HIV/Hepatitis Care and Chemsex: what are the implications? Which lessons have been learned?

International Chemsex Conference 2026, March 3-5th 2026, Antwerp, Belgium

Jürgen K. Rockstroh
Department of Medicine I, University Hospital Bonn, Bonn, Germany

Conflict of Interest: JKR

- **Honoraria for lectures and/or consultancies from Abbvie, Boehringer, Galapagos, Gilead, Janssen, MSD, NPO Petrovax Pharm LLC, and ViiV.**

- **Research grants from Dt. Leberstiftung, DFG, DZIF, gilead, Hectorstiftung, NEAT ID.**

Case Introduction: *Meet AB*

36-year-old man presents in our HIV-Clinic after prior HIV Diagnosis and AIDS-defining event 4 months ago

Medical History

- HIV, diagnosed 2/2009 after developing PjP; ventilated for 3 weeks; critical illness polyneuropathy
- CD4-nadir 41/µl, VL 02/2009 67000 copies/ml
- Start on intensive care with AZT/3TC + efavirenz
- ART modified to TDF + AZT/3TC + Efavirenz and then in 2016 switched to FTC/TAF + Dolutegravir

Social History

- MSM
- No stable partnership
- Board certified for Internal Medicine; works in cardiology hospital department

Today's Labs

- HCV-Ab: Negative
- Anti-HBs-Ab: Positive
- Anti-HAV-Ab: negative
- VDRL: negative
- GT Resistance test: D67N, NRTI:T215S, K219Q ; PI: M46L
- VL: 74 copies
- CD4 21% 237/µl

Case Introduction: *Meet AB*

Further follow-up Patient presents with scleral icterus 2017

Medical History

- 2017 hospitalized
- Patient denies alcohol or drug abuse, no travel outside of Germany

Social History

- MSM
- No stable partnership
- Board certified for Internal Medicine; works in cardiology hospital department

Today's Labs

- ALT 2620 U/l
- AST 856 U/L
- Bilirubin 10.21 mg/dl
- Anti-HAV-IgM positive
- VL: persistently undetectable <40 copies/ml
- CD4 2017 28% 98/µl

Case Introduction: *Meet AB*

Further follow-up: 2018

Medical History

- HIV, diagnosed 2/2009 after developing PjP; ventilated for 3 weeks; critical illness PNP
- ART since 10/2018 switched to B/F/TAF
- Medical report from Psychiatry Department after hospitalization for psychotic episode after methamphetamine intake
- Severe depressive episode

Social History

- MSM
- No stable partnership
- Lost his job

Today's Labs

- VL: undetectable <40 copies/ml
- CD4 2019 29% 702/µl
- STD—screening: Acute syphilis infection

What went wrong?

1. No hepatitis A vaccination
2. Mental health screening
3. Chemsex screening
4. Regular STD screening
5. ……

Link between Chemsex HIV, hepatitis and STDs

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ukb universitäts klinikumbonn

ORIGIN

Sexualized drug use ('chems behaviours in HIV-positive

EL Pufall,[1] M Kall,[2] M Shahmanesh,[3] A Nardone,[2] R Gil study group[†]
[1]Department of Infectious Disease Epidemiology, Imperi Department, Public Health England, London, UK and [3]I London, London, UK

Results
In the previous year, 29.5% of 392 sexually slamsex. Chemsex was significantly associa (AOR) 5.73; $P < 0.001$], sdUAI (AOR 2.34; $P < 0.01$), hepatitis C (AOR 6.58; $P < 0.01$) Slamsex was associated with increased odd $P < 0.001$), and bacterial STI diagnosis (AC

Conclusions
Three in ten sexually active HIV-positive M positively associated with self-reported dep sexual behaviours, STIs, and hepatitis C. Cl and STI epidemics in the UK.

Keywords: hepatitis C, HIV transmission, me transmitted infections

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The rise of 'chemsex': Gay men having 72-hour sex sessions with multiple partners under the influence of illegal drugs is 'causing rates of HIV and other STIs to soar'

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- **Drugs including GHB and crystal meth are being used to enhance pleasure**
- **Users often found to have unprotected sex and sex with multiple partners**
- **Chemsex is growing in popularity, 'particularly among gay men'**
- **Doctors are warning people are also jeopardising their mental health**

