

CHEMSEX and the psychosexual



CHEMSEX: The Patient's Journey

All drug use has consequences; the patient's awareness of these consequences, or the degree to which they are concerned about the consequences, determine our ability to intervene. This determines the patient's journey through care.

1. Denial, ambivalence, pre-contemplation non-problematic use. (Harm reduction info)
2. Awareness of consequences, contemplation about use (not necessarily ready to make any changes). (Motivational interviewing, reflective questions)
3. Action. Identifying a need to make some changes, but varying degrees of commitment to do so. (Behaviour-change support [not therapy], psychosocial interventions, social work, Motivational Interviewing etc)
4. Some stability achieved (re drug use); Continued relapse prevention support, more complex therapy to address underlying causes.

Gay drug use trends have changed

Ten years ago



Today



ChemSex; a working definition

ChemSex is NOT the same as recreational drug use.

It is a specific form of recreational drug use.

Defined as any combination of drugs that includes Crystal Methamphetamine, Mephedrone and/or GBL, used before or during sex by gay, bisexual, or other Men who have Sex with Men (MSM) - including Trans* people; the definition includes the association this drug use has with gay online hook-up culture and other uniquely gay cultural identifiers – including the cultural impact of the HIV & AIDS epidemic and societal homophobia.

Associated with

Extended sex for many hours/several days.

More extreme sexual practices/traumatic sex

Multiple partners

Extreme sexual disinhibition/extreme sexual focus

Unpredictable drug interactions (eg; GBL & alcohol)

Increased injecting use amongst an injecting-naïve population; BBV risks & injecting-related harms

Poor condom use

Poor ARV adherence*

Frequent STI's (including a current Shigella outbreak), HIV infections, HCV infection/repeated re-infections

Multiple and repeated use of PEP

Psychosis/ physical dependence/ overdoses

Stuart D and Collins S, Methamphetamine - ChemSex vs recreational drug use: a proposed definition for health workers. HIV Treatment Bulletin, Volume 16 Number 5/6, May/June 2015. Published online ahead of press.

Mephedrone; 'M-Kat', 'Miaw Miaw', 'Meph'

- A cathenone. Similar in effect to an amphetamine
- Widely available in gay clubs and on geo-sexual networking Apps
- A white powder, £10 to £40 per gram, usually highly adulterated
- Inhaled nasally, injected, booty-bumped
- Desired effects; confidence, alertness, invulnerability to harm. Powerful sexual disinhibitor.
- Not physically addictive (medicated detox not required)
- Psychosis, particularly when injected & when associated with longer episodes of use/lack of sleep

Crystal Methamphetamine; 'Tina', 'Meth', 'crystal', 'line'

- An amphetamine. Not physically addictive (medicated detox not required) Highly psychologically addictive.
- Dopamine release = 3 x higher than any other substance.
- Smoked in a pipe, injected, booty-bumped
- £150 to £250 per gram. Usually unadulterated & in crystalline form
- 24+ hour half-life, powerful sexual disinhibitor, compulsive, energetic, feeling of invulnerability to harm/consequences
- Psychosis, sleeplessness compulsive tendencies. Facilitates high risk sexual behaviour



GHB/GBL' . 'G', 'Gina'

- GHB/GBL; Gammahydroxybutyrate/
Gammabutyrolactone
- Orally ingested only. A solvent, and a naturally occurring fatty acid. Affects same receptors as alcohol with similar addictive results.
- Purchased online (amounts to approximately 10 cents per intoxicating dose)
- Depressant (though taken for both sedative and stimulant effects)
- Very short half-life. Toxicity & overdose very common. Physically addictive with potentially fatal withdrawal symptoms.
- Detox involves high levels of benzodiazepines, and baclofen over (approx) 5 days

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Contributing Factors

- Confusion around current HIV messages. HIV fear/stigma
 - Changing technologies (geo-sexual networking Apps)
 - Changing drug availability/drug use norms
-

- Condom fatigue
- Gay Scene 'norms', online sex culture
- Poor understanding of how to form intimacies & relationships
- Shame around sex
- 'Everybody does it'
- It feels good

Is this a “drug problem” or a “sex problem”

Here to help not to judge



Sexual health settings - BE ALERT TO THESE RISKS

High number of sexual partners per ChemSex episode

High frequency of ChemSex episodes

Long gaps between GUM/HIV screens/poor engagement with GUM/HIV/HCV appointments

Weight loss/depression/paranoia

Consistently poor condom use when using Chems

High number of STIs in last 6 months/multiple HCV re-infections

High frequency of PEP presentations (if HIV-neg) – appropriateness for PrEP?

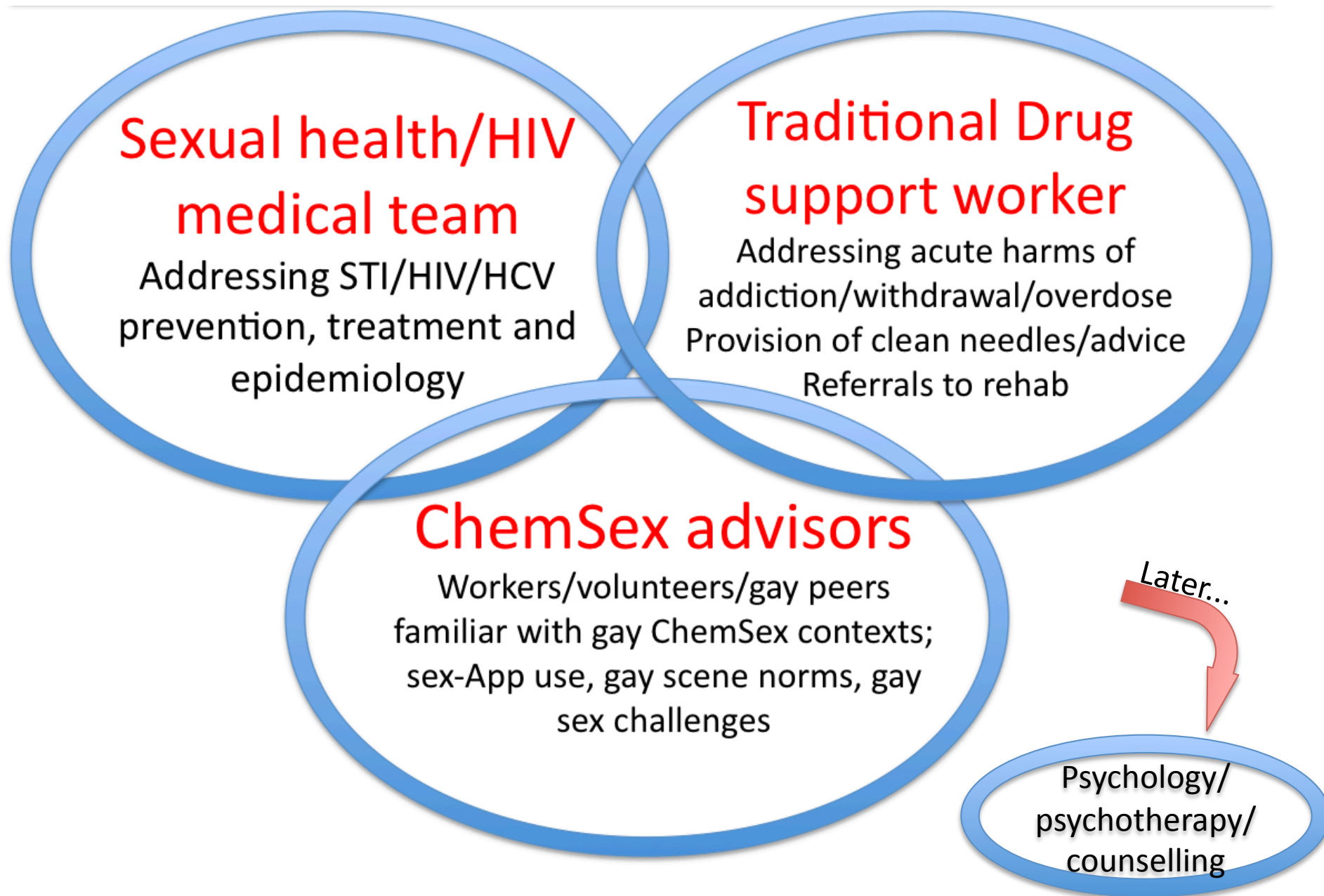
Seroconversion symptoms that might be disguised as a 'drug high' or drug 'comedown'.

