

CHEMSEX

MORE THAN JUST SEX & DRUGS

Information and advice for
families, partners & friends

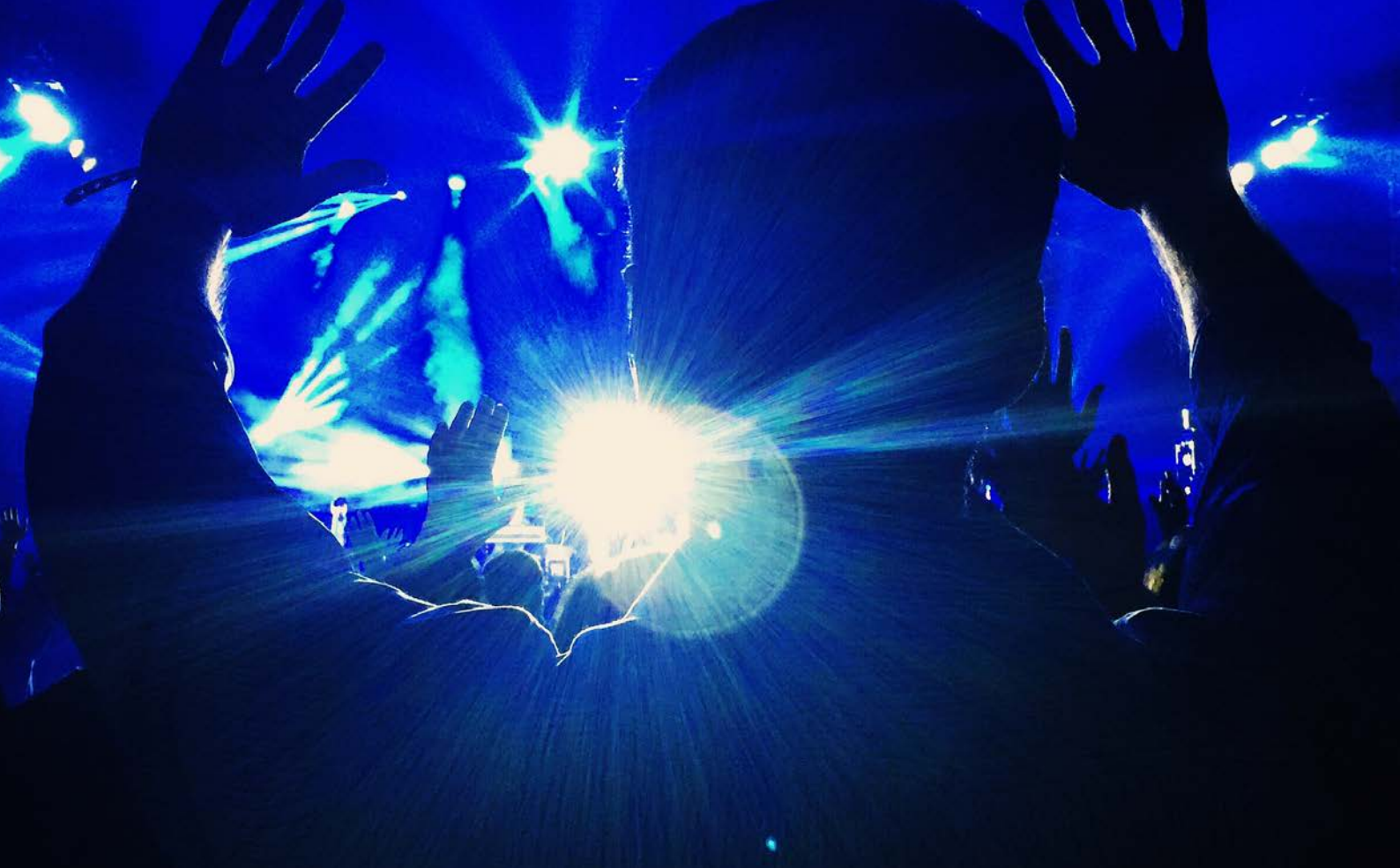
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INTRODUCTION

Adfam is the national organisation that works to improve life for families affected by drugs and alcohol and London Friend is the UK's oldest LGBT charity, supporting the health and mental wellbeing of the LGBT community in and around London. It is also the home to Antidote, the UK's only LGBT drug and alcohol service.

This resource provides helpful information for the families, friends and LGBT partners of people engaged in chemsex.

Supporting a loved one whose chemsex involvement you are concerned about can be difficult and may put a lot of practical, financial and emotional pressures on family members, friends and partners. This booklet will help you with how to support yourself and your loved one and provides practical and emotional advice and information on services that are available. The resource is aimed both at people who are familiar with chemsex as well as those to whom it is a new concept.



WHAT IS CHEMSEX?

Chemsex is the term used to describe sexual activity between gay and bisexual men under the influence of specific drugs, usually methamphetamine, mephedrone and GHB/GBL, to enhance and stimulate the experience. Sometimes the drugs are injected, which is known as 'slamming'. It often takes place with multiple sexual partners and sessions of long duration, sometimes over several days. Those that engage in chemsex often report unprotected sex and other risky behaviours.

Some men report getting involved in chemsex because they are lonely or bored. Engaging in chemsex can fulfil desires for connection and excitement, whilst removing barriers to pleasure and intimacy and enabling men to feel sexually free. Men have reported that drugs and alcohol in a sexual setting facilitate relaxation, raise self-confidence, alleviate social unease and fears about body image, age and HIV status. It is known that people also engage in chemsex to cope with long-standing issues such as stigma, homophobia and past trauma such as sexual abuse. Some men report enjoying chemsex as part of their lifestyle and that it does not have a negative impact on their relationships. It can be experienced as a positive aspect of gay identity. However, engaging in chemsex is risky and, for many men, it can become problematic.

