

The chemsex phenomenon: keys to improving the institutional response

El fenómeno del chemsex: claves para mejorar la respuesta institucional

Raúl Soriano Ocón

Sociologist and Sexologist; Chemsex Consultant
ORCID: <https://orcid.org/0000-0002-9799-3787>

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The English term “chemsex” is a compound word that combines “chems” (a euphemism to refer to drugs) and sex. In London, chems (chemicals) was used in slang for decades to refer to drugs consumed by the gay community, and this expression was commonly used among consumers and dealers when calling or texting by phone. Chemsex, which combines the ideas of drugs and sex in the same term, first arose in the context of British consumers, and was then adopted by the healthcare providers who initially provided care services for this phenomenon (Stuart, 2019).

Unlike in the United Kingdom, the word Chemsex in Spain became popular in the field of technical literature, medical services and the media. While the people who use drugs refer to the idea in local slang as a session, high, chill, etc. the thing that is common

to our country and internationally is the use of the expressions “slam” or “slamming” to refer to injecting drugs in the context of sex (Soriano, 2017).

As defined in the consensus document by the European ChemSex Forum: “Not all sexualised substance use is chemsex”, this expression only refers to: “a particular type of sexualised substance practice amongst gay and bisexual men, other men who have sex with men (MSM), and trans and non-binary people who participate in gay ‘hook-up culture’” (European ChemSex Forum, 2019). It must be stated that since most of the evidence on chemsex is from studies that have exclusively addressed GBMSM men (gay, bisexual and other men who have sex with men), new studies are required to know the prevalence of these practices among other

— Correspondence: _____
Raúl Soriano Ocón
raul.australia@hotmail.com

LGTBIQ+ persons (Lesbian, Gay, Transsexual, Bisexual, Intersex, Queer and others).

In order to properly define exactly what the term chemsex actually refers to, it is worth differentiating it from other types of practices. There are different types of drug use, one of which is recreational. Some recreational drug use takes place in sexual contexts. Chemsex is a specific type of recreational use of drugs linked to the LGTBIQ+ culture.

The sexualised use of drugs is broader than the chemsex phenomenon as such, and can take different forms. It is sometimes related to certain specific contexts such as:

- The use of drugs by people who go to partner swapping and swingers clubs (Spauwen et al., 2015).
- The use of drugs in the context of female sex workers (Castaño, 2012; Meneses Falcón, 2010) and their clients (Pardo & Meroño, 2015).
- The use of drugs while watching pornography.
- Chemsex (Bourne et al., 2014).

These consumption scenarios and the profiles of the persons who engage in them have different characteristics and epidemiological, economic and cultural circumstances. There are different patterns of consumption and behaviour in each of these environments. Relevant differences can be observed in the choice of substance, how they are sourced, the duration of the consumption/sex episode, the number of participating sexual partners, where they take place, the type of sex, the prevalence and use of injected drugs, the prevalence of

HIV (Human Immunodeficiency Virus) and other STD (Sexually Transmitted Diseases) in each population group, and the meaning of these practices for the participants, etc. (Ministry of Health. National AIDS Plan. Chemsex work group, 2020).

There are still some significant gaps in our knowledge of the prevalence and characteristics of each of the different types of sexualised use of drugs. The choice of one substance or another for sex represents a particularly relevant aspect, since the consumption of certain drugs can entail higher health risks. In the case of heterosexuals, evidence suggests that the most widely used substances in this area are alcohol, cannabis and MDMA (Methylenedioxymethamphetamine) (Íncera-Fernández et al., 2022; Lawn et al., 2019).

In the case of chemsex, substances such as mephedrone and other synthetic cathinones, GHB, cocaine, ketamine, methamphetamine and poppers (among others) are used most widely. The effects of some of these drugs cause euphoria and excessive disinhibition, which in this context can lead to extreme activities, including long sessions of sex that can last for many hours or even several days (European ChemSex Forum, 2019; Ministry of Health. National AIDS Plan. Chemsex work group, 2020).

