Monograph | Editorial

Public policies and chemsex

Políticas públicas y chemsex

Raúl Soriano Ocón[1] and Josefina Alventosa del Río[2]

[1] Sociologist. Chemsex Consultant. Valencia. Spain.
ORCID: https://orcid.org/0000-0002-9799-3787

[2] Professor of Civil Law. Department of Civil Law. Faculty of Law. University of Valencia. Spain.
ORCID: https://orcid.org/0000-0002-5484-9101

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The term "chemsex" originated in the United Kingdom as slang among gay men who engaged in sexualised use of methamphetamine and other drugs (Stuart, 2019). This expression stems from the combination of two words: "chems" (chemicals, a euphemism referring to substances) and "sex". While there are various forms of sexualised drug use, chemsex is just one of them, corresponding to a specific sexual and drug use culture.

As stated in the 2019 document published by the European ChemSex Forum and developed with the interdisciplinary participation of professionals from various countries, Not all sexualised substance use is chemsex. Instead, this concept specifically 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).

As with other emerging phenomena, tensions have also arisen among professionals with varying perspectives on the understanding and conceptualization of chemsex. Even today, different documents and studies on this topic establish their own definitions of chemsex. At times, they differ regarding the

– Correspondence:
Raúl Soriano
Email: raul.australia@hotmail.com

population to which the practices refer (often studies exclusively target gay men, bisexuals, and other MSM, without including, for instance, trans women or non-binary people).

When comparing these studies, differences also emerge regarding the substances that some consider to be associated with chemsex. For instance, certain research (especially within the British context) confines it to mephedrone, GHB, and methamphetamine (Bourne et al., 2014). However, systematic review works display studies that encompass a broader range of substances (Amundsen et al., 2023). Some behavioral studies emphasise the consumption of stimulant substances (Ministry of Health, 2020b). Similarly, some works define chemsex based on the intentionality or motivation behind the practices (for instance, intentional drug use to maintain sex for a longer period) (Stop et al., 2021).

This variability in definitions and conceptualizations carries significant negative consequences. Primarily, it hampers the comparability of study outcomes within this field, making it challenging to understand the epidemiological situation and track its evolution. The fact that such diverse definitions are employed underscores the evident lack of consensus in this domain. Therefore, fostering interdisciplinary international meetings to achieve consensus should be a priority.

So far, specific international meetings and forums on this phenomenon have primarily been driven by civil society. Community-based organizations, both within the LGBTI+ community and in the HIV sphere, have been pioneers in establishing specialised assistance services for chemsex. Through their gatherings, they have called to action for effective responses to problematic chemsex.

It is essential to once again acknowledge the tremendous merit and outstanding work conducted at the forefront by the ChemSex Forum. They have aimed to accelerate, broaden, and enhance the response to chemsex across Europe and globally. Despite their vast potential, such initiatives have not always been able to secure the necessary resources to continue driving this mission forward. Since the pre-pandemic gathering in Paris in November 2019 (3rd European ChemSex Forum Report. Paris, 2019), this specific format of an international monographic forum and face-to-face meeting on chemsex has not been reconvened.

At the same time, there is a growing concern among public health authorities about the phenomenon, as accumulating evidence indicates that the intensive and sustained practice of chemsex can have severe health implications. These implications include: a high risk for acquiring and transmitting HIV and other STIs, problematic substance use, addiction, and other impacts on mental health, among other described situations.

Currently, patterns of extended sessions of sexualised drug use characterizing the chemsex phenomenon are being reported in an increasing number of countries and regions. There is also specific concern regarding the use of methamphetamine and the extent of injected use in this context.

The magnitude of the challenges posed by this phenomenon highlights a notable absence of stronger commitment from European and global institutions in the fields of public health and addiction regarding the response to chemsex. In the absence of institutional leadership that provides coordination, consensus-building spaces, and drives the core tenets of public policies in this area,

there is a risk that response initiatives occur in an atomized, uncoordinated manner, resulting in weak or fragmented outcomes.

