

# Chemsex & Mental Health in gbMSM in Montreal: *Results from Engage Cycle 1*

***November 8 & 9, 2018***

***Gay Men's Health Summit 2018 – Vancouver, BC***

Marc Messier-Peet, Herak Apelian, Dr. Gilles Lambert & Dr. Joseph Cox

# Objective

*To provide a descriptive profile of Engage-Montreal participants who engage in chemsex including a consideration of mental health and the use of prevention and care services*



- **Defining chemsex :**
  - « Sexual intercourse under the influence of psychoactive substances,
    - in particular **gammahydroxybutyrate (GHB) / gammabutyrolactone (GBL)**, **mephedrone** and **crystal methamphetamine** » <sup>1</sup>
    - « ... and to a lesser extent: **cocaine** and **ketamine** » <sup>2,3</sup>
- **Also known as...**
  - Party n Play / PnP
  - « Chillout » parties
- Chemsex as a **historical** and **sociological** phenomenon
- Definitions of chemsex are **a function of local drug markets**

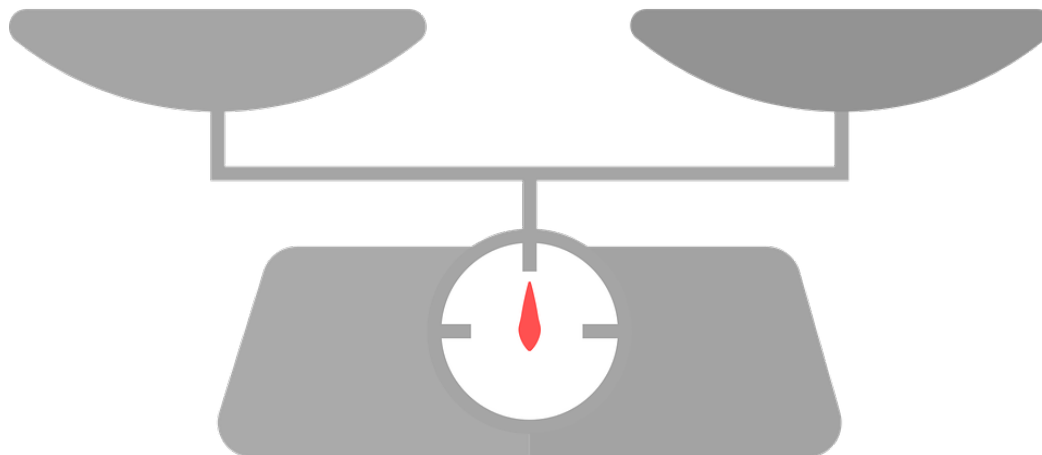
# What are the potential harms & benefits of chemsex? <sup>1</sup>

## Risks

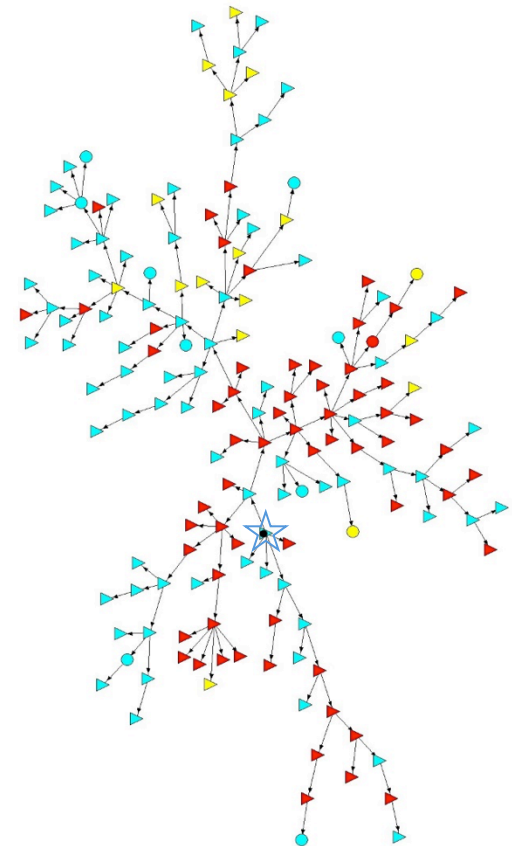
- *Overdoses & substance use addiction*
- *Short and long-term mental health issues*
- *Sexual risk taking*
- *Non-adherence to PrEP or HIV treatment*
- *HIV non-disclosure*
- *Issues related to consent*
- *Erectile difficulties*
- *Social isolation & interiorized stigma*