Latest | Contact

ing chemsex scene

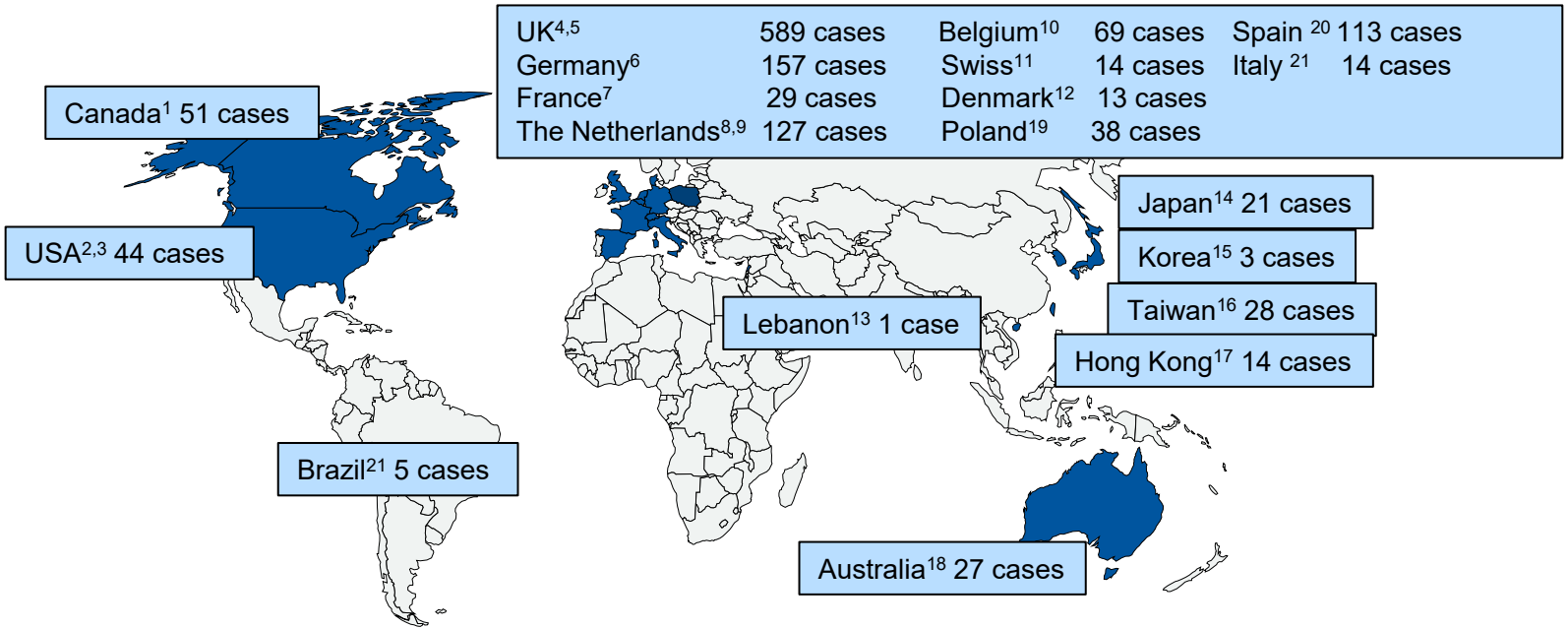
SICIAN'S WEEKLY

in PrEP Users

gher rates of STIs and STI recurrence in MSM using ing in sexualized drug use, or "chemsex."

g HIV pre-exposure prophylaxis (PrEP) identified a high incidence of bacterial sexually transmitted infections (STIs), with a disproportionate impact among those who reported sexualized drug use, or "chemsex."

Acute outbreaks of HCV have been reported in HIV+ MSM across the world

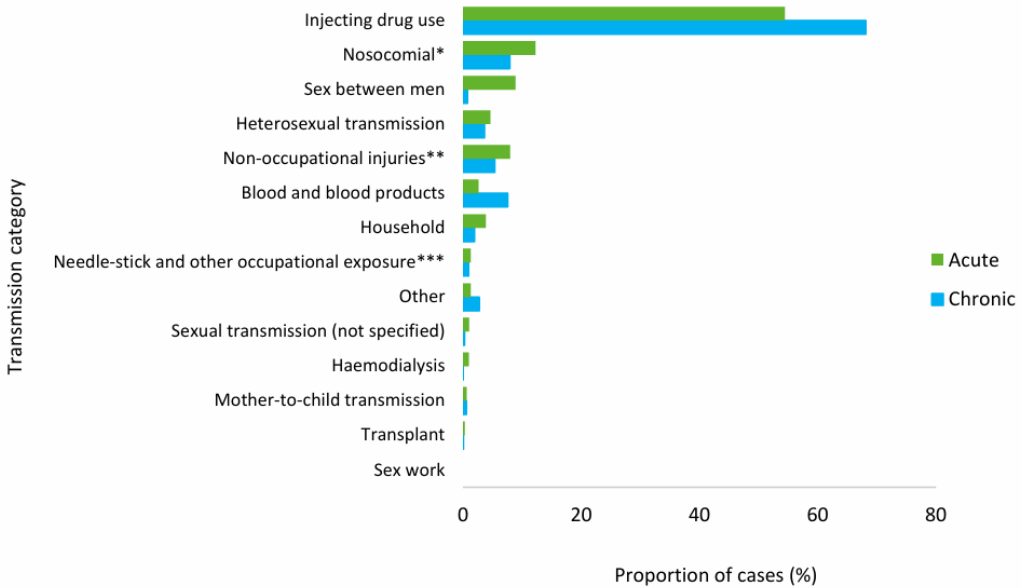


Total number of cases reported in the literature from these countries

1. Burchell AN, et al. Can J Infect Dis Med Microbiol 2015;26:17–22; 2. Luetkemeyer A, et al. J Acquir Immune Defic Syndr 2006;41:31–6; 3. Cox A, et al. Gastroenterology 2009;136:26–31; 4. Giraudon I, et al. Sex Transm Infect 2008;84:111–5; 5. Ruf M, et al. Euro Surveill 2008;13:1–3; 6. Vogel M, et al. Clin Infect Dis 2009;49:317–8; 7. Gambotti L, et al. Euro Surveill 2005;10:115–7; 8. Urbanus A, et al. AIDS 2009;23:F1–F7; 9. Arends JE, et al. Neth J Med 2011;69:43–9; 10. Bottieau E, et al. Euro Surveill 2010;15:1–8; 11. Rauch A, et al. Clin Infect Dis 2005;41:395–402; 12. Barfod TS et al. Scand J Infect Dis. 2011;43:145–8; 13. Dionne-Odom J, et al. Lancet Infect Dis 2009;9:775–83; 14. Nishijima T, et al. J Acquir Immune Defic Sundr 2014;65:213–7; 15. Lee S, et al. Korean J Intern Med 2016; doi: 10.3904/kjim.2015.353; 16. Sun YH, et al. J Clin Microbiol 2012;50:781–7; 17. Lin AWC, et al. J Int AIDS Soc 2014;17:19663; 18. Matthews GV, et al. Clin Infect Dis 2009;48:650–8, 19. Parczewski M, et al. J Acquir Immune Defic Syndr. 2018; 20. Caro-Pérez N, et al. J Clin Virol. 2017; 21. Orsetti E et al.Infection 2013; 22. de Andrade AA, et al.. Braz J Infect Dis. 2019 Jul-Aug;23(4):271-273. et al.

