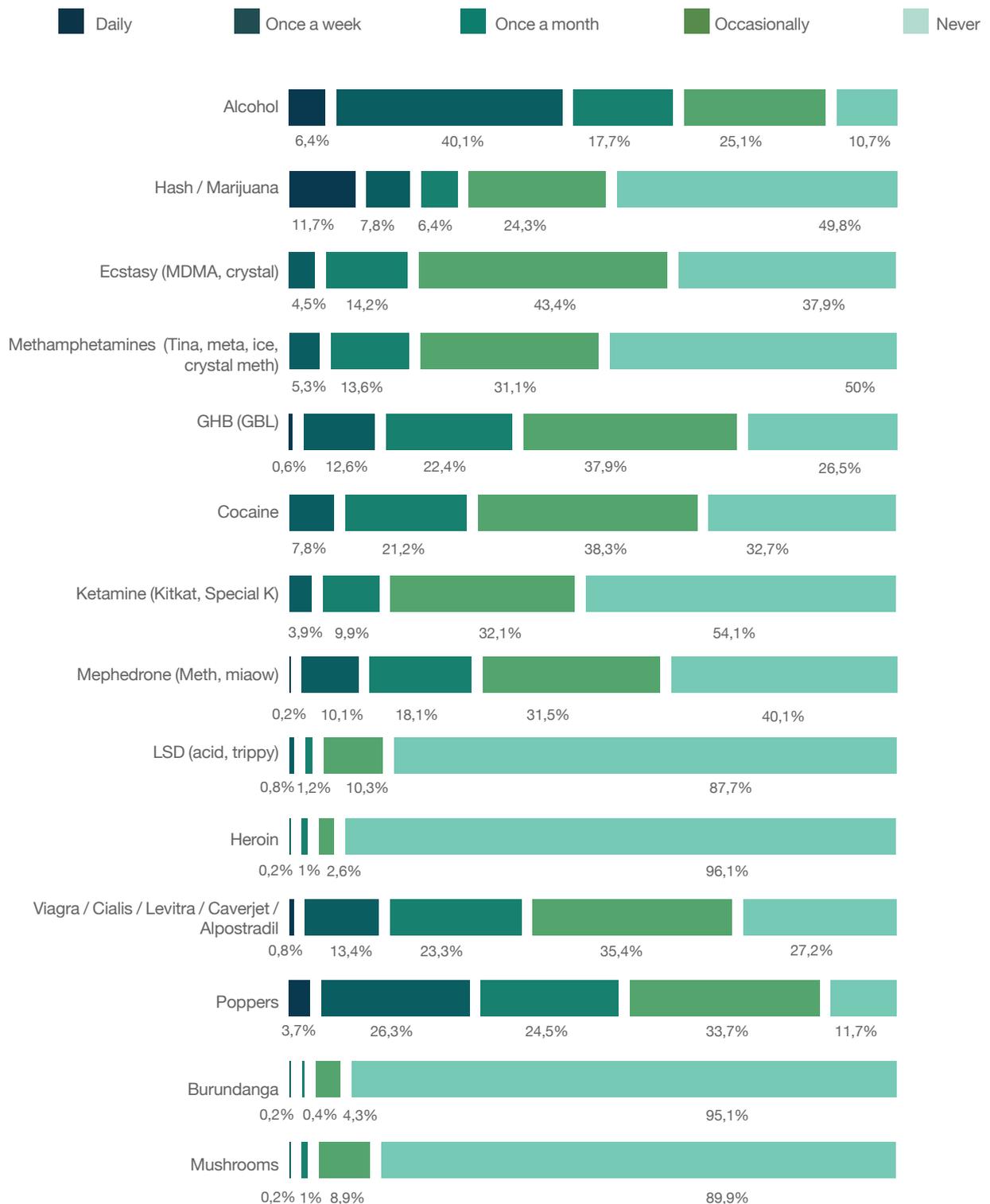
campaigns targeted at raising awareness and preventing this practice.

We also looked at the frequency of drug consumption. The consumption of poppers tended to be either sporadic (33.7%), once a week (26.3%), once a month (24.5%) or daily (3.7%). GHB consumption was sporadic (37.9%), once a month (22.4%), once a week (12.6%) or daily (0.6%). Viagra and variants was sporadic (35.4%), once a month (23.3%), once a week (13.4%) or daily (0.8%). The frequency of alcohol consumption was once a week (40.1%), sporadic (25.1%), once a month (17.7%) or daily (6.4%). Cocaine consumption was sporadic (38.3%), once a month (21.2%) or once a week (7.8%). Ecstasy consumption was primarily sporadic (43.4%), once a month (14.2%) or once a week (4.5%).

Mephedrone consumption was occasional (31.5%), once a month (18.1%), once a week (10.1%) or more

anecdotally those that consumed it daily (0.2%). Methamphetamines were also primarily consumed occasionally (31.1%), once a month (13.6%) or once a week (5.3%). Ketamine was consumed sporadically (32.1%), once a month (9.9%) or once a week (3.9%). LSD consumption was a lot less frequent and was confined primarily to occasional consumption (10.3%), as were mushrooms (8.9%). And finally, heroin was consumed occasionally (2.7%).

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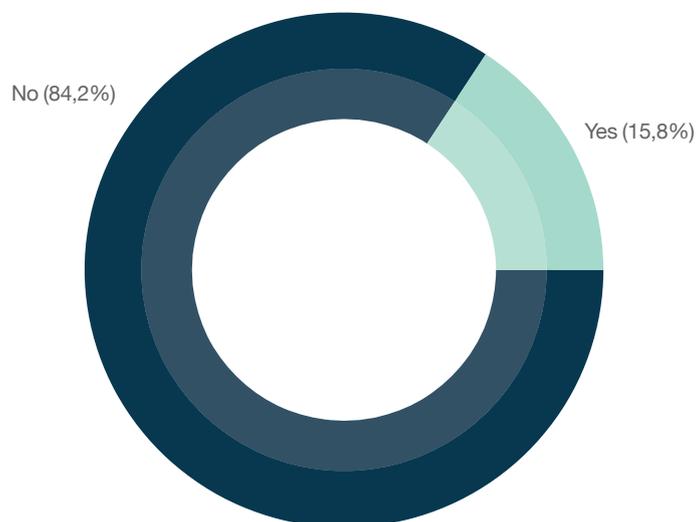
We were interested to know if the informants had ever felt out of control of their drug consumption and we discovered that more than half hadn't ever felt this sensation (53.7%). However, some men confirmed to having felt a loss of control occasionally (32.5%), frequently (10.7%) and a small handful of informants said they always felt out of control when consuming drugs (3.1%). Amongst those that did feel out of control of their

drug consumption, only a very small portion of them had sought professional help to try and overcome drug dependency (15.8%). These figures sketch the average chemsex user as someone who is in control of their drug consumption, and who doesn't suffer drug addiction or abuse problems. Only a small group of informants manifested signs of having such problems as a result of their chemsex activities.

Have you ever felt out of control of your drug consumption?



If yes, have you ever sought professional help?