## Benefits

- *Facilitation of sexual encounters that are more intense and more prolonged*
- *Sexual encounters with more partners*
- *Sexual disinhibition and confidence*
- *Feelings of belonging to a community*



- **Recruitment method:**
  - Respondent-driven sampling (RDS)
  - 27 seeds
  - N = 1179
  - Recruitment period: February 2017 – June 2018
- **An Engage study visit includes:**
  - CASI Questionnaire
  - STI screening tests, including HIV rapid test
  - Financial incentive
- **Exploratory descriptive analyses**
  - Data presented is RDS-adjusted (where possible)
  - Asterisks indicate variables where the confidence intervals around the RDS-adjusted estimates do not overlap



**Légende:**

● HIV Negative

● HIV Positive

● Unknown HIV status

△ Older than 30 years

○ 30 years old and younger

★ Initial "seed" participant

# Results : ASSIST Scale

What classes of non-prescription substances were used by Engage-Montreal participants In the past 6 months? ( $n = 1179$ )

Number of  
participants

RDS-adjusted %

**Tobacco**

525

44.4

**Alcohol**

986

80.7

**Cannabis**

631

47.5

**Cocaine**

319

24.3

**Amphetamines**

(ecstasy/MDMA, crystal meth, mephedrone, speed, Ritalin, Adderall)

338

23.8

**Inhalants**

(amyl or butyl nitrate/poppers, nitrous oxide)

377

23.4

**Sedatives**

(benzodiazepines, barbiturates, GHB)

283

20.5

**Hallucinogens**

(ketamine, mushrooms, LSD, 2C-B, PCP, MDA, ayahuasca)

199

13.2

**Opioids**

(Heroin, morphine, codeine, Oxycontin, Dilaudid, Fentanyl)

93

8.3

**Erectile difficulty drugs**

(Viagra, Cialis, Levitra)

259

16.5

# Results : Sex under the influence

What proportion of sexual encounters reported by all Engage-Montreal participants were under the influence of... ?

*(n = 4360 sexual encounters reported by 1179 participants)*

Number of  
sexual  
encounters

% of all  
sexual  
encounters

Alcohol

1568

36.4

Alcohol (*5 drinks or more*)

667

15.7

Cannabis

892

20.7

Cocaine

290

6.7

Crystal methamphetamine

254

5.9

GHB

266

6.2

Ecstasy / MDMA

107

2.5

Ketamine

66

1.5

Viagra / Cialis / Levitra (*non-prescription*)

456

10.6

Poppers

509

11.8

Other drugs

56

1.3

**Sex under the influence of at least one substance**

**2441**

**56.6**

# What is a working definition of chemsex?

For our analyses, we used the following definition of chemsex:

- Use of the following substances up to **2 hours before or during sex**, with **at least one** of their last 5 sexual partners **over the past 6 months**

- *Crystal methamphetamine*
- *GHB*
- *Ecstasy / MDMA*
- *Cocaine*
- *Ketamine*



For these analyses, the use of alcohol, marijuana, poppers, erectile difficulty drugs or other drugs before or during sex is **NOT** considered « chemsex »