HIV-positive and not on treatment/poor adherence/infectious

Dependent GBL use (daily, beyond 7 consecutive days) which can be associated with potentially fatal withdrawal symptoms if use is abruptly discontinued.

Drug-induced psychosis/perceptions of persecution/paranoia; is the person a danger to themselves or others?

Multi-disciplinary approach



Front Line staff; questions for all MSM

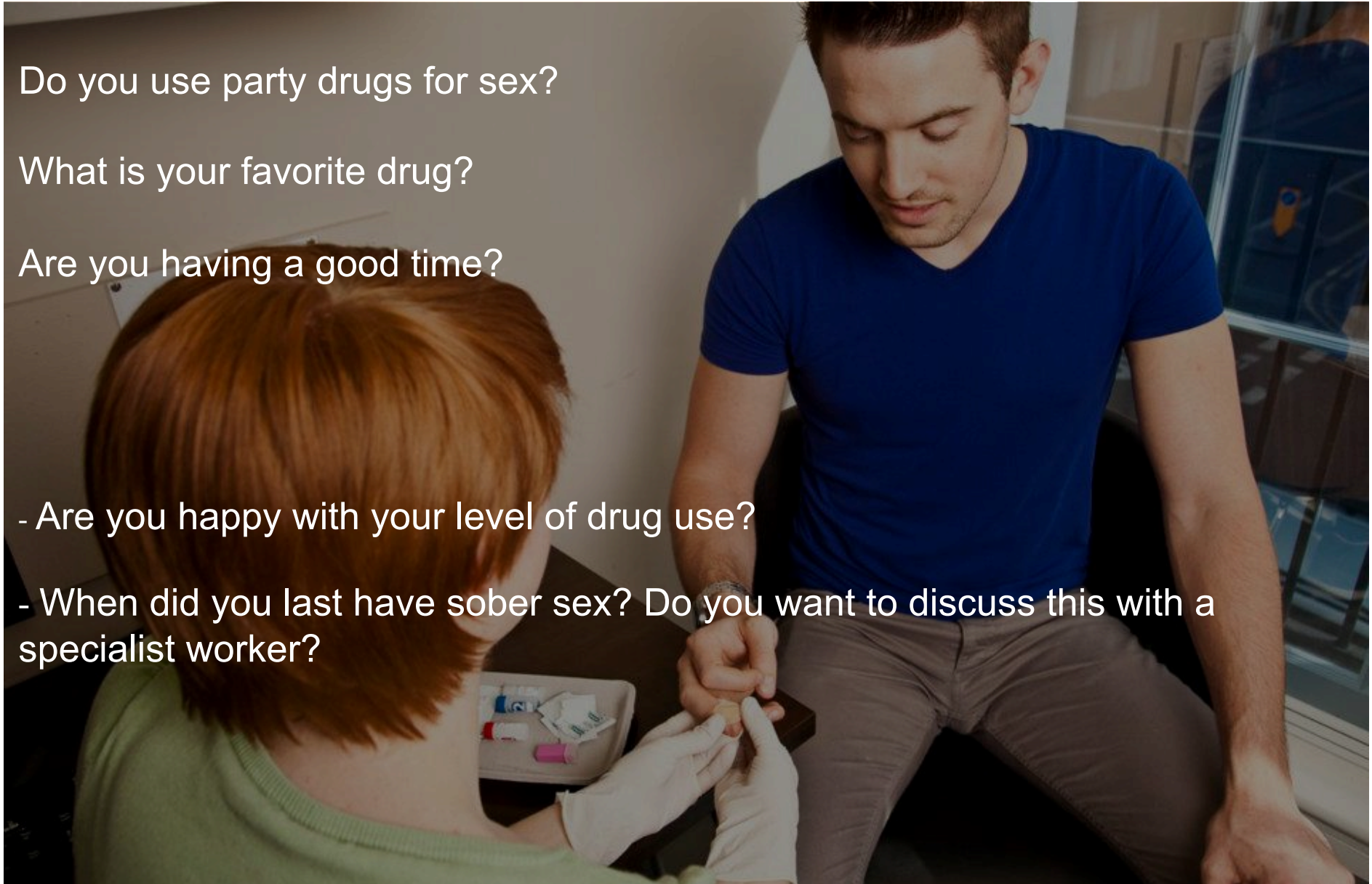
Do you use party drugs for sex?

What is your favorite drug?

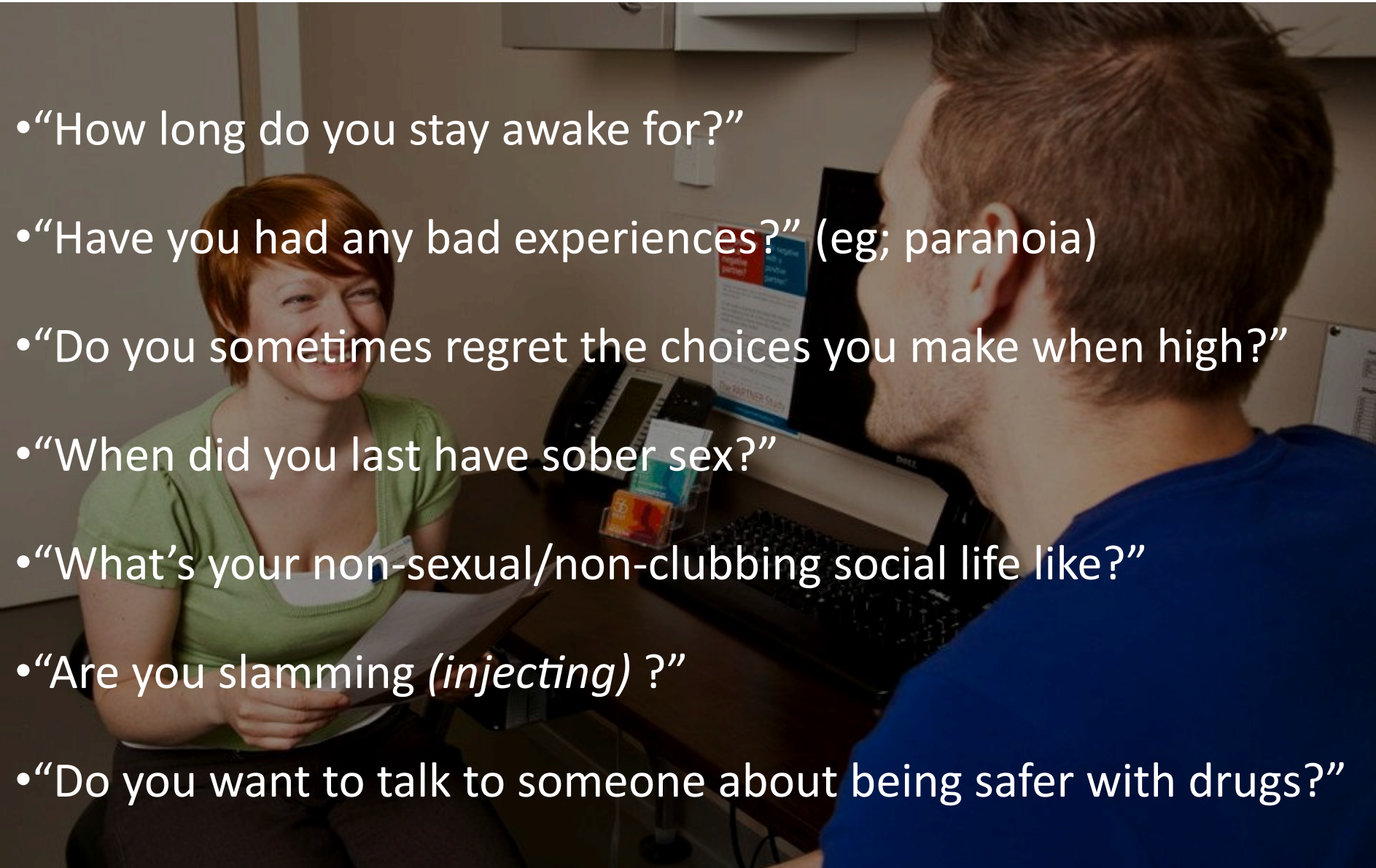
Are you having a good time?