Chemsex has attracted much attention in recent years and was declared to be a public health problem in Madrid and Barcelona in 2017. There is a need for improved monitoring of the impacts on disease and health of the sexualized use of drugs. Since then, there has been an increase in requests for treatment at the addiction treatment services in both cities. In Madrid alone, requests



for treatment at drug addiction care centres (CAD) related to chemsex rose from 50 in 2017 to 351 in 2021 (Madrid Salud, 2022). In the case of Barcelona, requests for treatment at the addiction treatment services related to chemsex rose from 1.5 percent in 2016 to over 5 percent in 2020 (Agència de Salut Pública de Barcelona, 2021).

There is growing concern about the impacts of chemsex on public health. Intensive, continuous chemsex can have serious consequences for health, including the risk of HIV and other STD infection, problematic consumption of substances, addiction, mental health problems, physical impairment, hyper-sexualization of leisure, poor performance at work or school, and a deterioration in primary healthcare networks, in addition to what has been previously described (Ministry of Health, 2020a).

In terms of available data on chemsex in Spain, most of the studies exclusively address GBMSM men. In the EMIS-2017 study, 14.1% of the participants referred to having taken stimulant drugs in the last 12 months to make sex more intense and last longer, and 7.6% said they had done so in the last 4 weeks (Ministry of Health, 2020b). In a study by Guerras et al., the prevalence of chemsex among GBMSM men in the last year was 7.5% (Guerras et al., 2022). In the HomoSalud-2021 study, the prevalence of drug consumption with the intention of making sex last longer was 9.4% (Stop et al., 2021).

Chemsex mostly takes place in private homes, although it can also occur in saunas, sex clubs, hotels, cruising zones, and other places (Ministry of Health, 2020b; Stop et al., 2021). In terms of the number of partici-

pants, chemsex sessions can be one-on-one (with a casual or stable partner), a three-some or group sex. However, there are also people who engage in this practice alone when watching pornography or interacting on-line with other participants (Íncera et al., 2021; Ministry of Health, 2020b; Ministry of Health. National AIDS Plan. Chemsex work group, 2020; Stop et al., 2021).

A single episode of chemsex can take place in one place or in several places, involving private homes, sex establishments, etc. A single chemsex episode can also include different numbers of participants, for example a threesome and then group sex, and finally watching pornography alone at home. The effects of some substances can make sleep difficult, or can affect excitement, thus prolonging sex.

Studies have described the link between apps and chemsex; Apps are often used for the purchase or sale of substances or for offering sessions to share them (Soriano, 2017). Further knowledge on how technology is used can help professionals to better understand the mechanics and interaction that take place during the sexualised use of drugs.

Different studies have shown how chemsex is more prevalent among GBMSM men with HIV (Guerras et al., 2022; Íncera et al., 2021; Ministry of Health, 2020b; Stop et al., 2021). Other studies have identified a higher prevalence among several subgroups of GBMSM men: men on PrEP (Pre-Exposure Prophylaxis) treatment, migrants from Latin America and male sex workers.

Chemsex practices also arise in a population group where there is a higher prevalence of sexually transmitted diseases, and which

in general has worse mental health. The evidence provided in the European Commission's report states that lesbian, gay and bi-sexual individuals are two to three times more prone to having long-term psychological or emotional problems (including suicidal ideation and suicide, substance abuse and self-harm) than the general population (European Union, 2017).

People who engage in chemsex can be affected by mental disorders at different times: before engaging in chemsex, during chemsex or as a result of it. The main psychiatric disorders associated with chemsex are: anxiety, depression, psychosis, suicidal behaviour and disorders brought on by the consumption of substances, and complex trauma and post-traumatic stress disorder resulting from earlier traumatic experiences in life, which in many cases overlaps with other mental health issues (Curto et al., 2020).

Engaging in chemsex does not necessarily have to be problematic, nor is it pathological in itself (Curto et al., 2020). Not everyone starts from the same baseline, nor do the same vulnerability factors converge, and consumption patterns and sexual behaviours can vary greatly. The available data show that poly-consumption is a common practice in this field, which in itself is concerning since consuming different drugs with different effects within a short period of time increases the risk of serious intoxication or overdose. On the other hand, it has been observed that the use of intravenous drugs, and methamphetamine (when smoked) can cause a serious substance consumption disorder (Curto et al., 2020).

