

**PAUSA: Results from an outreach programme targeted at individuals engaging in chemsex practices in the city of Madrid**

**PAUSA: Resultados de un programa de proximidad dirigido a personas con prácticas de chemsex en la ciudad de Madrid**

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## **Resumen**

**Introducción:** El Instituto de Adicciones de Madrid Salud (Ayuntamiento de Madrid) utiliza habitualmente estrategias de acercamiento orientadas a diferentes grupos de población. En 2020 se impulsó un nuevo programa de acercamiento dirigido a usuarios con prácticas de chemsex, cuyo diseño y resultados iniciales se presentan en este trabajo. **Objetivos:** El programa de acercamiento PAUSA se propone acceder a usuarios de chemsex que todavía no han demandado atención profesional, ofreciéndoles apoyo desde fases más tempranas para: reducir los riesgos de estas prácticas, programar un descanso de las mismas, o facilitar un mejor acceso y enlace a los servicios públicos y comunitarios especializados en chemsex en la ciudad de Madrid. **Materiales y métodos:** El diseño del programa exploró diferentes opciones de acercamiento a usuarios de chemsex en activo, incluyendo estrategias de difusión online y a través de tarjetas y cartelera. Se ofrecieron a los usuarios dos tipos de intervenciones, breves y estructuradas. Las primeras se desarrollaron vía chat. Las segundas mediante cita programada presencial o por Skype/Zoom. **Resultados:** Durante el periodo de actividad analizado se realizaron un total de 739 intervenciones breves por chat, beneficiando a un total de 442 usuarios. Se realizaron además un total de 190 citas estructuradas, presenciales u online, de una hora de duración. Un total de 115 usuarios fueron derivados a centros de atención a las adicciones. La atención recibida por parte del programa recibió excelentes evaluaciones. **Conclusiones:** El modelo de intervención implementado en el programa PAUSA resultó efectivo para contactar con usuarios de chemsex en fases más tempranas. La captación online en aplicaciones de contactos gais fue la estrategia de acercamiento de mayor éxito. Los usuarios atendidos mostraron una alta aceptabilidad de este formato de intervención.

## **Palabras clave**

Chemsex; acercamiento; GBHSH.

## **Abstract**

**Introduction:** The Institute of Addictions of Madrid Health (City Council of Madrid) routinely employs outreach strategies aimed at different population groups. In 2020, a new outreach programme was initiated targeting individuals engaged in chemsex practices. This paper presents the design and initial outcomes of this programme. **Objectives:** The PAUSE outreach programme aims to engage chemsex users who have not yet sought professional help, providing them support at earlier stages to mitigate the risks associated with these practices, introduce breaks from them, or facilitate better access and linkage to public and community services specialised in chemsex within the city of Madrid. **Materials and Methods:** The programme's design explored various approaches to engage active chemsex users, including online dissemination strategies and through cards and posters. Users were offered two types of interventions: brief and structured. The former were conducted via chat, while the latter were scheduled either for in-person meetings or through Skype/Zoom. **Results:** During the analysed activity period, a total of 739 brief interventions were conducted via chat, benefiting 442 users in total. Additionally, 190 structured sessions, either in-person or online, lasting an hour each were carried out. A total of 115 users were referred to addiction care centres. The programme's services received excellent evaluations. **Conclusions:** The intervention model implemented in the PAUSE programme proved effective in reaching users engaged in chemsex during early stages. Online outreach through gay contact apps emerged as the most successful engagement strategy. Users served demonstrated a high acceptability of this intervention format.

## **Keywords**

Chemsex; outreach; GBMSM.



## INTRODUCTION

The chemsex phenomenon was declared a public health issue in the city of Madrid in 2017 (El País. Agencies, 2017). Since that year, Madrid Salud began registering and monitoring treatment demands related to chemsex at the Addiction Treatment Centres in the city, noting a significant increase since then (Institute of Addictions. Madrid Salud, 2023). It was within this context that the launch of the PAUSE programme was proposed (Soriano, Redondo, Torrecilla, et al., 2021), the results of its first two years of activity are presented below.