Acute HCV in Europe: Sexual transmission mainly MSM

Figure 4. Transmission category of hepatitis C cases[1] by acute and chronic disease status, EU/EEA, 2023



*1: Cases with known transmission status; *: 'Nosocomial transmission' includes hospitals, nursing homes, psychiatric institutions, and dental clinics. This category refers mainly to patients exposed through healthcare settings, distinct from 'needle-stick and other occupational exposure', which refers to staff; **: 'Non-occupational injuries' include needle-sticks that occur outside a healthcare setting, bites, tattoos and piercings; ***: 'Needle-stick and other occupational exposure' refers to occupational injuries.*
Sources: Acute reports from Austria, Croatia, Cyprus, Denmark, Estonia, Germany, Greece, Hungary, Ireland, Italy, Latvia, the Netherlands, Poland, Portugal, Romania, Slovakia, Spain, and Sweden; Chronic reports from Austria, Croatia, Denmark, Estonia, Germany, Ireland, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden.

ECDC Hepatitis C Annual Epidemiological report for 2023

Open Forum Infectious Diseases
MAJOR ARTICLE
IDSA OXFORD

Epidemiology and Risk Factors for HCV Infection Among MSM With or at Risk of HIV in Madrid (2022–2024)

Pablo Ryan,[1,2,3,4,©] Juan Berenguer,[2,3,5,©] Luis Ramos-Ruperto,[3,6,7,©] Mar Vera,[3,8,9,10] Luz Martín-Carbonero,[3,6,7] Leire Pérez-Latorre,[2,3,5] Ignacio De los Santos,[3,11,12,©] Adriana Pinto,[3,13,14] María J. Vivancos,[3,15,16,©] Eva Orviz,[3,9,10,©] Beatriz Álvarez,[17] José Sanz,[18] Pilar Ruiz-Seco,[19,20] Rafael Torres,[21] Beatriz Brazal,[22] Marta De Miguel,[22] Beatriz López-Centeno,[23,©] Inmaculada Jarrín,[3,24] Salvador Resino,[3,25,©] José M. Bellón,[2,3,5,©] and Juan González-García[3,6,*]; GeSIDA 12121-CoRIS Cohort 08_2021 ATHENS study group[▲]

[1]Enfermedades Infecciosas, Hospital Universitario Infanta Leonor, Madrid, Spain, [2]Instituto de Investigación Sanitaria Gregorio Marañón (IiSGM), Madrid, Spain, [3]Centro de Investigación Biomédica en Red de Enfermedades Infecciosas (CIBERINFEC), Madrid, Spain, [4]Universidad Complutense de Madrid (UCM), Madrid, Spain, [5]Unidad de Enfermedades Infecciosas, Hospital General Universitario Gregorio Marañón, Madrid, Spain, [6]Unidad de VIH/Servicio de Medicina Interna, Hospital Universitario La Paz, Madrid, Spain, [7]Instituto de Investigación Sanitaria Hospital La Paz (IdiPAZ), Madrid, Spain, [8]Centro Sanitario Sandoval, Madrid, Spain, [9]Enfermedades Infecciosas, Hospital Clínico San Carlos, Madrid, Spain, [10]Instituto de Investigación Sanitaria del Hospital Clínico de San Carlos (IdISSC), Madrid, Spain, [11]Enfermedades Infecciosas, Hospital Universitario de la Princesa, Madrid, Spain, [12]Instituto de Investigación Sanitaria del Hospital de la Princesa (IIS-PRINCESA), Madrid, Spain, [13]Unidad VIH, Hospital Universitario 12 de Octubre, Madrid, Spain, [14]Instituto de Investigación Sanitaria Hospital 12 de Octubre (i+12), Madrid, Spain, [15]Enfermedades Infecciosas, Hospital Universitario Ramón y Cajal, Madrid, Spain, [16]Instituto Ramón y Cajal de Investigación Sanitaria (IRYCIS), Madrid, Spain, [17]Enfermedades Infecciosas, Hospital Universitario Fundación Jiménez Díaz, Madrid, Spain, [18]Enfermedades Infecciosas, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain, [19]Medicina Interna, Hospital Universitario Infanta Sofía (FIIB HUIS-HUHEN), San Sebastián de los Reyes, Spain, [20]Universidad Europea de Madrid, Madrid, Spain, [21]Enfermedades Infecciosas, Hospital Universitario Severo Ochoa, Leganés, Spain, [22]Fundación SEIMC-GeSIDA, Madrid, Spain, [23]Subdirección General de Farmacia y Productos Sanitarios, Servicio Madrileño de Salud (SERMAS), Madrid, Spain, [24]Centro Nacional de Epidemiología—Instituto de Salud Carlos III (ISCIII), Madrid, Spain, and [25]Centro Nacional de Microbiología—Instituto de Salud Carlos III (ISCIII), Majadahonda, Spain

Background. Ongoing high-risk behaviors continue to fuel HCV transmission among men who have sex with men (MSM), challenging elimination efforts. We studied HCV epidemiology in MSM with HIV (MSM-WH) and without HIV in the region of Madrid.

Methods. This prospective study (2022–2024) enrolled MSM-WH from 10 centers and MSM on PrEP from an STI clinic. Visits were scheduled at baseline, 3, 6, 9, and 12 months (PrEP group), or baseline, 6, and 12 months (HIV group). Assessments included liver enzymes, HCV serology, HCV-RNA, and STI screening (syphilis, chlamydia, and gonorrhea by PCR).

Results. A total of 1372 MSM (733 with HIV; 639 on PrEP) were enrolled. Baseline HCV prevalence was 1.68%, significantly higher in those with prior HCV exposure (5.60% vs 0.72%; prevalence ratio: 7.72, 95% CI: 3.31–18.03). Over 1240.4 person-years (PY) of follow-up, overall HCV incidence was 1.45/100 PY. Primary infection incidence was 0.79/100 PY: 0.94 in PrEP users versus 0.65 in MSM-WH (IRR: 1.44, 95% CI: .24–9.80). Reinfection incidence was 4.32/100 PY overall: 12.90 in PrEP users and 4.05 in MSM-WH (IRR: 3.21, 95% CI: .07–22.53). Two participants experienced within study reinfection (8.7/100 PY, 95% CI: 1.05–31.4). Slamsex and condomless receptive anal intercourse with ≥4 partners were independently associated with HCV infection and reinfection.

