

"Sex and Drugs" in Substance-Using Men Who Have Sex with Men in France

Anne Batisse¹, Philippe Batel², Cécile Chevallier¹, Maude Marillier¹, Samira Djeddar¹

¹Centre d'évaluation et d'information sur la pharmacodépendance (CEIP-A) de Paris, Paris, France

²Montévidéo, Clinique des Addictions Groupe, Boulogne-Billancourt, France

Corresponding author: Batisse Anne, Center of Evaluation, Information on Pharmacodependence and Addictovigilance, Assistance Publique-Hôpitaux de Paris, Fernand Widal Hospital, 200 rue du Faubourg Saint-Denis, 75475 Paris Cedex 10, Francis, Tel: 33 (1) 40 05 42 70; Fax: 33 (1) 40 05 42 67; E-mail: anne.batisse@lrp.aphp.fr

Received date: December 17, 2015; **Accepted date:** August 06, 2016; **Published date:** August 12, 2016

Copyright: © 2016 Anne B. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Abstract

Background: Sex under the influence of drugs is widely known to be associated with high-risk of sexually transmitted disease. However, the impact of psychoactive substances (PAS) on the sexuality of MSM is rarely considered. To describe the pattern of drug use among substance-using men who have sex with men (SUMSM) and its association with sexual practice.

Methods: A self-report anonymous form was administered to SUMSM in addictology department or on web site during six month in 2014. Respondents reported demographic characteristics and indicated which PAS they had used, and the effects sought on the sexual level.

Results: 228 SUMSM answered, with mean age of 39 ± 13 years, integrate socially (74%), and having sex with multiple partners in 35% of cases. Most study participants (45%) reported HIV positive status. First time drug use was linked to sexual pleasure (51%). The most used substances are volatile alkyl nitrites (72%), cocaine (60%), and ecstasy (48%), with alcohol association in 58% and sildenafil in 43% of cases. In 54%, subjects report substance-related disorder. The take-part of PAS in sexuality and weight of MSM identity have discussed.

Conclusion: Harm reduction policy needs specific MSM interventions on both the issues of risky sexual behaviour and drug use.

Keywords: Sexual health; Drugs; Pharmaceutical care; Health systems

Introduction

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It is not merely the absence of disease. Sexual health requires a positive and respectful approach to sexuality and sexual relationships. Substance use is prevalent in many studies on men who have sex with men (MSM). Several factors including social norms, homophobia, concomitant depression and anxiety probably contribute to the high rate of substance use [1]. Prevalence of use was very often higher among further marginalised or minority groups that interested this work and named Substance-Using Men who have Sex with Men (SUMSM). Research exploring specific patterns of drug use and associated sexual risk behaviour among MSM has identified a subset of users with potentially high risk behaviour characterized by low levels of condom use, polydrug use, having higher numbers of sex partners, exchanging sex for drugs, or sharing needles during drug use [2,3]. McCarty-Caplan et al. [4] reported two distinct groups of drug users: one group concentrated on "sex drugs" and the other group centred on more classical and various polydrug use. Another name for "sex drug" is Chemsex. There is no set formula for chemsex—the behaviour men engage in and the reasons for their use of drugs in sex are specific to each individual (chemsex study) [5]. Some studies noted

that HIV-positive MSM were more likely to have attended sex parties than HIV-negative men. There has been relatively little research exploring the reasons or motivations for drug use among MSM. By focusing on a survey we sought to investigate qualitative and declarative information on the relationship between sex and psychoactive substance use among SUMSM (sexual representation of drugs, sexual motivations for drug use).

Method

An anonymous self-report form was distributed to SUMSM in addictology departments or on a website publicised by an MSM association (AIDES) between January 2014 and July 2014. Data collection was performed by giving self-interviews on self-reported psychoactive substance use (except alcohol) for the past six months. The interviews included sections on sociodemographic data, history of substance use, current substance use with alcohol association and other substance abuse treatment for the past six months, route of administration, injection practices, sexual behaviour and health. For each PAS, used regularly or occasionally, we asked not only about the expectations or main effects but also about their harmful effects. A section of the survey was related to the sexual purposes of the psychoactive substance use. This part was separated into six dimensions (Figure 1). This study was approved by the ethics committee.