PAUSE (Pausa in Spanish) is an outreach programme aimed at individuals engaging in chemsex practices in the city of Madrid, initiated by the Subdirector General of Addictions of Madrid Salud (City Council of Madrid). It primarily targets users who might require professional support but have not yet sought it. Through this initiative, the goal is to identify these users at earlier stages. The programme provides them with the opportunity to consult with a professional about their doubts or concerns regarding these practices, as well as guidance on risk reduction. They are guided in becoming aware of the potential health impacts of chemsex. Through this interaction, they are informed about available resources in the city, they are assisted in linking to care, facilitating their access to both Drug Services (CAD/CCAD) and services from LGBTBI+ community-based organisations and within the HIV sphere.

## MATERIALS AND METHODS

The programme's design included an initial pilot phase developed during the last months

of 2020. At the beginning of this phase, fieldwork was conducted, which encompassed mapping saunas and sex clubs catering to the gay community in the city of Madrid and virtual ethnography work to identify areas in the city where chemsex practices might be more prevalent. Additionally, during this stage, various preparatory tasks were undertaken, such as designing registration materials, health messages, and dissemination supports. Meetings for presentation and coordination with various relevant stakeholders were also held. Given that it's an outreach programme, particular attention was given to designing strategies to reach the target population, which proved to be a crucial aspect in the programme's development and evaluation.

The dissemination of PAUSE to attract users was primarily conducted online. On one hand, this was achieved by creating a premium profile on the gay dating website, Machobb (voluntarily provided by the company as a collaboration). This platform specifically targets users engaged in bareback (unprotected) sex practices, making it a particularly relevant user base for the programme's objectives.

On the other hand, a profile was also created on the social media platform Instagram under the name of the programme. This profile was regularly updated with posts and stories, incorporating both information about the service and health messages. To enhance its reach on Instagram, collaboration was secured with over twenty individuals recognised as community leaders within the LGBTBI+ community, as well as businesses catering to this audience. It's possible that additional individuals also contributed to spreading the programme through their networks without the team's explicit knowledge.



As the number of followers on Instagram grew, the decision was made not only to promote the programme's existence but also to create content that would resonate with this audience. Gradually, the three weekly posts were tailored based on the most likely emotional states and dynamics observed within this phenomenon. This was considered in light of the fact that the majority of chemsex practices are concentrated over the weekends (Santoro et al., 2020) (Fernández-Dávila, 2014).

In this manner, the messages posted on Fridays (when it is most likely that individuals are approaching a new episode of chemsex practices) focused on harm reduction. At the

start of the week, posts were geared towards reflecting on what had happened, including potential emotional side effects resulting from the session. Finally, during the middle of the week, messages aimed to prompt action, encouraging individuals to schedule an appointment with the programme team.

Regarding offline dissemination, posters and informational cards were printed and distributed among various public and community services, primarily within the realms of sexual health and addiction services. The distribution of these physical materials also encompassed saunas, gay sex clubs, and other businesses catering to this population, located in the Lavapiés and Chueca neighbourhoods.

**Figure 1.** Cards used for the dissemination of the PAUSE programme



Source: Activity Report for Period A (Soriano, Redondo, & Torrecilla, 2021).

During the pilot programme implementation phase, contact was established with various centres and services in the city of Madrid to introduce the initiative and establish coordination. These contacts included, for example, STI centres such as the Montesa Diagnostic Centre and the Sandoval STI Centre, as well as drug centres: San Blas, Arganzuela, Tetuán, Hortaleza, CCAD of Cruz Roja Casa de Campo and Álvarez Quintero, Proyecto Picant. Additionally, key community-based

organisations in this field were contacted: Apoyo Positivo, COGAM, ABD - Energy Control, Imagina Más, Stop Sida, CESIDA, FELGTB, gTt, KifKif, Pink Peace, and Fundación Triángulo. Contacts were also made with the Regional AIDS Plan and the HIV Rapid Testing Programme of the Community of Madrid, along with teams from various public hospitals: Infanta Leonor University Hospital, San Carlos Clinical University Hospital, and Jiménez Díaz Foundation.



The initial contact with users could occur through the Machobb or Instagram profiles, or alternatively via WhatsApp messages or emails. Once contact was established, WhatsApp generally became the most common method of communication for inquiries, confirming appointments, verifying referrals, and so forth. Given that this outreach programme targets users who typically haven't previously sought professional support regarding these practices, the team aimed to optimise every interaction with users reaching out to PAUSE for the first time. They managed daily messages to respond as swiftly as possible. This approach facilitated that a significant portion of the queries received via chat could be promptly directed towards appointments with professionals to assess the situation and provide appropriate support.