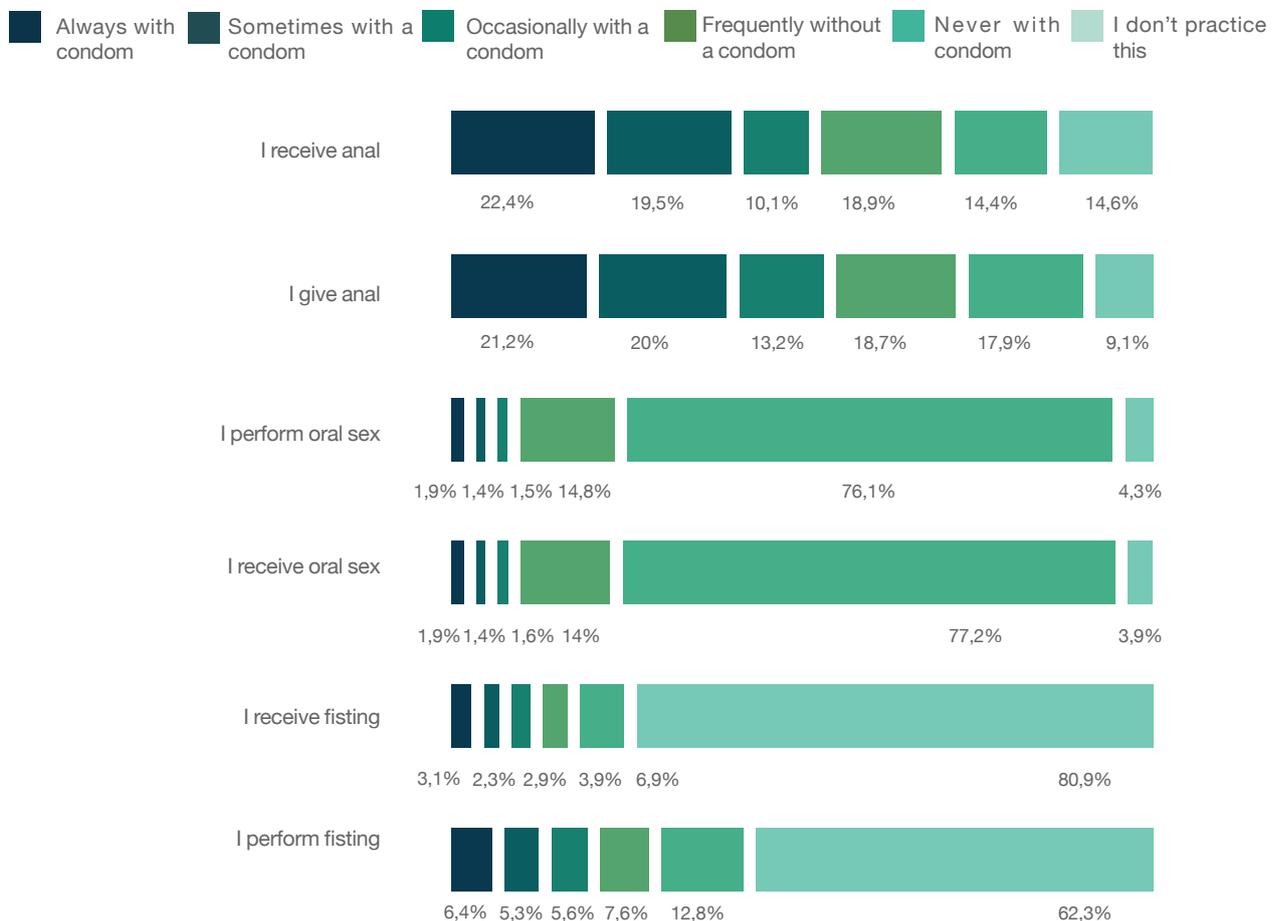
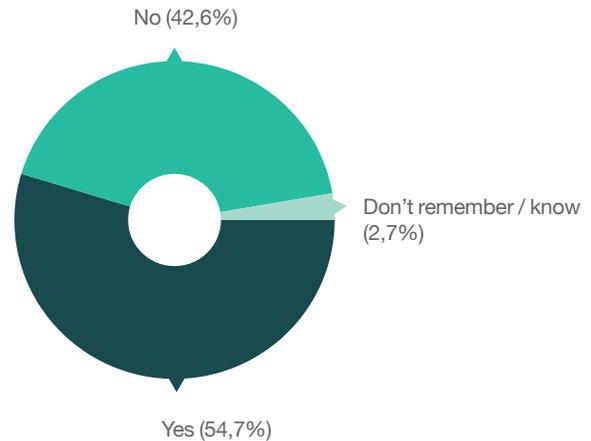


Analysis of Sexual Behaviour

This study also looked into whether drug consumption had impacted condom use at any point in the last six months. More than half of the MSM informants revealed that they felt consuming drugs had led them to have unprotected sex (54.7%), compared to those who it hadn't influenced them (42.6%) and those who didn't know or couldn't remember (2.7%). This evidences a direct link between drug consumption and unprotected sex within the ambit of chemsex.

We looked closer into condom use within different sexual practices. When performing receptive anal sex, informants always used a condom (22.4%), frequently used a condom (19.5%), occasionally used a condom (10.1%), frequently didn't use a condom (18.9%), never used a condom (14.4%). In the case of insertive anal sex, informants always used a condom (21.2%), frequently used a condom (20%), occasionally used a condom (13.2%), frequently didn't use a condom (18.7%) and never used a condom (17.9%). We can conclude from this that using a condom is common practice, especially in insertive anal sex.

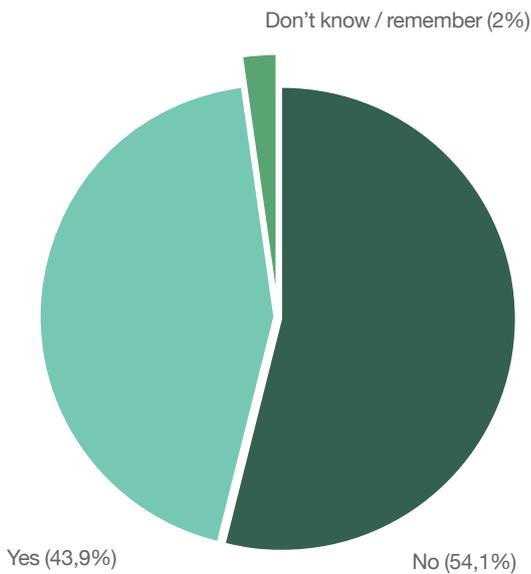
Has consuming drugs led you to have unprotected sex in the last six months?



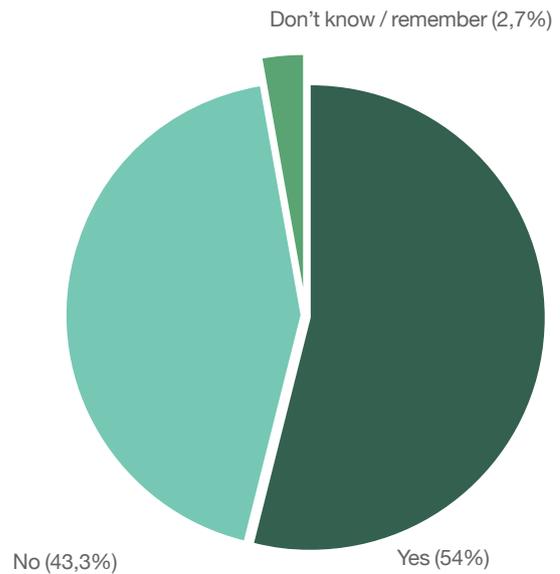
A focus on minimizing the health impacts associated with chemsex brought us to look into whether those that received anal sex with a condom had ever received an ejaculation inside them. More than half said they hadn't been ejaculated inside (54.1%), against those who had (43.9%) and a small group that didn't know or couldn't remember (2.0%). On the other hand, in the case of in-

sertive anal sex without a condom, more than half confirmed to have ejaculated inside their partner (54.0%), followed by those that didn't frequently do it (43.3%) and those that didn't know or couldn't remember (2.7%). This shows us that ejaculating inside somebody is more frequent in the case of insertive non-protected anal sex.

If you receive anal sex and don't use a condom, do your sexual partners ejaculate inside you?



If you give anal sex and don't use a condom, do you ejaculate inside your sexual partners?



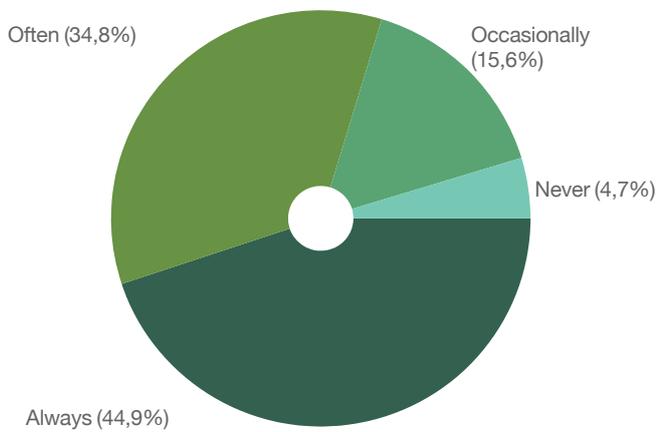
With regards to oral sex, both giving and receiving, the majority of informants performed it without using a condom. Fisting was found to be minority practice, with the majority of informants having never received (80.9%) nor given it (62.3%). This statistic wasn't surprising, as fisting is a practice that requires a certain level of training and interest that not many of the informants manifested. Amongst those that did practice fisting, it was less common to use gloves when receiving the fist, with a

small group that always used gloves (3.1%), compared to those that didn't frequently use them (3.9%) and those that never used them (7.0%). In the case of insertive fisting, the tendency to not use gloves was similarly high, with a considerable number of informants stating they never use gloves (7.6%) or frequently do it without gloves (7.6%) and a small group who systematically do it with gloves (6.4%).