- Are you happy with your level of drug use?

- When did you last have sober sex? Do you want to discuss this with a specialist worker?



Questions to ask; probing further

- 
- “How long do you stay awake for?”
 - “Have you had any bad experiences?” (eg; paranoia)
 - “Do you sometimes regret the choices you make when high?”
 - “When did you last have sober sex?”
 - “What’s your non-sexual/non-clubbing social life like?”
 - “Are you slamming (*injecting*) ?”
 - “Do you want to talk to someone about being safer with drugs?”

Welcome/assessment in ChemSex Clinic

Welcome to 56 Dean Street ChemSex support.

Today, do you want to;

- ☐ Speak to a nurse/doctor about sexual health symptoms, or a sexual health risk that might have occurred?
- ☐ Speak to a Chems Advisor about gay sex and drugs, App use or dating/finding partners?
- ☐ Speak to a drugs worker about injecting, addiction/detox or to get some clean needles?

Further questions might include

Which drugs are being used (before or during sex)?

How are the drugs taken? (smoked, snorted, injected, taken orally or anally)

How frequently is this happening?

When did you last have sober sex?

How many partners might a typical ChemSex episode include?

How consistent is condom use during ChemSex episodes?

If HIV positive; are you on ARV treatment? Do you sometimes forget to take your medicine when on chems?
(clinicians should be alert for Drug/Drug Interactions)

If HIV negative; how many previous PEP courses have you done? Are you aware of what seroconversion symptoms might be? Are you taking PrEP?

How many other STIs have you had in the last 6 months?

Are you aware of safer ChemSex practices to avoid hepatitis C?

Are any of the drugs being used daily/consistently/dependently? (GHB/GBL being the urgent concern)

Pre-Therapy

Therapy and behaviour change support

Making changes; a Care Plan

ChemSex Care Plan

Have you decided to make some changes around your Chem use?

This online guide can be done with your healthcare provider, or on your own. It'll help you to identify a goal, and work toward it. Just follow the prompts.

Ready?



www.davidstuart.org/care-plan

Choose a goal

ChemSex Care Plan

Choose a goal to work toward from these options...

Abstinence



Take a short break



Play more safely



Still not sure
what I want to do...



Support with abstinence

- Adapting to this "change-of-life"
- Identifying & better-managing the cravings and triggers we will experience
- Negotiating sober sex and horny-ness
- Creating new friendships/networks.
- Communicating with older friends/networks
- Re-Learning our relationship to sex, what we want from it, how to pursue it
- Re-negotiating the role sex-apps play in our lives (& other social media)
- learning to manage our raw emotions without the support of the "confidence-giving" chems.



Choose a goal

ChemSex Care Plan

Choose a goal to work toward from these options...

Abstinence



Take a short break



Play more safely



Still not sure
what I want to do...



Play more safely

Safer ChemSex

Crystal meth

GHB/GBL

Mephedrone

Sexual wellbeing

Safer injecting

Safer sex

Safer App use

The law

Pre-setting boundaries

Knowing your limits

Safer drug-dosing

Play with guys you trust

You
Tube

Playing more safely.

Establish some boundaries, when sober.

For example:

- what drugs you are prepared to do, which you aren't
- ways of administering the drugs, (eg, smoking versus injecting)
- What sex stuff you're prepared to do, what you aren't. We can get carried away when we're high, and push the boundaries of what's safe – sometimes be numb to pain or warning signs.
- How long you'll play for, what you will & won't do sexually
- How you expect to be treated, & treat others
- Some rules about how you expect your house to be treated, or how you'll behave in others.

Only use clean equipment, surfaces, utensils, toys, douches, lube pumps, razors & toothbrushes/clippers needles, straws, glasses..

We can get a bit paranoid or worse-for-wear after playing for too long, so try to pre-arrange a finish time; agree this with a friend or partner, set an alarm on your phone. It's difficult to adhere to when we're high, but worth the effort, and we can get better at it if we have a friend's support.

Eat and drink; exhaustion & dehydration, only make the recovery time worse, and in fact can improve our "high", make us less prone to paranoia or aggression.

Not everyone out there is kind, and many more do mean to be kind, but the high can make us less conscious of other people's needs or concerns. It can be wise to let a friend know the address you're going to, if it's an unknown new sex partner. Benders can be long and chaotic, it's good if someone knows where you are should anything go wrong.

The Tabs below have more information about mephedrone (Meph, MKat), crystal methamphetamine (Tina, Ice, Meth) and GHB & GBL (G, Gina); including **how to use these drugs more safely**, how to keep the harm at a minimum... - as well as safer injecting, GHB/GBL dosing, and more. With thanks to 56 Dean Street, Antidote at London Friend and GMFA



Take a break:
Work toward a small
achievable goal



Choose a goal

ChemSex Care Plan

Choose a goal to work toward from these options...

Abstinence



Take a short break



Play more safely



Still not sure
what I want to do..



Reflecting on drug use/behaviour

What do I enjoy about
ChemSex



What do I dislike about
ChemSex?



Do I sometimes miss days
at work/college because of
chems?

- ☐ Yes
- ☐ No
- ☐ Maybe

NEXT



Reflecting on drug use/behaviour

Have I ever overdosed on
GHB/GBL?

- ☐ Yes (only in front of friends/partners/shags)
- ☐ Yes (hospitalised)
- ☐ Yes (no one saw me)
- ☐ Never
- ☐ I don't do GHB/GBL

I sometimes feel paranoid
or unsafe when I take
chems

- ☐ Yes, but it's not a problem
- ☐ Yes, but only rarely
- ☐ Yes, frequently
- ☐ Every time
- ☐ Never
- ☐ Yes, but it was real danger/persecution, not a side-effect of the drugs

I can handle my drugs, but
others that I play with, can't.

- ☐ True, but it doesn't bother me
- ☐ True, I'm uncomfortable being complicit in other people's problematic chem use
- ☐ Untrue; everyone I play with is fine on their chems.
- ☐ I can't always handle my drugs either
- ☐ Everyone is responsible for themselves
- ☐ We all have moments, but we look after each other
- ☐ This doesn't apply to me



What percentage of my sex life, involves chems?

- ☐ 0% chems
- ☐ 10% chems
- ☐ 20% chems
- ☐ 30% chems
- ☐ 40% chems
- ☐ 50% chems
- ☐ 60% chems
- ☐ 70% chems
- ☐ 80% chems
- ☐ 90% chems
- ☐ 100% chems

Am I happy with this percentage?

- ☐ Yes
- ☐ No
- ☐ I don't know

Ideally, I'd like the percentage of my sex life that involved chems to be..

- ☐ 0% chems
- ☐ 10% chems
- ☐ 20% chems
- ☐ 30% chems
- ☐ 40% chems
- ☐ 50% chems
- ☐ 60% chems
- ☐ 70% chems
- ☐ 80% chems
- ☐ 90% chems
- ☐ 100% chems

Am I getting my sexual and emotional needs met from the sex I'm having?

- ☐ Yes
- ☐ No
- ☐ I don't know what this means

I am prioritising ChemSex over other (non-sexual) social activities (family, friends, hobbies)

- ☐ True
- ☐ False
- ☐ Irrelevant

What (if any) are the advantages of sober sex?

When did you last have a relationship?

- ☐ In the last 12 months
- ☐ About a year ago
- ☐ About two years ago
- ☐ More than three years ago
- ☐ More than 6 years ago
- ☐ More than a decade ago
- ☐ I've never had a relationship
- ☐ Relationships aren't important to me

Is Chemsex affecting my physique/appearance, and the way I look?

- ☐ Yes
- ☐ No
- ☐ Maybe

Is ChemSex affecting my finances?

- ☐ Yes
- ☐ No
- ☐ Maybe

Is ChemSex affecting my relationships (family, friends, others)?

- ☐ Yes
- ☐ No
- ☐ Maybe

When did you last have sober sex?