These practices can have an adverse impact on health and wellbeing. A primary health risk for those engaging in chemsex is of acquiring infections during disinhibited sex and sharing needles. According to London data published in the HIV Medicine Journal, gay men engaging in chemsex are five times more likely to be newly diagnosed with HIV than other gay men.

Those involved in chemsex are also nine times more likely to contract Hepatitis C, and four times as likely to catch a sexually transmitted infection. People engaging in chemsex can

be also be vulnerable to sexual assault and non-consensual sex, as substance use lowers inhibitions and affects someone's ability to keep themselves safe. Research has found that consent was a major issue amongst chemsex users, with 43% of respondents reporting non-consensual sex. Further chemsex risks include drug-induced psychosis, GHB overdose and death.

One man explained why he has become concerned by his husband's use of drugs when having sex.

[Chemsex] was totally new to me, and I enjoyed it. It was opening new doors in all sorts of ways, but it has escalated and gone on to include tina [crystal meth] and G [GHB/GBL]...It got totally out of hand as we started doing it every weekend. The difference between us is that I was able to stop because of work, but my partner was taking chems continuously. Even when it wasn't for sex, he was taking [them] on a daily basis. Your whole perspective of everything around you changes when you are on chems. During sessions it is just fun. The problem with it is that afterwards you are still under the influence for three or four days. We used to do chemsex for fun. It has now become something we do to get out of it [escape reality].

Coping with a loved one's problematic relationship with drugs or alcohol is rarely easy. It can cause anxiety and put a serious strain on the relationship. This is no less true when a loved one engages in chemsex. It can have a detrimental impact on the wellbeing of families, partners or friends, bringing stress, shame, fear, worry and uncertainty – testing the bonds of

families and their ability to cope. For friends and families, dealing with someone else's problematic relationship with chemsex can be isolating and it is hard to know where to turn for help. Although family support groups exist, they are not generally LGBT specific, and loved ones have reported that they find it difficult talking about sensitive issues such as chemsex.



Furthermore, families have told us that mainstream services can sometimes operate with an unconscious assumption that everyone is heterosexual and apply a narrow definition of family, meaning that LGBT people and their

friends and family may feel excluded. Services largely don't intend to be stigmatising but can lack an overall understanding of the LGBT community, chemsex and the issues that LGBT people and families face.

I did not feel at all stigmatised by my GP, but there was a bit of misunderstanding. She wasn't quite sure of how it all works.



DRUG USE

BY LGBT PEOPLE

If chemsex is new to you it might help to understand some of the cultural context of drug use by LGBT people.

Research indicates consistently higher levels of drug use by LGBT people than in society as a whole. Official data in the UK shows that gay and bisexual men are three times more likely to have used an illicit drug than heterosexual men.¹

The reasons for this can be complex. Much of

the LGBT community centres on bars, clubs and licensed premises, and many LGBT people visit these early on when 'coming out'. These provide a place to meet other LGBT people and socialise. As well as the sale of alcohol, drugs are often used recreationally in some venues. This ties alcohol and drug consumption to early life experiences as an LGBT person within a social setting in which consumption is seen as 'normal'. LGBT people may continue to regularly visit bars and clubs at a later age than society as a

whole. They are, for example, generally less likely to have child care responsibilities, a significant factor in limiting social opportunities for many people. Some men who have sought support for their drug use have told us they initially became caught up in a 'party' lifestyle.

THE SOCIAL IMPACT OF GROWING UP LGBT

For some LGBT people their drug use has become a way of coping with other life factors. This may be as a result of having grown up in a society which has historically treated LGBT people differently and where many have experienced prejudice and discrimination.

The impacts of this can be profound. Many of the LGBT people seeking support have experienced feelings of shame, guilt or embarrassment about their LGBT identity. Same-sex relationships have historically not been treated as equal in law to mixed-sex relationships, and it is only recently that at first civil partnerships and then marriage have been available to same-sex couples². Sex between men was illegal in the UK until 1967 in England and Wales, and until 1981 in Scotland and 1982 in Northern Ireland. Many feel this led their relationships to be viewed as 'second class', which can have a lasting impact on self-esteem and confidence.

Other aspects of a 'heteronormative' society – one where everyone is assumed to be growing up heterosexual, or straight, and where LGBT perspectives are often overlooked – can also have a lasting impact. LGBT people have reported a lack of relevant education about same-sex relationships, for example, and 'Section 28', a clause in the 1987 Local Government Act, placed restrictions on local authorities from 'promoting' homosexuality, resulting in many schools feeling unable to address this.

Whilst some prejudice and discrimination against LGBT people has been overt, much has

been more subtle, but consistent, throughout their lives. Many LGBT people who have sought support now recognise the pressure they felt growing up feeling different, or not being acknowledged. Examples of this include not being reflected in school curricula; experiencing bullying on the basis of their identity; being constantly asked by relatives when they were going to get married (to a person of the opposite sex); feeling they can't hold their partner's hand in public; feeling unable to be out at work, or that doing so may risk not being promoted or advancing in their careers.

Some LGBT people have told us that growing up in families with religious, cultural, and social beliefs has sometimes made it difficult for them to reconcile their LGBT identity with their upbringing. Some have struggled with the pressure of living 'dual lives' – out to some friends but not to families – or have felt compelled (or been forced) to sever family and community ties.