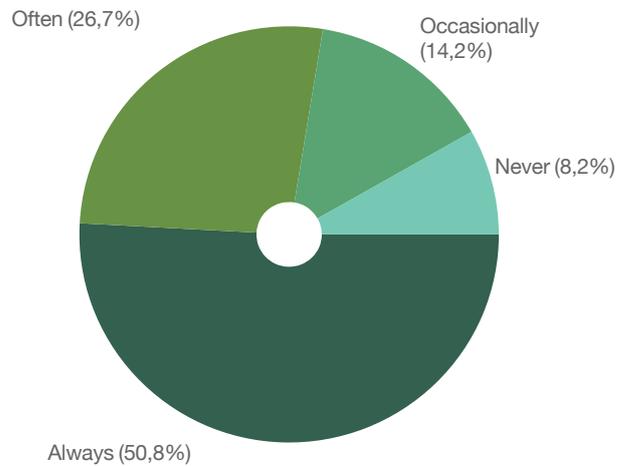
We were especially concerned to know whether informants agreed upon the sexual practices that they would engage in during chemsex sessions a priori to meeting up. A large majority revealed they either always (44.9%) or frequently did this (34.8%). Similarly, we enquired into whether the use of a condom was agreed upon before-

hand, and a high majority stated they always (50.8%) or frequently did (26.7%). It seems, therefore, that a good level of communication exists about sexual preferences before chemsex users, ensuring that personal limits are respected.

Do you agree with sexual partners a priori what sexual practices will be carried out?



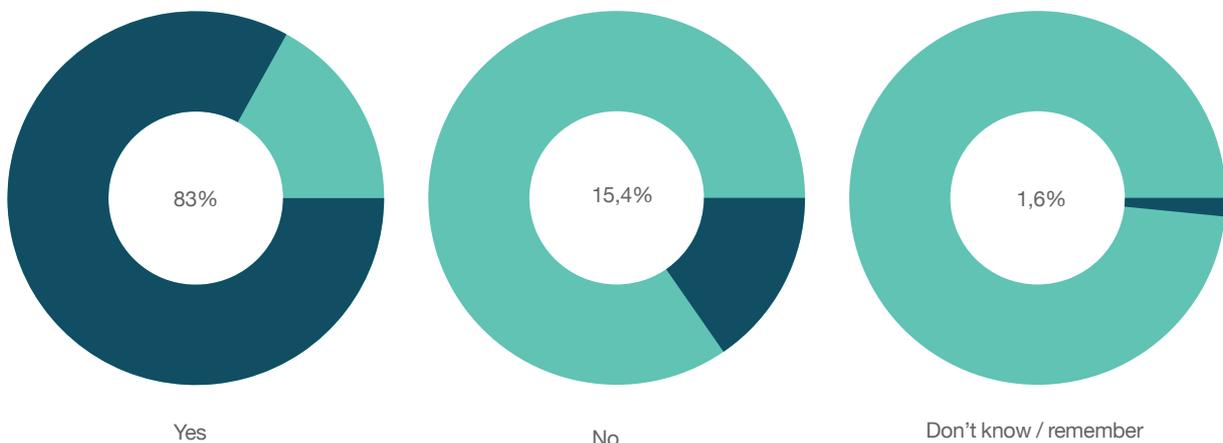
Do you agree with sexual partners a priori if you are going to use a condom?



In order to assess the MSM user that could potentially have severe problems associated to chemsex, we asked informants whether they maintained sexual relationships without consuming drugs. The majority stated that they had had sex sober or without having consumed drugs

(83.0%). We can gather from this that a small percentage of people are incapable of having sex without consuming drugs (15.4%) and therefore quite likely possessing addiction problems as a result of chemsex.

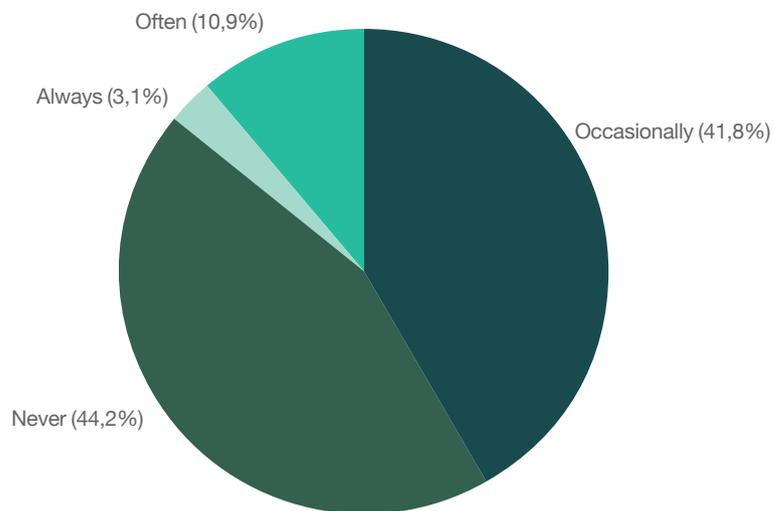
Do you maintain sexual relationships without being under the influence of drugs?



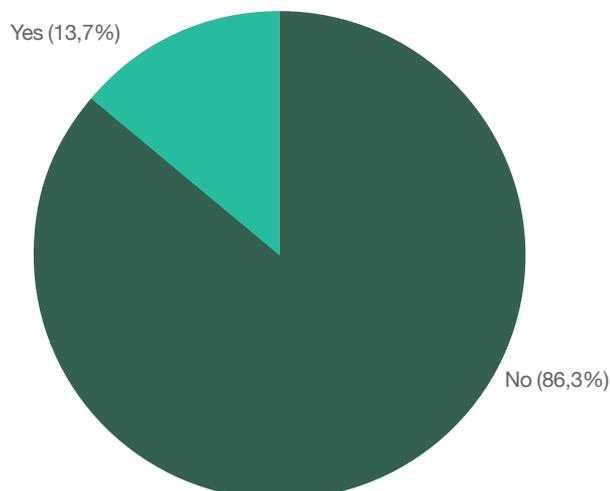
Exploring this question further, we asked informants if they had ever felt like they had lost control over their sex life. More than half said they had occasionally felt a loss of control (41.8%), frequently (10.9%) or always (3.1%). However, the rest of the men questioned stated they had never felt said loss of control over their sex life (44.2%). With regards to those who had felt at some point a loss of control, only a small percentage had sought profes-

sional help (13.7%). Therefore, we find ourselves can conclude that we are dealing with individuals that are in control of their sex life, that communicate and agree on the terms of the sexual practices they will engage on in chemsex sessions before they meet up. Only a minor group appear to have problems related to chemsex, such as the inability to disassociate sex from drugs and a self-admitted lack of control.

Have you ever felt out of control of your sex life?



If yes, have you ever sought personal help?

