

TINA AND SLAMMING

MSM, CRYSTAL METH USE AND INJECTING DRUGS IN A SEXUAL SETTING

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Men who have sex with men (MSM) and who use crystal meth and/or 'slam' drugs are often not well informed about how to reduce sexual and other risks and about the long-term effects of their drug use. As yet, we have not come up with the right response to this new trend in sexualised drug use in the Netherlands, while there is a great need for help and information among the users. Mainline and Soa Aids Nederland believe there are possibilities for better monitoring, prevention and care.

TINA AND SLAMMING



Mainline and Soa Aids Nederland have noticed that the use of crystal meth (Tina) and 'slamming' (intravenous injecting) to facilitate sex is increasing among certain groups of MSM in the Netherlands. Although no recent national statistics are available, it would appear that only a relatively small group of men are currently using crystal meth and/or slamming. The drug is expensive (100-150 euros per gram), but the price is expected to fall. If that happens, it is conceivable that crystal meth use will spread to a larger group of MSM. The consequences of frequent use and of injecting drugs can be so far-reaching that these outweigh the enjoyment they give. Taking crystal meth frequently can seriously damage the user's sexual, physical and mental health. Mainline and Soa Aids Nederland have written an initial status report about this relatively new phenomenon.

INTERVIEWS WITH USERS AND PROFESSIONALS

Various sources were used to draw up the status report. As well as a literature survey, we analysed Dutch statistics on chemsex (sexualised drug use), crystal meth use and slamming. We obtained qualitative data from interviews with 27 men who use crystal meth and/or slam. Experience with meth was the only inclusion criterion. The average age of the respondents was 42.8, the median was 43, the youngest was 23 and the oldest 60. We also carried out some exploratory research among professionals in the mental health care sector, drug support services, emergency care, doctor's practices, and HIV and STI services.

CHEMS AND CHEMSEX

Chems (short for chemicals) is MSM slang for drugs. In this report we use the term 'chemsex' for sex in combination with drug use. We deliberately define that differently than

in the US and the UK, where the term chemsex means sex under the influence of the drugs crystal meth, GHB/GBL or mephedrone. In our definition, sex with ecstasy is also chemsex. In other words, we are referring to almost all drugs used to facilitate sex, with the exception of alcohol, cannabis and poppers. Mainline and Soa Aids Nederland do not want to immediately problematise chemsex. MSM who use drugs for sex generally do so to enhance their sexual experience. In itself, that personal choice is not necessarily a problem, but chemsex can in some cases become problematic. Crystal meth use and slamming often cause problems.

Chemsex usually takes place in a private setting ('behind closed doors'). Making contact with other men who are looking for chemsex mostly occurs via dating sites and apps. Three quarters of the respondents interviewed for the status report only use, or have used, crystal meth when they have sex. The drug is taken in different ways. Smoking and slamming (injecting) are the most popular. Initial doubts someone may have about slamming often disappear if they trust the other person or as a result of peer pressure. Curiosity, after seeing others having such an intense experience, and the urge to go further than they normally would, also play an important part. Twenty of the 27 respondents have had experience with intravenous drug use, 16 of them with crystal meth. The stronger rush is often a reason to go from smoking to slamming. Almost all the men who have experience with slamming crystal meth originally smoked the drug.

LOW CONDOM USE

Ten of the men interviewed are HIV-negative and the other 17 are HIV-positive. Condom use is low among the respondents. Most of them have already decided not to use condoms before they take drugs. Two of the men who

are HIV-positive think that crystal meth may well have played a part in their infection with HIV. The men say that health information stressing condom use doesn't connect with the lives they live. The risk reduction strategy most used by this group is viral load sorting. Communication about HIV status and viral load generally goes quite well within smaller groups. This all changes at bigger parties where the sex is more anonymous. The respondents are well aware of the importance of regular STI testing. Almost all of them have tests done two to four times a year, and see STIs as an inevitable part of their lifestyle that can be easily diagnosed and treated. They see no reason why they should refrain from bareback sex. The majority of the respondents seem to be aware that condomless sex with HIV-positive men who have an undetectable viral load gives only a slight risk of HIV transmission. HIV-positive men who have been successfully treated are desirable sex partners for both HIV-positive and HIV-negative respondents. Fourteen of the 16 respondents who are on antiretroviral therapy have an undetectable viral load and say they adhere to their treatment regimens.

HIV risk reduction strategies

The respondents in the report never, or only sometimes, use condoms. Yet the men say they do want to reduce the risk of HIV and therefore follow risk reduction strategies. Whether they put this intention into practice is unclear. Health promotion agencies could adapt to this reality by providing useful information about risk reduction strategies.

Condom use

Always	-
Sometimes	13
Never	14
Total	27

RISK OF HIV AND OTHER STIS

HIV, hepatitis C and other STIs are often found in networks of crystal meth users and slammers. The no-boundaries effect of crystal meth and slamming can make sex sessions last for days and involve sex with multiple partners. It is often taken together with other drugs (poly drug use). The sex is more extreme than in other networks (hard and long anal sex, toys, double penetration, fisting), and is more likely to lead to bleeding from the rectal mucosa. Crystal meth can also cause the rectal lining to dry out. Combined use with poppers increases blood circulation in the anus and rectum. All in all, there is a greater risk of HIV, hepatitis C and other STIs being passed on within these networks.