For gay and bisexual men in particular the shadow of HIV and AIDS has had an intense impact. People diagnosed in the early years of the epidemic often expected not to live very long, but advances in treatment now mean people living with HIV can expect to live as long as somebody who is HIV negative. Many men are now living with the consequence of having initially left careers, and more still have experienced grief of losing many friends and partners.

Drugs and alcohol can offer a temporary reprieve from the stresses of any of these life issues. However without addressing the underlying factors use can increase and become problematic in itself.

¹ <https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-2013-14-crime-survey-for-england-and-wales>

² At time of writing (2018) same-sex marriage is still not permitted in Northern Ireland.



THE EMERGENCE OF CHEMSEX

Chemsex emerged as a distinct issue in the late 2000s. Antidote was one of the first services in the UK to observe this, as men seeking support began to describe similar patterns of behaviour and a clear change in substances used.

Several factors influenced this change: the purity and availability of more established drugs used recreationally, such as ecstasy and powder cocaine, reduced drastically, and new 'highs' were sought. This coincided with the rise of so-called 'legal highs' – substances that were not banned by laws – many of which were sold openly online. This included drugs such as GBL and mephedrone, which have greater risks of harm than many 'traditional' recreational

drugs, with greater risks of dependence and mental health impacts. Some of these risks were unknown at the time.

As drug consumption was changing, dating apps such as Grindr emerged. These apps offer the opportunity to meet others for dates or for casual sexual contact. These have also been used to meet others looking to engage in chemsex, and been used by dealers to sell drugs. Some men have reported that apps have opened up contact with a much wider group of people than they would otherwise have met in their regular social circles. For some this has been their route into chemsex, having been offered drugs by people they have met, even where drugs would not have previously been a part of their lives. Some have reported using with little or no prior knowledge of the effects of the substances



DRUG FACTFILE

The drugs most commonly used in chemsex are mephedrone, GHB (gamma-hydroxybutyrate) / GBL (gamma butyrolactone) and crystal methamphetamine. Other drugs can include cocaine, ketamine and other amphetamines. The following factfile gives you essential information about these drugs.

MEPHEDRONE

ALSO KNOWN AS: *meph, m-cat, MCAT, Miaow, miaew, 4-mmc, bubbles, white magic, plant feeder*

Mephedrone, a legal high until 2010, was originally sold as a legal alternative to drugs such as ecstasy, speed and cocaine, and shares a lot of the qualities associated with amphetamines. It makes people feel alert, confident, talkative and euphoric, and some people feel a temporary

strong affection to those around them. However, users can feel sick, paranoid and anxious, and it can also cause vomiting and headaches. It can damage the heart and nervous system, which may cause hallucinations, feelings of agitation or fits. It can also reduce people's appetites, putting them at risk of malnourishment. Other reported effects include heart palpitations, insomnia, loss of short-term memory, vertigo, grinding of teeth, sweating and uncomfortable changes in body temperature.

APPEARANCE: Mephedrone usually takes the form of a fine white, off-white or a yellowish powder.

USE: It is usually snorted like cocaine or is wrapped in paper and swallowed (also known as 'bombed'). It can sometimes come in the form of

capsules or pills and can also be smoked. Much less often, mephedrone is injected.

LAW: Mephedrone is a Class B drug – so it's illegal to have for yourself, give away or sell. Possession is illegal and can get you up to five years in jail and/or an unlimited fine. Supplying someone else, even your friends, can get you fourteen years in jail and/or an unlimited fine.

GHB and GBL

ALSO KNOWN AS: *G, liquid ecstasy, geebs, GBH, 4-BD, 1*

GHB (gammahydroxybutyrate) and GBL (gammabutyrolactone), are closely related, dangerous drugs with similar sedative and anaesthetic effects. GBL is converted to GHB shortly after entering the body. Both produce a feeling of euphoria and can reduce inhibitions and cause drowsiness. The effects start shortly after use and can last for up to seven hours or more. GHB and GBL can cause unconsciousness, coma and death. Because they are strong anaesthetics, they have been linked to drug assisted sexual assault. GHB/GBL are particularly dangerous when mixed with alcohol.

APPEARANCE: GHB and GBL usually come in the form of odourless, colourless, oily liquid in small bottles or capsules.

USE: The liquid is drunk; a teaspoon or a capful is a normal dose although the strength of GHB varies so it can be very difficult for people to know how much they're taking, making it easy to overdose.

LAW: GHB and GBL are both Class C drugs. GBL is available for legitimate use in industry, but if someone supplies or possesses either drug knowing or believing that they will be swallowed or ingested, they are committing an offence. Possession can get you up to two years in prison and/or an unlimited fine. Supplying someone else, even your friends, can get you 14 years in jail and/or an unlimited fine.

METHAMPHETAMINE

ALSO KNOWN AS: *Meth, crystal meth, Tina, crank, yabba, ice*

Methamphetamine is part of the amphetamine family of stimulant drugs. Amphetamines vary in strength and the crystal form of methamphetamine, sometimes called Crystal Meth or Ice, is extremely powerful and addictive. Some compare it to 'crack cocaine' as both are smoked and give an intense, powerful 'high' followed by a very severe 'comedown', and both are very addictive. However, with methamphetamine, the high is much longer lasting (4-12 hours). Methamphetamine makes users feel very alert and energised and they can also potentially feel agitated, paranoid, confused and aggressive. Due to elevated energy levels users can become more active than usual and it can also lower inhibitions, which can lead to greater risk-taking, such as unsafe sex.

APPEARANCE: The drug can come in several different forms – including tablets, powder, or crystals. The tablets are sometimes referred to as Yaba and the smokeable crystals are often called Crystal Meth or Ice.