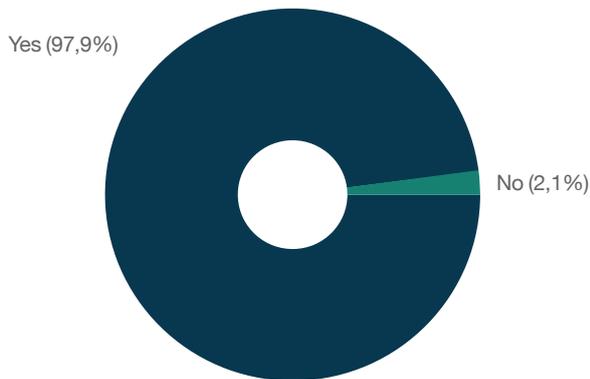


Health Concerns

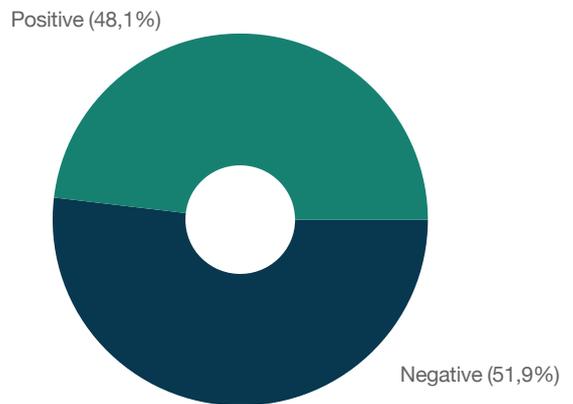
Out of the sample, the majority of informants had at some point done an HIV test (97.9%), out of which more than half had obtained a negative result (51.9%). Amongst those who obtained a positive result (48.1%), at the time of doing the questionnaire, the majority had finished having treatment (96.1%) and had obtained an undetectable viral load (95.2%). This reveals a high

tendency to do HIV diagnostic tests and the majority of HIV-positive men were following medical help and were receiving anti-viral treatment due to their undetectable load. Only a residual group were not undergoing treatment, which could be due to having been recently diagnosed, although we don't have the information to substantiate this hypothesis.

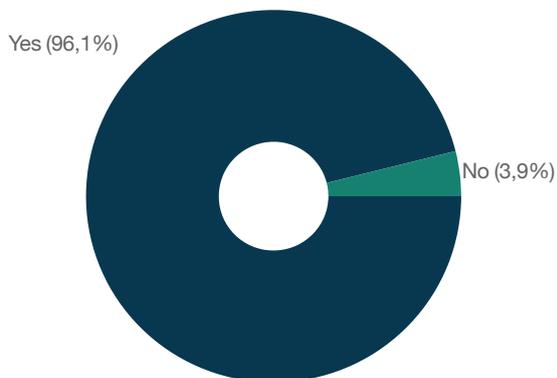
Have you ever done an HIV test?



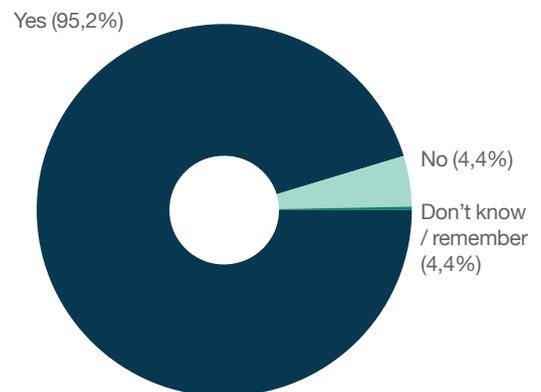
Result of HIV test



Are you having treatment?

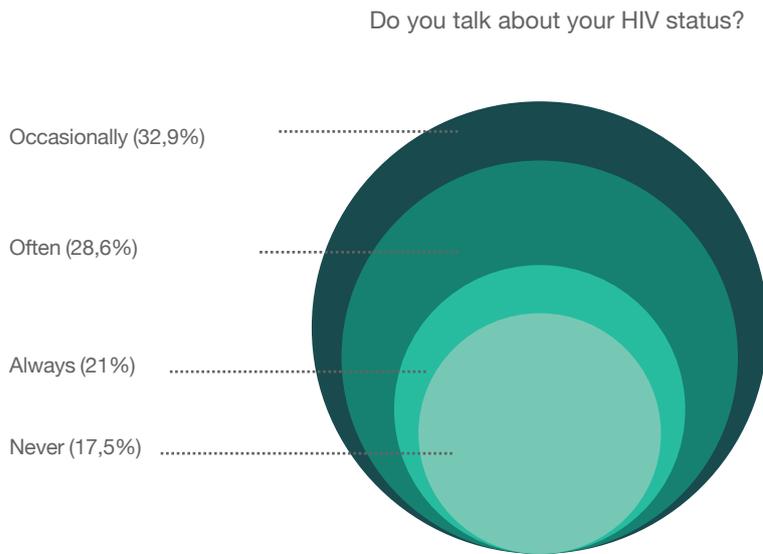


Do you have an undetectable HIV load?



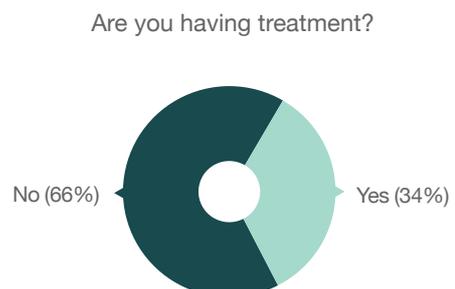
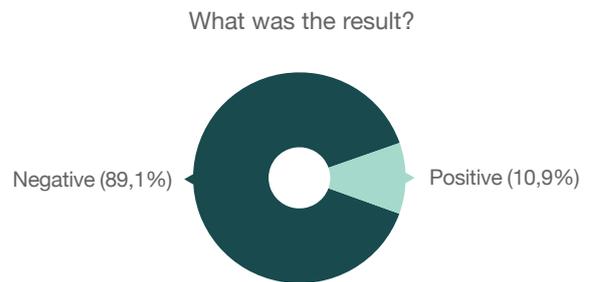
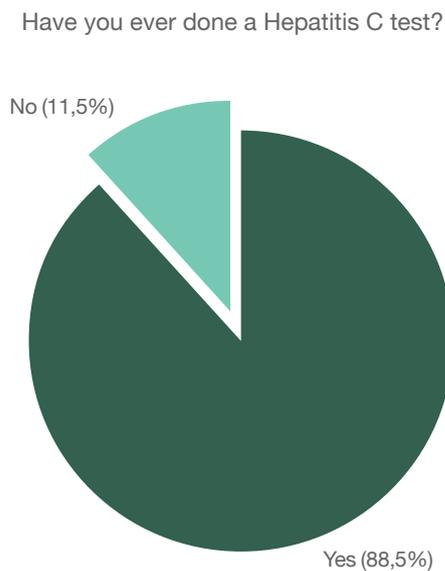
We wanted to investigate if it was common amongst chemsex users to talk about their HIV-status. A significant number of informants revealed that they communicate this occasionally (32.9%), frequently (28.6%) and always (21.0%). Only a small group said they never

revealed their HIV-status (17.5%). These figures confirm that communication about HIV-status amongst chemsex participants tends to be the norm, and therefore there is a high visibility of HIV positive people.



With regards to HCV, a considerable percentage of the sample confirmed they had done a diagnostic test (88.5%), compared to those that hadn't (11.5%).

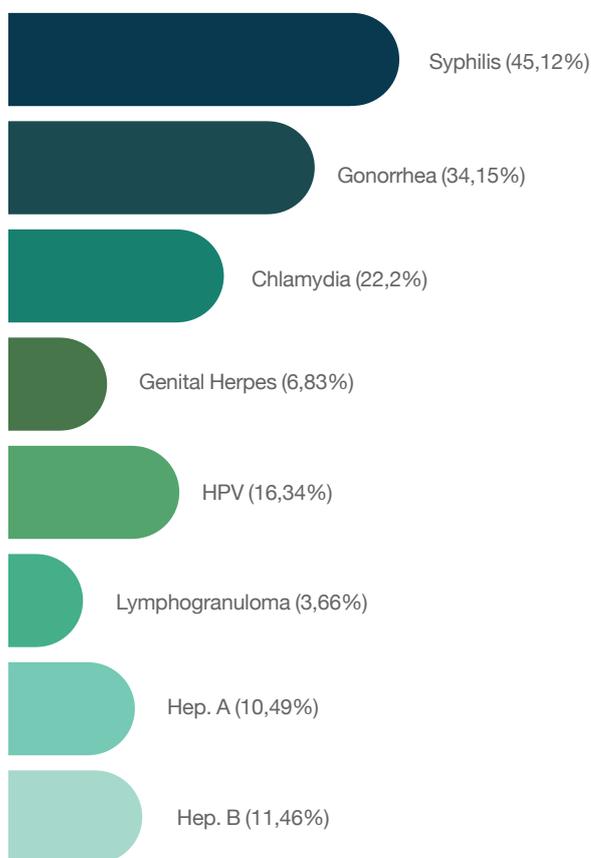
Amongst those that had done a Hepatitis C diagnostic test, a smaller number of them had obtained a positive result (10.9%), some of which were undergoing treatment (34.0%).