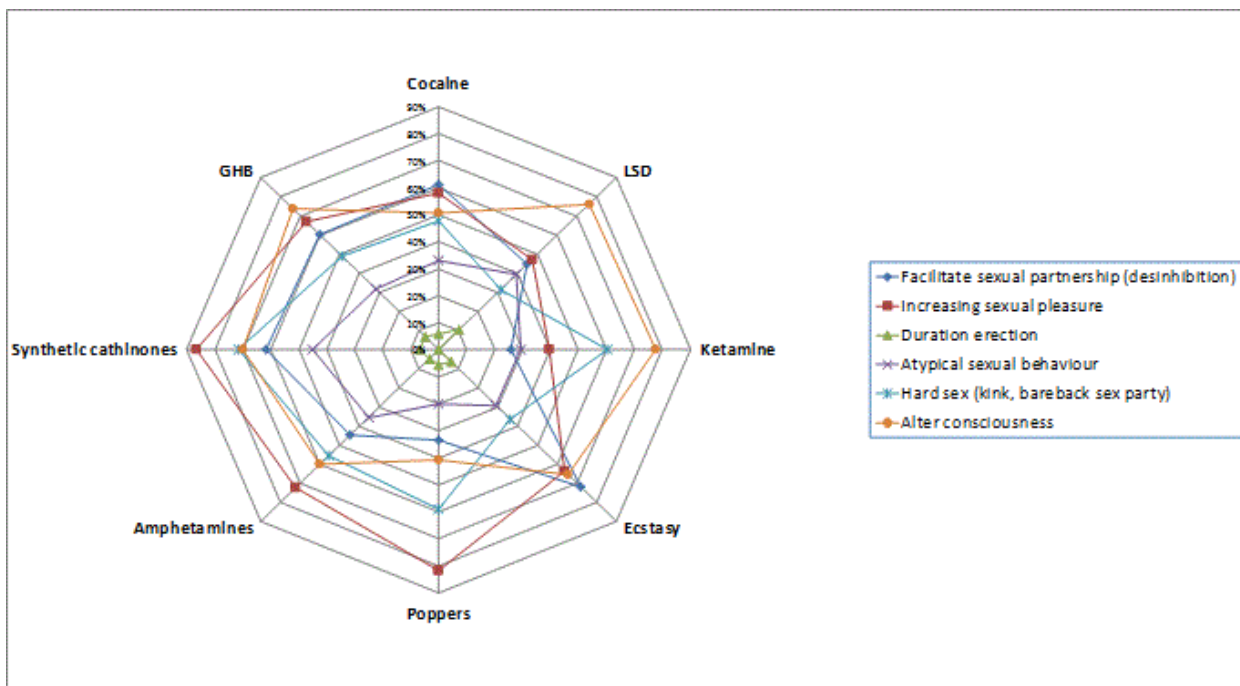


Figure 1: Survey on sexual purposes of the psychoactive substance use.

Result

We collected 228 cases, 49 of them from addictology departments and 179 via Internet. All of them were men and employed in 74% of cases. The mean age was 39 (\pm 13) years. Participants were identified as MSM and reported having sex with several partners in 54% of cases (25% in sex parties). First time drug use was linked to sexual pleasure (51%) and partying (52%), with perhaps some confusion between the two. Forty-five per cent of cases tested positive for HIV with a high level of HIV/Hepatitis C virus (VHC) co-infection (23%). Participants are polydrug users in 82% of cases. Alcohol use was associated with PAS in more than 50% of cases. Men took medication to counteract erectile dysfunction (sildenafil-like) in 44% of cases. Poppers were the most common drug used in the last six months (85%), followed by cannabis (64%), cocaine (62%), methylenedioxymethamphetamine (MDMA) (53%), gamma hydroxybutyrate or GHB/GBL (40%), ketamine and amphetamines (31%), cathinones (29%), lysergic acid diethylamide (LSD) (16%) and morphinomimetics (11%). Frequency of usage is "occasional" for the majority of participants (54%) but 13% reported weekly use (in this case, with poppers, GHB, cathinones and cocaine in the majority). The question on increased drug doses pointed out three main addictive drugs: cocaine, synthetic cathinones and morphinics.

