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El fenómeno del ChemSex y su abordaje desde la investigación y la salud pública: el caso de España

Dr. Percy Fernández Dávila



Centre d'Estudis Epidemiològics
sobre les Infeccions de Transmissió
Sexual i Sida de Catalunya

Investigación y publicaciones sobre el consumo de drogas en hombres gays y otros HSH



DROGAS, SEXO MÁS SEGURO Y RIESGO DE INFECCIÓN POR EL VIH



Alto consumo de drogas recreativas y conductas sexuales de riesgo en hombres que tienen relaciones sexuales con hombres
Casta Ñak^{1,2*}, Percy Fernández Dávila^{1,2}, Luis Ferrer^{1,2}, Raúl Soriano^{1,2}, Mercedes Díaz^{1,2} y JWB Catalunya^{1,2}



"ChemSex in the sauna": An ethnographic study on the use of drugs in a gay sex venue in Barcelona
Percy Fernández Dávila^{1,2*}, Raúl Soriano^{1,2}, Mercedes Díaz^{1,2}



CONSUMO DE DROGAS Y SU RELACIÓN CON EL SEXO:
Escuchando las voces de un grupo de hombres gays y bisexuales de la ciudad de Barcelona que practican ChemSex

Percy Fernández-Dávila

LAS FIESTAS DE SEXO:
Un emergente ambiente de riesgo para la transmisión del VIH y otras infecciones de Transmisión Sexual

"Sesión de sexo, morbo y vicio": una aproximación holística para entender la aparición del fenómeno ChemSex entre hombres gays, bisexuales y otros hombres que tienen sexo con hombres en España

Dr. Percy Fernández-Dávila^{1,2*}
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RESUMEN
En España, durante los últimos meses del 2016, se ha hablado y discutido mucho, sobre todo en los medios de comunicación, acerca del fenómeno del ChemSex. Si bien el uso de drogas para tener sexo entre hombres gays no es nuevo ni reciente, el ChemSex hace alusión al consumo intencional de drogas para tener relaciones sexuales durante mucho tiempo. Sin embargo, incluso hasta ahora, mucha de la información que se veía contenía una serie de imprecisiones respecto a la terminología, al alcance de este fenómeno, las drogas que se consumían y los espacios en que se consumían. Este artículo busca entender la emergencia de este fenómeno desde una visión integral y holística, así como plantea una definición desde una perspectiva de la reducción de riesgos para la prevención del VIH, de otras ITS y para el cuidado de la salud sexual y de la salud en general. Finalmente, se plantean algunas consideraciones para abordar el ChemSex a nivel preventivo.

Palabras clave: hombres que tienen sexo con hombres, hombres gays, ChemSex, drogas recreativas, consumo de drogas, conductas de riesgo, reducción de riesgos, infección por el VIH

ChemSex en España: Reflexiones sobre buena praxis y lecciones aprendidas

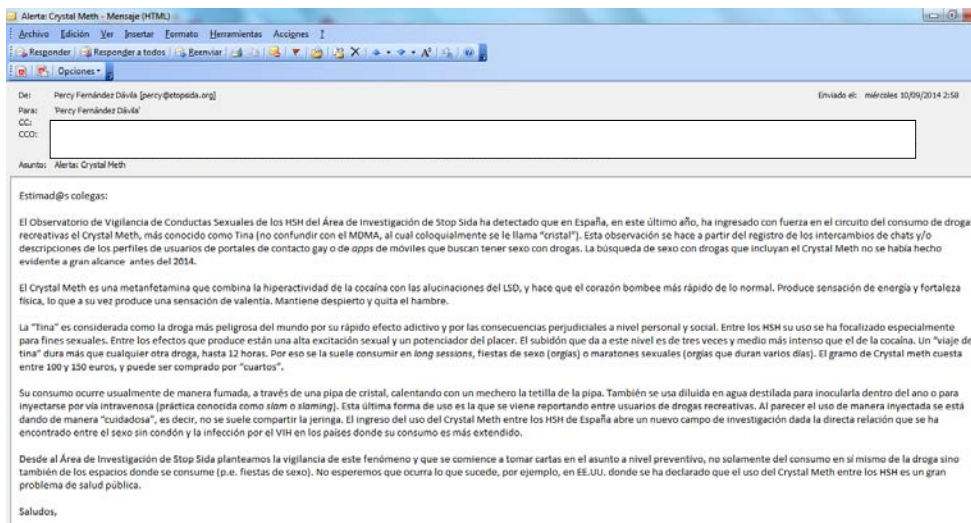
Percy Fernández Dávila
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Desde hace más de dos años, el ChemSex (el consumo de drogas para tener relaciones sexuales durante un período largo de tiempo entre hombres gays, bisexuales y otros hombres que tienen sexo con hombres) está haciendo mucho ruido en los medios de comunicación y en diferentes sectores. Antes de ello, nunca había causado tanto interés, cuando esta práctica ha estado presente en la vida de muchos hombres gays desde hace ya bastante tiempo. Sin embargo, si se considera al ChemSex como un "fenómeno emergente", sería por: (1) cierta forma en cómo se practica, que tiene que ver con la duración (mucho más tiempo de lo que solía ser), (2) la gran diversidad de drogas que