This data suggests that, just like with the HIV test, the target population is familiar with taking an HCV diagnostic test. Additionally, the percentage of men that are diagnosed with HCV and that have undergone treatment is much lower than in the case of HIV. This is clear in the marked differences between the medical recommendations with regards to HCV and the lack of accessibility to treatment on behalf of the patients. A small group presented co-infection, and had both HIV and HCV (9.26%). Taking this into account, the data obtained about sharing equipment to snort drugs, and less frequently, material used to share injections, we consider it highly important to design actions to promote the diagnosis of HCV amongst chemsex users.

To control the spread of STIs, monitoring risk behaviour and being up-to-date with recent changes in the consumption of non-prescription illegal drugs and their effects is fundamental. In this study, we analysed the habits of the target population when it came to taking tests

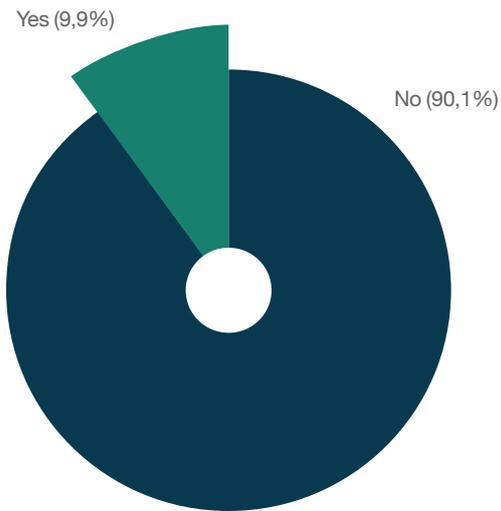
and having sexual health checks and we discovered that a high percentage of informants had done an STI test in the past year (84.36%), of which many were diagnosed with an STI (67.8%). Amongst the most common infections were syphilis (45.12%), followed by gonorrhoea (34.15%), chlamydia (22.20%), HPV (16.34%), Hepatitis B (11.46%), Hepatitis A (10.49%), genital herpes (6.83%) and lymphogranuloma venereum (3.66%). This data shows us that MSM that practice chemsex do take diagnostic tests for STIs. Amongst the diagnosed infections, we must highlight that Hepatitis A and Hepatitis B are preventable with vaccinations. One strategy to reduce the spread of these viruses could be a public health campaign aimed at promoting the Hepatitis A and Hepatitis B vaccines within the chemsex population. According to the data discovered by this investigation, and similarly echoed by other studies, there is a link between drug consumption and sexual risk behaviour and STI and HIV infection.



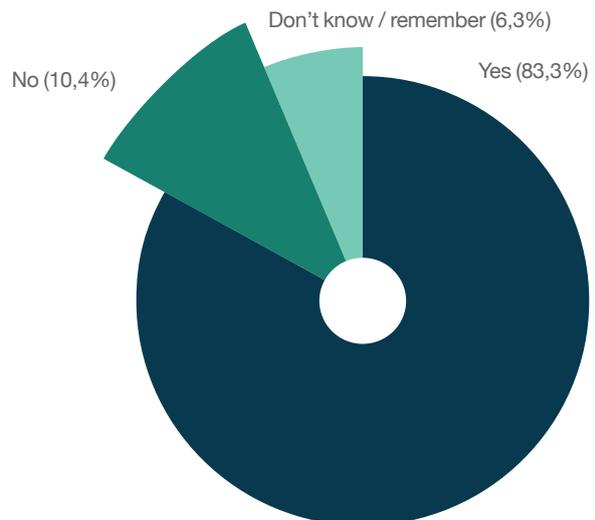
We also wanted to explore other health aspects, not just STIs but those related to psychological and emotional states. The majority of informants referred to having never have taken anti-depressants (90.1%). Amongst those

that stated that they did take antidepressant (9.9%), the majority had been prescribed them by their doctor (83.3%) and administered them according to medical guidelines (81.2%).

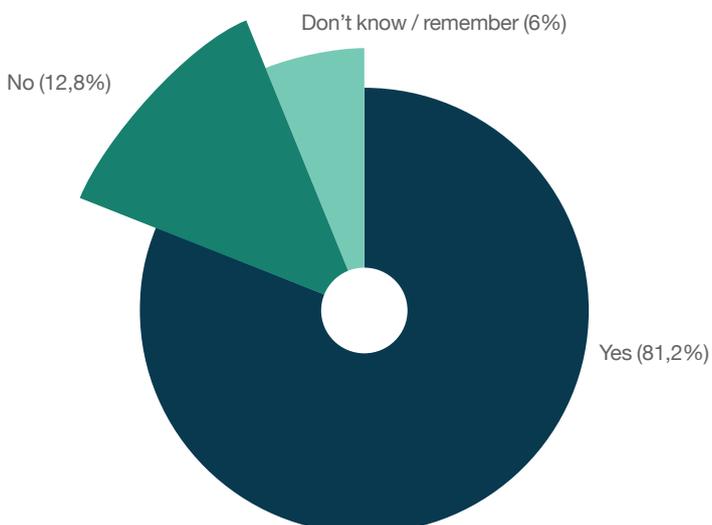
Do you take anti-depressants?



Are they prescribed by a doctor?

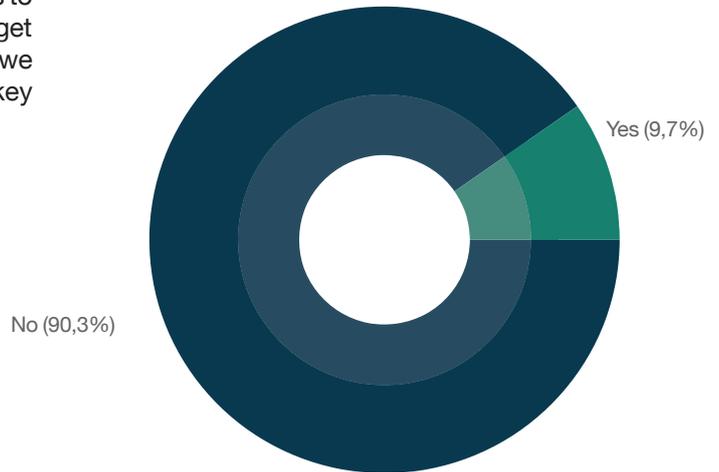


Do you follow the prescription guidelines?

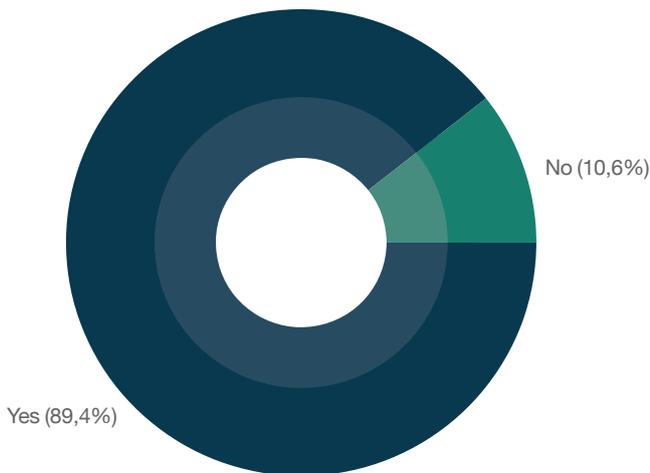


Additionally, informants were asked if they were taking any form of anxiolytic: the majority stated they weren't (90.3%) against those that were (9.7%). Amongst the latter group, the majority had been prescribed anxiolytics by their doctor (89.4%) and administered them according to medical guidelines (68.1%). We are unsure as to how those without a prescription from their doctor get hold of prescription drugs, but, if one were to guess, we might look to the black market and the internet as key sources.