Snorting is a more reported route of administration for cocaine, amphetamine and ketamine whereas swallowing is preferred for ecstasy, synthetic cathinones and GHB. With regard to intravenous administration, the most frequently injected drugs were synthetic cathinones (34%), amphetamines (17%), ketamine (11%) and cocaine (9%). Another unusual route of administration was reported and represented by intra-rectal way, especially for ketamine (20%) and cathinones (16%) use (Figures 2 and 3).

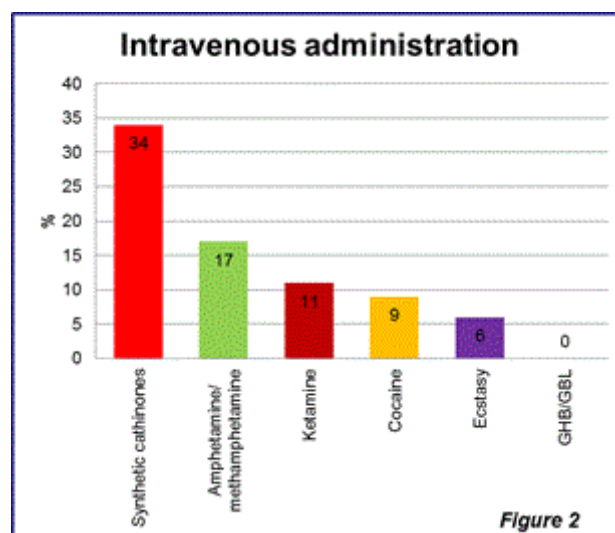
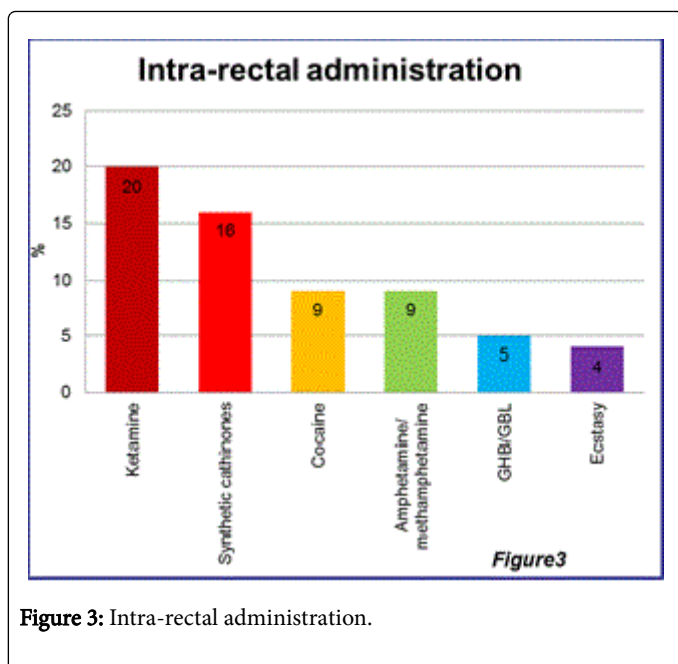


Figure 2: Intravenous administration.



The role of Internet was significant in getting substances and also in the recruitment of partners (website for gay men). We noted that GHB is obtained on the Internet in 83% of cases, cathinones in 49%, amphetamines in 19%, ketamine in 8% and even cocaine in 1%.

The interviews also covered drug-related harmful effects. Significant physical and mental disorders were described by nearly 60% of participants. There were also impacts on social life (21%). Some respondents reported using PAS alone (22%), with the problem of money wasted (up to 800 Euros/week). Moreover, drug use had an impact on their ability to perform at work (20%). Substance disorders were declared in 32% of cases. Participants reported risky sexual behaviour related to drug use in 33% of cases.

Concerning the sexual purposes of psychoactive substance use, results are reported in a radar chart (Figure 1). The first result shows prevailing expected sexual effects: Each PAS (except morphinomimetic) has a specific sexual profile according to participants. SUMSM expectations depicted in the radar chart with each PAS are very significant (more than 30% of positive sexual expectation answers). In the "seduction" domain, ecstasy and cocaine are quoted first. In the "pleasure" section, cathinones, amphetamines and poppers are cited first. In the "altered state of consciousness" section, LSD, ketamine and GHB/GBL are also reported first. Ketamine and cathinone are also mentioned first with relation to "hard sex". "Pleasure" and "altered state of consciousness" have the biggest area in the radar chart: The link between "pleasure" and an "altered state of consciousness" was highlighted in this figure. None of the psychoactive substances allow erection duration (they must use a sildenafil-like drug).