USE: Depending on its form, methamphetamine can be swallowed, snorted or injected; and, unlike amphetamine, it can also be smoked.

LAW: Methamphetamine is a Class A drug. Possession is illegal and can result in up to seven years in jail and/or an unlimited fine. Supplying someone else (whether as a gift or for payment), can result in up to life imprisonment and/or an unlimited fine.

COCAINE

ALSO KNOWN AS: *Powder cocaine: C, Charlie, coke, Gianluca, gold dust, Percy, lady, snow, toot, white*

Crack: base, freebase, gravel, rock, stones, wash
Powder cocaine, freebase and crack are all forms of cocaine. They're all powerful stimulants,

which means that they temporarily speed up the way your mind and body work – but the effects are short-lived. All types of cocaine are addictive, but crack cocaine and freebase are more so. Cocaine makes people feel very confident, alert and awake. This can lead to people overestimating their abilities, taking careless risks, or becoming aggressive. The effects of cocaine do not last very long, and when the effects wear off, people experience a 'come down', or crash, which can last for days. It is very tempting to take more after the initial effects have worn off.

There is a significant risk of overdosing which increases if cocaine is mixed with drugs or alcohol. Cocaine use can also cause anxiety, paranoia, or bring pre-existing mental health problems to the surface. Smoking crack can cause breathing problems and pains in the chest. It is an expensive drug, and the effects are short lived, so an addiction is very expensive.

APPEARANCE: Cocaine can either come as a white powder or in a rock form.

USE: Powder cocaine is snorted. Freebase cocaine (powder cocaine that's been prepared for smoking) and 'crack' cocaine (a 'rock' like form of cocaine) can be smoked. This means that they reach the brain very quickly, while snorted powder cocaine gets to the brain more slowly.

LAW: Coke, freebase and crack are all Class A drugs. They are illegal to have, give away or sell. Possession can carry a conviction of up to 7 years in jail. Supplying someone else, including your friends, can carry a life sentence.

KETAMINE

ALSO KNOWN AS: *Green, K, Special K, Vitamin K, Donkey Dust*

Ketamine is a powerful general anaesthetic. It stops users from feeling pain and is commonly used for operations on humans and animals.

It reduces sensations in the body, giving you a floating or detached feeling as if the mind and body have been separated, with some people feeling incapable of moving. It can change the way things appear or sound, and cause hallucinations. The effects can last from between half an hour and several hours. The after-effects may be felt for some hours afterwards. It can cause confusion, agitation, panic attacks, and impairment in short and long term memory. Frequent use is associated with the development of depression, as well as very bad bladder damage, sometimes resulting in the bladder having to be surgically removed.

APPEARANCE: The drug normally comes as a grainy, white powder – although sometimes it can come as tablets. When used as a medical anaesthetic, ketamine is a liquid

USE: Ketamine is most commonly snorted, however some people swallow it in tablet form and in liquid form it can be injected.

LAW: Ketamine is a class B drug. This means that possession of ketamine could get you up to five years in jail and an unlimited fine, while supplying ketamine to someone else could get you up to 14 years in jail and an unlimited fine.

Allowing the distribution or sale of any kind of drugs in your house or any other premises is illegal. (If the police catch people supplying illegal drugs in a club they can potentially prosecute the landlord.)

Source: Talk to Frank www.talktofrank.com



IMPACT

ON FAMILIES

■ CHEMSEX CONCERNS

Family members talk about a range of concerns in relation to their loved one's chemsex involvement.

- **67%** Concerned about overdose risk
- **64%** Concerned about their loved one contracting HIV or other STIs

- **64%** Worried their loved one could develop mental health problems
- **60%** Concerned about physical health implications
- **57%** Worried about financial impacts and potential job loss

These stresses can take a big toll on your wellbeing.

I got really down and depressed because I couldn't get through to [my partner].

These challenges can also put a strain on relationships, especially if your loved one isn't being honest with you, is behaving irrationally or out of character

I have lost all trust in my husband. Trust is obviously a big thing that plays on the relationship. He is hiding drugs to take them, and that is a big part of what is causing the problems in our relationship... I know he is going to go out and meet someone and have a party. In addition you can't be trusted.

Family members often find it difficult to open up to friends and other family about what's going on.

This is a difficult topic for families & certainly not easy for open discussion with family. There is an element of shame and stigma as well as a lack of understanding of behaviour and attitudes associated with chemsex.

Despite these strains, it's rare for family members and friends to seek support for themselves. It can be embarrassing, there can be a sense that others don't understand or simply a lack of awareness that support might be available.

STIGMA • ISOLATION • SHAME • STRESS AND ANXIETY • TRAUMA • RELATIONSHIP BREAKDOWN • FINANCIAL STRAIN • MENTAL ILL-HEALTH • PHYSICAL ILL-HEALTH

IMPACT OF DRUGS AND ALCOHOL ON FAMILIES

Whether it's chemsex or other types of drug or alcohol use, living with a loved one who has a substance use problem can have a huge impact on the whole family.

It can be difficult to talk about what's going on for fear that other friends may misunderstand, judge, or offer unhelpful suggestions. This stigma can lead to family members feeling isolated and cutting themselves off from previous sources of support, or hiding the substance use, sometimes for many years. Substance use and addiction can bring unpredictability. Many family members report high levels of stress and anxiety which can escalate over time and come to feel like the 'new normal'.

Arguments, chaos, difficult behaviour and strained relationships can be traumatic for family members. Those who use substances

can resort to bullying and abusive behaviours or be more likely to lose control when under the influence. All of this can make life painful, unpredictable and difficult. You may feel that those around you don't appreciate the extent of the impact, or struggle to understand the ways you cope or the choices you make.