Beyond the need for consensus regarding the definition, there is also a pressing need to advance coordination on aspects such as screening procedures and tools, updating information systems to capture the health impacts of chemsex practices, and designing specific health indicators. To provide a specific example, it would be pertinent to understand the trend in the number of treatment requests received at addiction treatment centers related to chemsex practices.

In the European context, it has been identified that treatment services for drug and sexual health problems are typically funded separately, and services often have different eligibility criteria and catchment areas. This may be particularly challenging for groups with complex needs for whom 'joined-up' care would be particularly indicated.

Improving data collection and encouraging research is essential if the extent of problems related to co-occurring drug use and sexual activity is to be better understood (Bowden-Jones FRCPsych MBChB, 2017).

Certainly, the growing concern about the expanding prevalence of chemsex practices may be an opportunity to formulate public policy responses that also encompass other sexualised drug uses from a more comprehensive perspective. Indeed, when it comes to epidemiological surveillance indicators, it is particularly beneficial to separately record chemsex and other sexualised drug uses to clearly monitor both dimensions in parallel.

Regarding the Spanish context, it can be unequivocally stated that the response from public policies concerning chemsex in Spain has made considerable progress in recent years. At the national level, specific mentions of chemsex are included in both the HIV and STI Prevention and Control Plan 2021-2030 (Ministry of Health, 2021) and the National Strategy on Addictions 2017-2024 (Ministry of Health, 2017).

Furthermore, the Ministry of Health has also published technical documents to organise and specify the institutional response, such as "Approaching the chemsex phenomenon" (Ministry of Health, 2020a) and the document: "Addressing the mental health of users engaged in chemsex practices" (Curto et al., 2020). Both were initiated in 2020 by the Division for the Control of HIV, STIs, Viral Hepatitis, and Tuberculosis, and by FCSAI respectively. The Division has also organised various initiatives in the same vein of institutional collaboration, including two seminars titled: "The chemsex phenomenon and its approach from public policies."

The Ministry of Health's website features a section dedicated to chemsex, housing various documents of interest on the subject, including specialised monographs. Regarding training, since 2017, the National School of Health, in coordination with FCSAI, has been offering annual specialised training courses on integrated approaches to chemsex. These courses are recognised with an official certification of three European ECTS credits (Soriano & Belza, 2023).

Regarding the regional level, various Autonomous Regions have already incorporated chemsex into their Addiction Strategies and Plans. Numerous specialised training courses have also been conducted, and monographic public policy documents on chemsex have been published. Examples include: "Chemsex: prevention, detection,

and approach in Catalonia" (Generalitat de Catalunya, 2021) and the upcoming publication of the "Initiative for a Coordinated Response to the chemsex Phenomenon in the Madrid Region 2023-26."

At the municipal level, chemsex has been extensively addressed in the addiction plans of various cities. The Madrid City Council has also implemented specific actions such as the PAUSA program aimed at engaging with chemsex users (Soriano et al., 2021). Additionally, the recording of treatment demands related to this phenomenon by drug services has been established (Instituto de Adicciones. Madrid Salud, 2023). Another initiative adopted in several cities involves analysing substance samples provided by individuals engaged in chemsex practices.

In addition to these efforts, community-based organizations have implemented numerous specific actions concerning chemsex, aligned with existing public policies and often subsidised with public funds. Among them are: interdisciplinary professional care services, prevention and harm reduction campaigns, publication of informative materials, awareness-raising activities, organization of conferences and training courses, leisure and free-time activities, research initiatives, and actions driven by chemsex users. Furthermore, scientific societies and universities are also increasingly paying attention to this phenomenon.

Despite all these advancements and innovation, at times, the fragmentation observed in the international response to chemsex can also be reflected within the various territories in Spain. Generally, the regions where these practices are more prevalent also tend to have a more extensive range of specialised care services and prevention initiatives. However, currently, chemsex is no longer solely practiced in major cities.

Among the multiple factors that could have facilitated and contributed to the spread of these practices to more territories, there would be the presence of major international festivals geared towards the gay community, the culture of using gay dating apps, or the increasing ease of transportation between cities, such as through high-speed train networks or low-cost flights. Behavioral studies indicate a growing spread of these practices in more cities. This aligns with the increasing demand for training from professionals across various provinces, who report receiving requests for assistance from chemsex users (Soriano & Belza, 2023).