- en muchos casos, a que no se tenga cuidado o no se tenga en cuenta algunos principios metodológicos claves para llevar a cabo estrategias de abordaje, estudios o intervenciones pertinentes o efectivas. Detallo a esto, hemos sido terribles de escuchar y/o leer, por ejemplo, que:
 - El ChemSex no existe en el colectivo gay.
 - El ChemSex es de muy reciente aparición.
 - Los hombres que lo practican son "irresponsables" por exponerse a diversos riesgos.
 - El ChemSex es una práctica "trivializada", negando la posibilidad que fuera practicada por un número significativo de hombres porque "no existen

2011

Alerta (10/9/2014): Ingreso de la tina a España entre hombres gays



Número de
agosto del 2005



Clear Links Between Starting Methamphetamine and Increasing Sexual Risk Behavior: A Cohort Study Among Men Who Have Sex With Men

Martin Hoenigl, MD,*†‡ Antoine Chaillon, MD,* David J. Moore, PhD,§ Sheldon R. Morris, MD,* Davey M. Smith, MD,*§|| and Susan J. Little, MD*

Background: It remains unclear if methamphetamine is merely associated with high-risk behavior or if methamphetamine use causes high-risk behavior. Determining this would require a randomized controlled trial, which is clearly not ethical. A possible surrogate would be to investigate individuals before and after starting the use of methamphetamine.

Methods: We performed a cohort study to analyze recent self-reported methamphetamine use and sexual risk behavior among 8905 men who have sex with men (MSM) receiving the "Early Test," a community-based HIV screening program in San Diego, CA, between April 2008 and July 2014 (total 17,272 testing encounters). Sexual risk behavior was evaluated using a previously published risk behavior score [San Diego Early Test (SDET) score] that predicts risk of HIV acquisition.

Results: Methamphetamine use during the last 12 months (hereafter, recent-meth) was reported by 754/8905 unique MSM (8.5%). SDET scores were significantly higher in the 754 MSM with recent-meth use compared with the 5922 MSM who reported that they have never used methamphetamine ($P < 0.001$). Eighty-two repeat testers initiated methamphetamine between testing encounter, with significantly higher SDET scores after starting methamphetamine [median 5 (interquartile range, 2–7) at recent-meth versus median 3 (interquartile range, 0–5) at never-meth; $P < 0.001$, respectively].

Conclusions: Given the ethical impossibility of conducting a randomized controlled trial, the results presented here provide the strongest evidence yet that initiation of methamphetamine use increases sexual risk behavior among HIV-uninfected MSM. Until more effective prevention or treatment interventions are available for methamphetamine users, HIV-uninfected MSM who use methamphetamine may represent ideal candidates for alternative effective prevention interventions (ie, preexposure prophylaxis).

Key Words: MSM, risk behavior, methamphetamine, SDET score, recreational drugs, stimulants

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Lunes, 16 de noviembre 2015

Portada Internacional Política

Magazine M

DIA MUNDIAL CONTRA LA SIDA

'Chemsex': maratón de drogas i sexe, la nova pràctica de risc

Les ONG que treballen en l'àmbit del VIH temen que sigui una nova via de propagació del virus

LARA BONILLA | 11/11/2015 | ACTUALITZADA EL 01/12/2015 00:00

Chemsex: S

Las drogas del ámbito de sexual de riesgo entre hom

Vida | 11/11/2015 - 01:00h | Última ac



Las drogas sintéticas, en auge LV/



El chemsex es practica en l'àmbit privat, són festes en pisos particulars que s'organitzen via aplicació mòbil. / GETTY



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Chemsex
The Observer

Addicted to chemsex: 'It's a horror story'

An increasing number of gay men are taking part in multi-day, drug-fuelled orgies – despite the health risks. Paul Flynn reports on a powerful new documentary, and what it says about love and loneliness

Paul Flynn
Sunday 22 November 2015 08:00 GMT




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Chemsex: the alarming new trend of 72 hour drug-fuelled sex sessions

NHS staff have warned of the growing rise of 'chemsex' where people embark on dangerous drug-fuelled sex sessions with an average of five partners

2K 0 13 2K Email



thebmj

BMJ 2015;351:h5790 doi: 10.1136/bmj.h5790 (Published 3 November 2015) Page 1 of 2

EDITORIALS

What is chemsex and why does it matter?
It needs to become a public health priority

Hannah McCall *senior nurse, genitourinary medicine/sexual and reproductive health*¹, Naomi Adams *head of sexual health psychology*¹, David Mason *specialist substance misuse practitioner*², Jamie Willis *outreach and training manager*³

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"Chemsex" is used in the United Kingdom to describe intentional sex under the influence of psychoactive drugs, mostly among men who have sex with men. It refers particularly to the use of mephedrone, γ -hydroxybutyrate (GHB), γ -butyrolactone (GBL), and crystallised methamphetamine. These drugs are often used in combination to facilitate sexual sessions lasting several hours or days with multiple sexual partners.^{1,2}

Mephedrone and crystal meth are physiological stimulants, increasing heart rate and blood pressure, as well as triggering euphoria and sexual arousal. GHB (and its precursor GBL) is a powerful psychological disinhibitor and also a mild anaesthetic. Anecdotal reports and some small qualitative studies in the UK find that people engaging in chemsex report better sex, with these drugs reducing inhibitions and increasing pleasure. They facilitate sustained arousal and induce a feeling of instant rapport with sexual partners. Some users report using them to manage negative feelings, such as a lack of confidence

service for the lesbian, gay, bisexual, transgender community in London, around 64% of attendees seeking support for drug use reported using chemsex drugs in 2013–14.³ Of crystal meth and GHB/GBL users, most reported using them to facilitate sex, with around three quarters reporting injecting drug use.³

