

CHEMSEX: HOW TO REDUCE HARMS AND STAY SAFE

WHAT IS CHEMSEX?

Chemsex (aka "Party and Play") involves using drugs to enhance sexual experiences, often by increasing pleasure and reducing inhibitions. The three main drugs used in chemsex are crystal methamphetamine ('ice'), GHB (Gamma hydroxybutyrate)/GBL (Gamma butyrolactone) and mephedrone. Other drugs, such as alcohol, cannabis and ketamine may also be used. Each can have very different effects on the brain and body, some of which have the potential to be dangerous. This fact sheet focuses on the effects of ice specifically and talks about how to minimise possible harms when using ice and having sex.

Anyone can use drugs to enhance sex, however it is more common with gay and bisexual men. While most gay and bisexual men don't use drugs like ice, those who do may report using them specifically to engage in chemsex. It is important to note that a lot of men who use ice put safety measures in place to minimise possible harms.



CRYSTAL METHAMPHETAMINE AND CHEMSEX

Crystal methamphetamine ('ice') is a form of methamphetamine. It is a stimulant drug, which means that it speeds up messages between the brain and body. This can make people feel more alert and energetic. There are three main types of methamphetamines (speed, base and ice) and they all vary in potency.

Ice get its street name from its translucent, crystallised look and is one of the most potent forms of methamphetamine. Ice often the purest form of methamphetamine and this means that it gives a stronger and longer lasting feeling of euphoria. However, it is also associated with more serious side effects, both during use and in the comedown period afterwards. The use of ice is also more likely to lead to long-term dependence and health issues depending on how often and how much is used.

For more information, visit What Is Ice? and The Effects of Ice by Cracks in The Ice.

There are various risks involved with using ice during sex. They can include the following:

- Ice can impact memory, which makes it difficult to remember to take important medication, especially if play lasts for several days at a time.
- Ice loosens inhibitions which may mean it is harder to negotiate safe sex and boundaries with partners.
- Engaging in receptive condomless intercourse or risky injecting practices increase the chances of contracting Sexually Transmitted Infections (STI's) including HIV and Hepatitis C.
- Use of multiple substances at once (polydrug use), can increase the risk of serious side effects. For example, the use of ice with erectile dysfunction medication, can cause or worsen heart issues. It can also increase the risk of experiencing anxiety, panic attacks or psychosis. Another common example is the use of ice with alcohol. Using ice with alcohol may seem helpful in offsetting some of the negative effects of ice, but it can also increase the likelihood of overdose and other unpredictable side effects.



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STAYING SAFE

As ice can reduce inhibitions, increasing the risky sexual behaviours the probability of contracting STI's, it's important to know how to reduce the risks.

There are a few ways to reduce the risk of contracting STI's when using ice. These include:





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GETTING SUPPORT

If you choose to use drugs including ice, it is also important to look after your health, and support is always available for whatever your needs may be. There are a number of services across Australia that can provide information and support. Visit **Cracks in the Ice** for more information.

The **Q Life Referral database** is a website for LGBTQI+ people where you can search for the service you are looking for in your home state. E.g. Search "drugs/alcohol" or "counselling" for a list of LGBTQI+ focused and friendly services in your area.

REFERENCES:

- 1. Black E. (2014). Polydrug use: What you need to know about mixing drugs. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Clackett, S., Hammoud, M. A., Bourne, A., Maher, L., Haire, B., Jin, F., Lea, T., Degenhardt, L., Bath, N., Mackie, B., Batrouney, C., & Prestage, G. (2018) Flux: Following Lives Undergoing Change 2014 – 2017 Surveillance Report. The Kirby Institute, UNSW, Sydney
- Lea, T., Hammoud, M., Bourne, A., Maher, L., Jin, F., Haire, B., Bath, N., Grierson J., & Prestage G. (2019) Attitudes and Perceived Social Norms toward Drug Use among Gay and Bisexual Men in Australia, Substance Use & Misuse, 54:6, 944-954, DOI: 10.1080/10826084.2018.1552302
- 4. Lea, T., Kolstee, J., Lambert, S., Ness, R., Hannan, S., & Holt, M. (2017). Methamphetamine treatment outcomes among gay men attending a LGBTI-specific treatment service in Sydney, Australia. PLoS ONE 12(2): e0172560.
- Marshall, B.D., Wood, E., Shoveller, J.A., Patterson, T. L, Montaner, J. S. G. & Kerr, T. (2011). Pathways to HIV risk and vulnerability among lesbian, gay, bisexual, and transgendered methamphetamine users: a multi-cohort gender-based analysis. BMC Public Health 11, 20 DOI:10.1186/1471-2458-11-20
- 6. Massanella, M., Gianella, S., Schrier, R. et al. Methamphetamine Use in HIV-infected Individuals Affects T-cell Function and Viral Outcome during Suppressive Antiretroviral Therapy. Sci Rep 5, 13179 (2015) doi:10.1038/srep13179



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