- ☐ This week
- ☐ This month
- ☐ Within the last 6 months
- ☐ Within the last year
- ☐ More than a year or two ago
- ☐ I can't remember
- ☐ Sober sex is not important to me

Is Chemsex affecting my goals and the dreams I have for my life?

- ☐ Yes
- ☐ No
- ☐ Maybe



Reflecting on drug use/behaviour

What would be my reasons for taking a break from chems?



What would be the things preventing me from taking a break from chems?



What (if any) are the advantages of sober sex?



Take a break:
Work toward a small,
achievable goal



Choose a goal

ChemSex Care Plan

Choose a goal to work toward from these options...

Abstinence



Take a short break



Play more safely



Still not sure
what I want to do...



Take a break/identify a goal

ChemSex Care Plan

You've chosen to take a short break from chems.

Great.

Let's start by choosing a time period that you feel would give you a sense of accomplishment, and control over your chem use.

4 months



3 months



2 months



1 month



2 weeks



7 days



1 weekend



1 day



Rate your own confidence -decisional balance

HOW CONFIDENT ARE YOU, TO ACHIEVE THIS GOAL?

Not
confident

1

2

3



5

6

7

8

9

10

Very
confident

Not very confident? Choose a more achievable goal

Thanks for your score.

Ideally, we'd prefer you scored 7 or above on the confidence scale. We want you to do well with this plan, and get a feeling of achievement. A sense of accomplishment. You deserve that feeling.

It's possible you've chosen a goal that's a bit ambitious; it might be a good idea to choose a time period that's a bit shorter, something that will be easier to achieve?

Remember, the idea here is to give you a sense of accomplishment, to motivate you about what you can achieve. So choose again; choose a time period that you feel more confident to achieve.

I want to take a break from chems for...

1 month



2 weeks



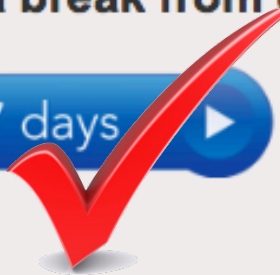
7 days



1 weekend



1 day



Now rate confidence level again

HOW CONFIDENT ARE YOU, TO ACHIEVE THIS GOAL?



How important is it to you?

Scoring anything seven or above on the confidence scale suggests you've got a good chance of achieving your goal.

That's great. It's important you feel you can achieve this.

Now let's get an idea of how important this is to you.

It's important that you're doing this for yourself. (No one else should push you into this - be it a family member, a friend, a partner, a healthcare professional); it has to be important to you, or it won't work.

Choose a number from the scale below.

HOW IMPORTANT IS IT TO YOU, TO ACHIEVE THIS GOAL?



Not very important?
Come back another time

Anything 6 or below tells us that it's not enormously important to you.

Which is cool.

There isn't any need to attempt making changes if it isn't important to you; sometimes it's more important to our friends or family than it is to us. If it isn't that important to make changes, then you can always come back and do this another time.

It absolutely works better when we're motivated, and when it's important to us.

If you want to think on it some more, please do; perhaps this questionnaire can be helpful.

Click to begin the questionnaire.

BEGIN



Still not sure
what I want to do...



Rate how important it is to you
(-decisional balance)

But perhaps it IS important.....

Scoring anything seven or above on the confidence scale suggests you've got a good chance of achieving your goal.

That's great. It's important you feel you can achieve this.

Now let's get an idea of how important this is to you.

It's important that you're doing this for yourself. (No one else should push you into this - be it a family member, a friend, a partner, a healthcare professional); it has to be important to you, or it won't work.

Choose a number from the scale below.

HOW IMPORTANT IS IT TO YOU, TO ACHIEVE THIS GOAL?

Not important 1 2 3 4 5 6 7 8 9 10 Very important

A horizontal scale from 1 to 10. Each number is inside a blue rounded rectangle with a white play button icon. The scale is flanked by 'Not important' on the left and 'Very important' on the right. A large red checkmark is placed over the number 9.

Identify your most vulnerable times

OK.

It's seems it's very important to you to achieve this goal.

Let's see what else we can do to make it happen.

Identifying Triggers Managing Cravings differently

Triggers are things that cause us to crave chems; situations, circumstances, events, emotions, places... anything that might make us think (obsessively sometimes), about doing chems. If you learn how to identify triggers, even anticipate them, then you can be better prepared for them. It's always better than being taken by surprise.

Cravings can be overwhelming; sometimes it can feel like they rob us of our power of choice. But if we learn to anticipate, identify and manage triggers better... and if we learn different techniques to manage our cravings when they hit us, we have a better chance of riding them out without using.

**TIMES THAT I'M MOST
VULNERABLE; TICK ALL
THAT APPLY**

- ☐ After work Fridays
- ☐ Weekday mornings
- ☐ Sat late afternoon (no plans)
- ☐ Bed time weekdays, can't sleep
- ☐ Travelling home after work
- ☐ Sat night, alone
- ☐ Sat night dinner/drinks with friends
- ☐ Sunday mornings, breakfast time
- ☐ Sunday mid morning, no plans
- ☐ Sunday afternoon, bored
- ☐ Sunday late afternoon, after a busy day
- ☐ Late night Sat, can't sleep



Identifying triggers

**COMMON TRIGGERS;
TICK ALL THAT APPLY**

- ☐ When I'm alone
- ☐ After drinking alone
- ☐ When out drinking with friends
- ☐ After clubbing
- ☐ When playing online/on Apps - no specific plans
- ☐ When returning to London from a trip
- ☐ After a fight with a friend/family member/partner
- ☐ When I feel lonely & miss intimacy
- ☐ When I feel bored
- ☐ When I feel stressed and anxious
- ☐ When I feel horny
- ☐ When I feel depressed
- ☐ When I feel angry at myself, someone else, or at life.
- ☐ When I get unexpected correspondence/an invitation to party
- ☐ Returning home alone after a night out
- ☐ Returning home to partner after a night out
- ☐ After an unsatisfactory sex encounter
- ☐ After being rejected online
- ☐ Whenever I feel like celebrating
- ☐ Whenever I feel I deserve a reward for "being good"



OTHER TRIGGERS: ALCOHOL? NON-CHEMSEX DRUGS?

For some, ChemSex is completely unrelated to alcohol; for others, it only happens after they've a drink or few. Tick the box that's true for you:

- ☐ I'm always sober when I decide to get high/find a Chem shag
- ☐ My resistance to temptations/cravings for chems is strong when I'm sober
- ☐ My resistance to temptations/cravings for chems is definitely weaker after I've been drinking.
- ☐ The majority of my Chem sessions have begun while I'm under the influence of alcohol

For others, a social line of cocaine, bump of MDMA or ecstasy - though not ChemSex - can lead to sex-App use and cravings for Chems & ChemSex. How likely are you to resist ChemSex cravings in these circumstances?

- ☐ These drugs never lead to ChemSex cravings for me
- ☐ Yes, the high from these drugs often leads to ChemSex in my case
- ☐ Sometimes yes, sometimes no, it depends on other circumstances



Managing cravings differently

WHAT CAN YOU DO
DIFFERENTLY NEXT
TIME YOU FEEL A
CRAVING OR TRIGGER?

- ☐ Leave the room/place I'm in
- ☐ Call a friend/supportive person
- ☐ Clean the house/do gardening
- ☐ Write a letter/journal note to yourself
- ☐ Record a video message to yourself on your phone, to remind yourself of consequences
- ☐ Go to gym/do exercise
- ☐ Cook a favorite meal
- ☐ Practice meditation/mindfulness
- ☐ Watch a favorite (distracting) film or box-set
- ☐ Have a (distracting) activity ready for just these moments; make a list of these
- ☐ Get offline/close the App/
- ☐ Take a deep breath; smile.
- ☐ Turn off any pornography
- ☐ Masturbate (quickly) Then occupy yourself off line
- ☐ Continue breathing. Take in your surroundings
- ☐ Take a shower
- ☐ Tell someone how I'm feeling
- ☐ Change the mood/music/lighting/temperature
- ☐ Go to the local shop. Buy chocolate. Ask shopkeeper how his day was
- ☐ Put favourite music in your ears. Go for a walk
- ☐ Be with people who care/value you
- ☐ Take a deep breath: smile. Continue breathing. Take in your surroundings
- ☐ Call a friend/supportive person
- ☐ Create a list of things you want to do this week
- ☐ Think about what you'll be doing two days from now - if you use, if you don't.
- ☐ Watch a YouTube playlist that helps you deal with cravings
- ☐ Change your emotional state somehow. Be creative.