The study conducted by the Madrid City Council on chemsex users who sought treatment at the city's drug services indicates that the average time from the onset of consumption to seeking treatment by these users was 5.7 years (Instituto de Adicciones. Madrid Salud, 2023). Hence, there is a growing concern to ensure that all regional services are prepared to provide appropriate professional care to users, regardless of their place of residence, as soon as possible.

Undoubtedly, new efforts in training will likely be necessary. However, there is also a need to boost prevention actions, screening, and improve specialised care quality. Likewise, facilitating better access to specialised care services is essential, including the publication and dissemination of care pathways in each territory and establishing coordination and referral mechanisms among key stakeholders. Every individual facing health issues related to these practices should receive appropriate care, regardless of the city in which they live.

In Spain's context, all these policies can be anchored in our country's legislation. Within our legal framework, there is not specific legislation that addresses all the legal issues stemming from the practice of chemsex. However, there is existing legislation, particularly within the healthcare domain, that, albeit in a general sense, must be considered when addressing the legal aspects of this practice.

Thus, the Spanish Constitution of 1978 stands as a particularly suitable means to support a legal policy ensuring the right to adequate care without causing any form of discrimination. As the supreme legal norm of our legal system, it has direct applicability, to which all citizens and public authorities are subject (art. 9.1 CE), and to which all provisions and principles governing said system must adhere. Particularly noteworthy is its First Title, which encompasses fundamental rights and public freedoms, prominently featuring pivotal articles 10 and 14. These articles uphold respect for human dignity, among other aspects, and the principle of equality for all individuals. Moreover, it is essential to emphasise that within this context, the right to health protection is recognised as both a public and individual good (arts. 43 and 15 CE), stipulating that it is the responsibility of public authorities to organise and safeguard public health through preventive measures and the necessary provisions and services.

On the other hand, the healthcare sector may be the area where the coverage provided to individuals affected by chemsex is most pertinent. In our country, there is abundant healthcare legislation. However, among all of them, particular emphasis should be placed on the foundational laws governing healthcare. These notably include the General Health Law dated 25th April 1986, Law 41/2002 of 14th November, which regulates patient autonomy and rights and obligations concerning clinical information and documentation. Additionally, the relevant regional legislation on this matter, the Public Health General Law 33/2011, the Cohesion and Quality of the National Health System Law 16/2003, and the health laws of the various Regions are also significant.

The General Health Law establishes the constitutional values and principles, indicating that the resources and actions of the healthcare system will primarily focus on promoting health and preventing diseases (art. 3.1). It outlines fundamental principles governing both public and private healthcare, such as respect for human dignity and personality, equality and non-discrimination, respect for patient privacy, confidentiality, and professional secrecy, as well as the autonomy of will and voluntariness in healthcare treatments, among others. These are enshrined as patient rights. Notably, it expressly states that actions by Public Health Administrations will aim to guarantee healthcare in all cases of health loss and the right to obtain medicines and healthcare products deemed necessary to promote, preserve, or restore their health (Arts. 6 and 10).

Consequently, in Law 33/2011, the General Public Health Law, principles such as equity, transversality across all policies—whether healthcare-related or not—relevance, precaution, evaluation, transparency, comprehensiveness, and safety are enshrined (art. 3). Additionally, in Law 16/2003, which focuses on the Cohesion and Quality of the National Health System, it acknowledges the right to receive healthcare in the patient's Autonomous Community of residence or by the patient's reloca-

tion and the right to seek a second medical opinion regarding their condition (art. 4).

As observed, the overarching guidelines that govern the actions of Public Administrations within the framework of healthcare appear conducive to providing comprehensive care to individuals affected by chemsex, regardless of their personal circumstances or place of residence, ensuring non-discrimination and the confidentiality that prevails in the healthcare sector. Based on all these principles, there should be a specialised focus within the healthcare system concerning chemsex practices. This should encompass training professionals about this phenomenon, researching the substances involved and their physical and psychological repercussions, and behavioral patterns, affected social groups, and other aspects that can lead to more effective healthcare interventions.

