

# CHEMSEX COULD BE A COMBINATION OF DRUGS, SEX, PLACE AND PEOPLE

Percy Fernández Dávila<sup>1,2</sup>; Cinta Folch<sup>1</sup>; Víctor Galán<sup>3</sup>; Ana Isabel Ibar<sup>3</sup>; Xavier Roca i Tutusaus<sup>3</sup>; Nuria Teira<sup>4</sup>; Luis Villegas<sup>2</sup>; Xavier Majó i Roca<sup>3</sup>; Joan Colom<sup>4</sup>; Jordi Casabona<sup>1</sup>

<sup>1</sup> Centre d'Estudis Epidemiològics sobre les ITS i la Sida de Catalunya; <sup>2</sup> Stop Sida; <sup>3</sup> Subdirecció General de Drogodependències, Agència de Salut Pública de Catalunya; <sup>4</sup> Secció de Vigilància, Prevenció i Control de les Infeccions de Transmissió Sexual i el VIH, Agència de Salut Pública de Catalunya

## Introduction

From a perspective of integral health, well-being and risk reduction, ChemSex is defined in Spain by some community-based LGBT organizations as the intentional use of recreational drugs for having sex during a long period of time (from hours to several days). The key element in this definition is time, because at a longer time, may occur more exposure to diverse risks or damages at different levels: consumption, sexual health, psychological, social, material, etc. ChemSex can occur at private sex parties ("session": one-on-one, threesome or group sex) or commercial sex venues. In Spain this phenomenon is still not well understood. The objective of this study was to describe the motivations for attending certain spaces and practicing ChemSex.

## Methods

Between 2015 and 2016, a qualitative study was carried out with 26 men (aged 23-55) interviewed individually in Barcelona. The selection criteria was to have used any drug to have sex with another man in the last month. The participants were selected through different sources: Internet/apps, sauna, referred by the interviewees, third parties and an HIV Unit at a hospital. A grounded approach was used to analyse the data.

## Results

All the interviewees were polydrug users (they used 2 or more drugs). The most frequently used drugs for having sex are shown in the table 1. In addition, many of them mentioned using medicines without medical prescription (usually anxiolytics) to be able to fall asleep after consumption.

Half of the interviewees mentioned that: they usually consume drugs four times or more per month, the last time they used drugs had been between 1 and 4 days before the day of the interview, and they usually spend 200€ or more per month to buy drugs.

Most of interviewees indicated that they indistinctly attend different spaces (private sex parties or commercial sex venues) to practice ChemSex. Few reported to attend exclusively a unique space.

When inquiring about the preference reasons of frequenting these spaces, they referred that, in the case of private sex parties, these facilitate the interviewees the possibility of:

- meeting people, making friends and/or forming a friends group:

*Me, many times, when I go to these parties, I don't only look for sex, I also look for good people, new friends, new stories, you have more social relationships, but I don't only look for sex, no. I look for sex, which is what everyone looks for it, but I also look for other things. I am looking for friendships, I am looking for people with good vibrations, I am looking for that, if next time I am going to fuck with you, I would love to have a good feeling with you. ENT09, 34 years old.*

- being accepted and feeling belonging to a group:

*I like the spontaneity of the people. And, the truth, I have generally felt welcomed. It's not a witch coven, nor hell with Satan as emcee. ENT06, 35 years old, HIV-positive.*

- having access to men (handsome, muscled) that could not otherwise meet:

*There I meet guys that, maybe, you wouldn't meet in a club, because they are handsome and they are in a circle of beautiful people, and you say: "I'm not going to reach this one or I will never have him; they wouldn't notice me" and then, at these parties, when they look at me, when I am fucking ... fucking with the body, my look, my attitude, the guys want to be with me. Then, I have fucked unbelievably handsome guys with a nice body, which I might never have fucked them. ENT09, 34 years old.*