Discussion

Users provided good descriptions of the expected and felt effects for each PAS. However, several limitations must be considered when interpreting findings from this study (declarative study, and sex domain are proposed). But our results suggest the role played by PAS in sexuality and moreover the significance of MSM identity in PAS use.

Concerning the role played by PAS in sexuality: in most settings the majority of venues to meet other men for social and/or sexual interaction are those where alcohol is served and drug use is common. Drugs often serve a very deliberate purpose in helping individuals to relax, to socialise, to mitigate social unease and to gain confidence in seeking sexual partners. In the chemsex study [5], authors discussed the drug of choice for chemsex: Mephedrone (cathinones) use was almost universal among the participants. It was preferred by many users for its relatively low price and reliable quality, especially in comparison to cocaine and ecstasy. These three drugs—mephedrone, GHB/GBL and crystal meth—are central to most of the narratives on chemsex (used alongside mephedrone, often in the same chemsex session). Ketamine in the chemsex study can be added as the fourth PAS in the list. These results could be comparable to our drugs score in the sexual domain with the first three rankings going to cathinones, GHB/GBL and amphetamines. SUMSM dedicate PAS to sexual enhancement (to have better sex, more sex, and more anal sex). The use of PAS is motivated by sexual effects.

Methamphetamine users gave reasons for use more frequently related to sexual enhancement. For cocaine users, social connections (being more sociable, fitting in with other gay men) are the most often cited reasons according to our result with cocaine in the seduction domain.

The importance of intra-rectal route in our study is noticeable (even 20% for ketamine) as in Van Out MC's study [6]. This practice is called "Booty bump" (mixing the powder with water and injecting it into the rectum with a needle-less syringe cartridge) or pushing powder or tablet into the rectum with a finger, penis or sex toy. The consequences of this administration route, in addition of the irritating effect of the powder, are not well known but we can postulate that surgery complications can be expected such as intestinal perforation. With cathinones, users report nasal irritation and nose bleeds, but symptomatology is not known in the rectum.

The importance of intravenous route is well known in the slamming phenomenon [7]. The SLAM comprises three characteristics: injection, sex party and psychostimulant drug. Drug injection is used in order to increase sexual desire, delay orgasm and decrease sexual inhibition. Slamming causes fast dependence syndrome with significant cravings and may lead to the high incidence of neurological and psychiatric changes. Cathinones have popularized the SLAM [8]. When a man invites another to inject his drug, although not explicit, it is understood that he is inviting him to have sex as well. Among MSM, the use of cocaine/crack and methamphetamine has been linked to unprotected sex and seroconversion (HIV, VHC) [9], especially by intravenous route (moreover, substance use can cause a decrease in treatment adherence). Some studies indicate that (crystal) methamphetamines are often used by MSM to psychologically enhance sexual experience, to maintain sexual activity over long periods of time and to facilitate sexual desire by dissipating sexual inhibitions [10]. Drugs may also help MSM with diagnosed HIV, in particular, to 'cognitively escape' from fear of rejection and negative self-perception and to cope with the broader emotional and physical demands of living with HIV on a daily basis [11]. This work insists on the importance of PAS on the gay sexuality with a prevailing expected sexual effect.

Concerning the significance of MSM identity: lesbian, gay, bisexual and transgender (LGBT) communities have been historically centred on activities that involve drinking and drug use. Although LGB communities have become increasingly heterogeneous, this trend could lead to social networks of LGB individuals that consist of heavier

substance users than those of heterosexual individuals, and could also make it more difficult for LGB individuals to avoid triggers for substance use (e.g. bars, peers who drink) [12]. Our work shows the link between the sexual identity and the substance use in gay scene norms. Several factors including social norms, homophobia, concomitant depression and anxiety probably contribute to the high rate of substance use [1]. Meyer [13] concluded that the higher prevalence of mental health disorders in the LGB population is caused at least partially by stigma-related social stressors. Internalized homophobia has an impact on risk management and PAS use. McCabe et al. [14] reported that the associations between sexual identity and substance use/dependence were larger than the associations between same-sex attraction or behaviour and substance use/dependence. Greenwood and colleagues [15] reported that the strongest correlate of polydrug use in MSM was HIV serostatus. Motivations reported for using drugs and alcohol largely surrounded dealing with different types of unease (social lubricant). It was also described as helping with sexual unease, negotiation and intimacy (to approach another man in a bar), giving people confidence to take part in sexual practices that they always wanted to but found difficult to try [5]. These results could be comparable to our drug's score in the sexual domain.