Harms to health

Mental health services are seeing a small but important uptake in services by chemsex drug users.^{3,4} Mephedrone and crystal meth can create a powerful psychological dependence, with GHB/GBL creating a dangerous physiological dependence. Mental health effects may require treatment and can become permanent.⁵ Some users will need drug treatment to support detoxification, particularly from GHB/GBL.³

Chemsex drug users often describe "losing days"—not sleeping or eating for up to 72 hours^{1,2}—and this may harm their general health. Users may present too late to be eligible for

CODIGO NUEVO ACTUALIDAD VIDA DINERO ENTRETENIMIENTO DEPORTES MUSICA HUMOR AGENDA

Me Infiltré En Una 'Chemsex' Y Vi Sexo, Drogas Y Una Crudeza Casi Animal

DIARIO MEDICO.COM
25 aniversario

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PRÁCTICA DE RIESGO

El 'chemsex' se asocia con psicopatología, VIH y ETS

El consumo de drogas desinhibidoras y las prácticas sexuales de riesgo habituales en el *chemsex* han propiciado un aumento de adicciones y diagnósticos de ETS.

Isabel Gallardo Ponce. Madrid | igallardo@diariomedico.com | 27/03/2017 00:00

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Imprecisiones de las noticias/reportajes

- El ChemSex es un fenómeno reciente.
- ChemSex sólo ocurre en fiestas privadas de sexo.
- Las fiestas privadas de sexo suelen ser de sexo en grupo.
- Las drogas que se usan para ChemSex son GHB/GBL, mefedrona o metanfetamina (tina).
- Se utilizan las apps (Grindr) para convocar o invitar a fiestas.
- ChemSex es un fenómeno todavía minoritario o marginal (“no hay datos”).

Mal entendimientos sobre el fenómeno del ChemSex

- Definición bastante general (“uso de drogas antes o durante las relaciones sexuales”) =>
- Puede incluir cualquier droga (p.e. popper, marihuana).
- Definición bastante estrecha (basada en drogas; p.e.: GHB, tina y mefedrona).
- No incluye elementos que puedan comportar riesgo o daño.
- Algunos pueden entender un uso problemático.

Problemas más comunes en la recogida de información sobre drogas

- Utilizar nombres técnicos o conceptuales
 - Anfetamina (y no *speed*)
- Utilizar criterios farmacológicos
 - Éxtasis = MDMA => a nivel poblacional son percibidas como diferentes (presentación, efectos, contextos de consumo)
- No incluir términos populares con cómo se conocen las drogas
 - MDMA => cristal ≠ Crystal meth

Nombres coloquiales de las drogas entre hombres gais

- Cocaína = tema, farla, blanca, C
- GHB = G, bote, chorris
- Crystal meth = tina, T
- MDMA = cristal
- Ketamina = keta, K, kei
- Mefedrona = mefe
- Speed = speed
- Marihuana = porros, yerba, 420
- Viagra = azules

Estos problemas se trasladan en la investigación... (I)

Chemsex en la cohorte Barcelona Checkpoint: un fenómeno con tendencia al alza asociado a un aumento del riesgo de infección por VIH

Consumo de alcohol y/o drogas antes o durante las relaciones sexuales en los últimos 6 meses

Año	Total	No		Si	
		n	%	n	%
2009	1.950	612	31,4%	1.338	68,6%
2010	2.677	924	34,5%	1.753	65,5%
2011	2.949	992	33,6%	1.957	66,4%
2012	3.831	1.176	30,7%	2.655	69,3%
2013	3.800	1.048	27,6%	2.752	72,4%
2014	4.341	1.174	27,0%	3.167	73,0%
2015	4.441	1.527	34,4%	2.914	65,6%
2016	5.321	2.003	37,6%	3.318	62,4%
Total	29.310	9.456	32,3%	19.854	67,7%

Chemsex y Seroconversión

	Total	%	VIH+	%
No usuario chemsex	4.982	93,6%	118	2,4%
Usuario chemsex	342	6,4%	31	9,1%
Total	5.324	100,0%	149	2,8%

	Odds Ratio	95% Conf. Interval
Usuario Chemsex	4.1	2.72 - 6.20

Estos problemas se trasladan en la investigación... (II)

26/11/2012

Estudio sobre la Influencia del Consumo de Sustancias en las Conductas Sexuales de Riesgo en el colectivo LGTB

Si eres LGTB, participa en esta investigación y ayúdanos en la prevención del VIH

Me gusta A 40 personas les gusta esto. Regístrate para ver qué les gusta a tus amigos.

Si no puedes visualizarlo correctamente, pincha <https://docs.google.com/a/felgtb.org/spreadsheets/viewform?formkey=gFvYpTYWNBTEyUZUczZQwUUszq24TWmc6MG#gid=0>

7. ¿En los últimos 12 meses has consumido alguna de estas sustancias?
Puedes señalar varias respuestas.

- Alcohol
- Cannabis (porros)
- Heroína
- Cocaína
- Tranquilizantes (tranquimacín, orfidal...)
- Éxtasis
- Speed
- MDMA
- Krystal
- Ácidos/LSD
- Setas
- Popper
- Viagra
- Otro: _____

Estos problemas se trasladan en la investigación... (III)

Marzo, 2014

The Chemsex Study:

drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham

Adam Bourne
David Reed
Ford Hickson
Sergio Torres Rueda
Peter Weatherburn

Participants in this study had to have used one or more of three key drugs - crystal methamphetamine (crystal meth or TMD), GHB/GBL (G), and mephedrone - either immediately before, or during sex with other men within the last 12 months.