Outside the healthcare legal framework, various legal texts within our legal system can offer specific protection to individuals affected by chemsex in other areas. Particularly noteworthy is the Civil Code, which protects against moral and material harm inflicted upon an individual, attributing extra-contractual responsibility to the aggressor (art. 1902 CC). Additionally, criminal legislation punishes sexual assaults and rapes, especially when the victim's will has been nullified through the administration of drugs, substances, or any other natural or chemical means suitable for such purposes (arts. 178 and following of the Penal Code). However, it is essential to highlight that legislation, protocols, and the inherent characteristics of healthcare, police, and judicial services do not specifically consider that a man can also be a victim of sexual assault or rape. This oversight can lead to situations of neglect and vulnerability in social reality. Therefore, it becomes imperative to ensure that male victims of assault and rape receive the healthcare, psychological, forensic, and judicial attention they require and deserve.

In summary, starting from a legal framework that is inclined to protect individuals in all aspects of their lives, there are still certain challenges in our society to improve the response to this emerging phenomenon. It would be essential to articulate a coordinated response from public authorities and various political and public administrations that consider the various scenarios in which this phenomenon occurs. This should be done without distinctions or inequalities based on territory, through different axes: prevention programs, care programs, training, research, updating of information and surveillance systems, and public policy documents that organise and coordinate these efforts in a cohesive manner.

To achieve this, enhancing knowledge about the efforts and initiatives already being undertaken in various cities by different stakeholders, as those that will be presented throughout this monograph, represents a unique opportunity to inspire and collectively enhance this response.

REFERENCES

3rd European ChemSex Forum Report. Paris. (2019).

Amundsen, E., Muller, A. E., Reierth, E., Skogen, V., & Berg, R. C. (2023). Chemsex Among Men Who Have Sex With Men: A Systematic Scoping Review of Research Methods. *Journal of Homosexuality*. https://doi.org/10.1080/00918369.2023.2170757

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

Bowden-Jones FRCPsych MBChB, O. (2017). *Joining up sexual health and drug services to better meet client needs Background paper commissioned by the EMCDDA for Health and social responses to drug problems: a European guide Joining up sexual health and drug services to better meet client needs*. https://www.emcdda.europa.eu/document-library/joining-sexual-health-and-drug-services-better-meet-client-needs_en

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/

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/contingutsadministratius/chemsex/chemsex_prevencio-deteccio-i-abordatge-a-Catalunya_def.pdf

Instituto de Adicciones. Madrid Salud. (2023). *Informe chemsex 2021/2022*. https://pnsd.sanidad.gob.es/profesionales/publicaciones/catalogo/bibliotecaDigital/publicaciones/pdf/2023/20230120_InstitutoAdiccionesMadrid_Informe_Chemsex_2021-2022.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. (2021). *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/planNalSida/Plan_de_Prevencion_y_Control1.pdf

Ministerio de Sanidad, S. S. e I. (2017). *ESTRATEGIA NACIONAL SOBRE ADICCIONES 2017-2024*.

Soriano, R., & Belza, M. J. (2023). *Siete ediciones del curso de formación online: Abordaje integrado de la salud sexual y los problemas de consumo de drogas en el contexto del chemsex. 2017-2023*. https://fcsai.es/2023/11/24/siete-ediciones-del-curso-de-formacion-online-sobre-chemsex/

Soriano, R., Redondo, S., Torrecilla, C., & Olmos, R. (2021). PAUSA: un programa de proximidad dirigido a personas con

prácticas de chemsex en la ciudad de Madrid. *36 REVISTA MULTIDISCIPLINAR DEL SIDA* , *9*(Núm. 24.). https://www.revistamultidisciplinardelsida.com/pausa-un-programa-de-proximidad-dirigido-a-personas-con-practicas-de-chemsex-en-la-ciudad-de-madrid/

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 AndAlcohol Today* , *13*(1). https://doi.org/10.1108/DAT-10-2018-0058