DONE! Online Care Plan created

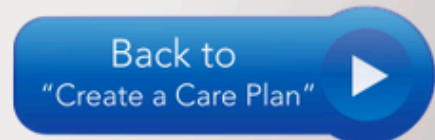
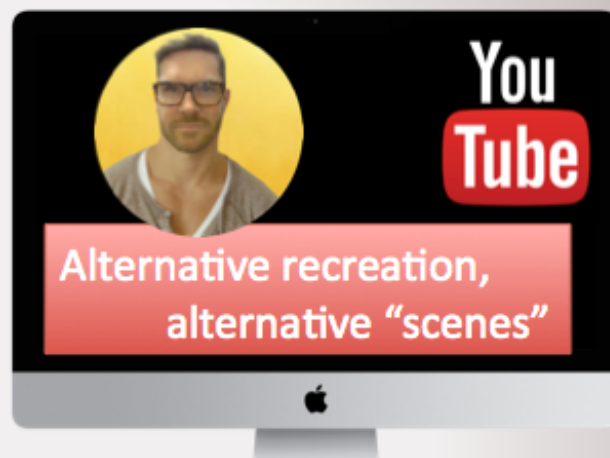


That's it. You have your own Care Plan.

If you can, let a good friend know that you're trying to make changes. Doing this alone is never as good as having the support of a best mate. It can be difficult to share this vulnerability with someone, but do not be ashamed. It's a brave, brilliant thing you're doing here, you should feel proud of trying.

Whether you succeed at your goal, or not, you now have a toolbox of things you can do to help yourself. Sometimes it's trial and error; we don't always succeed the first time. Don't give up. Keep coming back. Choose an achievable goal, work towards it. Get better at identifying your vulnerable moments, and practice your craving management techniques. You'll get the hang of it. You'll get better each time.

And when you succeed... congratulate yourself. That's important. When you don't succeed... congratulate yourself for trying. Don't beat yourself up. There is an explainable reason why you struggle with this. Gay life, gay sex is complicated, you aren't alone. So no beating yourself up, just start a new care plan. With a smile, and faith in yourself.



Pre-Therapy

Therapy and behaviour change support

Film



<https://www.youtube.com/watch?v=qOdaouGHXqQ>

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Pre-Therapy

CYCLE OF CHANGE

MOTIVATIONAL INTERVIEWING

Denial, reluctance
ambivalence

Reflective questions

What do I enjoy about ChemSex

What do I dislike about ChemSex?

Do I sometimes miss days at work/college because of chems?

Am I experiencing more STIs than I'd prefer, because of chems?

Have I ever overdosed on GHB/GBL?

I sometimes feel paranoid or unsafe when I take chems

I can handle my drugs, but others that I play with, can't.

What percentage of my sex life, involves chems?

Am I happy with this percentage?

MI; Reflective questions

Ideally, I'd like the percentage of my sex life that involved chems to be..

Am I getting my sexual and emotional needs met from the sex I'm having?

I am prioritising ChemSex over other (non-sexual) social activities

.....(family, friends, hobbies)

What (if any) are the advantages of sober sex?

When did you last have a relationship?

Is Chemsex affecting my physique/appearance, and the way I look?

Is ChemSex affecting my finances?

Is ChemSex affecting my relationships (family, friends, others)?

When did you last have sober sex?

Is Chemsex affecting my goals and the dreams I have for my life?

What would be my reasons for taking a break from chems?

What would be the things preventing me from taking a break from chems?

Motivational Interviewing

“Dancing not wrestling”

Reflective listening

Open questions

Rolling with resistance

Looking back – looking forward


Pros and cons

Decisional balances

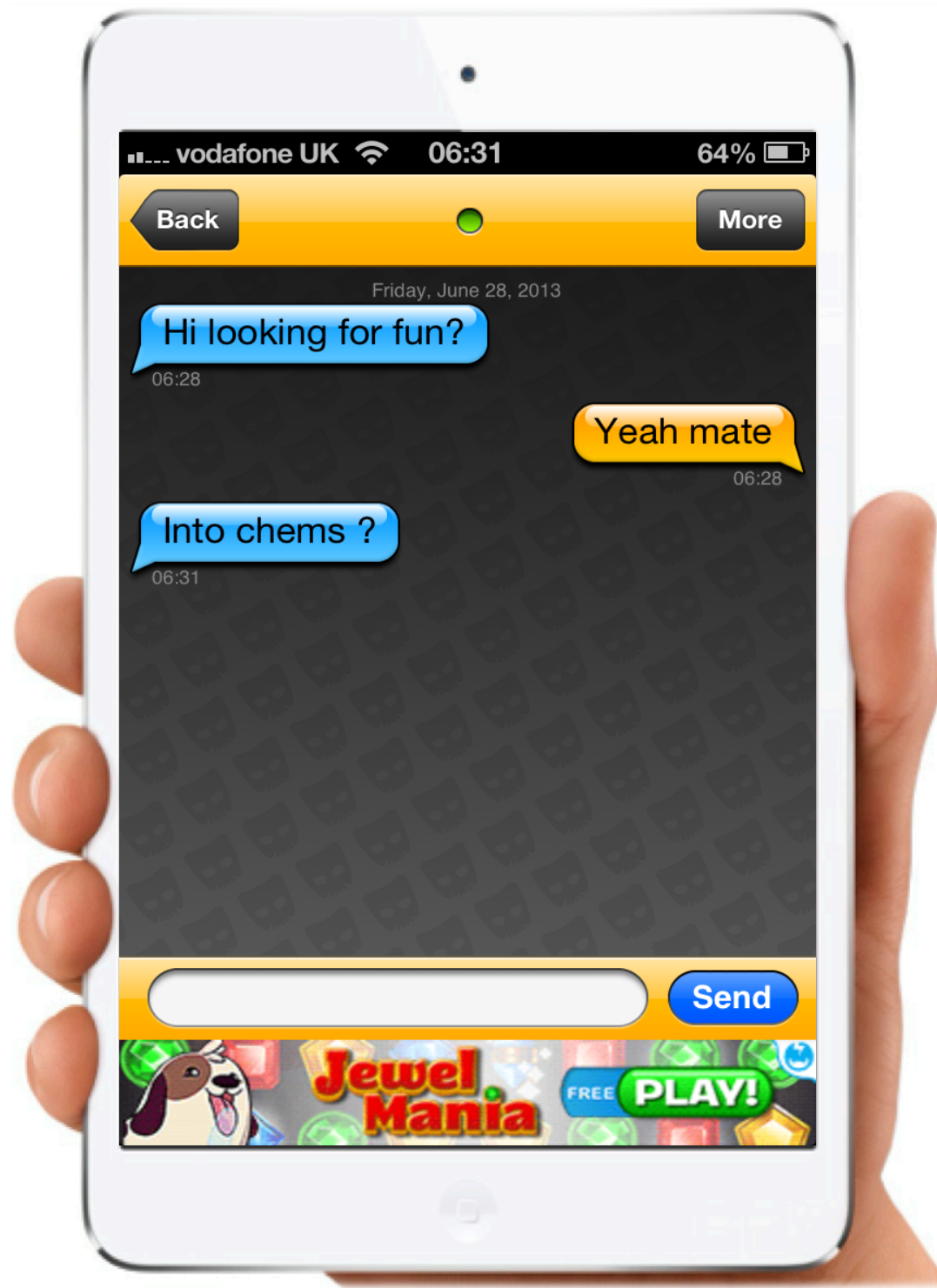
Rating importance, confidence, readiness

