

Chemsex Complications: Sexual health knowledge, access and behaviours for HIV-positive and HIV-negative sexual minority men who use crystal methamphetamine

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Background

- HIV disproportionately affects gay, bisexual and other men who have sex with men (gbMSM), especially those who engage in chemsex (Card et al., 2018).
- Chemsex or party and play (PnP) is the sexualized use of substances, primarily methamphetamine (MA), gamma-hydroxybutyrate (GHB), and mephedrone (Bourne et al., 2015).
- The chemsex scene is a subculture of the gbMSM community; however, little is known about the social norms and structural factors that impact this populations sexual health, access to care, and behaviours (Race, 2015).

Methods

- Semi-structured individual phone or in-person interviews with gbMSM across BC.
- Eligibility Criteria:**
 - 16 years of age or older,
 - identify as a man (trans inclusive),
 - report sexual activity with another man, and
 - MA use in the previous six months
- Topics included: sexual activities, past and current substance use (focus on MA use), sexual health, and views on health care and substance use support services.
- Braun and Clarke’s (2006) six stages of thematic analysis were used.

Results

- Of 33 total interviews conducted, 52% of participants were living with HIV.
- Participants ranged in age from 25-62 (mean age = 43).
- Most resided in Vancouver (n=24) with others in Victoria (n=5), Nanaimo (n=2), Surrey (n=1) and Powell River (n=1).
- Participants identified as gay (n=23), bisexual (n=8), Two-Spirit (n=1), and pansexual (n=1). The majority of sample identified as White (n=21), with others as Indigenous (n=7), Indo-Canadian (n=1), and mixed (n=3).
- See major themes, sub-themes and exemplar quotes below.

Implications

- Knowledge and accuracy of STBBI transmission varied.
- Safer sex negotiations were often of a neoliberal nature (i.e., individual is responsible for their own sexual safety).
- Given accounts of poor HIV medication adherence and high rates of condomless anal sex, goals to decrease HIV transmission in PnP community should increase access to and promotion of pre-exposure prophylaxis (PrEP).
- Structural and social stigma were critical barriers to care and gbMSM community. This further isolated PnP community members and deprived them of social support and vital health resources.



“I used to think that everything other than missionary was kinky [...] after using [meth] sex was elevated to a different place... I started to experiment a little bit, and I went through what I call my sexual revolution”

Sexual Health

Knowledge

“In terms of gay sex, I didn’t get any info, support, any education, nothing. I had to figure out everything myself. Thank god I was smart” (55, 2-Spirit, Indigenous)

“Bottoming is riskier, intravenous drugs. If you are on medication and you’re suppressed that is pretty hard to transmit” (34, Gay, Living with HIV)

Norms

“... well I ask if they have STDs or anything - most parks you take a gamble and assume they have it” (40, Gay, Indigenous)

“I am undetectable... So I kind of leave it up to people to look out for themselves and be responsible for the risks they are taking” (25, Pansexual, White, Living with HIV)

Behaviours

“This guy thought he was undetectable... but he wasn’t taking his medication... which is a con to taking [meth], because I forget, consistently to take my medication... And he hadn’t been to his doctor in six months, he no longer was undetectable... and I was infected” (51, Gay, White, Living with HIV)

Structural Stigma

References

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Health Care

"You know, you can’t have some of these conversation with your family healthcare provider. You can’t do it... Because they have a bias against drug users. Bottom line” (61, Gay, White, Living with HIV)

Addictions Supports

“The one that I have been to was very heteronormative. Guys can’t be seen associated with girls. It was weird. There were some gay guys there who were very feminine and didn’t connect with other guys, they felt very isolated” (43, Gay, White, Living with HIV)

Queer Community

“I did tell someone one time that I was struggling with meth use, and he had a serious problem with that. Like he wasn’t happy to hear the fact that I use crystal meth, and that ended pretty much any possibility of future friendship with him” (33, Gay, Indigenous)