State of Play:

findings from the England Gay Men's Sex Survey 2014

Ford Hickson
David Reid
Gary Hammond
Peter Weatherburn

	Use in last 4 wks, entire England sample (%)
Cocaine	6.6
Ecstasy	5.7
Mephedrone	5.3
GHB/GBL	3.2
Crystal meth	2.0

Original Research Report

REVIEW

Illicit drug use and its association with sexual risk behaviour among MSM: more questions than answers?

G.J. Melendez-Torres^a and Adam Bourne^b

Purpose of review
Illicit drug use before or during sex – known as sexualized drug use (colloquially ‘chemsex’ or ‘party and play’) – has evolved as novel psychoactive substances have entered the market in many parts of the world. Here, we review key conceptual issues in associations between illicit drug use and sexual risk-behaviour in MSM.

Recent findings
Although many studies have confirmed that MSM use drugs with greater prevalence than the general population, evidence is of variable quality and a sampling frame is difficult to establish. Moreover, psychosocial hypotheses linking drug use and sexual risk, including cognitive escape and sensation seeking, are unsatisfactory and generally ignore strategic use of drugs for sexual aims. Person-level associations between drug use history and both sexual risk behaviours and HIV infection tend to be inconsistent around the world, but evidence is limited.

Summary
There is a need for interventions for individuals and cultural contexts of sexualized drug use. Trends can help clinicians in sexual health settings.

Keywords
HIV infection, illicit drug use, MSM.

Volume 29 • Number 1 • February 2016

¿Drogas sexualizadas y “drogas ChemSex”?... no se considera el factor individual

ORIGINAL STUDY

OPEN

Chemsex Among Men Who Have Sex With Men: a Sexualized Drug Use Survey Among Clients of the Sexually Transmitted Infection Outpatient Clinic and Users of a Gay Dating App in Amsterdam, the Netherlands

Susanne Drückler, MSc,* Martijn S. van Rooijen, MSc,* and Henry J.C. de Vries, MD, PhD**†‡

Objectives: Chemsex (i.e., drug use during sex) is practiced by some men who have sex with men (MSM) and is associated with high-risk behaviors in a cross-sectional study at the sexually transmitted infection (STI) clinic of Amsterdam, sexualized drug use practices, and behaviors and STI prevalence.

Method: A survey on chemsex (i.e., drug use during sex), sexualized drug use practices, and behaviors was conducted at the STI clinic during routine STI screening and to Amsterdam users of a gay online dating app. Associations were assessed using χ^2 test and multivariable regression.

Results: Chemsex in the past 6 months was practiced by 666 (17.4%) of 4025 MSM clients and by 159 (1.5%) of 10617 non-MSM clients. Among gay dating app users, the proportion that reported chemsex engagement was higher than among MSM visiting the STI clinic (29.7% [137/462] vs. 17.4%, $P < .0001$). Chemsex was a significant risk factor for bacterial STI in HIV-negative MSM visiting the STI clinic (adjusted odds ratio, 1.5).

Background: HIV prevention remains to reduce STI risk.

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DOI: 10.1111/hiv.12520
HIV Medicine 2019

ORIGINAL RESEARCH

Sexualized drug use ('chemsex') and high-risk sexual behaviours in HIV-positive men who have sex with men

El Pafali,¹ M Kull,² M Shalomech,³ A Nordone,⁴ R Ghani,⁵ V Delpech⁶ and H Ward¹ on behalf of The Positive Voices Study Group[†]

¹Department of Infectious Disease Epidemiology, Imperial College London, London, UK, ²HIV and STI Surveillance Department, Public Health England, London, UK and ³Department of Infection and Population Health, University College London, London, UK

Objectives

The incidence of sexually transmitted infections (STIs) and HIV infection remains high in gay, bisexual, and other men who have sex with men (MSM) in the UK, and sexualized drug use ('chemsex') and injecting drug use ('schemex') may play a part in this. We aimed to characterize HIV-positive MSM engaging in chemsex/schemex and to assess the associations with self-reported STI diagnoses and sexual behaviours.

Methods

Data from a 2014 survey of people attending HIV clinics in England and Wales were linked to clinical data from national HIV surveillance records and weighted to be nationally representative. Multivariable logistic regression assessed the associations of chemsex and schemex with self-reported unprotected anal intercourse (UAI), seronegative UAI (sUAI) (i.e. UAI with an HIV-negative or unknown HIV status partner), sUAI with a detectable viral load (sUAI-VL) (RNA negative), hepatitis C, and bacterial STIs.

Research Paper

Prevalence of drug use during sex amongst MSM in Europe: Results from a multi-site bio-behavioural survey

Magdalena Rosińska^{1,2,3,4}, Lorenzo Gios⁵, Christiana Nöstlinger^{6,7}, Wim Vanden Bergh^{8,9}, Ulrich Marcus¹⁰, Susanne Schink¹¹, Nigel Sherriff¹², Anna-Marie Jones¹³, Cinta Folch¹⁴, Sonia Dias¹⁵, Inga Velicko¹⁶, Massimo Mirandola¹⁷, Sialon H Network¹

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ABSTRACT

Background: Substance use has been consistently reported to be more prevalent amongst Men who have Sex with Men (MSM) compared to the general population. Substance use, in particular polydrug use, has been found to be influenced by social and contextual factors and to increase the risk of unprotected intercourse among MSM. The objective of this analysis was to investigate the prevalence and predictors of drug use during a sexual encounter and to identify specific prevention needs.