Table 1. Drugs most used for having sex

Name	Colloquial name among gay men (in Spanish)
Cocaine	coca, tema, farla
MDMA (crystal or powder)	cristal, M
Ecstasy (pill)	pasti
Silver (pill)	silver
GHB/GBL	G, bote
Ketamine	keta, kei
Methamphetamine	tina, T
Mephedrone	mefe
Speed	speed
Popper	Popper
Viagra or similars	Viagra, azules

- privacy offered by being in a private house, unlike a public sex venue where nobody could judge them. This might allow them "the decontrol":

*What I like is the loss of control. It's getting to lose a little control that you maintain, that, in this case, I maintain with everything.. ENT02, 43 years old, HIV-positive.*

- among HIV-positive men, they can find other peers in a similar situation related to the HIV, which allow them to enjoy sex without major worries (in many cases, they assume that all participants are HIV-positive men):

*Because mostly guys are undetectable for HIV, and it is not usual to see men using condoms, because the guys are high and no fear. ENT08, 25 years old, foreign, HIV-positive.*

Among the interviewees who preferred to attend commercial sex venues (e.g., most saunas in Barcelona are open 24 hours a day), they mentioned that these places are not just a space for sex, they are a "meeting place" where they can socialize and where they can:

- go with "buddies" or make new friends:

*We have ever gone to the sauna, with a friend, and we have had a beer and talk to people. It's what I've told you, once you know the people, then you start talking, and if you see that there's been no opportunity to have sex, then you go home and that's it. You take a line [of cocaine], and if you see that nobody is there, then you leave. ENT18, 23 years old.*

- use and share drugs with buddies and/or sex partners in a permissive atmosphere (although there is a formal policy prohibiting drug use inside local):

*For me, the sauna is the best space, because it is a space where I can do it with total tranquility, and where I can spend countless hours without thinking about having to watch the clock or if the sauna is going to close its doors. ENT12, 39 years old.*

- have sex with several sex partners which would be chosen by themselves:

*The more drug I take, the more social I am and I have a good time. Then, I am with a guy, three or four hours, and I'm with him until the guy wants to go home. Not everyone uses drugs, or not everyone wants to stay there two days, not everyone does that. And when the guy leaves, I look for another, then I look for another, then another. And in that way I am, it's like a lifestyle, and I'm looking for another. And when I realize it, I have been days there. ENT20, 34 years old, sex worker.*

- get a variety of drugs, without having to leave the local:

*In the sauna, there are 8 to 10 dealers, but not in the sex-party, because you bring your drug from outside. But in the sauna, there are people selling drugs, so the risk of staying longer is greater because you spend more money, because your friend tells you: I invite you this, I invite you this other. People are continuously buying. ENT20, 34 years old, sex worker.*

For these reasons, some of the interviewees mentioned that these places are "addictive" and that their use of drugs is only restricted when they are there, because they have learned to associate them (place-people-sex-drugs).

*When I have commented on it [about the drug use], I have commented it with friends: 'lets try some kind of therapy, there must be something'. But we then analyze and ... I don't think I'm dependent on anything, ok? I'm more attracted to the places. It means, in this place, going there and using this kind of drugs, in that space.... ENT22, 27 years old.*

## Conclusions

ChemSex is a complex phenomenon. The reasons for practicing ChemSex can be linked to the places where they do it and people who they meet in those places. These places and these people would represent aspects that are lacking them (at psychosocial level), because they would maybe be finding there what they need (e.g., social networks, social support, company, self-esteem affirmation, etc), hence its attractiveness or preference. Taking this into account should be important in individual (e.g. unveil what is "addictive" it: sex and drugs? only drugs? sex venue?) or community interventions (e.g. create and/or encourage other types of recreational spaces, different from those of sexual type).

Contact: Percy Fernández-Dávila: percy@stop sida.org

The full report of this study can be downloaded at: <http://stop sida.org/informes-o-reportes-tecnico/>