Conclusions. MSM with prior HCV exposure had markedly higher HCV prevalence and incidence, regardless of HIV status. Risky sexual behaviors remain key drivers of HCV transmission. Behavior-informed prevention strategies are critical to sustain elimination efforts in MSM populations.

Still trouble with bleeding: Risk factors for HCV transmission in men who have sex with men and behavioural trajectories from 2019 to 2021

Axel Jeremias Schmidt[1] | Peter Weatherburn[1] | Haoyi Wang[2] | Thomas Lutz[3] | Knud Schewe[4] | Stefan Mauss[5] | Ivanka Krznaric[6] | Axel Baumgarten[6] | Christoph Boesecke[7,8] | Jürgen K. Rockstroh[7,8] | Stefan Christensen[9,10] | Patrick Ingiliz[6,11]

Conclusions: Sexual/sex-associated practices leading to blood exposure are key factors in HCV transmission in MSM.

Public health interventions should emphasize the importance of blood safety in sexual encounters.

Microelimination efforts were temporarily aided by reduced opportunities for sexual encounters during the COVID-19 pandemic.

HIV Med. 2024;25:976–989.

Still trouble with bleeding: Risk factors for HCV transmission in MSM

Abstract

Objectives: To identify sexual/sex-associated risk factors for hepatitis C transmission among men who have sex with men (MSM) and visualise behavioural trajectories from 2019 to 2021.

Methods: We linked a behavioural survey to a hepatitis C cohort study (NoCo), established in 2019 across six German HIV/hepatitis C virus (HCV) treatment centres, and performed a case–control analysis. Cases were MSM with recent HCV infection, and controls were matched for HIV status (model 1) or proportions of sexual partners with HIV (model 2). We conducted conditional univariable and multivariable regression analyses.

Results: In all, 197 cases and 314 controls completed the baseline questionnaire and could be matched with clinical data. For regression models, we restricted cases to those with HCV diagnosed since 2018 ($N = 100$). Factors independently associated with case status included sex-associated rectal bleeding, shared fisting lubricant, anal douching, chemsex, intravenous and intracavernosal injections, with population-attributable fractions of 88% (model 1) and 85% (model 2). These factors remained stable over time among cases, while sexual partner numbers and group sex decreased during COVID-19 measures.

Conclusions: Sexual/sex-associated practices leading to blood exposure are key factors in HCV transmission in MSM. Public health interventions should emphasize the importance of blood safety in sexual encounters. Micro-elimination efforts were temporarily aided by reduced opportunities for sexual encounters during the COVID-19 pandemic.

Epidemic acute HCV in HIV+

Puzzle pieces

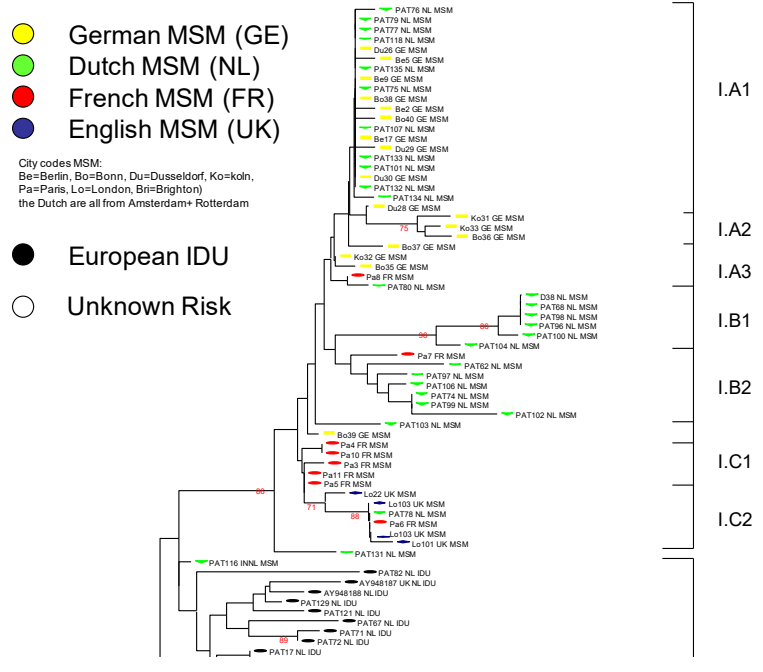
- Cases often have concomittant other STD such as syphilis of lymphogranuloma venereum
- Cases more often practice high-risk sexual behaviour with a high risk for mucosal damage
- STD and high-risk sexual behaviour enhance the risk for blood-to-blood transmission
- Virus must have access to the Community – spreading via sexual networks

Sexually transm. HCV clusters separate from IDU strains

phylogenetic analysis GT4 infections

35 MSM with acute HCV genotype 4 infections Hamburg, Bonn, Köln, Düsseldorf, Frankfurt, Berlin

- Comparison with 61 References strains and 50 MSM-Strains from NL, FR and UK
- MSM strains clustered separate from IDU strains