Methodology: A multi-site bio-behavioural cross-sectional survey was implemented in 13 European cities, targeting MSM and using Time-Location Sampling and Respondent-Driven Sampling methods. Multivariable multi-level logistic random-intercept model (random effect of study site) was estimated to identify factors associated with the use of alcohol, cannabis, party drugs, sexual performance enhancement drugs and chemsex drugs.

Results: Overall, 1261 (30.0%) participants reported drug use, and 436 of 1706 (18.8%) reported the use of two or more drugs during their last sexual encounter. By drug class, 965 (23.0%) reported using sexual performance enhancement drugs, 353 (8.4%) – party drugs, and 142 (3.4%) the use of chemsex drugs. Respondents who reported drug use were more frequently diagnosed with HIV (10.5% vs. 3.9%) before and with other STIs during the 12 months prior to the study (16.7% vs. 9.2%). The use of all the analysed substances was significantly associated with sexual encounter with more than one partner.

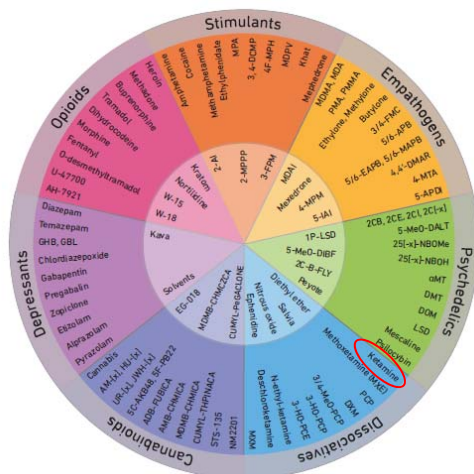
Discussion: Substance and polydrug use during sexual encounters occurred amongst sampled MSM across Europe although varying greatly between study sites. Different local social norms within MSM communities may be important contextual drivers of drug use, highlighting the need for innovative and multi-faceted prevention measures to reduce HIV/STI risk in the context of drug use.

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Estos problemas se trasladan en la investigación... (IV)

Estudio EMIS 2017:

¿Cuándo fue la última vez que utilizaste drogas estimulantes para hacer que el sexo fuera más intenso o que durara más tiempo? [Ten en cuenta: Las drogas estimulantes incluyen éxtasis/MDMA, cocaína, speed, metanfetamina (tina), mefdrona, **ketamina**.]



The Drugs Wheel

A new model for substance awareness

[UK version 2.0.6 - 10/03/2018]

Outer ring: Controlled under the Misuse of Drugs Act 1971 or The Human Medicines Regulations 2012
Inner ring: Controlled under the Psychoactive Substances Act 2016

Definición de ChemSex (aproximación desde la salud integral, bienestar y reducción de riesgos y daños)

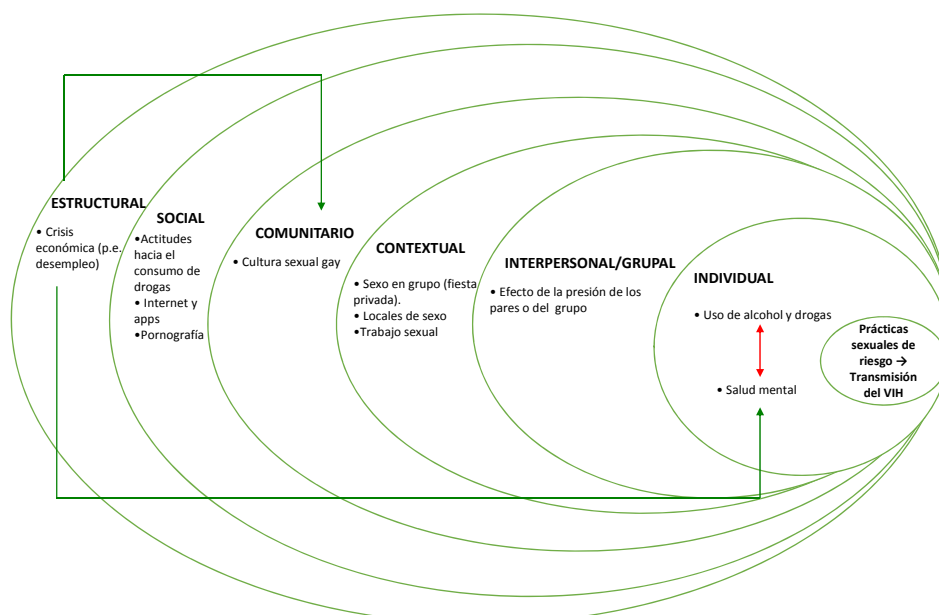
(Fernández-Dávila, 2016)

- Uso intencionado de drogas para tener relaciones sexuales por un período largo de tiempo (varias horas o días).
- Incluye un uso no-problemático y problemático.
- El elemento clave en esta definición es el tiempo.
- A mayor tiempo, mayor exposición a diversos riesgos o daños: **consumo** (intoxicación, sobredosis, aparición de síntomas psicóticos, muerte), **salud sexual** (irritación, heridas, rasgados, sangrado de la mucosa anal, de la piel del pene, fractura del pene, no uso del condón), **psicológico** (vergüenza, culpa), **social** (rechazo, expulsión, exclusión) y **material** (gasto económico excesivo, robos).