# Results: Prevalence of chemsex

How many participants of engaged in chemsex? (n = 1179)	Number of participants	RDS-adjusted %
<b>Participants reporting use of <u>at least one</u> of the substances used in chemsex in the past 6 months:</b> <i>Crystal methamphetamine, GHB, Ecstasy/MDMA, cocaine, ketamine</i>	<b>452</b>	<b>31.0</b>
<b>Participants reporting having engaged in chemsex:</b> <i>« Use of crystal methamphetamine, GHB, ecstasy/MDMA, cocaine or ketamine in the 2 hours before or during sex with at least one of their last 5 partners in the past 6 months »</i>	<b>283</b>	<b>18.7</b>
What proportion of participants engaged in chemsex with one or more of their last 5 sexual partners in the last 6 months? (n=1179)	Number of participants	RDS-adjusted %
<b>No chemsex</b> with their last 5 sexual partners	<b>886</b>	<b>81.3</b>
<b><u>At least one</u></b> of their last 5 sexual partners	<b>283</b>	<b>18.7</b>
<b><u>Two or more</u></b> of their last 5 sexual partners	<b>150</b>	<b>7.5</b>

Participant characteristics	Engaged in chemsex with at least one of last 5 sexual partners in the past 6 months (N=283)	Did NOT engage in chemsex with any of their most recent 5 sexual partners in the past 6 months (N=886)
Sociodemographic characteristics		
<b>Age</b> ( <i>mean</i> )	<b>40.2</b>	<b>36.8</b>
<b>Income:</b> <i>% who made less than 30,000\$</i>	<b>68.2</b>	<b>66.4</b>
<b>Education level:</b> <i>% whom primary, secondary or technical school is the highest level of education they obtained</i>	<b>46.9</b>	<b>32.1</b>
Bio-behavioural characteristics		
<b>6 sexual partners or more*</b> <i>(in the past 6 months)</i>	<b>56.4</b>	<b>33.7</b>
<b>Transactional sex *</b> <i>(given or received money in exchange for sex in the past 6 months)</i>	<b>19.5</b>	<b>4.7</b>
<b>Group sex*</b> ( <i>in the past 6 months</i> )	<b>34.8</b>	<b>11.6</b>
<b>Self-reported HIV positive status</b>	<b>22.1</b>	<b>12.6</b>
<b>PrEP Use</b> <i>among self-reported HIV- (in the past 6 months; n= ____)</i>	<b>18.0</b>	<b>5.6</b>

# Results: Mental health



	% who engaged in chemsex with at least one of last 5 sexual partners in the past 6 months (n=283)	% who did NOT engage in chemsex with any of their most recent 5 sexual partners in the past 6 months (n=886)
Self-reported mental health status (over the past 6 months)		
How was your mental health in general? (Answer : fair or poor )	28.2	23.9
Sexual compulsivity Scale		
Mean compulsivity score (1 = low; 4 = high )	2.04	1.77
Risk of dependence and/or developing health problems related to substance use – ASSIST Scale		
Moderate or high risk *	62.0	12.1

	% who engaged in chemsex with at least one of last 5 sexual partners in the past 6 months (n=283)	% who did NOT engage in chemsex with any of their most recent 5 sexual partners in the past 6 months (n=886)
Depression and Anxiety (in the past week) – HAD Scale		
<b>Depression *</b> (Score: moderate or severe)	<b>40.8</b>	<b>25.1</b>
<b>Anxiety</b> (Score: moderate or severe)	<b>13.8</b>	<b>10.1</b>
Was ever diagnosed with a mental health condition (by a mental health professional)		
<b>Major depressive disorder *</b>	<b>24.2</b>	<b>6.5</b>
<b>Anxiety disorder</b> (e.g., panic attacks, social anxiety, worry)	<b>26.6</b>	<b>14.6</b>