When problems stemming from chemsex arise, they can affect health in different ways. Therefore, medical care in different areas of expertise and disciplines is required, involving different social and healthcare resources, primarily related to mental health, addictions and sexual health. The centres and services that play a higher profile role in providing care for chemsex users are: drug services, sexual health clinics, LGTBQ+ community based organisations, HIV community based organisations, HIV treatment services, mental health services and hospital emergency services (Catalonia Regional Government. Sub-Directorate General for Drug Addiction, 2021; Ministry of Health, 2020a).

On the other hand, LGTBQ+ community organisations, and those dealing with HIV, have been pioneers in responding to chemsex related problems, and some of these play a fundamental role in dealing with them (Catalonia Regional Government. Sub-Directorate General for Drug Addiction, 2021; Ministry of Health, 2020a). These entities have privileged access to the target population, and they therefore play an essential role in prevention, identification and guidance, and also in establishing channels to facilitate participation by people who engage in chemsex.

This participation is particularly relevant in terms of prevention, since the idiosyncrasy of chemsex pertains to a subculture within the LGTBQ+ sexual culture. Without collaboration of the people who are actually a part of this subculture, it would be hard to learn about their sensitivities, communication codes, motivations, fears, concerns and the barriers they perceive. From a community perspective, the choice of communication channels is also important,



including communication on gay dating Apps and other virtual communication platforms (Soriano, 2019).

Risk reduction, both that related to sexual practices and the risk related to the consumption of substances, is among the approaches initially used to guide chemsex prevention (Catalonia Regional Government. Sub-Directorate General for Drug Addiction, 2021; Ministry of Health, 2020a). One of the areas in which there is still room for further exploration is related to responding to hyper-sexualised leisure, promoting healthy leisure alternatives and spaces for non-sexualised community socialising (Soriano, 2019).

KEYS TO IMPROVING THE INSTITUTIONAL RESPONSE

Insofar as research is concerned, the results of studies carried out in this field tend to be rather limited. This is due to the lack of consensus among research teams when establishing which substances can be defined as chemsex, why people engage in it or who it actually affects. Teams and institutions working in this field need to engage in international dialogue in order to reach an agreement and establish a common basis that permits advances in the knowledge and understanding of this phenomenon.

Healthcare in this area tends to be fragmented, due to the number of resources and professionals who provide care. It is therefore necessary to implement models that include coordination between professionals in the different fields involved in this type of care (Catalonia Regional Government. Sub-Directorate General for Drug

Addiction, 2021; Ministry of Health, 2020a). It is also necessary to define the care circuits in the National Health System in the main cities, including the role to be played by community entities. One proposed method to simplify the circuit would be to create integrated centers with services provided by different specialists in the same physical space. This could be achieved by bringing addiction specialists to centers that already provide care for the target population, such as community or STD-related organizations (Ministry of Health, 2020a). Cooperation between public healthcare services and community organisations is considered a good practice.

Another pending matter in regard to healthcare for people who engage in chemsex (and those who require care related to the use of other sexualised drugs), is to identify the patient profile at the addiction treatment services. Most regions do not have data on the number of people who have requested professional care related to the sexualised use of drugs. As described in the 2017-2024 National Addictions Strategy, information systems and epidemiological monitoring tools need to be further developed and enhanced in order to obtain and analyse up-to-date data on addictions, their patterns and trends, and also their impact on public health.

Another key item regarding proper care for people who engage in chemsex is improving the training of the specialists who provide this type of care. A considerable effort has been made in recent years in this area, both at the state level and in some autonomous regions (Region of Madrid, Catalonia and the Canary Islands). In accordance with the international con-

sensus on jointly addressing the aspects of sexual behaviour and consumption, training has focused on a comprehensive approach. Part of the content included in the different training courses that have been held involves acquiring LGBTQ+ culture skills, which are necessary to provide specialized, inclusive healthcare without moral prejudices (Belza et al., 2018).