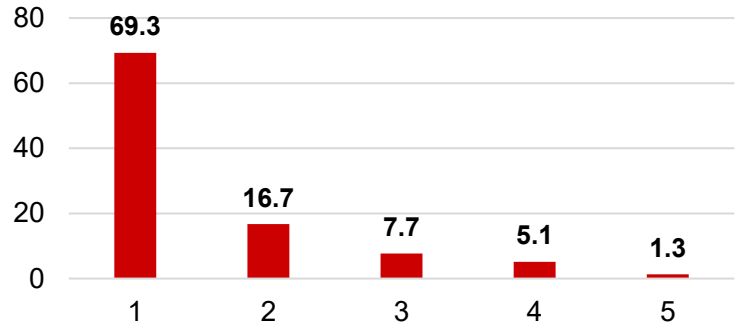


Vogel et al. Liver International 2010

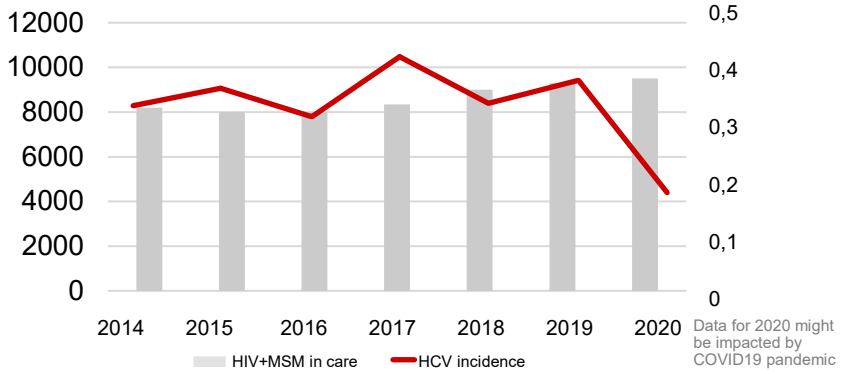
High rate of HCV reinfection and constant HCV incidence in German MSM

- German NoCo cohort examines rates of recently acquired HCV infection since 2014 at 6 sites and includes >8,000 MSM mostly living with HIV (8% HIV-negative with 61% on PrEP)

Number of HCV episodes per patient, n=222



Incidence of recently aquired HCV infection, n=222



- HCV reinfection incidence rate was 19/100 PY (CI 15.5-23.3)
- Reinfection cases were older, more often coinfected with HIV, declared more often the use of crystal methamphetamine, had a trend towards declared ketamine use

- Spontaneous clearance 8%, successfully treated 64%, treatment ongoing 10%, untreated 18%
- Median time to treatment: 6.6. months (IQR 3.9-9.7); no DAA treatment failure
- Reason for no treatment: patient's decision (36%), health insurance (33%), postponed and planed (25%)

Additional measures are necessary for micro-elimination of HCV in German MSMs living with HIV

Ingiliz et al. CROI 2021; Boesecke et al. CROI 2021

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Original article

HCV infection, risk factors and PrEP use among HIV-negative MSM and TW at a community health centre

Àngel Rivero [a,b,c,1], Albert Dalmau-Bueno [a,d,e,1], Félix Pérez [a], P. Coll [a,b,c,e], José M. Cabrera [a,b,c], Mariusz Łucejko [a,b,c], Javier Fernandez [a,c], Joan Reguant [a,c], Jorge Calderon [a,c], Jaume Romero [a,c], Federico Caballero [a,c], Giovanni Marazzi [a], Carlos Daniel Michael Jacobs [a], Horacio Vicioso [a], Lisandro Moises [a], Héctor Taboada [a], Jorge Ferran Pujol [a], Michael Meulbroek [a], Roger Paredes [b,c,e]

[a] BCN Checkpoint - Projecte dels NOMS-HISPANOSIDA, Spain
[b] Fundació Lluita Contra les Infeccions, Badalona, Spain
[c] University Hospital Germans Trias i Pujol, Infectious Diseases Unit, Badalona, Spain
[d] University Pompeu Fabra, Barcelona, Spain
[e] IrsiCaixa AIDS Research Institute, Spain

Is acute HCV among MSM declining?

ABSTRACT

Background: Sexually transmitted hepatitis C virus (HCV) infection is widely reported in urban cohorts of HIV-positive men who have sex with men (MSM), with less data on HIV-negative MSM. High HCV incidence has been reported in cohorts of HIV-negative MSM using HIV pre-exposure prophylaxis (PrEP), but no previous studies have systematically offered HCV screening to PrEP users and non-PrEP users.

Methods: We offered point-of-care serology and/or PCR HCV screening to HIV-negative MSM and transgender women (TW) attending a peer-led community sexual health centre in Barcelona, Spain. We estimated HCV prevalence ratios using log-binomial models of sexual and drug-use behaviors and conducted descriptive analyses linking infection, PrEP use, and behavior patterns. The trial was registered with ClinicalTrials.gov (NCT06847958).

Findings: HCV screening was provided to 13,089 HIV-negative MSM and TW, including 3039 (23·1 %) current PrEP users. HCV prevalence was similar in PrEP users (0·10 %, 3/3039) and non-PrEP users (0·12 %, 12/10,122). We identified one case of acute infection; no HCV cases were identified among TW. HCV infection was associated with several behaviours including slamming, group sex, sharing syringes, fisting, and using drugs related to chemsex.

Interpretation: We found a relatively low prevalence of active HCV, and only one case of acute infection, among HIV-negative MSM and TW attending a community centre. At a descriptive level, HCV-infected PrEP and non-PrEP users show markedly higher risk behaviors than PrEP and non-PrEP users without HCV, yet low prevalence render these findings exploratory and warrants larger analytic studies.

Case Introduction: *Meet AB*

Further follow_up: 2019-2026

Medical History

- HIV, diagnosed 2/2009 after developing PjP; ventilated for 3 weeks; critical illness PNP
- ART since 10/2018 switched to B/F/TAF
- Ongoing psychotherapy and several months of hospitalization in psychiatric-psychosomatic-psychotherapeutic specialist clinic

Social History

- MSM
- No stable partnership
- On sick leave
- Intermittant drug-free but several relapse of crystal use

Today's Labs

- VL: undetectable <20 copies/ml
- CD4 2025 23% 6332/µl
- STD—screening: no pathological finding

EACS Guidelines on Chemsex

HIV & Related Infections | Co-morbidities and Other Topics | Medical Secretariat & Members

Chemsex

last updated Oct 16, 2025

The word chemsex was first used in 2001 and describes using methamphetamine and/or synthetic cathinones (3-MMC or 4-MMC) and/or GHB or GBL (gamma-hydroxybutyrate/gamma-butyrolactone) specifically for reducing inhibitions and enhancing sexual pleasure by men who have sex with men (MSM).