The available resources allowed the programme to operate for six months each year. It was deemed appropriate to prioritise activities during the spring and autumn seasons, thereby avoiding the summer period. Thus, the periods covered in the work presented here were: the last quarter of 2020 (preparatory phase), and spring and autumn of 2021 and 2022. The programme's development was managed by two different professional teams. In its initial stage (period A), it was overseen by a sociologist and two psychologists specialised in sexual health and addictions. In its second stage (period B), the execution was led by the Spanish Red Cross in the Community of Madrid, with a doctor from the CAD Casa de Campo, a member of the Red Cross Community of Madrid, and a psychologist from the comprehensive care unit for people with HIV of the Red Cross Community of Madrid.

Two different types of interventions were conducted with users: brief and structured. The brief interventions typically took place via chat, using platforms such as WhatsApp, Instagram, and the gay dating app, Machobb. During these brief interactions, initial demands were gathered, a brief assessment of the case was conducted, and the option to schedule a structured intervention through an appointment was provided.

The structured interventions were scheduled to last approximately 60 minutes each. Users were given the choice to attend either in-person at the Municipal Diagnostic Centre of Madrid Salud (Calle Montesa 22) or via video call using Skype or Zoom. During these sessions, users were given the opportunity to discuss any concerns or questions about their chemsex practices with the professional, including strategies for risk reduction. A thorough assessment of their situation was provided, guiding them to better understand the impacts of these practices on various aspects of their lives and prompting reflection on potential actions they might consider. Information about specialised services for addressing chemsex in Madrid was also provided, facilitating access if the user chose to pursue it.

For users who received appointments for structured interventions, activity and participant identification data were recorded anonymously using the RAD coding system, commonly employed in addiction care networks. This identification system consists of an alphanumeric code made up of the first two letters of the individual's first and second surname, along with their date of birth if they were born in Spain. For those born outside Spain, the first two letters of the first name and the first two letters of the



first surname, along with the date of birth, were used. In both stages, the programme team maintained a daily activity log using the Google Forms tool.

To facilitate the inclusion of new users and prevent long-term interventions, the programme design set a maximum of five structured appointments per individual. This limit was intended to emphasise that this was not a therapeutic service intended to replace existing addiction network resources. Instead, it served as an outreach resource, providing an assessment and guiding individuals to the specialised services they might require.

Users who accessed structured appointments (both in-person and virtual) were offered the opportunity to complete an anonymous feedback form after their initial appointment. This form collected information about their sociodemographic profile, their chemsex practices, and additional related data. The questionnaire also included items to identify barriers to accessing care, preferences regarding the type of care they would like to receive, and an evaluation of the care received from the PAUSE programme. In those cases where problematic consumption or dependence was identified, referral was offered to the Drug Services of the Madrid City Council (CAD/CCAD).

## RESULTS

Given that different teams executed the programme in its first and second years, the outcome data will be presented disaggregated by their respective periods.

Regarding brief interventions conducted via chat format, during the first period, 612 brief interventions were carried out benefit-

ing a total of 289 users. In the second period, 280 brief interventions were conducted, benefiting 153 users. Across both periods, a total of 892 interventions of this nature were conducted. Concerning the platform or tool through which these brief interventions took place, over half were conducted via WhatsApp, with Machobb being the second most preferred option, followed by Instagram.

In the first period, 107 users accessed scheduled care and structured interventions, accounting for a total of 194 appointments. The majority of these (54%) were in-person appointments at the Montesa Diagnostic Centre, while the remaining 46% were conducted online. In the second period, 70 users received structured interventions, amassing a total of 83 appointments, of which 22% were in-person.

80% of the users who received structured professional attention in period A, and 59% of those in the second period, responded to the anonymous questionnaire. Most of these users reported not having sought professional help previously due to chemsex practices. 64.3% of respondents in period A and 51% in period B were of Spanish origin, with Latin America being the most common origin among users from other countries. The average age was 36.9 years and 36 years, respectively. 61% of the first group and 53% of the second were aged between 31 and 45 years. 78% of users in the first period and 57% in the second had university education. In period B, 73.5% were actively employed.