Nevertheless, there is still considerable demand for specific training, and many regions today have still not implemented these initiatives.

The importance of training has been defined in the 2021-24 Addictions Action Plan by the Ministry of Health, which includes training on chemsex, with the aim of “improving the training of all professionals involved in treating addictions” (Ministry of Health, 2021a). On the other hand, the Strategic 2021-2030 Plan for the Prevention and Control of HIV and other STD Infections of the Ministry of Health establishes that “the training of healthcare and socio-healthcare professionals will be promoted in regard to chemsex aspects, and its inclusion in the study plans and training for professionals in the public administration” (Ministry of Health, 2021b).

Finally, in regard to prevention, collaboration and dialogue between administrations, community organisations and businesses needs to be stepped up, including the training of professionals, volunteers, peers, policymakers and the leisure industry. Moreover, in addition to the efforts made to design and publish material on reducing risks for people who engage in chemsex, emphasis should be placed on selective prevention, addressing persons who have been exposed

to chemsex but who have not yet engaged in this practice (Soriano, 2019).

REFERENCES

- Agència de Salut Pública de Barcelona. (2021). *Pla d'Acció sobre Drogues i Addiccions de Barcelona 2021-2024*. <https://www.aspb.cat/pladroguesadiccionsbcn-2021-2024/>
- Belza, M., Martín-Pérez, A., & Soriano, R. (2018). A national training model for an interdisciplinary approach to ChemSex in Spain. *Póster Presentado al 2nd European ChemSex Forum. Berlín. Alemania*.
- Bourne, A., Reid, D., Hickson, F., Torres, S., & Weatherburn, R. P. (2014). *The Chemsex study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark and Lewisham*. <https://researchonline.lshtm.ac.uk/id/eprint/2197245/1/report2014a.pdf>
- Castaño Ruiz, V. (2012). Pautas y modelos de consumo abusivo de drogas en mujeres que ejercen la prostitución. *Fundación Atenea*. https://www.drogasextremadura.com/archivos/Pautasymodelosdeconsumo_abusivodeDrogas.pdf
- Curto, J., Dolengevich, H., Soriano, R., & Belza, M. (2020). Abordaje de la salud mental del usuario con prácticas de chemsex. In *mscbs.gob.es*. https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/chemSex/docs/Abordaje_salud_mental_chemsex.pdf
- European ChemSex Forum. (2019). *A call to action for effective responses to problematic chemsex*. <https://ihp.hiv/chemsex-position-paper/>