At times families can become the victims of criminal behaviour if loved ones resort to theft of property to fund their drug or alcohol use. Families can end up paying off drug debt, or financially supporting drug use as a way to try to limit more negative impact or prevent loved ones resorting to crime or putting themselves at risk. This can be a form of financial or economic abuse.

Mental health problems and substance use are often closely linked, as people try to manage difficult emotions using drugs or alcohol, or if substance use leads to mental health problems. Either way, this can put additional strain on relationships and family dynamics.



LOOKING AFTER YOURSELF

Whatever your loved one's choices, it's important to recognise that you can't control them – but there are steps you can take to look after yourself. Life often comes to revolve around the drug or alcohol user, which can lead to problems for everyone.

Taking steps to separate your own well-being from that of your loved one might sound unrealistic, but many family members tell us that this is essential, and helped them to gain perspective and changes that could really make a difference to the situation.

A simple mantra of describing self-care, that will be familiar to anyone who has travelled on a plane, became a theme in our pilot chemsex support groups with families: “put your own oxygen mask on first before assisting others”.

The 5 Ways to Wellbeing is a simple, evidence-based tool which can help you take small steps to improve your wellbeing and quality of life.



THE FIVE WAYS TO WELLBEING

CONNECT: ring a friend; join a new group; volunteer. It's easy for families affected by drug and alcohol use to become isolated. Re-connecting with social networks or find new ones.

BE ACTIVE: A brisk walk, a cycle or a favourite class have many health and wellbeing benefits. Exercise releases endorphins which improve mood.

GIVE: Evidence shows that being generous has great benefits to our own wellbeing! Whether it's giving time to help someone or volunteer, a small gift, an act of kindness for a stranger or cooking a meal for a friend, there are many ways that we can give in our everyday lives.

TAKE NOTICE: Mindfulness reduces stress, improves wellbeing and can help us slow down, relax and sleep well too. Pay more mindful attention when you're eating, walking, or listening to someone, or find a mindfulness class, app or website.

KEEP LEARNING: Attend a class, visit museums, learn a language or read up on things that interest you. Learning can boost self-confidence and help generate a sense of purpose. It has also been shown to slow the effects of ageing on cognitive function.

Carve out a small slot each week 'just for you'. It might just be half an hour to take a walk, have a bath, read a book, call a friend or rediscover a long lost hobby. Try to take a break.



SUPPORTING YOUR LOVED ONE

As well as taking steps to look after your own wellbeing, you may choose to support your loved one through their difficulties.

It can be difficult to know how best to offer support and what is most needed. Below are some tips from those who've been through similar situations and supported a loved one who is involved with chemsex.

■ PARENTS

As a parent, there are certain topics that can be difficult to discuss with your child, whatever

their age! Drug use and sex are often two such topics. It's natural for parents to feel anxious and concerned about behaviour that might put their child's health at risk, or lead to problems with money, with the law or in other areas of life.

Generational differences as well as cultural differences (as a result of sexuality or simply growing up in different environments or holding different values) can make communication all the more difficult and lead to misunderstandings.



The following principles can help establish positive, constructive communication:

Starting with listening

It's easy to fall into repetitive ways of communicating and stop really listening. Try stepping out of this by keeping quiet and really trying to hear what your loved one is saying.

Ask open questions

We often make assumptions, especially with those we know well. Encourage your loved one to share what's going on for them by asking them questions that need more than a 'yes' or 'no' answer.

Don't judge

Our loved ones can get used to hearing judgemental or critical comments about their drug use or other aspects of their lifestyle. They may come to expect it and this can shut down communication and lead to arguments. Try to genuinely enter their frame of reference and really understand their perspective. Try to avoid hostile or critical language, or sweeping statements such as 'You always....' or 'You never...'

Express your love and care

It may seem obvious to you that your concern comes out of love for your child, but maybe this isn't obvious to them! Find ways to show and express your love and care in ways that they can understand. For some this may be spending quality time, for others it could be cooking a meal,

remembering to ask about things that matter to them or small unexpected gifts or treats.

Communicate that while there may be choices or behaviours you dislike, this is different from disliking your child as a person. Affirm your love and acceptance of them.

Spend time together without having difficult conversations

It's important to invest in the relationship beyond conversations about chemsex or drug and alcohol use. Go to the cinema, take a walk; make an effort to talk about other things.

Look after yourself and maintain clear boundaries

Keeping well and sticking to limits you set on your involvement with your loved one is essential to supporting them well. You are not responsible for your adult child's choices or behaviour. Getting involved to try to change or influence it may stop them experiencing natural consequences and may even end up inadvertently supporting activities you wish they would step away from. Decide the limits of your involvement and support, and stick to them. Communicating this clearly and being consistent is very important to building trusting, supporting relationships of mutual respect.

More information for parents of those using drugs is available at

www.adfam.org.uk/parents

PARTNERS AND FRIENDS

It can feel concerning when a friend is involved with chemsex. If it is your partner then the impacts on you, and your relationship with them, are likely to be even greater. So how can you best support them, as well as looking after yourself?

Starting a conversation that may be seen as judgement or criticism can be hard. Perhaps you have also been involved in chemsex, and are worried that your loved one may see you as hypocritical.

One man who took part in our research wondered how to talk to his husband about chemsex without simply telling him he shouldn't do it! However much we'd like to influence our loved ones to stop or limit risky behaviour, of

course it's ultimately their choice, and it can feel risky to the relationship to bring it up, however supportive we hope to be.