# Results: Use of prevention & care services

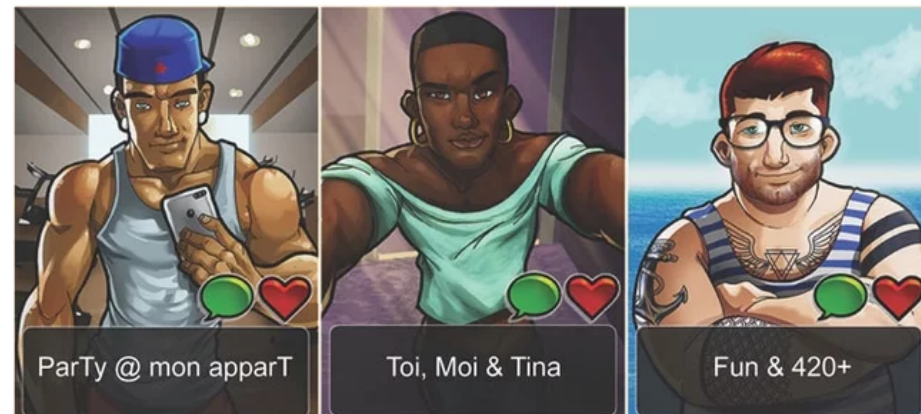
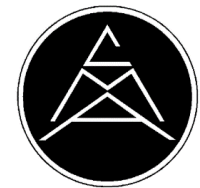
	% who engaged in chemsex with at least one of last 5 sexual partners in the past 6 months (N=283)	% who did NOT engage in chemsex with any of their most recent 5 sexual partners in the past 6 months (N=886)
<b>Mental health service providers</b> <i>Has seen or talked to a mental health service provider about his emotional or mental health in the past 6 months</i>	27.8	26.4
<b>Regular primary healthcare providers</b> <i>Has a regular primary healthcare provider</i>	67.2	57.8
<b>Sexual health clinics</b> <i>Went to a distinct clinic for issues relating to sexual health, STI check-ups or STI treatment in the past 6 months</i>	45.4	39.6
<b>Substance use harm reduction services *</b> <i>Has received treatment, counseling or harm reduction services for their substance use in their lifetime</i>	29.3	6.7
<b>Community based-organisations</b> <i>Has received information about his sexual health from community-based organisations at least once in the past 6 months</i>	26.9	22.7

# Examples of chemsex-related interventions offered by community-based organizations in Montreal:

- *Kontak*
- *MonBUZZ*
- *Crystal Meth Anonymous*
- *"Let's talk Meth and Sex" Workshop*
- *"Meth & Réalité" Website*



METH & RÉALITÉ



- *Sample of urban gbMSM*
- *Limited and missing data*
- *Participant recall*
- *Social desirability bias*
- *Cross-sectional nature of the study*

# Conclusions

- Chemsex is a phenomenon that is actively occurring in Montreal gbMSM communities
- Guys who engage in chemsex reported significantly more... when compared to those who do not engage in chemsex
  - *Sex with more than 6 partners*
  - *Group sex*
  - *Transactional sex*
  - *Depression*
  - *Use of substance use harm reduction services*
- There are many avenues of intervention available to reach guys who engage in chemsex



# Next steps

- A closer look at **polysubstance use** (utilising latent class analysis)
- **Sensitivity analyses** using different definitions of chemsex
- **Trend and incidence** comparisons
- **Stratifying sexual encounters by partner type**
- **Examining STI prevention strategies** utilised
- **Identifying barriers to accessing mental health care services**
- **Potential for qualitative work**

# Thank you!



- ... to all the Engage-Montreal participants!
- .... to the Engage-Montreal Community Engagement Committee
- ... to the CBRC for organizing this summit



- ... to the Engage funders for making the study possible





## British Colombia

**David Moore**, Momentum Health Study, BC Centre for Excellence in HIV/AIDS

**Nathan Lachowsky**, School of Public Health and Social Policy at the University of Victoria

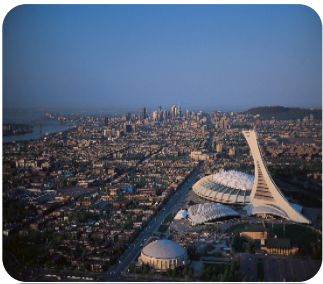
**Jody Jollimore**, Community Based Research Centre for Gay Men's Health