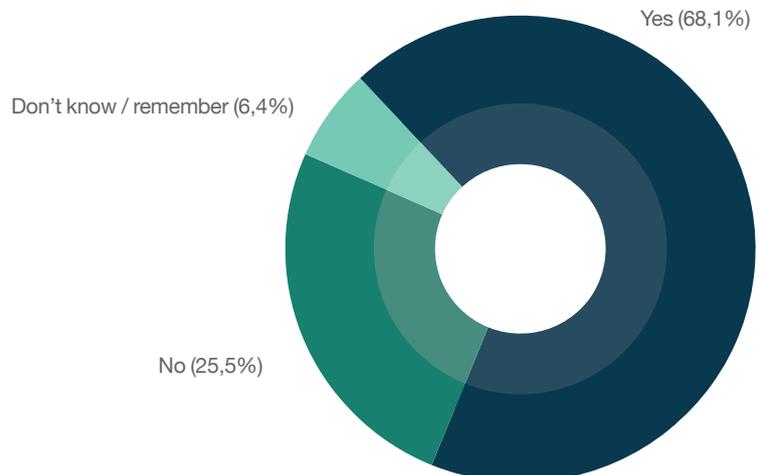
Do you take anxiolytics?



Are they prescribed by your doctor?



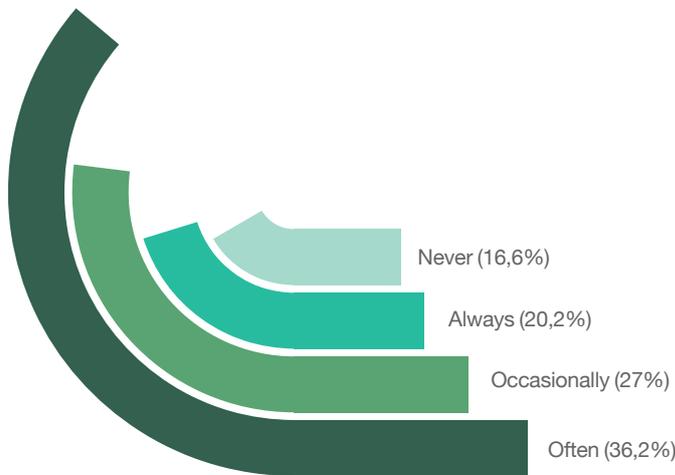
Do you follow the prescription guidelines?



Researching the emotional consequences of chemsex, we wanted to know if participants felt fulfilled after having sex under the influence of drugs. More than half revealed they frequently (36.2%) or always (20.2%) felt fulfilled. This is compared to another type of user that said they occasionally felt fulfilled (27,0%) and a smaller group who said they never felt fulfilled (16.6%). This

data show that chemsex users often feel fulfilled and at ease after sessions. Therefore, taking drugs in sexual encounters isn't perceived as being a problem by the informants, although there is a type of chemsex user for whom chemsex isn't satisfactory, which could be a sign of consumption problems.

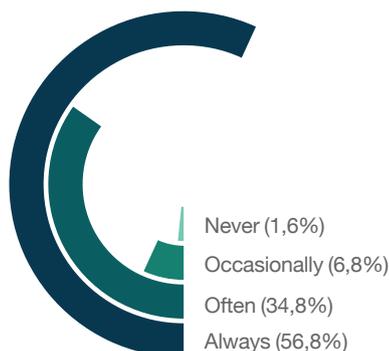
Do you feel complete or fulfilled after having sex and taking drugs?



When asked whether they feel like their sexual preferences are respected during chemsex, more than half of MSM said always (56.8%), followed by frequently (34.8%), occasionally (6.8%) and never (1.6%). This data shows that sexual preferences tend to be respected by

a high majority of chemsex participants, due to effective about the sexual behaviour that they hope will be enacted and the way in which they want it to be carried out, such as was reflected in the previous section in this study about sexual habits.

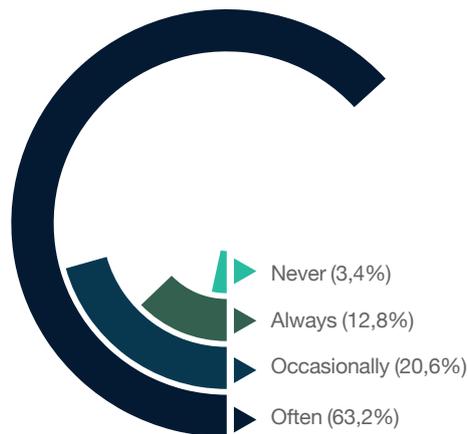
Do you feel your sexual preferences are respected when you take drugs and have sex?



The team wanted to determine whether or not the lived experiences of having sex and consuming drugs usually meet their expectations. More than half said it frequently did (63.2%), occasionally (20.6%), always (12.8%) and a small group said that their expectations in these meet

ups were never met (3.4%). According to this data, the lived experiences of chemsex met informants' expectations, therefore giving them the desired feeling of satisfaction.

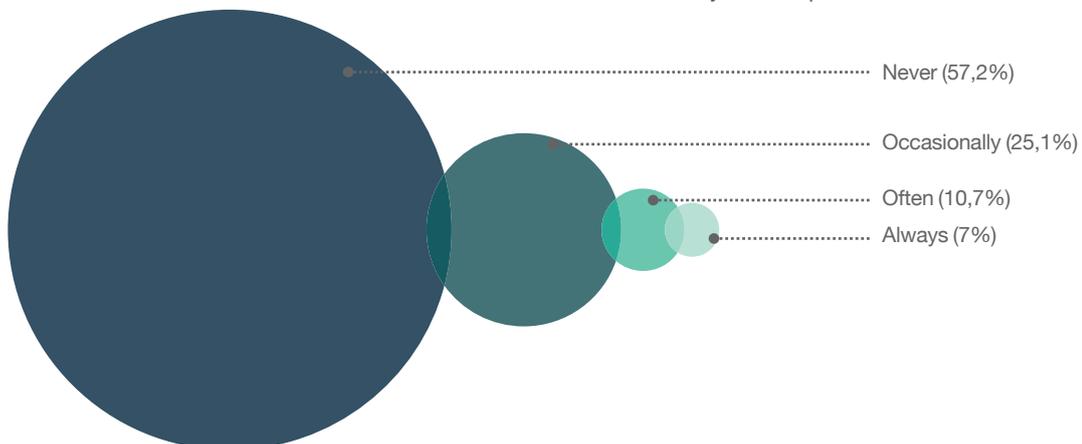
Do your lived experiences of having sex and consuming drugs meet your expectations?



Additionally, we wanted to know if informants considered chemsex a dangerous activity, so we asked them if they felt that by participating in sessions they were committing some sort of self-punishment. More than half said they had never felt like they were punishing themselves (57.2%) by practicing chemsex. A smaller group of informants said they had occasionally felt this (25.1%), followed by others that often did (10.7%) and those that always did (7.0%). Although many didn't con-

sider chemsex as a form of self-punishment, we can see that there is a smaller group of users who do perceive it this way and see it more for pain not pleasure. This type of user could be related to those men that refer to having lost control over their sex life or drug consumption. One could assume that these users don't have support networks or professionals to help them begin the detoxification process.

Do you feel like you are punishing yourself when you take part in these sessions?



With the aim of understanding the levels of drug addiction and/or sex amongst the target population, MSM informants were asked if their experiences of chemsex had at any point affected their personal, family or work relationships. More than half said never (52.9%) and others occasionally (34.2%), followed by those that revealed this often happened (8.8%) and those that said

always (4.1%). This data suggests that the majority of chemsex users have control over not just their drug consumption but also their sexual behaviour. Cases whereby a lack of control caused by chemsex had led to a deterioration in personal, family and work relationships were in their minority.