The definition of drugs included in chemsex is not consistently defined and varies across different studies.

In general, chemsex behaviours are described as the use of specific drugs before or during planned sex to facilitate, initiate, prolong, sustain and intensify the sexual encounter.

In one study, the prevalence of chemsex use in Europe was estimated at 16% [11-21%] among MSM. The most frequent risky sexual behaviour associated with chemsex practice in this study was unprotected sex with a high number of partners and the log risk ratio of sexually transmitted infections (STIs) was estimated at 0.86 (*Coronado-Muñoz M et al, 2024*).

Medical consequences of chemsex use

For stimulants (methamphetamine and synthetic cathinones): difficulty sleeping, loss of appetite and weight loss, dehydration and reduced resistance to infection, jaw clenching, headaches and muscle pain, mood swings, anxiety, depression, agitation, mania, panic episodes, tremors, irregular heartbeat and shortness of breath, difficulty concentrating and remembering things, paranoia, aggressive and violent behaviour, psychosis after repeated use of high doses, permanent damage to brain cells, liver damage, brain haemorrhage and sudden death from cardiovascular acute conditions.

For sedatives (GHB/GBL): drowsiness, dizziness and confusion, difficulty concentrating and remembering things, nausea, headaches and unsteady gait, sleeping problems, anxiety and depression, tolerance and dependence after a short period of use, severe withdrawal symptoms, overdose and death if used with alcohol, opioids or other depressant drugs.

EACS Guidelines on Chemsex

Chemsex use in people with HIV

Numerous studies have identified an association between the use of drugs in sexual contexts (chemsex) and HIV among gay, bisexual, and other men who have sex with men (GBMSM), although whether a causal relationship exists is contentious. An intricate relationship exists between chemsex, HIV treatment and prevention, harm reduction, and the provision of community-grounded health services. Furthermore, potential harms exist beyond HIV, such as intoxication and overdose. Community-engaged responses to chemsex involve social and cultural strategies of harm reduction and sexual health promotion before, during and after a chemsex session.

Screening for chemsex use

Who to screen?

- **Recommend screening people with HIV at least once a year (in view of the high prevalence of chemsex use)**
- **Populations at particularly high risk:**
  - gay, bisexual, and other men who have sex with men (GBMSM)
  - sex workers
  - problematic alcohol use
  - use of recreational drugs
  - when assessing readiness to start and maintain ART
  - as part of investigation of cognitive impairment

EACS Guidelines on Chemsex

How to screen?

Ask: Do you ever consume drugs before or during planned sex to facilitate, initiate, prolong, sustain and intensify the encounter?

If yes: explore with the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST):

1. In the past three months, how often have you used chemsex? (score in brackets)
   - Never (0)
   - Once or twice (2)
   - Monthly (3)
   - Weekly (4)
   - Daily or almost daily (6)
2. During the past three months, how often have you had a strong desire or urge to use chemsex? (score in brackets)
   - Never (0)
   - Once or twice (3)
   - Monthly (4)
   - Weekly (5)
   - Daily or almost daily (6)
3. During the past three months, how often has your use of chemsex led to health, social, legal or financial problems? (score in brackets)
   - Never (0)
   - Once or twice (4)
   - Monthly (5)
   - Weekly (6)
   - Daily or almost daily (7)
4. During the past three months, how often have you failed to do what was normally expected of you because of your use of chemsex?
   - Never (0)
   - Less than monthly (5)
   - Monthly (6)
   - Weekly (7)
   - Daily or almost daily (8)
5. Has a friend or relative or anyone else ever expressed concern about your use of chemsex?
   - No, never (0)
   - Yes, in the past 3 months (6)
   - Yes, but not in the past 3 months (3)
6. Have you ever tried to cut down on using chemsex but failed?
   - No, never (0)
   - Yes, in the past 3 months (6)
   - Yes, but not in the past 3 months (3)
7. Have you ever used any drug by injection? (non-medical use only)?
   - No, never
   - Yes, in the past 3 months
   - Yes, but not in the past 3 months

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

EACS Guidelines on Chemsex

Add up the scores received for questions 1 through to 6.

The type of intervention is determined by the score of the risk level:

0 - 3: Lower risk - No intervention required

4 - 26: Moderate risk - Receive brief intervention

27+: High risk - More intensive treatment/ referral to addiction unit

How to diagnose substance use dependence?

Explore whether three or more of the following characteristics appear simultaneously, or have been present in the last 12 months (ICD-10 criteria)

1. Intense desire or compulsion to consume
2. Decreased ability to control:
    - the onset of consumption
    - ending intake and controlling the amount
3. Withdrawal symptomatology
4. Tolerance or neuroadaptation
5. Progressive abandonment of activities
6. Persistence in consumption despite the harmful consequences

Does the person meet ICD-10 criteria?

- NO: risky/ harmful consumption
- YES: substance use dependence - refer the individual to an addition unit

For risky consumption or where an addiction unit is not available, initiate brief intervention or motivational interviewing

Olete RA et al. *Journal of the International AIDS Society* 2024, **27**:e26323
http://onlinelibrary.wiley.com/doi/10.1002/jia2.26323/full | https://doi.org/10.1002/jia2.26323

JIAS JOURNAL OF THE INTERNATIONAL AIDS SOCIETY

SHORT REPORT

ChemsexPH: The association between chemsex, HIV status and adherence to antiretroviral therapy among men who have sex with men in the Philippines

Rodenie Arnaiz Olete[1,2], Carol Strong[1,§], Katerina Leyritana[2], Adam Bourne[3,4] and Nai-Ying Monica Ko[1,5]

§Corresponding author: Carol Strong, Department of Public Health, College of Medicine, National Cheng Kung University, 8F-8068, No. 138, ShengLi Rd., North Dist., Tainan 704, Taiwan. Tel: +886-6-2353535, ext 5963. (carol.chiajung@gmail.com)
IRB #: 20190715-108-NEC (Philippine Health Research Ethics Board – National Ethics Committee)

Abstract

Introduction: Chemsex, the use of psychotropic drugs before or during sexual intercourse, is associated with various HIV risk factors, including condomless sex and reduced adherence to pre-exposure prophylaxis or antiretroviral therapy (ART). In the Philippines, there are still limited studies exploring the associations between chemsex, HIV status and ART adherence. This study aims to compare recent and lifetime chemsex engagement in association with self-reported HIV status among Filipino men who have sex with men (MSM). We further explored the association between chemsex and ART adherence among people living with HIV engaged in chemsex.