The use of intravenous consumption at some point reached 45% in the first group and 51% in the second. In the latter, injected use was the primary method for 21% of users. 54.6% of users attended in the first period and



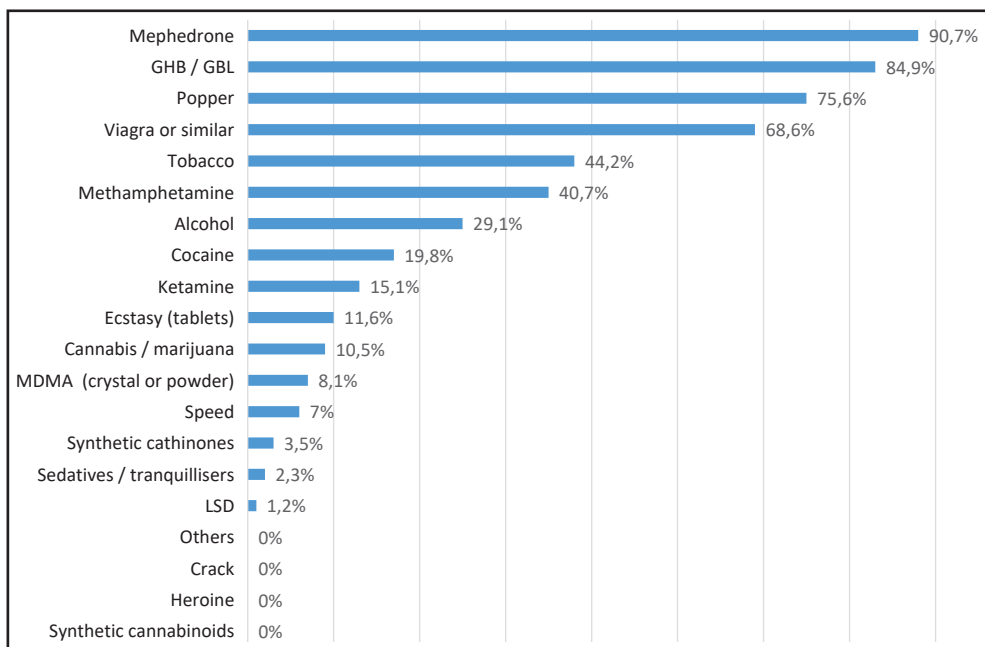
55.1% in the second had started these practices three years ago or less. In the second period, the frequency of use was also recorded; 69.4% reported practicing at least once a week.

When asked about the substances used during their last chemsex session, in period A, the most common were (in that order) mephedrone, poppers, GHB, Viagra or similar drugs, and methamphetamine. In period B, the most commonly used substances were mephedrone, GHB/GBL, followed by methamphetamine, poppers, and erectile-enhancing drugs. In the first period, respondents were also asked about their most concern-

ing substance use, with mephedrone (48%), followed by methamphetamine (25%), GHB (12%), and cocaine (6%) (figure 2).

Regarding diagnoses of STIs received in the last twelve months, 52.8% of users attended to in the first period and 34.7% in the second had been diagnosed with gonorrhea. For the first period, 33.3% received a diagnosis of chlamydia, while in the second period, this figure was 24.5%. Respectively, 45.8% and 50% were diagnosed with syphilis. Diagnoses of hepatitis C, HIV, and anogenital warts or condylomas were also recorded. Among those who provided information on their

**Figure 2.** Substances reported to have been used in the last episode of chemsex practices by users. Multiple Responses. N=86



Source: Activity report for Period A (Soriano, Redondo, & Torrecilla, 2021).



HIV serostatus, 48% and 67% respectively reported having an undetectable viral load. Among HIV-negative users in period A, 23% indicated they were on PrEP treatment.

