empowering communities and clinicians for harm reduction and mental health
chemsex, risk reduction, and mental health
Jorge Garrido, CEO Apoyo Positivo
content

1. Apoyo Positivo (1993) is a charity resource of community social innovation that promotes diversity, sexuality and emotional education, and sexual and reproductive rights, as an essential complement to personal development through 4 main areas of work: HEALTH, EDUCATION, RIGHTS, and COMMUNITY R&D.

2. Our movement, in turn, transmits values of peace and community entrepreneurship in favor of a more fair, egalitarian, and sustainable coexistence.

3. SEX, DRUGS & YOU: chemsex comprehensive program by Apoyo

4. chemsex, risk reduction and mental health

5. what’s next in chemsex: an intersectional approach to drugs, sexuality, and mental health
Activists and organizations such as Apoyo Positivo have developed specialized community care services for this phenomenon since its inception, despite the silence, stigma, and lack of support and resources allocated to our work and the slow response of the administration to the situation.

Our community perspective and approach represent people directly and indirectly affected by chemsex because **we are those people, those chemsex users.**

**Basic aspects to consider in any approach to chemsex:**

- **it is a multifactorial phenomenon**, so the response must be intersectoral and coordinated,
- **it requires multiple actions and solutions** accordingly,
- **and its response must always be articulated together with the people affected by its practice and the communities directly impacted: a person-centered approach.**

**MADRID (2023):** 605% increase in problematic chemsex cases (2021-22 vs. 2017-18)
**BARCELONA (2022):** from 1% of Drug Service cases in the city in 2016 to almost 5% by 2020
training at the Ministry of Health, organized by Apoyo (2022)
sex, drugs & you: chemsex
comprehensive program by Apoyo

specialized circuit of individualized community-based psychosocial care

“Risk reduction, prevention, testing or chemsex consultations as a gateway to engage in a personalized itinerary of comprehensive sexual and mental health and diversity services.”

• Psychological care specialized in chemsex
• Psychiatric care for chemsex
• Specialized Sexological care for chemsex and hypersexuality
• Self-support group
• Leisure Group
• Collaboration with the Addictions network
• Link with public mental health services
• PAUSA: 2.0 chemsex service linking to care
• R+D:
• Studies: Approach to Chemsex in Spain (2016; 2021) Study of Hypersexuality, Study of Trauma associated with Chemsex, Study of neuropsychiatric variables in problematic chemsex
• Training
### SEX, DRUGS & YOU: chemsex comprehensive program by Apoyo

#### Psychosocial data from 2022 (Madrid & Málaga):

<table>
<thead>
<tr>
<th></th>
<th>MADRID</th>
<th>TORREMOLINOS</th>
<th>total</th>
</tr>
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<tbody>
<tr>
<td>Sexual health counseling</td>
<td>2,667</td>
<td>1,573</td>
<td>4,240</td>
</tr>
<tr>
<td>AsePrEP access</td>
<td>195</td>
<td>258 /167 link</td>
<td>453</td>
</tr>
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<td></td>
<td>35</td>
<td>167</td>
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<td>Psy.Care</td>
<td>181</td>
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<td>236</td>
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<td>Risk R. P</td>
<td>54</td>
<td>24</td>
<td>78</td>
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<tr>
<td>Psychia.</td>
<td>12</td>
<td>2</td>
<td>14</td>
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<tr>
<td>A.C. w.</td>
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<td>A.C. link</td>
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<td>Risk R. 2.0</td>
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<td>HIV Peer educator</td>
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<td>295</td>
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<tr>
<td>S.H. Training</td>
<td>15/145</td>
<td>3/37</td>
<td>18/182</td>
</tr>
<tr>
<td>TAR access</td>
<td>197</td>
<td>35</td>
<td>232</td>
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<tr>
<td>HIV Psychological care</td>
<td>70</td>
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<td>109</td>
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<tr>
<td>UNFOLLOWtheVIRUS</td>
<td>1840 subscribers /46 videos / 254,622 views</td>
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</table>
“Compared to GBMSM non-engaged in chemsex, those with drug-related problems engaged in chemsex might have higher frequencies of avoidant-insecure attachment styles and early adverse events. They also might have poorer emotional regulation skills and self-care patterns and, a higher frequency of childhood sexual abuse, although we cannot rule out the influence of HIV status on this second group of variables.

In our opinion, these psychological variables should be routinely evaluated in this population, considering the benefit of applying therapies focused on trauma, attachment repair, emotional regulation, and self-care”.
chemsex, risk reduction, and mental health

“The comparison between the patient’s perception of their illness and the doctor’s is different.

Doctors often underestimate the percentage of patients with bothersome symptoms, such as anxiety, depression, sadness or fatigue, compared to the answers provided by the patients themselves, so it is essential to insist on improving communication between them”.

Maria José Fuster

Common factors in chemsex users with problematic use:

- Possibly traumatic childhood experiences. Trauma Study. González-Vázquez, 2019
  - Sexual abuse, outside and within the family.
  - Serious financial problems.
  - Bullying.

Maria José Fuster Conference’s quote. SEISIDA Congress. 2022
MJ Fuster et al “HIV patients’ and physicians’ perception of the antiretroviral treatment characteristics, patient satisfaction, and well-being (RET study). 18th European Aids Conference, 27 –30 October 2021

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>Chemsex (n=41)</th>
<th>No Chemsex (n=39)</th>
<th>P value</th>
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<tbody>
<tr>
<td>EARLY-G total. X (SD)</td>
<td>1.08 (2.41)</td>
<td>2.08 (1.38)</td>
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<td>Condiciones sexual inapropiada familiar. N (%)</td>
<td>9 (22)</td>
<td>2 (5.1)</td>
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<td>Forzada sexualmente fuera de familia. N (%)</td>
<td>12 (29.3)</td>
<td>4 (10.3)</td>
<td>0.034</td>
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<td>Problemas económicos graves. N (%)</td>
<td>22 (53.7)</td>
<td>2 (5.1)</td>
<td>0.001</td>
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<tr>
<td>Agresión o amenaza de iguales. N (%)</td>
<td>34 (82.9)</td>
<td>29 (74.4)</td>
<td>n/s</td>
</tr>
</tbody>
</table>

what's next in chemsex

**an intersectional approach to drugs, sexuality, and mental health**

- Chemsex must be a **public health and mental health priority**, **addressed intersectionally**, including not only medical and psychiatric measures but also social, family/relatives/friends, and community interventions. It requires an **approach closer to the community** one than pharmacological.
- There is an urgent need for political will to **address mental health and violence towards our queer realities**.
- We need **better data** on the reality of chemsex.
- **Specialized mental health services for addictions must be guaranteed**, without barriers, and **with accessibility through community services**.
- We need a **deep reflection on leisure patterns, the approach to substances in our society**, and their implication for leisure and sexual health and, with it, to devise common and **comprehensive, stigma-free, accessible responses** that prioritize people's rights, including the rights to health and pleasure.
- We need to **identify and transform some social and cultural structures**, or forms of avoidance, that can become problematic depending on their use, such as apps, sex with substances, or certain types of entertainment, and encourage healthier and more emotionally constructive ones.
- **Awareness campaigns and RR services should be developed** to reduce stigma and improve prevention and risk reduction.
- We need to **empathize and generate more compassion** in the face of a reality that is staring us in the face, showing us, in front of people with a problem, as a space for help, not as a barrier that criminalizes and judges.
we need to stop violence and discrimination to stop problematic chemsex.

we need to cure the stigma to end the virus.