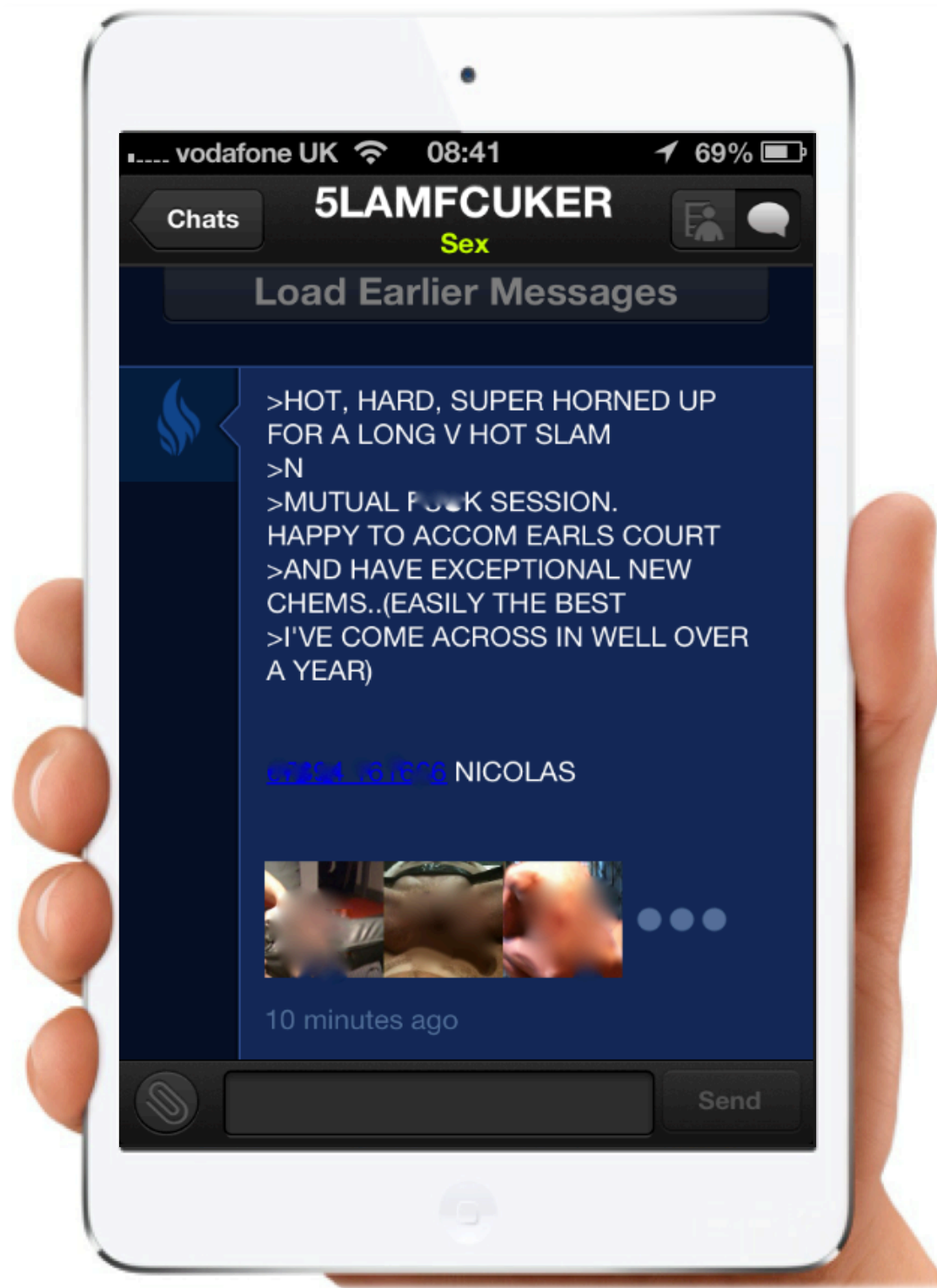
Issues that distinguish chemsex support from traditional drug use support

- Trauma and growing up gay/societal homophobia
- Trauma and masculinity
- Trauma and early sexual experiences
- Trauma and the HIV epidemic
- Trauma and online hook-up culture
- Trauma and the chemsex environment
- normalised poor sexual wellbeing
- Neurochemical exhaustion
- Sober sex

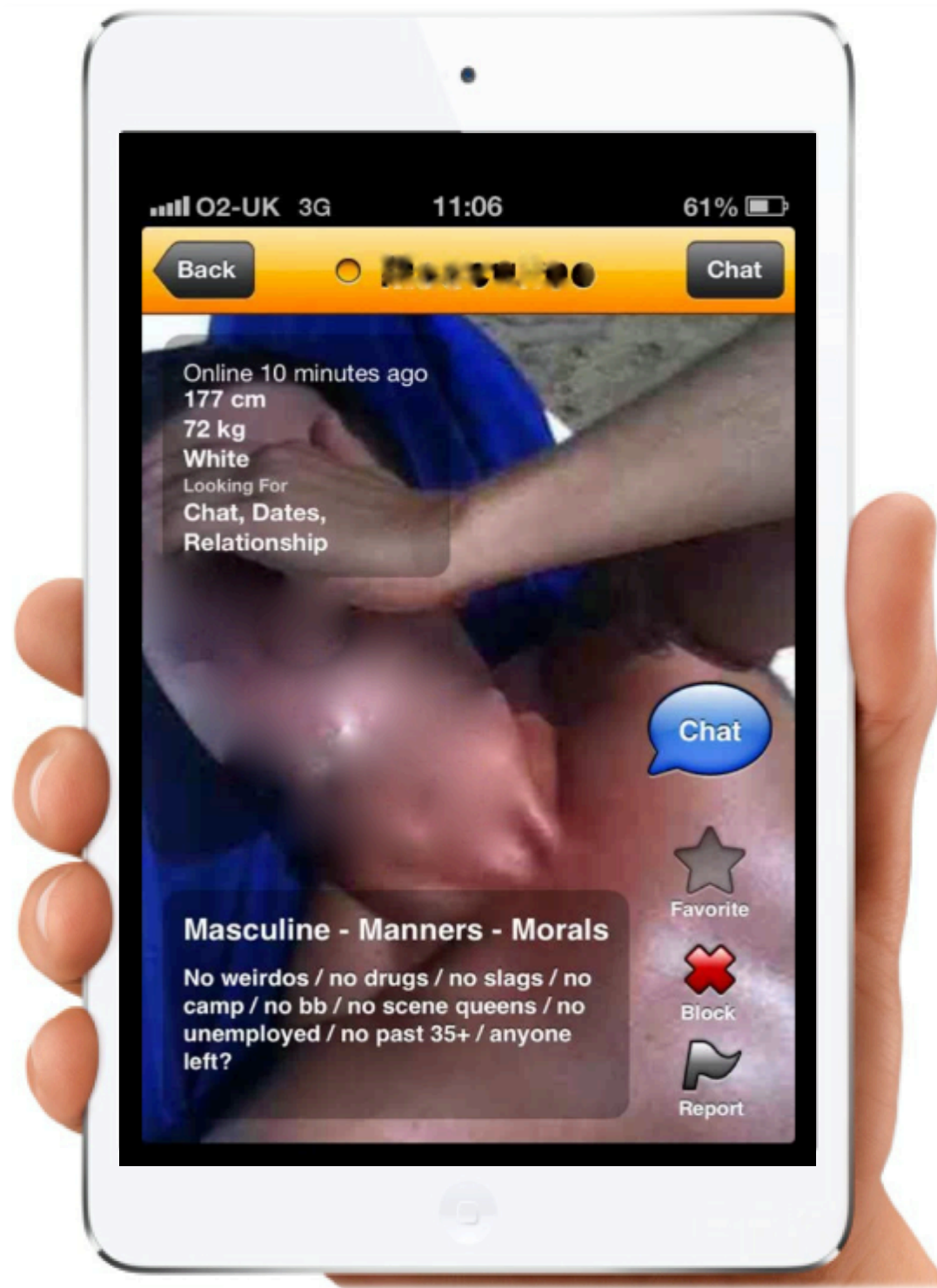
A hand is holding a white tablet. The screen of the tablet is black and displays white text in a serif font. The text is arranged in seven lines, centered on the screen. The hand is visible on the left and right sides of the tablet, with fingers gripping the edges. The background is plain white.

*People
struggling
with
unprecedented
on-line
behaviour
norms*





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OUTCOMES/Successes

Patients are generally invited to a 6 week “Take a break” programme of abstinence.