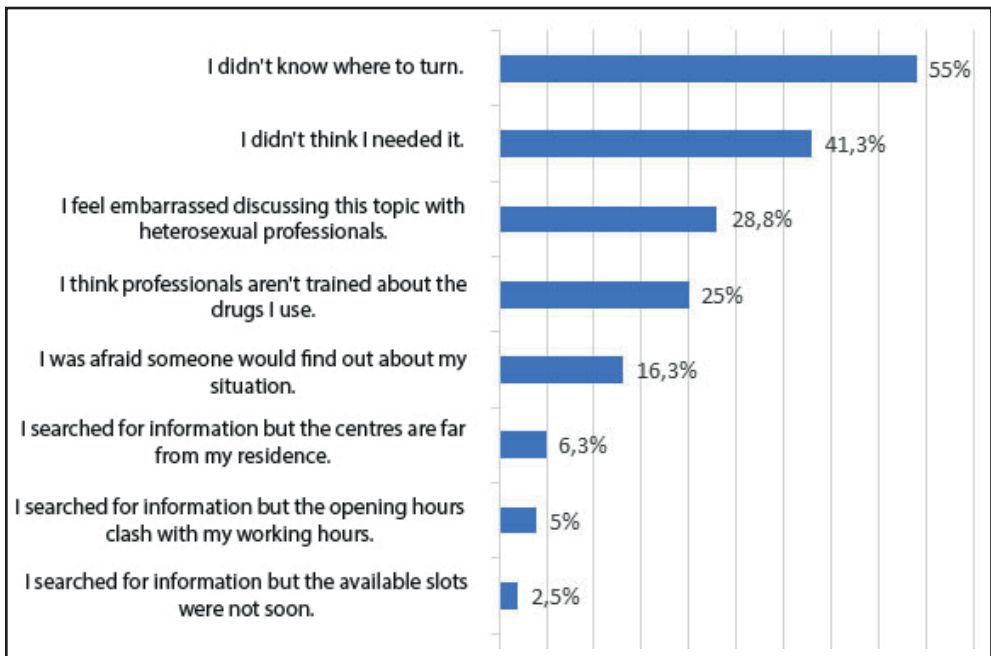
In period A, respondents were asked about the last time they had sex without consuming drugs, with 61.53% stating “in the last month.” In period B, information was also gathered about their mental health, inquiring if they had received care for this reason. Of the respondents, 55% reported receiving care for anxiety, 32.7% for depression, and 8.2% for psychotic episodes. Additionally, 40% stated they had offered sexual relations in exchange for substances or money.

In period A, when asked about the reasons why they had not previously sought professional attention related to their chemsex practices, more than half (with multiple responses) indicated they did not know where to turn (figure 3).

In period A, when asked about the most relevant aspect in designing a service for individuals practicing chemsex, 70.9% responded that the care should be provided by LGBTI+ professionals, while 17.4% indicated that the care should be in an online (non-face-to-face) format.

Referrals were made to various centers and services to ensure users received

**Figure 3.** Barriers reported by users for not seeking professional attention previously. Multiple Responses. N=80



Source: Activity report for Period A (Soriano, Redondo, & Torrecilla, 2021).





specialized attention for chemsex. In total, there were 88 referrals in period A and 75 in period B. Referrals to CAD/CCAD were 60 and 55 respectively. Referrals to community-based organizations were 28 and 12 respectively. In the second period, 8 referrals were also made to STI centers.

The CAD/CCAD centers to which a higher volume of users were referred included: CAD Hortaleza, CAD Tetuán, CAD San Blas, CAD Arganzuela, CCAD Casa de Campo, and CCAD Hnos. Álvarez Quintero from Cruz Roja. Referrals were also made to community-based organizations that provided specific services for chemsex users, such as Apoyo Positivo, Imagina Más, COGAM, and Fundación Triángulo. Referrals were also made to the Montesa Medical Diagnostic Center and the Sandoval Center for addressing aspects related to STIs.

In period A, it was noted through which channel the user became aware of the programme, with the Machobb gay dating website being the top choice with 62% of responses. Once contact was established, WhatsApp was overwhelmingly the method users used to communicate with the programme team.

Analyzing the data from the program's Instagram account during period B, it's worth noting that as of December 15, 2022, a total of 1,149 followers were registered. This represented a 151.9% increase compared to the number of followers at the beginning of 2022. Regarding the country of origin of the profiles following the account, Spain accounted for 80%, with Madrid being the most prominent city. The primary age range of the follower accounts was between 35 and 45 years old.

Concerning the gender of the follower accounts, 78.8% identified as male, while 21.3% identified as female.

Through the anonymous questionnaire, evaluations were collected about the professional care received in the PAUSE programme. In period A, 83% of respondents gave it a score of 10 points, and 14% rated it with a 9. Through an open-ended question, highly positive feedback messages and expressions of gratitude were also recorded, which were included in the program's report.

## DISCUSSION

The number of chemsex users who reached out to the programme and the volume of care provided were significant, both in terms of brief chats and scheduled structured interventions. The figures achieved fell within the forecast range set out in the programme. It's plausible that among those who did schedule an appointment, users with more challenging situations or a heightened awareness of needing professional support were more frequently encountered.