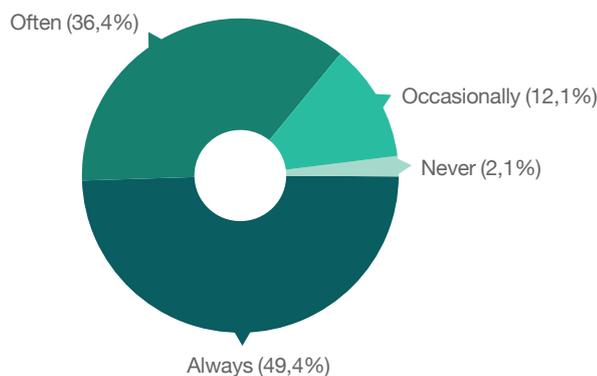
Have your experiences of taking drugs and having sex affected your personal, family or work relationships?



An indicator of if someone has an addiction problem related to chemsex is if they dispose of any leisure time that is unrelated to drugs and sex. When asked this question, the majority of informants stated they had always enjoyed leisure activities unrelated to chemsex (49.4%) or if not always, frequently (36.4%). A much smaller percentage of informants said they occasionally

enjoyed leisure activities outside of chemsex (12.1%) and few that had never had any (2.1%). We can glean from this that the average chemsex user enjoys leisure activities that go beyond the consumption of drugs and sexual encounters, choosing alternative ways of socially connecting with people in other environments other than purely sexual or drug-related settings.

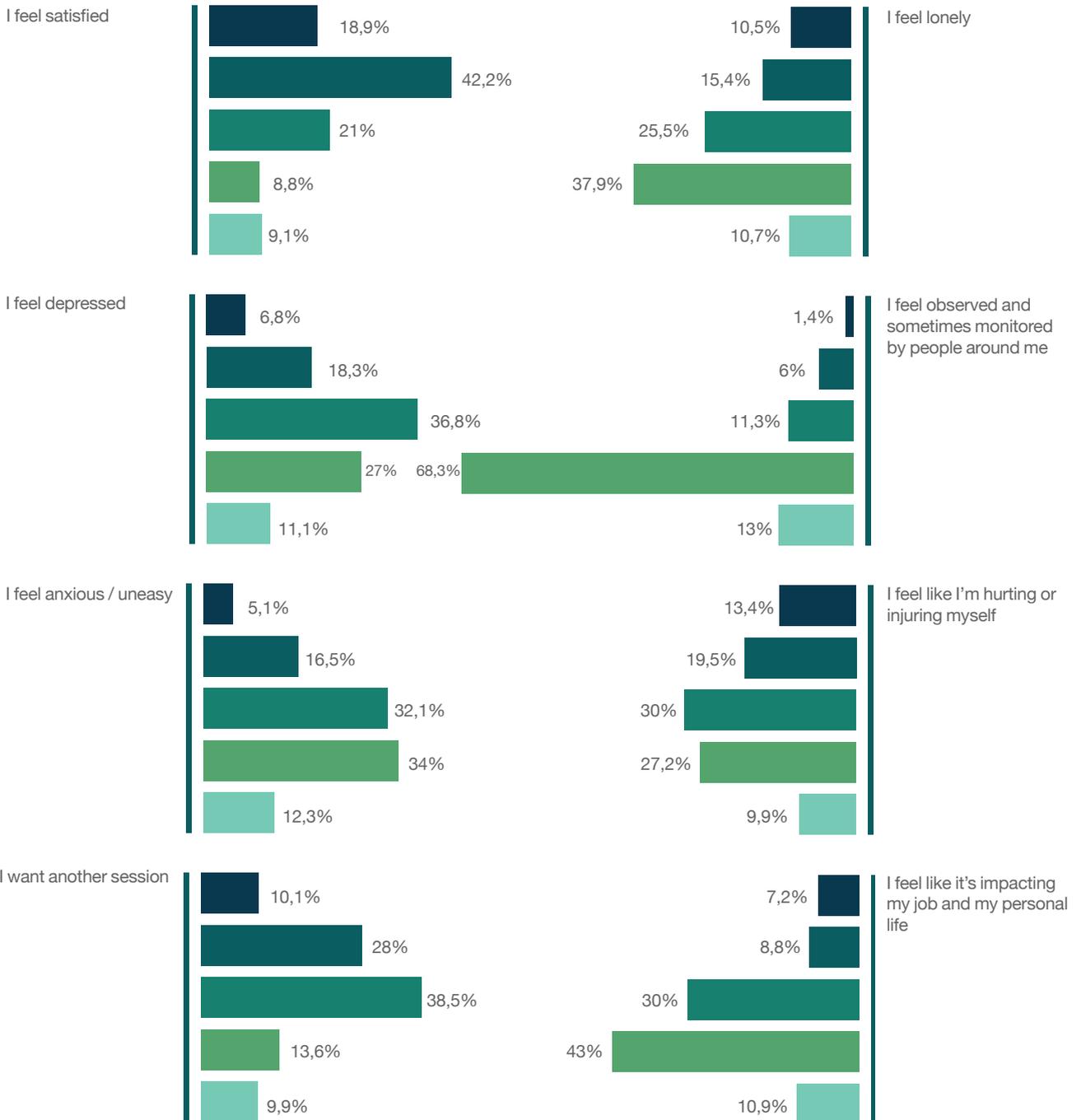
Do you dispose of any leisure time that is unrelated to drugs and sex?



HEALTH CONCERNS

Additionally, we were interested in the moods that informants would find themselves in during the days following chemsex sessions. We invited the informants to evaluate if they had experienced the following feelings:

lowing chemsex sessions. We invited the informants to evaluate if they had experienced the following feelings:



“I feel satisfied”. More than half of those questioned said they felt satisfied frequently (42.2%) or always (18.9%). A smaller percentage of individuals said they felt this occasionally (21.0%) or never (8.8%) and the remaining informants didn’t know/answer this question. From this we can conclude that feeling satisfied is quite common amongst MSM in the days after having chemsex. This corroborates what was previously stated earlier with regards to expectations being fulfilled in the sessions.

“I feel depressed”. Informants said they felt this occasionally (36.8%) and frequently (18.3%). A smaller group of men revealed that they always felt depressed (6.8%) but there was a substantial group of men who said never felt depressed (27.0%), and those that didn’t know or chose not to answer (11.1%). The feeling of loneliness is common in at least half of the men who said they felt depressed during the days following a chemsex session but this could be a symptom of withdrawal after having consuming said drugs.

“I feel anxious/uneasy”. Anxiety was experienced occasionally (32.1%) or frequently (16.5%) by informants, and less commonly, always (5.1%). A higher percentage of people stated they had never felt this feeling (34.0%) compared to those that said they didn’t know or chose not to answer (12.3%). The fact that anxiety is mainly experienced either occasionally or frequently could also be linked to withdrawal, comedown symptoms.

“I feel the desire to have another session”. The majority of informants said that, after a chemsex session, they had occasionally (38.5%) or frequently (28.0%) felt a desire to go back and take more drugs. To a lesser degree, we found that some men never felt this feeling (13.6%) but some always felt this (10.1%). Additionally, there was a small group that said they didn’t know or didn’t want to answer (9.9%). More than half of those questioned revealed to have felt a said desire to go back and consume more drugs after having taken part in a chemsex session. This reality could be a product of the process of abstinence after having recently consumed.

“I feel lonely”. A large majority said they felt lonely after chemsex either occasionally (25.5%), frequently (15.4%) and some even always (10.5%). However, there was a substantial group that said they never felt lonely (37.9%) and some that didn’t know or chose not to respond (10.7%). This data shows that it is common to feel lonely after practicing chemsex. We can’t relate this directly to the process of detoxing but it is likely there is some link.

“I feel observed and sometimes monitored by people around me”. The majority of people said they had never felt observed (68.3%). Others, however, felt this occasionally (11.3%), frequently (6.0%) or always (1.4%). The

rest of the informants said they didn’t know or didn’t want to answer (13.0%). In this case, the majority of MSM didn’t relate to having experienced this.

“I feel like I am hurting or injuring myself”. We can affirm that this is a common feeling amongst chemsex users, given that they either feel this occasionally (30.0%), frequently (19.5%) or always (13.4%). In a lesser case, we find those that have never felt this (27.2%) and those that didn’t know or didn’t want to answer (9.9%). This feeling of harming oneself could be correspond to the information one has about the negative impact of drugs on one’s health.

