

# THE PARADOXICAL INSERTION OF GAY MEN HAVING CHEMSEX INTO THE HEALTH SYSTEM: RESULTS OF AN EXPLORATORY SURVEY

## AUTHORS

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## BACKGROUND

In 2016, one section of the French community-based association AIDES initiated a harm reduction activity with men who have chemsex with men in Annemasse (closed to the border with Geneva, Switzerland), mainly through dating apps and private parties. Difficulties appeared to reach and involve this population in current sexual health consultation and self-help groups.

## METHODOLOGY

This survey was conducted regionally, between May and August 2018, to better understand what facilitates or limits the use of various health offers (harm reduction services, addiction services, emergency services, sexual health services) including community ones. An online questionnaire was developed by peer-workers educators and proposed during outreach actions or by word of mouth. According to the principles of community-based research, peer-workers, including men having chemsex, developed the entire research, from problematization, questionnaire development, data processing and analysis, to results restitution. The online questionnaire module was made available by the Institute for Sociological Research at the University of Geneva.

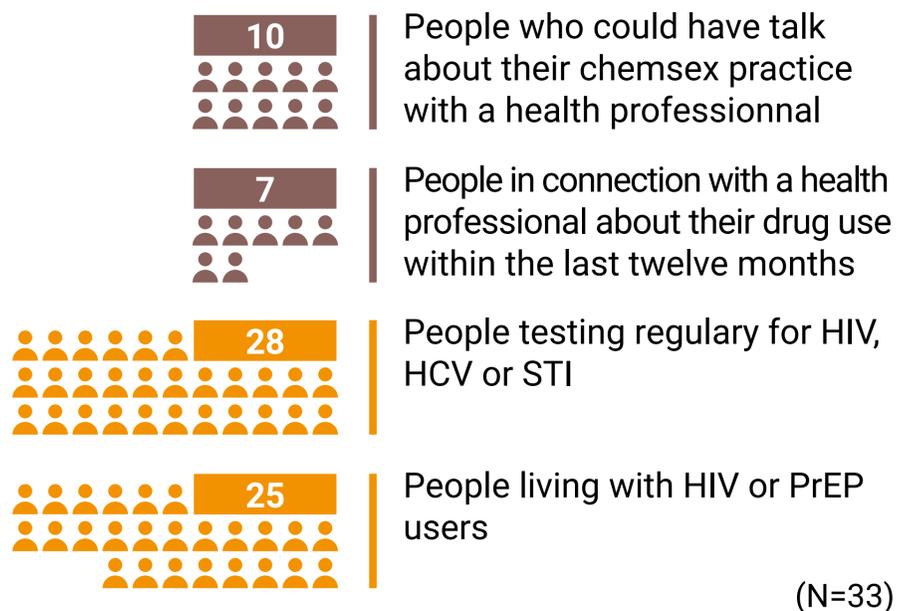
## RESULTS

33 questionnaires were collected. The median age was 35 [24; 53]. More than half of them (n = 18) practiced chemsex at least once a month and 7 had only sex if drug use is associated. Only 8 considered their drug use problematic, but 17 wanted to reduce and 9 wanted to stop. A majority was enrolled in a sexual health trajectory: 9 were HIV-positive and 16 were PrEP users. Three quarters of the total were enrolled in a regular screening routine for HIV (except HIV positive men), HCV and STIs. Paradoxically, less than a quarter of the participants were in connection with a health professional about their drug use within the last twelve months. One third of those wishing to reduce or stop their drug use did not resort to such a health professional. Otherwise, of the respondents needing to talk or share about their chemsex practices (n = 27), only 10 could talk to a health professional. However, a majority did it in a community context.

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**Degree** of linkage to health services dedicated to drug use

**Degree** of insertion within a sexual health course



## CONCLUSION

These results show that the majority of respondents remain distant from an appropriate healthcare service. However, they are mostly integrated in a sexual health course. Integration of the chemsex topic in any step of this pathway, in a respectful approach, is needed to allow the expression of chemsex experience.

### What has happened since this survey?

### What kind of perspectives do this survey offer ?

- Dissemination and discussion of results with local sexual health stakeholders.
- Implementation of a self-help group within the association on the basis of a community feedback of results, producing discussion of results and new community mobilization of people.
- On the basis of their experiences, a mapping of the relevant services that can be included in a health path for men having chemsex.
- According to one of the main expectations of respondents, setting up a drugs analysis service aimed at harm reduction through an increased level of information about substances.