Open a Dialogue

Sometimes we get stuck in a rut, communicating in the same old ways but hoping something will change. Especially with topics we feel strongly about, we can end up repeating ourselves but getting nowhere. No one likes being criticised or made to feel bad. Instead of saying what you normally do, try stepping back and listening. Ask your partner (or friend) why they feel they need to use chems as they do, and really listen to their answer without judgement. Are there ways you could support them to meet these needs or desires in other ways?

Be honest about impact

Sometimes conversations end up focused on the person using chems and they feel like others



are just telling them what to do. Talk honestly about your own feelings and the impact of their behaviour on you. Try to avoid statements about them, 'You make me feel....'; 'You always....' and instead speak more neutrally and without judgement: 'When you said you wouldn't go out again and then you did, I felt upset and angry. I was looking forward to the weekend with you without chems'.

Invest in your relationship

Make sure you're spending quality time away from stresses and conversations about chemsex or other subjects which create conflict. Connecting and having fun is essential to building a relationship where conflicts and difficulties can be resolved. Do you express your love and care for your partner (or friend)? Different people express and receive love in different ways. For some words of affirmation or a small gift are meaningful. For others it's physical affection, a thoughtful gesture or a meal cooked. For some it's quality time together without distractions. Know your partner or friend's 'love language' and use it to show you care.

Keep your boundaries

Often when we become resentful or angry with loved ones it's because we're doing more than we really want to. Know what you're comfortable with, communicate it clearly and stick to it. Telling someone you're not going to pick up the pieces again, only to do exactly that a few days later sets the scene for confusion and hurt. Take responsibility for your part in things but not for your partner or friend's part.

CHEMS AGREEMENT

If someone is going to continue to get involved in chemsex, partners and friends can play an important role in supporting them to agree boundaries around their chemsex involvement that limit the risks of harm and help keep it fun and safe.

- **Duration:** agree a limit to the duration of a chemsex 'session'. You might discuss ways that you might support your loved one to stop after the agreed length of time. This could include contacting them at a certain point, meeting at an agreed time or making plans for afterwards.
- **Frequency:** perhaps your loved one would agree to engage in chemsex less often? Could you plan other activities together to support them in making this change?
- **Type of drug use:** are there particular drugs that concern you and your partner/friend more than others? Have they had adverse reactions in the past? Have they injected drugs previously but might they agree to limit use to non-injecting options? Might they agree a limit to the quantity they will take or the financial spend?
- **Design a 'recovery plan' for the day after planned chemsex.** This might include booking a day off work, ensuring time for plenty of sleep, stocking the cupboards for nutritious, tasty meals, arranging time with friends or to relax with a favourite show. Planning this 'transition' back to daily life can help to limit the impact of chemsex involvement on other aspects of life.

Encourage your partner or friend to have regular sexual health check-ups. If you are a sexual partner, get checked yourself too, or you may wish to establish boundaries on your sexual contact with them following chemsex if they have not had a check-up.

HARM MINIMISATION

Encourage your loved one to be aware of other ways they can reduce harm to themselves through chemsex. To find out more about different drug and alcohol harm reduction tips

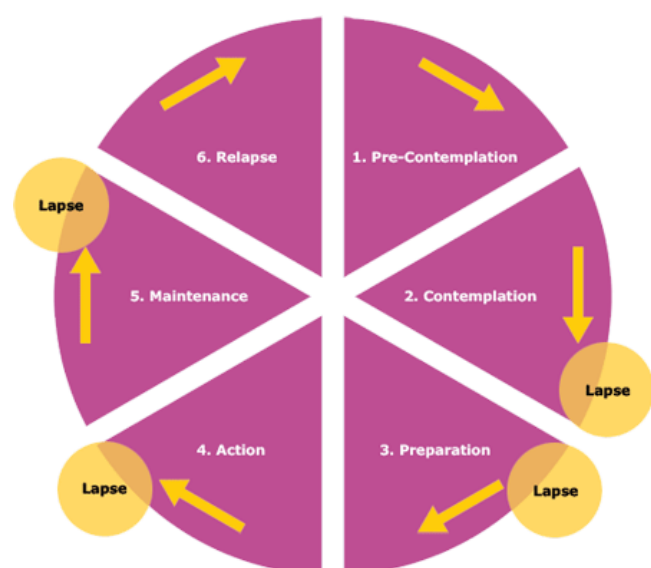
and advice for people that engage in chemsex, visit London Friend's website: <http://londonfriend.org.uk/get-support/drugsandalcohol/info-for-playing-safely>

More information for partners of those using drugs is available www.adfam.org.uk/partners

THE CYCLE OF CHANGE

The cycle of change describes the stages someone with an addiction or entrenched behaviour goes through in thinking about – and then making – changes. It's important to realise that your loved one may not yet be ready to make changes. How you can best offer support varies depending on where they are at in this cycle, and this will change over time. For example, families sometimes try to force loved ones into rehab, or even spend many thousands of pounds to make this happen. But if your loved one is not yet themselves ready to make a change, this will just be a waste of energy and money.

The information below helps you to support your loved one appropriately at each stage of the cycle.



What support families can offer through the Cycle of Change

PRE-CONTEMPLATION

Help the user become aware of the consequences of their use, and to limit its impact and harm

CONTEMPLATION

Encourage the part of them that wants to change. Acknowledge the part that still wants to use! Introduce info on treatment options.

PREPARATION

Support them to think through what change will mean. Get information on options, costs, wait times, how it works etc.

ACTION

Provide appropriate practical and emotional support while they're making changes. Reduce triggers; begin to think about how things will be different once change has happened.