- European Commission. (2017). *State of the art. Study focusing on the health inequalities faced by LGBTI people*. http://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en.htm#fragment2
- Generalitat de Catalunya. Departament de Salut. Agència de Salut Pública de Catalunya. Subdirecció General de Drogodependències. (2021). *CHEMSEX prevenció, detecció i abordatge a Catalunya*. https://drogues.gencat.cat/web/.content/minisite/drogues/contingutsadministratiu/chemsex/chemsex_prevenio-deteccio-i-abordatge-a-Catalunya_def.pdf
- Guerras, J.-M., Hoyos, J., Agustí, C., Casabona, J., Sordo, L., Pulido, J., de la Fuente, L., Belza, M.-J., grupo de trabajo Euro HIV EDAT, el, Hoyos Miller Escuela Nacional de Sanidad Pabellón, J., Fernández, S., Fernández, L., Maté, T., Meulbroek, M., Pujol, F., Pérez, F., Benayoun, S., Rios, L., Laporte, V., ... Rafel Mario Poljak, A. (2022). Substance use in sexual context among Spanish resident men who have sex with men. *Julio*, 34(1), 37–50. <https://doi.org/10.20882/adicciones.1371>
- Íncera, D., Gámez-Guadix, M., Ibarguchi, L., & Zaro, I. (2021). *Aproximación al CHEMSEX 2021: Encuesta sobre hábitos sexuales y consumo de drogas en España entre hombres GBHSH*.
- Íncera-Fernández, D., Román, F. J., & Gámez-Guadix, M. (2022). Risky Sexual Practices, Sexually Transmitted Infections, Motivations, and Mental Health among Heterosexual Women and Men Who Practice Sexualized Drug Use in Spain. *International Journal of Environmental Research and Public Health*, 19(11), 6387. <https://doi.org/10.3390/ijerph19116387>
- Lawn, W., Aldridge, A., Xia, R., & Winstock, A. R. (2019). Substance-Linked Sex in Heterosexual, Homosexual, and Bisexual Men and Women: An Online, Cross-Sectional “Global Drug Survey” Report. *The Journal of Sexual Medicine*, 16(5), 721–732. <https://doi.org/10.1016/j.jsxm.2019.02.018>
- Madrid Salud. (2022). *Plan de Adicciones de la Ciudad de Madrid 2022-2026*. <https://madridsalud.es/pdf/PLAN%20DE%20ADICCIONES%2022-26.pdf>
- Meneses Falcón, C. (2010). Usos y abusos de drogas en contextos de prostitución. *Revista Española de Drogodependencias*, 35(3), 329–344. https://www.aesed.com/descargas/revistas/v35n3_5.pdf
- Ministerio de Sanidad. (2020a). *Abordaje del fenómeno del chemsex*. https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/chemSex/docs/CHEMSEX_ABORDAJE.pdf
- Ministerio de Sanidad. (2020b). Encuesta europea on-line para hombres que tienen sexo con hombres (EMIS-2017): resultados en España. In *Community Health*. https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/docs/EMIS_Report_07052020.pdf
- Ministerio de Sanidad. (2021a). *Plan de acción sobre adicciones 2021–24*. https://pnsd.sanidad.gob.es/pnsd/planAccion/docs/PlanASA_2021-24_aprobado.pdf
- Ministerio de Sanidad. (2021b). *Plan de Prevención y Control de la Infección por el VIH*

- y las ITS 2021-2030 en España. https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/plan-NalSida/Plan_de_Preencion_y_Contrroll.pdf
- Ministerio de Sanidad. Plan Nacional sobre el Sida. Grupo de trabajo sobre chemsex. (2020). *Preguntas y respuestas sobre chemsex*. https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/chemSex/docs/Documento_preguntas_chemsex.pdf
- Pardo Herrero, E., & Meroño Salvador, M. (2015). *Estudio cualitativo sobre clientes de la prostitución*.
- Soriano Ocón, R. (2017). El chemsex y sus vínculos con el uso de aplicaciones de geolocalización entre hombres que tienen sexo con hombres en España: un análisis etnográfico virtual. *MONOGRÁFICO*, 5. <https://www.revistamultidisciplinardelsida.com/el-chemsex-y-sus-vinculos-con-el-uso-de-aplicaciones-de-geolocalizacion-entre-hombres-que-tienen-sexo-con-hombres-en-espana-un-analisis-etnografico-virtual/#>
- Soriano Ocón, R. (2019). Prevención en el contexto del chemsex. *MONOGRÁFICO*, 7. <https://www.revistamultidisciplinardelsida.com/prevencion-en-el-contexto-del-chemsex/>
- Spauwen, L. W. L., Niekamp, A.-M., Hoebe, C. J. P. A., & Dukers-Muijters, N. H. T. M. (2015). Drug use, sexual risk behaviour and sexually transmitted infections among swingers: a cross-sectional study in The Netherlands. *Sexually Transmitted Infections*, 91(1), 31–36. <https://doi.org/10.1136/sextrans-2014-051626>
- Stop, CEEISCAT, Coalition PLUS, UAB, & Ciberesp. (2021). *Consumo recreativo de drogas y su uso sexualizado (chemsex) en hombres gay, bisexuales y otros hombres que tienen sexo con hombres (GBHSH) de ESPAÑA (Estudio HomoSalud, 2021): Informe de resultados*. https://stopsida.org/wp-content/uploads/2021/05/HOMOSALUD_Informe_13052021-1.pdf
- Stuart, D. (2019). Chemsex: origins of the word, a history of the phenomenon and a respect to the culture. *Drugs And Alcohol Today*, 13(1). <https://doi.org/10.1108/DAT-10-2018-0058>