Adjusted according to degree of success or failure to achieve goals

Goals re-assessed at 6 week completion; invitation to extend programme.

Outcomes monitored at 6 sessions;

Confidence in taking longer breaks between ChemSex episodes

Confidence in negotiating sexual health/chem use risks

Confidence in negotiating injecting risks

Sense of control over drug use

Experienced less sexually transmitted infections

Confidence to adhere to ARVs (HART & PrEP/PEP)

Confidence to introduce chem-free (sober) sex into their lives.

Improvement in non-sexual/chem-free social life

Cessation of ChemSex

Ceased injecting use only

Referrals to structured therapy/keywork/support groups



OUTCOMES/Successes

The most successful interventions included;

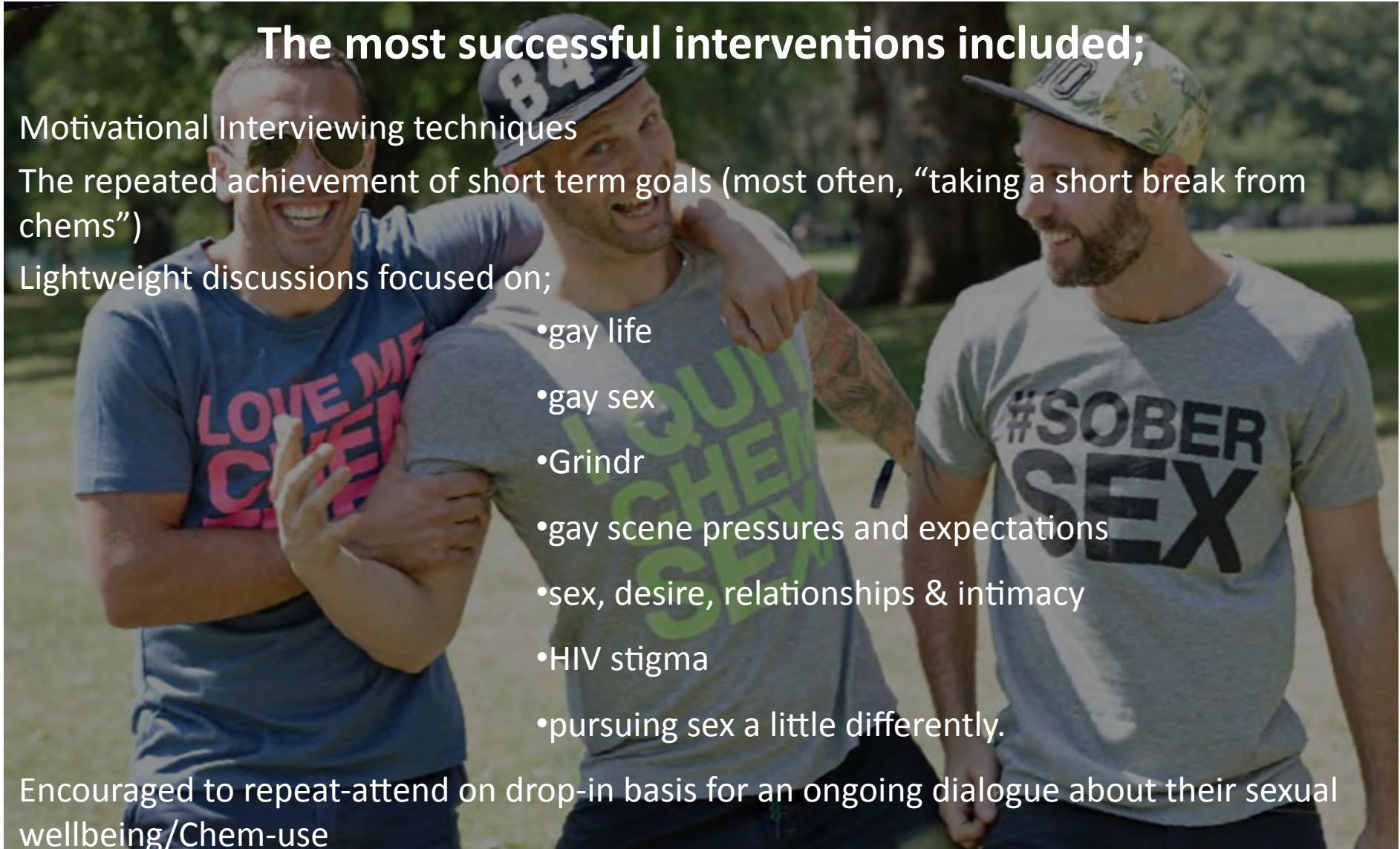
Motivational Interviewing techniques

The repeated achievement of short term goals (most often, “taking a short break from chems”)

Lightweight discussions focused on;

- gay life
- gay sex
- Grindr
- gay scene pressures and expectations
- sex, desire, relationships & intimacy
- HIV stigma
- pursuing sex a little differently.

Encouraged to repeat-attend on drop-in basis for an ongoing dialogue about their sexual wellbeing/Chem-use





Dean Street Wellbeing Programme

HOOKING UP ONLINE

FUN?

CHEMS?

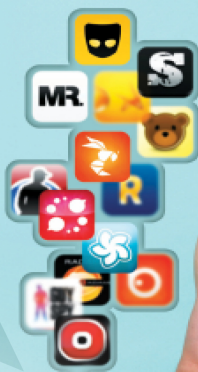
BB?

Are you getting what you want from using apps?

56 Dean Street and GMFA are hosting a series of workshops around hooking up online.

- Share your experiences
- Develop boundaries
- Build your confidence
- Communicate better

Photo: © Chris Jepson, www.chrisjepson.com



When: Third Saturday of every month
Where: 56 Dean Street, Soho
Time: 11am to 12.30pm

For more information or to book
Email: David.Stuart@chelwest.nhs.uk

~~Chel~~Sex.com

When did YOU last have sober sex?

Are Tina, Meph or G a regular part of your sex life?
When was the last time you dated,
or had someone sleep over?

If it's been a while..

it **can** be difficult getting back into the swing of
Sober Sex;

Do you want to be a part of a gay mens' discussion group
that meets to explore our own fears, reluctance,
or other issues around sober sex?

The first of these meetings will be
Saturday 8th March 1pm to 2.30pm

at **56 Dean Street** in Soho.

For more information, or to book a place,
please contact David at 56 Dean Street, on
david.stuart@chelwest.nhs.uk