Motivos para consumir drogas en el contexto de sexo

- Intensificar o potenciar el placer sexual.
- Búsqueda de efecto estimulante: aumentar la libido (poner muy “cachondo”).
- Poner “morboso”, “cerdete” y/o “guarro” (desinhibirse sexualmente, hacer cosas que no haría de sobrio).
- Tener “largas sesiones” (muchas horas de sexo). Tener mucho aguante (“alargar el polvo”).
- Facilitar ciertas prácticas sexuales (p.e. fisting)
- Búsqueda de conexión (colegueo, formar/pertenecer a un grupo).
- Búsqueda de intimidad (en una sesión uno-a-uno).
- Situaciones personales (p.e. aliviar estados disfóricos, trabajo sexual, vivir con el VIH).

MODELO ECOLÓGICO PARA ENTENDER EL CONSUMO DE DROGAS ENTRE HSH



El abordaje del ChemSex desde la salud pública

Mensajes “clásicos” de la salud pública sobre el consumo de drogas

- El consumo de drogas es malo para la salud.
- “A la droga dile no”.
- Visión moralista.



Research Article

HIV Prevalence Sex with Men in

Henrique Pereira^{1*}, Samuel M
University of Beira Interior, Portugal
¹UIPEIS, Psychology and Health Res

Abstract

Background
infection among
associated sexes

Summary
venues for
Because HI
potential to
present an

The Role of Bathhouses and Sex Clubs in HIV Transmission *Findings From a Mathematic Model*

JOURNAL OF SEX RESEARCH, 47(6), 580–588, 2010
Copyright © The Society for the Scientific Study of Sexuality
ISSN: 0022-4499 print/1559-8519 online
DOI: 10.1080/00224490903216755



CULTURE, HEALTH & SEXUALITY, JANUARY-FEBRUARY 2004, VOL. 6, NO. 1, 19–29 Taylor & Francis healthsciences

HIV Tr:
D

PUBLIC HEALTH VERSUS PRIVATE FREEDOMS: The Regulation of Commercial Sex Establishments

by
Sheldon Bernard Lyke*

in Spotlight on Public Sex and HIV. (Center for HIV Information, UC-San Francisco). 2000.
<<http://hivinsite.ucsf.edu/InSite.jsp?doc=2098.42bc>>

Discurso de la salud pública vs. discurso de las libertades individuales

Rev Esp Salud Pública 2013; 87:367-382.

N.º 54 Julio-Agosto 2013

ORIGINAL

DISCURSOS SOBRE LA RESPONSABILIDAD SEXUAL EN HOMBRES VIH-POSITIVOS QUE TIENEN SEXO CON HOMBRES (*)

Percy Fernández-Dávila (1,2) y Adriana Morales Carmona (1).

(1) Área de Investigación. Stop Sida. Barcelona, España

(2) Facultat de Psicologia, Ciències de l'Educació i de l'Esport, Universitat Ramon Llull, Barcelona, España

Los autores declaran ningún tipo de conflicto de intereses, ya que no existe ninguna relación económica o de otra naturaleza que puedan haber influido en la realización del proyecto y en la preparación del manuscrito para su publicación.

(*) Estudio financiado por la Secretaría del Plan Nacional sobre el Sida del Ministerio de Sanidad y Consumo (SCO/1020/2007).

RESUMEN

Fundamentos: Entre los hombres VIH-positivos que tienen sexo con hombres (HSH VIH-positivos) se vienen reportando elevadas tasas de prácticas sexuales de riesgo, lo que lleva a preguntarnos sobre las ideas del cuidado sexual que existen en este colectivo para evitar la transmisión y/o reinfección del VIH y otras ITS. Este estudio buscó comprender los discursos que sobre la responsabilidad sexual tienen estos hombres.

Método: Se realizó un estudio cualitativo. Participaron 78 hombres (27-65 años), 35 en entrevistas individuales y 43 en cinco grupos de discusión, en las ciudades de Barcelona, Madrid y Palma de Mallorca, entre 2007 y 2008. Se estableció como criterio de selección que hubieran transcurrido 18 meses desde el diagnóstico del VIH. El enfoque utilizado para analizar los datos fue la Teoría Fundamentada.

ABSTRACT

Discourses on Sexual Responsibility in a Group of HIV-Positive MSM in Spain

Background: High rates of sexual risk behaviors are being reported among HIV-positive MSM which raises the question about the ideas of sexual responsibility that exist in this population to prevent the transmission and/or reinfection of HIV and other STIs. This study sought to understand the discourses on sexual care and responsibility in men living with HIV who have sex with men.

Methods: A qualitative study was carried out with 78 men (aged 27-65): 35 individual interviews and 43 in five discussion groups, in the cities of Barcelona, Madrid and Palma de Mallorca, between 2007 and 2008. The selection criterion was that eighteen months had passed after a HIV

Responsabilidad sexual

- Responsabilidad única (foco del discurso de la salud pública)
- Responsabilidad compartida
- Responsabilidad individual (discurso de muchos hombres gays que tienen el VIH)

Discurso se traslada en mensajes que pueden generar el efecto contrario

- “Tienes que usar condón para que no infectes a otros”.
- vs.
- “Tienes que usar condón para que evites contraer una ITS (y tu carga viral se vuelva detectable) o que te puedas reinfectar de una cepa resistente y complique tu salud”.