MAINTENANCE

Support changes; recognise remaining triggers and temptations to relapse. Develop new life together.

LAPSE AND RELAPSE

Lapses are a normal part of the process. Support and encourage; help to re-engage with changes. Don't judge.

More information about the Cycle of Change is available on Adfam's website:

<https://adfam.org.uk/help-for-families/understanding-the-issues/understanding-addiction>



IN AN

EMERGENCY

It is useful to know how to help your loved one if you think they have had a bad reaction to drugs whilst engaging in chemsex. They may be anxious, tense, panicky, overheated or dehydrated, drowsy, or having difficulty breathing. Talk to Frank recommends the following steps on what to do in this situation:

- Don't panic and stay calm.
- Try to calm them down and find out what they have taken.
- If they are anxious, tense or panicky you should take them somewhere quiet and

calm, and encourage them to take slow deep breaths.

- If they seem drowsy, you should try to keep them awake. Don't give them coffee to wake them up, as coffee is a stimulant and may mix badly with the drugs in their system.
- If they don't respond, or become unconscious call an ambulance immediately, place them in the recovery position and stay with them while you wait for it to arrive.

- If you know what they have taken, tell the ambulance crew, so that they can give them the appropriate treatment straight away. Doctors and ambulance crew will not tell anyone about the drug use, other than people who need to know in order to give medical care.

999 is the number for the emergency services in the UK, but you can also call 112 for help. 112 is the emergency telephone number everywhere in Europe. For further information on what to do in an emergency visit the NHS website: <https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/>

PUTTING SOMEONE IN THE RECOVERY POSITION

If someone is unconscious or having difficulty breathing, you should always put them in the recovery position:

1. Open their airway by tilting the head back and lifting the chin.
2. Straighten the legs.
3. Place the arm nearest to you at right angles to their body.
4. Pull the arm furthest from you across their chest and place the back of their hand against the cheek nearest to you.
5. Get hold of the far leg, just above the knee, and pull it up, keeping the foot flat on the ground.
6. Keep their hand pressed against the cheek and pull on the upper leg to roll them towards you, and onto their side.
7. Tilt the head back to make sure they can breathe easily.
8. Make sure that both the hip and the knee of the upper leg are bent at right angles. Dial 999 and ask for an ambulance. Stay with them until the ambulance arrives.

(Source: Harm Reduction Works; Staying Alive)





TREATMENT

PATHWAYS

& HARM

REDUCTION

Many people recover from drug or alcohol problems. However it is rarely as simple as just deciding one day to stop drinking or using. Recovery can be a long and winding road and navigating it can take a lot of patience for all concerned.

There are different approaches to treatment for different substances. We would always recommend speaking to your GP as a first step.

You may also want to try and help your loved one get treatment or support to stop using drugs or

alcohol. It's important to remember that whilst you can try and help someone, stopping can be a very difficult process and ultimately someone will only seek treatment or help if they want it.

If your loved one wants treatment, there are specialist drug and alcohol services all over the UK, most of which are funded by local authorities or the NHS, and free to access. Some services will need your loved one to be referred by their GP, for others they will be able to simply refer themselves.

Whilst we mention earlier in the resource that drug and alcohol services are generally not chemsex specific and they are unlikely to be experts on the issue, they should still have some understanding and awareness of chemsex and the potential risks it brings.

The treatments provided can include various forms of counselling and talking therapies, medication-based treatments including substitute prescribing, medical treatment for associated physical health problems, help with other related social problems such as housing and employment, and residential rehabilitation.

To find contact details for treatment organisations in your area, you can ask your GP or use these databases:

- **Drug services in England**
[Talk to FRANK](#)

- **Drug and alcohol services in Northern Ireland**
[Public Health Agency](#)
- **Drug services in Scotland**
[Scottish drug services directory](#)
- **Alcohol services in Scotland**
[Alcohol Focus Scotland](#)
- **Drug and alcohol services in Wales**
[DAN 24/7](#)
- **Residential rehabilitation services for drugs and/or alcohol in England and Wales**
[Rehab Online](#) and in the UK: [Drink and Drugs News](#)





SEXUAL HEALTH

& HIV

Concern about a loved one's sexual health is a significant issue for friends and families, particularly the risk of contracting HIV. As noted above this may be a difficult topic to discuss.

For many people, especially parents, understanding of HIV may be linked to information from the early years of the epidemic. It is true that there is still no cure for HIV, but advances in treatment mean people living with HIV now have the same life expectancy as people without it. Advances in HIV prevention

mean there are now more options available, and prevention strategies can be combined to further reduce risk.

Treatment for HIV suppresses the replication of the virus in the body, and people receiving effective treatment will have an 'undetectable' viral load. People with an undetectable level of the virus cannot pass it on to their sexual partners. Recent public health messages about this use the term U = U; undetectable = untransmittable.

In the UK the majority of people living with HIV are already on effective treatment, so cannot pass on the virus.

Figures from Public Health England in 2018 show:

- **92%** of all people living with HIV know their HIV status
- **98%** of all people diagnosed with HIV are on treatment
- **97%** of all people on treatment are undetectable

Advances in HIV prevention can also reduce the risk of transmission. Increased frequency of testing means that HIV can be detected earlier, and treatment started sooner. There is also preventative medication that can be taken to reduce the risk of HIV transmission. PEP (post-exposure prophylaxis) can be taken up to 72 hours after exposure to HIV and PrEP (pre-exposure prophylaxis) can be taken prior

to sex. Both are accessible via GUM clinics for sexual health³. These advances mean that condomless sex is not necessarily 'unprotected' sex in relation to HIV; these options present new strategies to prevent transmission. Condoms do, however, remain the best protection against other sexually transmitted infections.