For most of the users attended to, this was their first contact with a professional regarding concerns related to their chemsex practices. The ability to initiate this initial contact anonymously and confidentially might have served as a significant facilitator in actualizing many of these consultations. Regarding structured interventions, the preference for online appointments over in-person ones could stem from various reasons.

The option to receive care online (especially for an initial contact) might be a more



appealing choice for users in the precontemplative stage (when the individual is not yet aware of having a problem or the need for change) or the contemplative stage (when the individual acknowledges a problem but hasn't yet committed to making changes) (Prochaska & DiClemente, 1982).

Regarding in-person care, the fact that it occurred at an STI center rather than an addiction treatment center might have been another facilitator in scheduling appointments. After all, many MSM (men who have sex with men) are familiar with STI centers, as they often use such services for routine testing or to address infections. This programme design decision, emphasizing outreach from an STI center, aligns with other references found in the literature (Stuart, 2015) (Ministerio de Sanidad, 2020a) (Pérez et al., 2020).

Regarding the profile of the users attended to, data from anonymous questionnaires indicated that they were primarily Spanish men, but there was also a significant proportion of migrant men of Latin American origin. The educational level was generally high. These findings, along with the average age of these users, align with those reflected in the literature (Ministerio de Sanidad, 2020b) (Stop et al., 2021) (Instituto de Adicciones. Madrid Salud, 2023).

Furthermore, the high prevalence of HIV and other STIs reported by the users attended to aligns with observations from other studies focused on this population (González-Baeza et al., 2018) (Ryan et al., 2023) (Guerras et al., 2022). Additionally, the fact that mephedrone was the most commonly used substance in the last session and the one of most concern to them

is consistent with data collected in reports from Madrid Salud (Instituto de Adicciones. Madrid Salud, 2023).

The data also indicates that a significant portion of users did not know where to seek support. Furthermore, there are fears and prejudices that could act as barriers to their access to resources such as addiction treatment centers. Often, users exhibited a low awareness of the adverse impacts these practices were having on their health, coupled with a diminished perception of risk.

In this regard, such outreach interventions can be valuable in guiding the user to better understand the need for specialized care in these resources and working to overcome any prejudices or barriers they may perceive. The existence of specialized centers in Madrid for addressing chemsex users might have facilitated the acceptability of referrals, as PAUSE professionals informed users about the extensive experience of these reference teams.

As observed in the anonymous survey responses, the users served expressed a preference for the inclusion of LGBTI+ professionals in the design of services aimed at individuals practicing chemsex. Given that this profile was present among the professionals who were part of PAUSE in both stages, this circumstance could have acted as a facilitator for the implementation of this outreach methodology within the context of gay dating apps and its promotion on social networks and venues such as sex clubs and saunas catering to this audience.

Among the various outreach methods used to promote the programme to users, online dissemination proved far more effective than traditional methods like posters



and cards. The presence of PAUSE on a gay dating website was a pivotal factor in this successful outreach. This finding aligns with existing literature, as the role played by geolocation-based dating apps in the context of chemsex is well-documented, with reports indicating their use for buying or selling substances or locating sessions to participate in (Soriano, 2017).

While dissemination through physical mediums proved less effective than online methods, it's essential to note, as a limitation of this comparison, that this initial strategy might not have fully realized its potential. This is partly because it coincided with periods when the COVID-19 pandemic significantly reduced the activity of leisure venues. Certain stages of the programme aligned with phases of reduced capacity or altered opening hours; some venues remained closed, and many festivals targeting this audience couldn't take place.

After individually analyzing the data concerning referrals made from this programme to addiction care centers under Madrid Salud, the usefulness and effectiveness of the methodology employed to facilitate access for some of the chemsex users attended to were confirmed. In essence, the implementation of PAUSE represented a positive contribution to the specialized services network addressing chemsex in the city of Madrid.

## CONCLUSIONS

The evaluation results demonstrated that the designed approach was effective in reaching individuals in the early stages of chemsex. Dissemination on gay dating apps targeting this

audience proved to be particularly effective in this context. Feedback from users attended by PAUSE indicated a high acceptability of the intervention model devised. The coordination between PAUSE professionals and drug services expanded the number of chemsex users initiating treatment in addiction care centers in the city of Madrid during this period.

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## Conflicts of interest

The authors declare no conflicts of interest.

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