ChemSex y VIH/VHC: Intervenciones con los profesionales de las unidades del VIH deben ser una prioridad.

A mí me atienden en el Hospital XXX, mi doctora siempre me juzga y me regaña. Me juzga y me habla de mala manera.

P: ¿Te juzga con respecto a qué?

Al uso del preservativo: 'otra vez te volviste a infectar de gonorrea, deberías parar ¡ya!', de hablarme así. He pensado algunas veces en cambiarme de doctora por otro doctor. ENT-08, 30 años, VIH-positivo, TD: 5 años.

El ChemSex ha sido declarado como un problema de salud pública.... ¿y?

ESP | ANE | BRA | CAT | ENG NEWSLETTER SUSCRÍBETE 🔍

EL PAÍS CATALUÑA

ANDALUCÍA | CATALUÑA | C. VALENCIANA | GALICIA | MADRID | PAÍS VASCO | MÁS COMUNIDADES | TITULARES »

Barcelona incorpora el 'chemsex' por primera vez como un problema de salud pública

El Plan de Drogas del Ayuntamiento abordará el fenómeno tras atender en 2016 unos 200 casos de consumo problemático de sustancias para practicar sexo

Facebook Twitter LinkedIn WhatsApp Email

JESSICA MOUZO QUINTANA
Barcelona - 18 SEP 2017 - 14:09 CEST



El psicólogo de SCN Checkpoint, Antoni Gata, atiende a un paciente en el centro comunitario CARLES RIBAS

NEWSLETTERS
Recibe la mejor información en tu bandeja de entrada.

TE PUEDE INTERESAR

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EL PAÍS MADRID

ANDALUCÍA | CATALUÑA | C. VALENCIANA | GALICIA | MADRID | PAÍS VASCO | MÁS COMUNIDADES | TITULARES »

SANIDAD

Madrid incorpora el 'chemsex' como un problema de salud pública

El Ayuntamiento invertirá 117 millones de euros hasta 2020 en el nuevo Plan de Adicciones

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AGENCIAS
Madrid - 20 OCT 2017 - 10:38 CEST



Fotograma de la película 'Chemsex', de 2015.

NEWSLETTERS
Recibe la mejor información en tu bandeja de entrada.

TE PUEDE INTERESAR

Respuesta de la salud pública

- Tardía, lenta, escasa y desde el desconocimiento.
- Abrir/implementar servicios de atención dirigidos a usuarios con consumo problemático.
- Formar a los profesionales de esos servicios socio-sanitarios.
- Es decir, se apuesta por un enfoque no prevencionista.
- Los hombres con consumo problemático son sólo una parte pequeña de los hombres que practican ChemSex. Las necesidades de la mayoría no están siendo atendidas.

Competencia cultural

Definición

- “Cultural competence is a set of behaviors, attitudes, and policies that come together in a continuum to enable a health care system, agency, or individual rehabilitation practitioner to function effectively in trans-cultural interactions. In practice, cultural competence acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, the need to be aware of the dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs”. (Cross, Bazron, Dennis, and Isaacs (1989).

Elementos de la cultura gay

- Códigos o símbolos (p.e. búsqueda de mirada para ligar, colores o lados D-I para indicar preferencias sexuales).
- Normas (p.e. “ley de silencio” en locales de sexo o zonas de cruising).
- Valores (p.e. culto a la belleza, el cuerpo o juventud).
- Lenguaje (p.e. preñar, lefar, guarrear, emoticonos:



Top here I get off on pleasing bottoms! Love



Características de la cultura sexual gay (hegemónica)

- Masculina (visión del sexo según construcción de género)
- Sexualizada (falocéntrica).
- Desalienta las afiliaciones emocionales.
- **Hedonista (centrada en la diversión y el placer).**
- Tolerante, permisiva y complaciente respecto al consumo de drogas.
- Influenciada por tendencias foráneas.

Importancia de la competencia cultural (I)

J. Homosex., 2017 May 3; doi: 10.1080/00918369.2017.1321381 [Epub ahead of print]

Contextualizing Competence: Language and LGBT-Based Competency in Healthcare.

Bosni A.^{1,2}, Lopez E.J.^{1,2}

@ Author information

Abstract

Changes in the language and terminology used to refer to it well as how best to discuss issues of sexual and gender identity training; 2) interdisciplinary issues; and 3) prejudices on the relationship between healthcare provider and patient as we attitudes, we contend that language is both a facilitator and exhibiting cultural competence as well as the barriers to facilitating traditionally used in linguistics. It is discussed as a framework. Ideally, a professional will be considered competent once it

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DOI: 10.1089/lgbt.2016.0068

SHORT REPORT

Culturally Competent Sexual Healthcare as a Prerequisite for Obtaining Preexposure Prophylaxis: Findings from a Qualitative Study

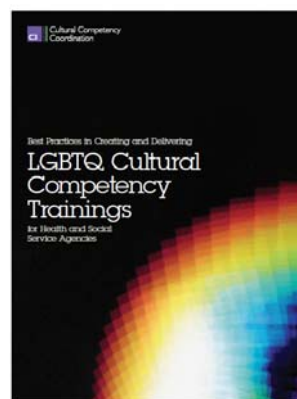
Kevin M. Maloney, MPH^{1,2}, Douglas S. Krakower, MD^{1,3,4}, Dale Zlotro,¹
Joshua G. Rosenberger, MPH, PhD², David Novak, MSW², and Kenneth H. Mayer, MD^{1,3,4}