Dean Street Wellbeing Programme

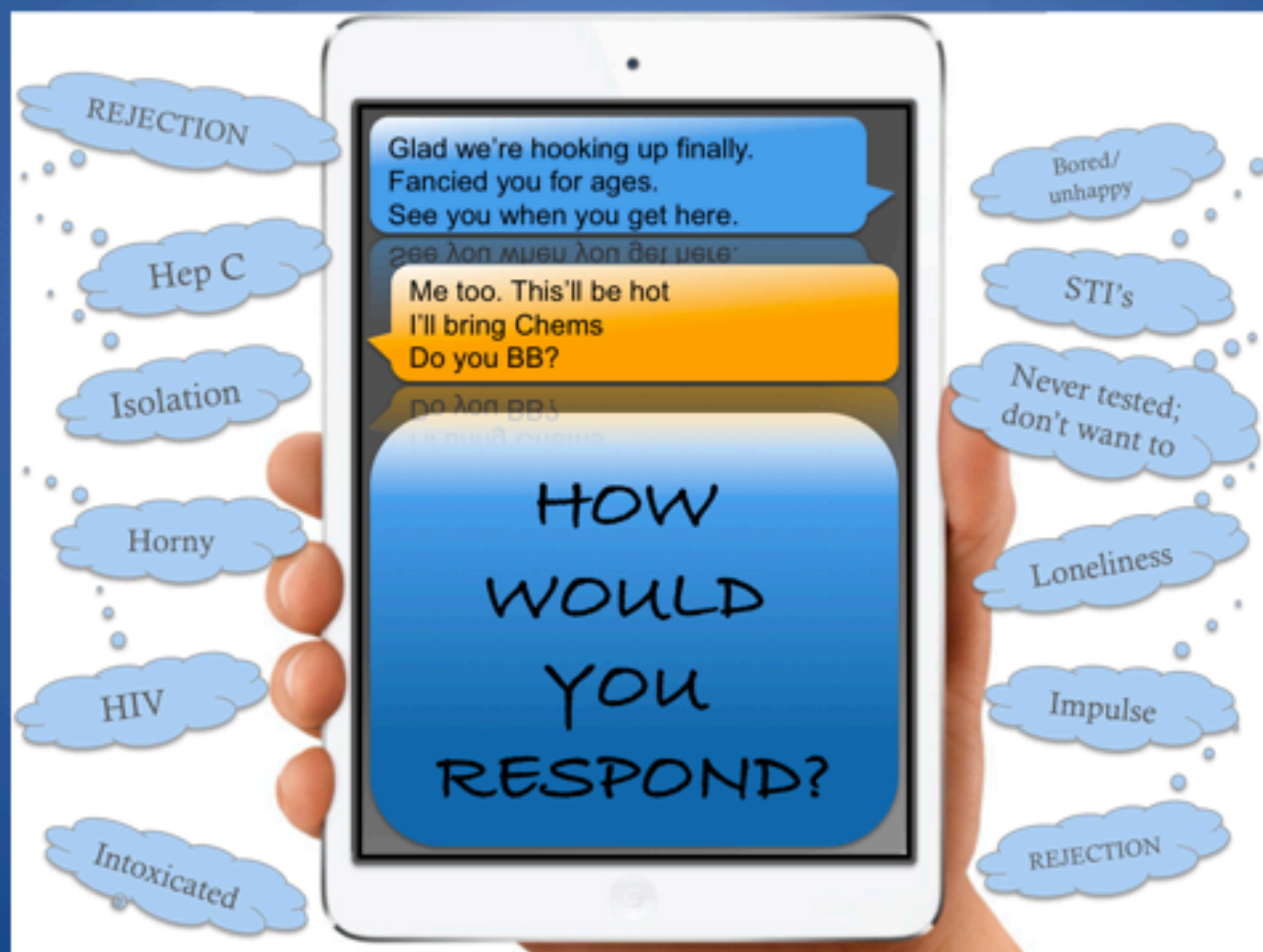


Walk-In appointments are now available at the following times;

- Tuesdays, 5 to 7pm
- Thursdays 1 to 4pm
- 1st Saturday of each month, 1 to 3pm
- 3rd Saturday of each month, 1 to 3pm



Dean Street Wellbeing Programme





Dean Street Wellbeing Programme

A CHANGE OF SCENE

A new platform for gay men to share
their *lives* and their *experience*

www.facebook.com/achangeofscene

*Do you sometimes complain about the gay scene?
Are you spending day and night on Grindr and Scruff?
Have you ever felt isolated and depressed in a crowded bar?
Do you judge others - while secretly judging yourself?
Are drink and drugs starting to take over your life?
Do you strive for perfection - but never feel good enough?
Have you given up on relationships - but can't stop having sex?*

It's time to talk about it.

We don't preach. We won't judge.
And there's no entry fee.

TUESDAY 12TH AUGUST 2014
THIS MONTH'S DISCUSSION:

GRINDR

HOW IS IT FOR YOU?

6:30PM - 8PM
56 Dean Street W1D 6AQ

Every second Tuesday of the month

Part of the 56 Dean Street
Wellbeing programme



A CHANGE OF SCENE

A new platform for gay men to share
their *lives* and their *experience*

www.facebook.com/achangeofscene

*Do you sometimes complain about the gay scene?
Are you spending day and night on Grindr and Scruff?
Have you ever felt isolated and depressed in a crowded bar?
Are you spending too much time in the gym?
Are drink and drugs starting to take over your life?
Do you strive for perfection - but never feel good enough?
Have you given up on relationships - but can't stop having sex?*

It's time to talk about it.

We don't preach. We won't judge.
And there's no entry fee.

TUESDAY 9TH SEPTEMBER 2014
THIS MONTH'S DISCUSSION:

BODY IMAGE

ARE YOU ENOUGH?

6:30PM - 8PM
56 Dean Street W1D 6AQ

Every second Tuesday of the month

Part of the 56 Dean Street Wellbeing programme





Dean Street Wellbeing Programme



CONSENT TO SEX while HIGH ON DRUGS (CHEMSEX)



A gay man, highly intoxicated on (self-ingested) GBL, later regrets the sex he had, or has trouble remembering what happened...

- *Is this consent?*
- *Is it sexual assault?*

Sexual health/PEP clinics are being faced with these issues and questions; this event will bring the health sector together to explore these challenging issues.

With support from





Dean Street Wellbeing Programme





Dean Street Wellbeing Programme

You are invited to:

A Matt Spike Collection

Private view followed by a Q&A chaired by David Stuart discussing some of the themes of Spike's works

"Matt Spike's collection walks the controversial tightrope that divides the glamorous, sexy appeal of Chirosex and the debauched, harmful realities that flood London's gay men's health services."

Wednesday 20th August
6.30pm-9.30pm

*The Link, 7 Earlsom Street,
Covent Garden, London,
WC2H 9LL*

Please RSVP
daisy-may.hudson@nhs.uk

You will be filming as part of their feature length documentary exploring Chirosex trends that they have been making with access to Code Clinic, 56 Dean St.





Dean Street Wellbeing Programme



People who Just had sex

56 DEAN STREET

DEAN STREET express

A film screening of some fun interviews with people who've just had sex

Followed by discussions, focusing on sexual wellbeing, intimacy and sex



Dean Street Wellbeing Programme

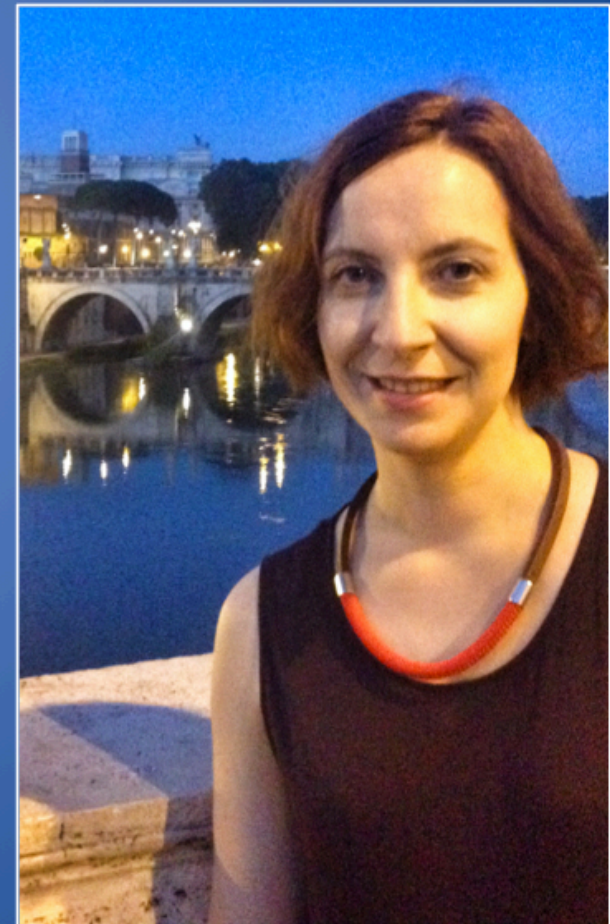




Dean Street Wellbeing Programme

SOBER SEX A PSYCHOSEXUAL PERSPECTIVE

A workshop for therapists
with
Remziye Kunelaki





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SEXTROVERTS

Wednesday 14th September

SEXTROVERTS is an open, fun, non-judgemental clambake to talk about better sexual wellbeing, whatever you do with your junk.

A photograph of two men standing in a grassy park. The man on the left has a beard and is wearing a blue t-shirt with the text 'LOVE ME CHEM FREE' in pink. The man on the right is clean-shaven and wearing a grey t-shirt with the text 'I QUIT CHEM SEX.' in green. They are both pointing towards the camera. In the background, there are trees and a large brick building.

FOR PROFESSIONALS

www.davidstuart.org/professionals



FOR CHEM USERS
www.dean.st/chemsex-support/

David Stuart



david.stuart@me.com
www.davidstuart.org