“I feel like it’s affecting my job and my personal life”. This feeling was common at least occasionally (30.0%) and in a lesser case frequently (8.8%) or always (7.2%). The rest of the informants said they had never felt this feeling (43.0%) or said they didn’t know or didn’t want to answer (10.9%). Although a significant number of those questioned said they had felt this at either occasionally or often, a significant majority said they had never felt this and therefore we can conclude that it’s not a regular feeling amongst chemsex users.

Conclusions

We can conclude that the profile of MSM that practice chemsex in Spain is; a native (71.6%), homosexual (96.1%) single (61.1%) man, whose lives in a large urban city, such as Madrid (46.9%) or Barcelona (42.2%). On average, he is 35 years old, has achieved university studies (67.9%) and is in work (83.5%). His motivations for practicing chemsex are to achieve higher sexual pleasure (77.4%) and better endurance (43.4%). He uses mobile phone apps to contact other men to set up chemsex meet-ups (77.8%), namely in apps such as Scruff (80.2%) and Grindr (72.0%) and most frequently consume drugs associated with sexual encounters in private residences (74.7%).

The most commonly consumed drugs are, amongst others, poppers (85.2%), followed by GHB (70.8%), Viagra and variants (70.4%), alcohol (69.1%), ecstasy (60.9%), mephedrone (56.0%) and methamphetamines (41.6%). These drugs are often supplemented with the poly-consumption of newer drugs that appear on the market, which therefore makes it impossible to limit the definition of chemsex as involving a specific set of drugs, more apt is the consumption of drugs taken in sexual contexts. The better-known drugs, such as cocaine and alcohol, are more often consumed alongside drugs that heighten sexual desire, such as poppers, GHB, Viagra and variants, mephedrone and methamphetamines. Amongst the different methods of administering said drugs, we find, although minimally, the method of injecting, known as slam. The most commonly injected drugs are heroin (14.3%), methamphetamines (11.2%), mephedrone (9.8%), ketamine (4.7%), Viagra and variants (2.1%), ecstasy (1.8%) and cocaine (0.8%). This method of administration has high health risks to the individual, including psychological breakdowns provoked by the chemical components of the drug and high risk of transmitting HIV and other STIs.

In general, men that practice slamming don't share injection material (87.7%) but many share equipment used to snort substances (85.2%), which could pose a risk to the transmission of the Hepatitis C virus (HCV). From the data collected, we can see that mephedrone is more commonly consumed in Madrid, while methamphetamines are more popular in Barcelona. For the most part, the profile of a chemsex user is someone that has never lost control over their consumption habits (53.7%). However, there is another type of user for which drug consumption is problematic, which feels out of control either frequently (10.7%) or always (3.1%). Amongst those that confirmed having lost control, a small minority had been to see a professional in search of help (15.8%). This statistic suggests that few of the men that showed signs of having a drug abuse problem sought professional help. This could be due to a lack of information about the healthcare support available for drug-addicts or also

due to the stigma around drug-addiction. A high majority of informants confirmed that they maintain sexual relations without drugs (83.0%), which shows us they do have sexual relations outside of chemsex sessions.

More than half of informants stated that taking drugs had influenced them in practicing unprotected sex (54.7%). With regards to receptive anal sex, this is more often performed with a condom, either always (22.4%) or frequently (19.5%). A similar trend emerged with insertive anal sex, which is either always (21.2%) or frequently (20.0%) performed with a condom. Amongst those that practiced anal sex without a condom, more than half didn't receive an ejaculation inside (54.1%) when they were receiving anal sex. However, when they were giving anal sex, we saw a slightly higher percentage ejaculated inside their sexual partner (54.0%). In the case of oral sex, this tends to be performed without a condom, both for insertive (77.2%) and receptive (76.1%). Fisting was found to be a minority practice and the use of globes was significantly minimal.

The sexual preferences of individuals and the sexual practices that are to be carried out are either always (44.9%) or frequently (34.8%) discussed prior to the chemsex sessions, and the decision whether to use a condom is always (50.8%) or frequently (26.7%) established. Furthermore, participants commonly inform other chemsex users about their HIV-status, either always (21.0%) or frequently (28.6%). Over half of chemsex users confirmed having felt a loss of control over their sex life, either occasionally (42.8%) or frequently (10.9%) and amongst those, only a small group had sought professional help to regain said loss of control (13.7%).

We can deduce from the data that chemsex users frequently take HIV tests (97.9%). Amongst those that obtained a positive result (48.1%), the majority were taking anti-viral treatment (96.1%) and had a undetectable viral load (95.3%). With regards to HCV tests, the percentage of MSM that take diagnostic tests is slightly lower (88.5%). Amongst those that obtained a positive result (10.9%), a small percentage were undergoing treatment (34.0%). This could be down to a recent infection or medical criteria that allow one to access treatment. There was a profile of MSM that had contracted both HIV and HCV (9.2%), however are unable to conclude whether they became infected with HCV having already been HIV positive or whether they contacted it afterwards.

A high majority of MSM that practice chemsex in Spain haven't taken an STI test in the last 12 months (84.3%) and more than half were diagnosed with at least one infection (67.8%). The most commonly diagnosed infections were syphilis (45.1%), gonorrhoea (34.1%) and chlamydia (22.2%). Others common viruses were He-

patitis A (10.4%) and Hepatitis B (11.4%), which, it is important to state, are two infections that can be prevented with correct vaccines administration.

Concerning the emotional state of informants, over half said they felt satisfied after a session, either always (20.2%) or often (36.2%). The data suggests that two different types of chemsex user profiles exist: those that feel satisfaction after the sessions and others for whom chemsex is more problematic than enjoyable. However, thanks to good levels of communication amongst chemsex participants established before sessions, sexual preferences are generally respected, either always (56.8%) or frequently (34.8%). We suspect that those that don't feel satisfied after the sessions may also belong to the group of people that don't discuss and agree on the sexual behaviour they wish to enact before the meet ups.

The high level of communication between MSM participants that assist chemsex sessions or meet ups means that their expectations of the sessions are met either frequently (63.2%) or always (12.8%). Furthermore, more than half of participants referred to never have felt like they were punishing themselves by engaging in chemsex (57.2%) compared to those that felt this occasionally (25.1%), frequently (10.7%) or always (7.0%). Almost half of MSM didn't see chemsex as having affected their personal, familiar or work relationships. However, the other half stated that chemsex had affected their personal or professional life either occasionally (34.2%), frequently (8.8%) or always (4.1%). Similarly, a high spectrum of informants said they did partake leisure activities unrelated to chemsex, either always (49.4%) or frequently (36.4%). Only a small minority didn't have leisure time outside of their chemsex environment. We therefore discover two distinct profiles: the first made up of men that consume drugs but are in control of their behaviour and the second made up of men who seem to have a substance abuse problem that affects other facets of their life and a distinct lack leisure activities outside consuming drugs and sexual contexts.

Many of the negative emotions listed in the questionnaire, such as "I feel depressed", "anxious/uneasy", "I feel lonely" or "I feel like I am harming myself", are related to the detoxification and withdrawal process after consuming certain drugs. The majority said they had never felt observed or watched (68.3%), although we find a small group has felt this occasionally (11.3%), frequently (6.0%) or always (1.4%). This reflects a risk of mental health problems in our target audience as a result of consuming drugs.

All of this data shows us that we must take a specific approach when analysing or treating chemsex users,

given that they are not just mere drug consumers but are at risk of potential physical, mental and sexual health risks. Information aimed at minimizing the dangers and risks that chemsex poses to users must be promoted, from the health impact of the principals drugs consumed to the risks posed to one's life due to preventable accidents in the practice of chemsex.

Furthermore, it is important to highlight that generic drug services are currently aimed at opiate users, and are often unaware of the needs of MSM that present poly-consumption, often of new drugs, in sexual environments. Clinicians are unfamiliar with this new reality and need to be trained about these new substances and their role in sexual intercourse. Coordinating these drug services with non-governmental institutions specialised in sexual health and STI clinics would create a valuable alliance in promoting the health of MSM that practice chemsex in Spain.

Ultimately, we conclude that drug consumption amongst MSM is frequent and must be measured, studied and analysed in order to design much needed strategies to reduce possible health risks, including the possible interactions and adverse effects of consuming drugs in who are undergoing HIV antiviral treatment.

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