Abstract

Purpose: Men who have sex with men (MSM) experience stigma in healthcare settings, which impedes disclosure of sexual behavior, potentially limiting uptake of preexposure prophylaxis (PrEP). The purpose of this study was to describe the context of this limitation and explore geographical variability.
Methods: To understand how discomfort in healthcare settings affects PrEP utilization, we conducted two online focus groups with geographically diverse samples of MSM.
Results: Respondents identified primary care providers as preferred sources for PrEP, but potential uptake was limited by barriers to establishing nonjudgmental relationships with these providers.
Conclusion: Improved patient-provider communication about sexual behaviors might increase PrEP use among MSM.

Improving Cultural Competence To Reduce Health Disparities

Comparative Effectiveness Review
Number 170




Importancia de la competencia cultural (II)



Investigación y salud pública

- Para entender el ChemSex, primero, se tiene que captar lo que dicen los propios hombres que lo practican.
- Las intervenciones en salud pública se basan en estudios epidemiológicos.
- Si no sabemos qué cuantificar, no tendremos una figura aproximada sobre la magnitud de hombres que practican ChemSex.
- La atención del ChemSex en la agenda de la salud pública ha estado mediada por la influencia de los medios de comunicación.


Los expertos en *drug policy* y la experiencia con los UDVP ya nos dicen cómo investigar pero....



The relationship


Turning Point: Alcohol and Society Research

Received 2 October 2002



Ethnographic approaches

Drugs and Society Research



Drug research: commentary

Rollins School of Public Health

Received 17 September 2002; accepted 19 November 2002

Available online at www.sciencedirect.com

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International Journal of Drug Policy 14 (2003) 115–118

www.elsevier.com/locate/drugpo

Response

With both eyes open: notes on a disciplinary dialogue between ethnographic and epidemiological research among injection drug users

Dan Ciccarone

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Received 17 September 2002; accepted 19 November 2002

Abstract

The recent special issue of the *Int J Drug Policy* on the state of ethnography (Volume 13.4) provides a timely reminder of the relationship between different research traditions in a field increasingly saturated with what might be termed as 'multidisciplinary' research. In this response, I consider some of the authors in the special issue, from an epidemiologist (with a background in the Australian drug surveillance program) to a public health researcher focusing on their application to drug surveillance.

Many of the papers in the special issue critique of epidemiology (both in its traditional and in its more recent incarnations) relating to health issues more broadly. In this response, I consider some of the authors in the special issue, from an epidemiologist (with a background in the Australian drug surveillance program) to a public health researcher focusing on their application to drug surveillance.

Introduction

I begin this critical commentary with a critique of the recommendations made in the special issue on drug research and policy, an issue that was published in 1992, the federal Department of Community Services, in its *National Alcohol Research* (1992).

It is an honor and a challenge to be asked to provide a commentary on the role of ethnography in drug research in response to the *International Journal of Drug Policy* special issue on 'ethnography and multidisciplinary drug research' (volume 13.4), in which the authors all are experts. In my commentary, I will rely on the experiences as a female drug ethnographer in this volume reveal, although they have made major contributions to drug research, ethnography's scientific value continues to stand. Among drug researchers, ethnography is a well-established tradition. Examples from the United States include *The Road to Hell* (Chernin, Gertrude Rosenfeld, 1964); *Portraits from a Street* (Fiddie, 1967); *Ripping and Rowing: A Geography of Urban Heroin Addicts* (Agar, 1973); *Dope* (Waldorf, 1973); *Women on Heroin* (F 1981); *Wheeling and Dealing: An Ethnographic Study of Upper Level Drug Dealing and Smuggling* (Jackson, 1998).

Not invisible but unnoticed, Watson. You did not know where to look, and so you missed all that is important.

The world is full of obvious things, which nobody by any chance ever observes.

Sherlock Holmes

Our fictional hero points out the obvious to us: it is disciplined observation that finds the crucial fact, the missing piece of the puzzle. The point in case here is whose observation? Which discipline? The debate over whether

Clinician as epidemiologist as ethnographer

My perspective is that of a new drug use researcher, which is not to say that I am a young researcher in that I was a practicing physician for 10 years prior to entering academia. My clinical experience was, and still is, predominately with socially marginalised urban populations, specifically focusing on the homeless and drug users. Upon entry into academia, several years ago, I first pursued formal training in epidemiology followed by extracurricular education and informal guidance in the theory and practice of ethnography. I combine these gazes—clinical, quantitative and ethnographic—to peer into the world of embodied social suffering and to deeply examine differential access to medical care. This tripartite awareness also allows me to investigate

Conclusiones

- El ChemSex es uno de los principales aspectos psico-sociales relacionados a la infección por el VIH/ITS, la salud mental y el bienestar de muchos hombres gays y otros HSH.
- El fenómeno del ChemSex no está bien entendido en Europa (incluido España).
- Los malentendidos/confusiones generan acciones que no corresponden al ejercicio de una buena praxis en la investigación ni en el abordaje de la salud pública.
- Se hace urgente y necesario que se incluya la perspectiva de la propia población que practica ChemSex en la investigación y en las intervenciones relacionadas al cuidado de la salud.