Methods: A cross-sectional online survey of 479 Filipino MSM was conducted from 3 August to 1 December 2019. Demographic profiles, sexual behaviours, drug use, history of sexually transmitted infections (STIs), chemsex engagement and HIV status were collected and analysed. Bivariable and multivariable logistic regression were employed to assess the association between self-reported HIV status and chemsex engagement.

Results: Among the 479 respondents, Filipino MSM engaged in drug use and chemsex were generally older compared to those not engaged in drug use and chemsex (average age 31–33 vs. 29 years old; $p<0.05$). Methamphetamine was the most common drug for people who reported using drugs. An HIV-positive status was associated with recent chemsex engagement (aOR = 5.18, $p<0.05$) and a history of STIs (aOR = 2.09, $p<0.05$). The subgroup analysis showed that 79% (166/200) of persons living with HIV were adherent to ART. There was no significant association found between chemsex and ART adherence in the logistic regression analyses.

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BMC Public Health

RESEARCH Open Access

Increasing emergency department admissions for chemsex-related intoxications in Barcelona, Spain, among people living with HIV: an observational study from 2018 to 2020

Gabriel Vallecillo[1], Alejandra Losada[2], Alexy Inciarte[3], Chen Jiwei[2], Albert Monterde[2], Emilio Salgado[2], Adriana Laura Doi[2], Esther Monclus[2] and Rafael Perelló[2*]

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Systematic Review

Effectiveness of Harm Reduction Interventions in Chemsex: A Systematic Review

Pablo Del Pozo-Herce [1,2,3,†], Antonio Martínez-Sabater [4,5,†], Paula Sanchez-Palomares [6], Paula Cristina Garcia-Boaventura [3], Elena Chover-Sierra [4,7,*], Raquel Martínez-Pascual [4,5], Vicente Gea-Caballero [8], Carles Saus-Ortega [4,9,10,*], María Luisa Ballestar-Tarín [4,6], Piotr Karniej [11], Enrique Baca-García [1,2] and Raúl Juárez-Vela [12]

- **Results:** The systematic review comprised six scientific papers that met the selection criteria and were obtained from five countries. Although a limited number of studies were included, it was observed that they presented a medium-high methodological quality. Programs evaluated interventions to reduce harm from chemsex, such as a web-based intervention that improved self-efficacy to refuse risky behaviors and accept HIV testing. The studies suggested that peer-led programs can be effective, especially with facilitators who have experienced chemsex dependence.
- **Conclusions:** Harm reduction strategies in chemsex are effective and should be promoted by health professionals. Interventions should be accessible, personalized, and non-judgmental to provide appropriate care and support, ensuring a comprehensive and effective public health response.

Hung et al. Harm Reduction Journal (2023) 20:52
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Harm Reduction Journal

RESEARCH Open Access

Utilization of mental health services in relation to the intention to reduce chemsex behavior among clients from an integrated sexual health services center in Taiwan

Yu-Ru Hung[1], Tsan-Tse Chuang[1], Tsai-Wei Chen[1], An-Chun Chung[2,3], Meng-Tzu Wu[2,3], Su-Ting Hsu[4], Nai-Ying Ko[2,3,5] and Carol Strong[1*]

Abstract

Introduction The intention of chemsex-practicing gay and bisexual men and other men who have sex with men (GBMSM) to reduce their drug use is an important factor for the utilization of harm reduction services. This study aimed to examine data from an integrated sexual health services center to understand the relationship between the intention to reduce chemsex behavior and chemsex-related utilization of mental health services among GBMSM who engage in chemsex.

Method We used data collected from Healing, Empowerment, Recovery of Chemsex (HERO), an integrated health center in Taiwan, between November 2017 and December 2021. As the baseline, clients were asked to rate the current and ideal proportions of their sexual activities that involved the use of MDMA, ketamine, methamphetamine, GHB/GBL, or mephedrone. Having the intention to reduce chemsex was defined as having a lower proportion of ideal engagement compared to actual engagement. The data on the use of the services provided at HERO were linked to the survey responses and compared to information gathered during regular follow-up visits. Univariable and multivariable logistic regression analyses and a Poisson regression analysis were performed on the data.

Results A total of 152 GBMSM reported engaging in chemsex, of whom 105 (69.1%) expressed the intention to reduce their chemsex behavior. Service utilization ranged from 23.0% for participating in meetings of a chemsex recovery group, 17.1% for visiting a mental health clinic, and 10.5% for using both of these services. The intention to reduce chemsex behavior significantly associated with visiting a mental health clinic (aOR = 4.68, $p < 0.05$), but its association with attending meetings of a chemsex recovery group was only marginally significant (aOR = 2.96, $p < 0.1$). Other factors that remained significantly associated with service use were a high frequency of substance use and living with HIV.

Harm reduction services for people engaging in chemsex in Brighton, UK: A pilot qualitative study

Gigi McGaughey [1], Daniel Richardson [1 2], Jaime Vera [1 2]

Methods

We conducted semi structured interviews with chemsex harm reduction stakeholders who provide support for people in Brighton, UK. The semi-structured interviews were recorded, transcribed, and analysed thematically using NVivo 1.6.2: Braun & Clarke framework.

