

Gay men who use crystal meth need integrated care

7 December 2018, by Rod Knight



The growing trend of sexualised injection meth use — colloquially referred to as ‘slamming’ — is a growing public health concern due to the dual risk of transmission of HIV and other blood-borne viruses via both injection and sexual transmission. Credit: Shutterstock

The use of cheap and potent crystal methamphetamine (meth) is reaching a "[crisis point in Canada](#)" and [globally](#), replacing opioids as the drug of choice in some areas.

In media and policy conversations about this drug, one important population is often missed out: Gay, bisexual and other men who have sex with men (herein, referred to as gay and queer men).

Used alone or in combination with other substances, the sexualized use of meth is a practice often referred to as "chemsex" or "party n' play." It is [one of the key drivers of high and rising HIV rates](#) and other sexually transmitted infections. And meth use can lead to many other negative [health](#) outcomes, including depression, anxiety and suicide.

Unfortunately, there are limited options available for gay and queer men who want to quit or reduce

their meth consumption. Most sexual health-care services do not offer specialized substance use services. Similarly, conventional substance use services do not consider how a patient's sexuality or sexual behaviour may relate to their drug use patterns.

My [research team](#) at the [British Columbia Centre on Substance Use](#) recently published a systematic review offering compelling evidence that [integrating sexual health services and substance use care for gay and queer men who use meth can work](#).

We found that most of the effective strategies to integrate services rely on various counselling techniques —including those that centre around an individual's internal motivations to change their substance use behaviour.

'Slamming' and risky sex

Meth use can result in a variety of negative health and psychosocial outcomes, including drug-induced psychosis, depression, suicide, anxiety and a tendency toward anti-social behaviour.

What makes this even more concerning is that as the illicit drug supply becomes increasingly contaminated with synthetic opioids such as fentanyl, there are more cases of overdose being reported by those using non-opioid-based substances, including meth.

While meth use is harmful to one's health generally, using meth during sex can further compound the harms. Research indicates that [meth is often used by gay and queer men as a means to reduce anxiety and increase disinhibition, pleasure and sociability](#). Gay and queer men who use meth often report engaging in sex practices that they would not otherwise choose, including having anal sex with multiple partners without condoms.

Some also report that the use of meth and other

substances during sex can lead to situations in which they experienced sexual violence.

London and Vancouver blaze the trail

There are a few exceptional initiatives in major urban centres—for example the [56 Dean Street Clinic in London](#)—that have been trying to address the harms associated with the sexualized use of substances.

In Canada, the Vancouver-based [Health Initiative for Men](#) recently launched a [specialized service and information campaign](#) for those who use meth. The initiative now offers counselling specifically for those who use meth. It is also launching new harm reduction services for those who use [substances](#), including a [drug checking service](#).

Despite the positive findings from our review that show the value of integrating sexual health and substance use care, it is important to emphasize that effective treatment strategies for those who would like to reduce or stop their meth use remain elusive.

Unlike for opioid use disorder, there are no effective pharmaceuticals that one can take. Even psychosocial interventions such as counselling demonstrate moderate to limited efficacy, particularly for those who use meth regularly or heavily.

Loneliness at the root

Some researchers are looking towards new and innovative approaches to treating meth use. For example, the recent legalization of recreational cannabis in Canada may have important implications for those who wish to reduce or taper their meth use.

In our ongoing research, many of the young gay and queer men who report using meth have told us that they have reduced their meth use by using cannabis.

Nevertheless, cannabis is unlikely to be helpful for all gay and queer men who use meth, as we are also seeing that some of those using cannabis

continue to report a variety of mental health problems, including anxiety, feeling paranoid and a tendency to isolate themselves.

The harms associated with meth use among gay and queer men are unlikely to be addressed via psychosocial interventions alone. While many countries like Canada have made profound advances in terms of improving human rights for LGBTQ people, we continue to see severe inequities with regards to social, mental and physical health outcomes compared to heterosexual and cisgender counterparts.

For gay and queer men who use [meth](#), the motivations are complex and often rooted in experiences of [loneliness](#), violence and other forms of trauma resulting from the social conditions of their lives, rather than the individual choices they make.

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