## Ontario

**Trevor Hart**, HIV Prevention Lab, Ryerson University

**Daniel Grace**, Dalla Lana School of Public Health, University of Toronto



## Québec

**Gilles Lambert**, Direction régionale de santé publique, CIUSSS Centre-Sud-de-l'Île-de-Montréal

**Joseph Cox**, Université McGill, CIUSSS Centre-Sud-de-l'Île-de-Montréal

# The Engage-Montreal Team



## Research coordinators & assistants

- Marc Messier-Peet
- Herak Apelian
- Diego Fernandes
- William Pardoe

## Research Nurses

- Marc-André Primeau
- Mélanie Charron
- Émilie Nassif
- Guillaume Thériault

## Community partners

- Members of the Engage Montreal Community Engagement Committee
- The REZO Coordination & Intervention Teams:  
Fréderrick Pronovost, Alexandre Dumont-Blais,  
Rodolphe Coulon, Jonathan Bacon, Daniel Jonathan  
LaRoche, Benoit Turcotte, Julian Rodrigues,  
Guillaume Tremblay-Gallant, Olivier Gauvin, Mike  
Gerembaya

## Co-investigators

- Michel Alary – Université Laval
- Jorge Flores Aranda – Université de Sherbrooke
- Martin Blais – UQAM
- Pierre Côté – Clinique Quartier Latin
- François Coutlee – CHUM
- Eric Latimer – Université McGill
- Bertrand Lebouché – Université McGill
- Ken Monteith – COCQ-SIDA
- Joanne Otis – UQAM
- Roberto Ortiz – REZO
- Fréderrick Pronovost – REZO
- Bouchra Serhir – INSPQ
- Réjean Thomas – Clinique L'Actuel
- David Thompson – REZO
- Cécile Tremblay – CHUM

## Graduate Students

- Carla Doyle
- Julian Hughes
- Tyler Brown
- Simonne Harvey-Lavoie
- Charlotte Lanière

1. Macfarlane, A. (2016). *Sex, drugs and self-control : Why chemsex is fast becoming a public health concern*. J Fam Plann Reprod Health Care. 42: 291-294.
2. Pakianathan, M., Whittaker, W., Lee, MJ., Avery, J., Green, S., Nathan, B., Hegazi, A. (2018). *Chemsex and new diagnosis in gay, bisexual and other men who have sex with men attending sexual health clinics*. HIV Medicine. 19: 485-490.
3. Bourne, A., Reid, D., Hickson, F., Torres Rueda, S., Weatherburn, P. (2014) The Chemsex Study: Drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham. Sigma Research, London School of Hygiene & Tropical Medicine
4. Bourne, A., Reid, D., Hickson, F., Torres Rueda, S., Weatherburn, P. (2015) « Chemsex » and harm reduction need among gay men in South London. J Int Drug Policy. 26: 1171 - 1176

# Questions for Discussion

- *What factors associated with chemsex should be further investigated?*
- *Do these data reflect the reality of chemsex in other Canadian cities?*
- *What are interesting questions for qualitative work?*

# Extra Results : Substance use in past week

What classes of non-prescription substances were used by Engage-Montreal participants <b>in the past week?</b> ( <i>n</i> = 1179)	Number of participants	RDS-adjusted %
<b>Tobacco</b>	387	31.7
<b>Alcohol</b>	727	57.1
<b>Cannabis</b>	287	21.5
<b>Cocaine</b>	63	5.5
<b>Amphetamines</b> ( <i>ecstasy/MDMA, crystal meth, mephedrone, speed, Ritalin, Adderall</i> )	60	3.9
<b>Inhalants</b> ( <i>amyl or butyl nitrate/poppers, nitrous oxide</i> )	80	4.3
<b>Sedatives</b> ( <i>benzodiazepines, barbiturates, GHB</i> )	69	6.0
<b>Hallucinogens</b> ( <i>ketamine, mushrooms, LSD, 2C-B, PCP, MDA, ayahuasca</i> )	3	0.15
<b>Opioids</b> ( <i>Heroin, morphine, codeine, Oxycontin, Dilaudid, Fentanyl</i> )	19	1.1
<b>Erectile difficulty drugs</b> ( <i>Viagra, Cialis, Levitra</i> )	74	4.9