Results

We recruited ten stakeholders with at least 6 months of experience in providing commissioning, managing or providing harm reduction services to people who engage in chemsex. Five themes emerged from the stakeholders: stakeholder perception of client pathways (inefficiency in client pathways, inequitable access to services, unmet client mental health needs) and stakeholder experiences (having to use an 'empathy', 'non judgement' and 'guiding hand' approach), and experiencing emotional burnout as a result of the chemsex harm reduction work.

Conclusions

This pilot study of stakeholders suggests that to improve chemsex harm reduction outcomes, a more integrated approach between providers with clear client pathways and a broader reach including services tailored towards non-MSM, and offering services outside of typical business hours is needed. Furthermore, the sustainability of services requires increased workplace support for chemsex service providers to prevent burnout and maintain service quality.

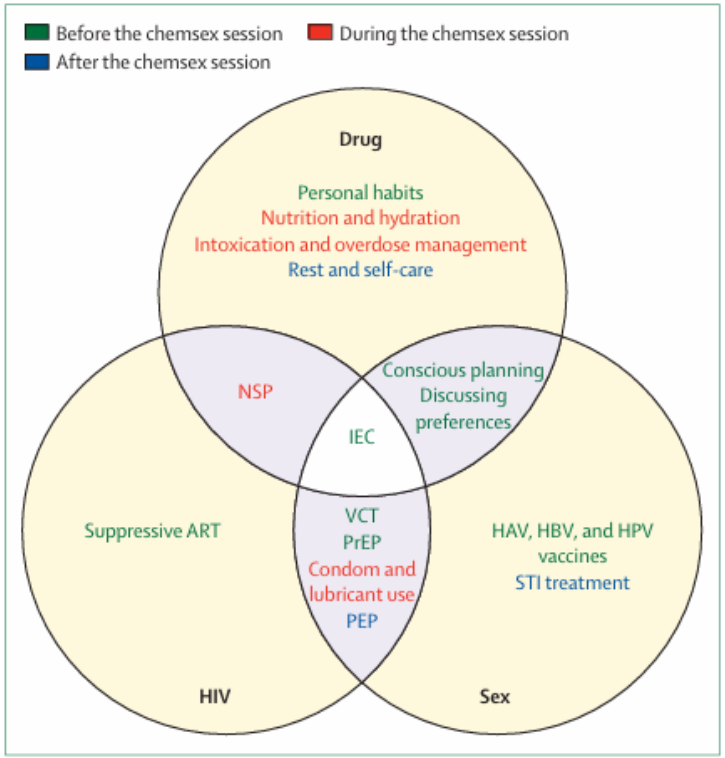

Figure: **Proposed scheme of harm-reduction strategies for chemsex**
ART=antiretroviral therapy. HAV=hepatitis A virus. HBV=hepatitis B virus. HPV=human papillomavirus. IEC=information education and communication. NSP=needle and syringe programmes. PEP=post-exposure prophylaxis. PrEP=pre-exposure prophylaxis. STI=sexually transmitted infection. VCT=voluntary counselling and testing.

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HIV, chemsex, and the need for harm-reduction interventions to support gay, bisexual, and other men who have sex with men

Carol Strong, Poyao Huang, Chia-Wen Li, Stephane Wen-Wei Ku, Huei-Jiuan Wu, Adam Bourne

Numerous studies have identified an association between the use of drugs in sexual contexts (chemsex) and HIV among gay, bisexual, and other men who have sex with men (GBMSM), although whether a causal relationship exists is contentious. An intricate relationship exists between chemsex, HIV treatment and prevention, harm reduction, and the provision of community-grounded health services. Furthermore, potential harms exist beyond HIV, such as intoxication and overdose. Community-engaged responses to chemsex involve social and cultural strategies of harm reduction and sexual health promotion before, during, and after a chemsex session. Ultimately, this Review calls for actions and collaborations aimed at developing a greater understanding of chemsex as a practice within different GBMSM subpopulations and to develop tailored harm-reduction models that can accommodate GBMSM who engage in chemsex in various ways and with varied effects.

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Department of Public Health (C Strong PhD), **and Division of Infectious Diseases, Department of Internal Medicine** (C-W Li MD), **College**

HIV and mental health

- People living with HIV experience higher rates of mental health disorders than the general population, which are associated with lower retention in HIV care and decreased rates of virological suppression.
- HIV-associated stigma and discrimination can further contribute to mental health conditions.
- The integration of screening, diagnosis, treatment and care for mental health conditions and psychosocial support with HIV services appears important to improve HIV treatment outcomes.

Remien RH, et al. Mental health and HIV/AIDS: the need for an integrated response. Aids. 2019;33(9):1411-20.

Summary

- Mental health screening strongly recommended
- Chemsex screening now included in EACS guidelines
- Chemsex comes with high risk for STDs and viral hepatitis; regular STD and hepatitis screening strongly recommended
- Harm reduction interventions needed
- Chemsex related intoxications are frequent


Gala

A book recommendation

Introduction

Have you ever met a monster?
A true sociopath?
My adoptive parents were convinced they had.
Me.
Not immediately; they met me at age five; they had real concerns after a year or two, but a decade later they were convinced the orphan they had taken into the bosom of their perfect home was fundamentally broken, and sure to mature into true Bond villainy or at very least, shoot up a school in vengeful teen angst. It was gun crime that orphaned me, so I guess if the prospects include growing up to be billionaire philanthropist Batman, or a teenager who shoots up a school, the stats aren't really in my favour.

Perhaps it was because I threatened to kill them at age nine.
(They knew I meant it.)

It wasn't some adolescent outburst because I couldn't have candy one day.
I was *not* that kind of child.
It was a calculated and deliberate message conveyed to them with full menace.
Um, via the babysitter.
(The malevolence of that method thrilled me more and caused ripples of other collateral upset that I found to be delicious.)