



Using Syndemic Theory to understand the ChemSex practice from the narratives of a group of gay and bisexual men in Barcelona city

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Abstract

Introduction: In order to understand how ChemSex is initiated and maintained among gay, bisexual and other MSM (GBMSM), a holistic approach is needed. Syndemic Theory can help us understand this. A syndemic describes the interaction between two or more diseases or psychosocial problems, which in an additive or synergistic fashion can contribute to a larger disease burden within a given population. The objective of this communication is to illustrate, from this theory, the interconnection that ChemSex, psychosocial health and other factors of different ecological level can have.

Method: 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 service at a hospital. A grounded approach was used to analyse the data.

Results: Out of 26 participants, eight acknowledged having various psychological problems: distortion of self-concept and body image, emotional dependence, anxiety and mood disorders (dysthymia, depression). In general, the aspects that, according to the interviewees, lately affected their frame of mind were: (1) personal life circumstances (e.g. unemployment, loss of a loved one, relationship break-ups, etc.), some of them associated with the beginning, maintenance or aggravation of drug use; (2) individual characteristics (e.g. personality traits such as pessimism, complexes, insecurities, etc.); (3) feeling alone due to: not having a social support network of close friends, not having a stable partner, and the need to look for other ways of relationships that are not only sexual encounters; and (4) the consumption of drugs that favors the appearance of depressive episodes and also generates dysphoric feelings (due to excessive spending in drugs or the time lost due to being consuming, etc.). At times when the mood was negatively affected, the sexual care was also affected in some men (e.g., stopping using condom). The coincidence of certain life situations (e.g. being unemployed and having a lot of free time, not having social support, etc.), psychological needs (e.g. affective lacks, loneliness) or mental health (e.g. depression) can interplay with ChemSex, and this practice is established because through it, they can satisfy, alleviate or mitigate, even momentarily, the burden of these situations (e.g. "in a session I will be in the company and I can make friends").

Conclusions: Findings demonstrate the existence of different syndemic conditions (e.g. psychosocial problems) which operate at different levels (individual, community, social), and that can reinforce and potentiate the Chemsex practice. ChemSex Interventions might become more effective by addressing the broader health concerns of MSM.