Conclusion

Again, one has to question whether sexuality with substance use, like "sex drugs" people or "chemsex", could be a stepping-stone for substance disorders « Slam »: Is it a substance misuse problem or sexual health problem? The value of the prevailing expected sexual effects of drugs should not be underestimated by those seeking to support MSM to reduce any harm that may be associated with their drug use. Particular attention should be paid to the importance of enjoying sex live (with or without PAS) and the ability to enjoy sober sex. Harm reduction policy needs specific MSM interventions on both the issues of risky sexual behaviour and drug use.

References

1. Mayer KH, Bekker LG, Stall R, Grulich AE, Colfax G, et al. (2012) Comprehensive clinical care for men who have sex with men: an integrated approach. *Lancet* 380: 378-387.
2. Ostrow DG, Plankey MW, Cox C, Li X, Shoptaw S, et al. (2009) Specific sex drug combinations contribute to the majority of recent HIV seroconversions among MSM in the MACS. *J Acquir Immune Defic Syndr* 51: 349-355.
3. Plankey MW, Ostrow DG, Stall R, Cox C, Li X, et al. (2007) The relationship between methamphetamine and popper use and risk of HIV seroconversion in the multicenter AIDS cohort study. *J Acquir Immune Defic Syndr* 45: 85-92.
4. McCarty-Caplan D, Jantz I, Swartz J (2014) MSM and drug use: A latent class analysis of drug use and related sexual risk behaviours. *AIDS Behav* 18: 1339-1351.
5. Bourne A, Reid D, Hickson F, Torres Rueda S, Weatherburn P (2014) The Chemsex study: drug use in sexual settings among gay & bisexual men in Lambeth, Southwark & Lewisham. London: Sigma Research, London School of Hygiene & Tropical Medicine. Sigma Research, London School of Hygiene and Tropical Medicine.
6. Van Hout MC (2014) An Internet Study of User's Experiences of the Synthetic Cathinone 4-Methylethcathinone (4-MEC). *J Psychoactive Drugs* 46: 273-286.
7. Batisse A, Fortias M, Bourgogne E, Grégoire M, Sec I, et al. (2014) Case series of 21 synthetic cathinones abuse. *J Clin Psychopharmacol* 34: 411-413.
8. SLAM: Première Enquête Qualitative en France|AIDES: Première association française de lutte contre le VIH/sida et les hépatites [Internet].
9. Ober A, Shoptaw S, Wang PC, Gorbach P, Weiss RE (2009) Factors associated with event-level stimulant use during sex in a sample of older, low-income men who have sex with men in Los Angeles. *Drug Alcohol Depend* 102: 123-129.
10. Semple SJ (2009) Sexual risk behavior associated with co-administration of methamphetamine and other drugs in a sample of HIV-positive men who have sex with men. *Am J Addict* 18: 65-72.
11. Semple SJ, Patterson TL, Grant I (2002) Motivations associated with methamphetamine use among HIV+ men who have sex with men. *J Subst Abuse Treat* 22: 149-156.
12. Green KE, Feinstein BA (2012) Substance use in lesbian, gay, and bisexual populations: an update on empirical research and implications for treatment. *Psychol Addict Behav* 26: 265-278.
13. Meyer IH (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull* 129: 674-697.
14. McCabe SE, Hughes TL, Bostwick WB, West BT, Boyd CJ (2009) Sexual orientation, substance use behaviors and substance dependence in the United States. *Addiction* 104: 1333-1345.
15. Greenwood GL, White EW, Page-Shafer K, Bein E, Osmond DH (2001) Correlates of heavy substance use among young gay and bisexual men: The San Francisco Young Men's Health Study. *Drug Alcohol Depend* 61: 105-112.