The combination of increased testing, quicker initiation of treatment, condom use, PEP and PrEP has seen a sharp decline in new HIV diagnoses in gay and bisexual men in the UK. New diagnoses have reduced by almost a third (31%) from 2015 to 2017. Advice from Public Health England is that gay and bisexual men should test annually for HIV and other STIs and every three months if having sex with new or casual partners. Eligible men can also receive vaccinations against Hepatitis A and B and HPV through GUM clinics or their GP.

³ As of January 2019 PrEP is available on the NHS in Wales and Scotland, through a pilot in Northern Ireland, and through a limited trial in England. It is hoped that PrEP in Northern Ireland and England will become routinely commissioned after these programmes.





OTHER SOURCES OF SUPPORT

CHEMSEX & LGBT SPECIFIC SUPPORT

LONDON FRIEND

LGBT Organisation offering a helpline and befriending service, social and support groups and low-cost one-to-one counselling. London Friend's Antidote service is a specialist LGBT drug and alcohol service.

www.londonfriend.org.uk

CLUB DRUG CLINIC

Specialist clinic for club drug use in Westminster, Kensington & Chelsea, and Hammersmith & Fulham

www.clubdrugclinic.cnwl.nhs.uk/

SASH

Sexual health and chemsex support in Westminster, Kensington & Chelsea, and Hammersmith & Fulham

www.wellbeing.turning-point.co.uk/sexualhealth/

PINK THERAPY

Directory of private LGBT therapists.

www.pinktherapy.com

OUTCOME (ISLINGTON MIND)

Day centre for LGBT people with mental health problems. www.islingtonmind.org.uk/outcome

METRO

Holistic social centre for LGBT people in London.

www.metrocentreonline.org

GMI PARTNERSHIP

Sexual health counselling and mentoring – free for gay men. www.gmipartnership.org.uk

ELOP

Holistic centre offering support services to LGBT people mainly in North and East London.

www.elop.org

ALBANY TRUST

Professional support around gender, sexuality and relationship issues. www.albanytrust.org

LGBT FOUNDATION

LGBT counselling, sexual health and chemsex support in Manchester www.lgbt.foundation

BIRMINGHAM LGBT

LGBT counselling, sexual health and chemsex support in Birmingham www.blgbt.org

YORKSHIRE MESMAC

Sexual health and chemsex support in Leeds and surrounding areas www.mesmac.co.uk

NATIONAL SUPPORT

ANTIDOTE – LGBT DRUG AND ALCOHOL SUPPORT

Antidote offers information and support exclusively to the LGBTQ+ community.

www.londonfriend.org.uk/antidote

020 7833 1674 (10am–6pm, Monday to Friday)

ADFAM

Adfam is the national charity working to improve life for families affected by drugs or alcohol.

www.adfam.org.uk

GALOP

Support for LGBT people experiencing violence, including the National LGBT Domestic Abuse Helpline. National LGBT Domestic Abuse Helpline: 0800 999 5428 www.galop.org.uk

RETHINK

Information and advice on mental health including ‘dual diagnosis’ of mental health problems and substance misuse.

0300 5000 927 (9:30am–4pm Mon–Fri)

www.rethink.org

STONEWALL

Stonewall works to achieve equality and justice for lesbians, gay men and bisexual people and their information service provides details about a number of different topics and local support groups, activities and services for lesbian gay and bisexual people. 08000 50 20 20

www.stonewall.org.uk

SWITCHBOARD LGBT+

Provides a range of services for the LGBT+ community. These begin with our award winning telephone helpline which provides much needed support and information. 0300 330 0630

www.switchboard.lgbt

SURVIVORS UK

Advice for men affected by sexual violation. They can talk to you via their website at www.survivorsuk.org, by SMS on 020 33221860, or via Whatsapp on 07491816064. They can even provide assistance through an Independent Sexual Violence Advisor if you so choose.

GP If you think that your mental health is suffering as a result of your concern for a loved one, speak to your GP as they are often able to help, or point you in the direction of help. Find your nearest GP service: <https://www.nhs.uk/Service-Search/GP/LocationSearch/4>

This resource was created by Adfam, the national charity to improve life for families affected by drug or alcohol use, and London Friend, the UK's oldest LGBT charity supporting the health and wellbeing of the LGBT community in London.

Some of the content used in this resource draws on existing resources produced by Adfam and London Friend:

- [Adfam Journeys: LGBT](#)
- [Adfam: self-care and stress](#)
- [London Friend: drug & alcohol harm reduction tips](#)

We'd also like to credit the following organisations' resources which aided this piece:

- [56 Dean Street](#)
- [NHS online](#)
- [Hepatitis C Trust](#)
- [Gay men having chemsex are five times more likely to have a new HIV diagnosis than other gay men](#)
- [Far more harms associated with crystal meth than other chemsex drugs](#)
- [Loneliness and community are key to chemsex](#)
- [The chemsex response is reshaping sexual health services and reinventing harm red+uction](#)

CREDITS

- [Non-consensual sex is a recurrent problem in the chemsex environment](#)
- Vivienne Smith and Fiona Tasker: Gay men's chemsex survival stories
- [Talk to Frank](#)
- [HIV Medicine Journal](#)
- [Harm Reduction Works: Staying Alive](#)
- [The northern contraception, sexual health and HIV service: Chemsex, consent and the rise in sexual assault](#)
- [Public Health England](#)

CHEMSEX

MORE THAN JUST SEX & DRUGS

Information and advice for
families, partners & friends

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