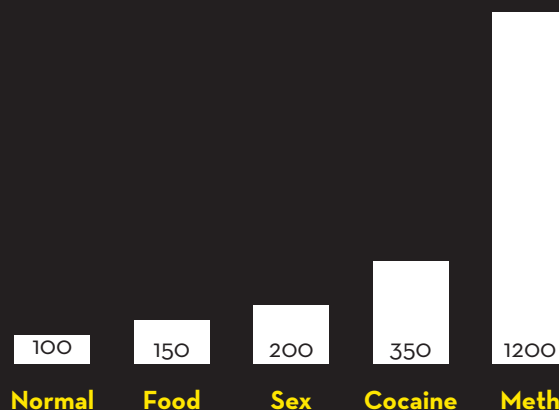
Eleven of the 17 HIV-positive respondents have had hepatitis C, some more than once. Most of the men were infected with hepatitis C between 2006 and 2010. Two

respondents were reinfected after being successfully treated for a hepatitis C infection, and one respondent was infected another three times. Seven men still had a hepatitis C infection at the time of the interview. The respondents are not always aware of which activities involve a risk of hepatitis C. Most of them are also unaware of the importance of disinfecting parts of the body, sex toys and accessories, as well as the sling and plastic or rubber places where they have sex before changing partners. Some men talk about sharing meth pipes with others. Hardly any of them know about the risk of hepatitis C being transmitted this way.

REASONS FOR CRYSTAL METH USE

The main reason why MSM use drugs for sex is to maximise their sexual experience. Crystal meth is, in this respect, one of the most powerful drugs. It boosts the libido within 10 to 20 seconds and the extreme horniness can last for days after repeated use. The men say they experience total sexual freedom when using crystal meth and slamming, feeling very strong and sexually attractive. Crystal meth also greatly increases their stamina. If the drug is used, a sex session might last for 24 hours or several days. Anxieties, worries and sexual or other insecurities just disappear. Crystal meth and slamming drugs also help remove sexual boundaries. They make some men feel 'a sense of belonging', like they have a connection with a community. If men use crystal meth frequently, they find that after a while they can't have sex without it.

The amount of dopamine released under the influence of food, sex, cocaine and crystal meth.



NEGATIVE EFFECTS

More than half of the respondents have had one or more experiences with physical effects and/or blackouts caused by overdosing. Almost one third of the respondents say they have had some mental health problems and/or psychotic symptoms when under the influence. Nearly three-quarters experience a huge craving for crystal meth if the drug's effect wears off during sex or during the comedown (period after use). And virtually all the men say that with crystal meth the craving is much stronger than with any other drugs. They take more crystal meth earlier than planned, and stay at sex sessions for much longer than they had intended. The craving is even stronger if the drug is injected. Mental health problems during the coming down period - besides the craving - are often depression and mood swings. A few respondents said they experienced suicidal thoughts.

More than half of the respondents sometimes experience problems related to using crystal meth or slamming drugs. Negative effects of crystal meth use and drug slamming that men mention are:

- dry and/or cracked lips
- erection problems, loss of libido
- disturbed sleeping pattern caused by lack of sleep
- exhaustion due to lack of food or fluids
- dental problems
- tendency towards sexual selfishness

Slammers also reported:

- bruises, abscesses and unsuitable veins.

LIMITED KNOWLEDGE

When they start having chemsex, most MSM have only a limited knowledge of drugs and their effects. They gain knowledge from experience or from their sex partners. The majority of the respondents look on the internet for practical information. They tend to know more about the most commonly used drugs like ecstasy than about new psychoactive substances (NPS). Safe injecting is also something they are not fully aware of. The men often teach each other how to slam. This can lead to them learning incorrect injecting techniques.

BETTER CARE

It is not clear how many MSM are currently experiencing problems with crystal meth and chemsex. That makes it difficult to estimate how far-reaching the Dutch response needs to be.

The need for information

Most respondents think that Dutch information about crystal meth, slamming and chemsex should be available. The majority believe that this information should be balanced, factual, neutral, easily accessible and non-stigmatising.

Problems related to crystal meth use and chemsex are mostly found by HIV counsellors and professionals working at sexual health services for MSM. They refer people with these problems to the local drug services for treatment, but are often not able to gain insight into the results. Some have doubts about whether suitable treatment is being offered. In most cases there is no collaboration, feedback or follow-up.

Urgent and emergency care services, such as ambulances and accident and emergency hospital departments, are rarely confronted with these problems. The drug support services surveyed were not able to give a clear picture of the extent to which men from this population are presenting for help. Drug services in the Netherlands do not currently offer treatment specifically for chemsex and/or crystal meth use by MSM. Mental health services and drug services are not fully aware of the context of chemsex and the problems it can cause.

The need for help

Ten of the 27 respondents say that they were or are still dependent on crystal meth. Men who seek help are faced with doctors and services with a lack of knowledge and/or understanding, where they often don't feel safe enough to discuss their problems. The sexual context of their drug use is the main barrier.

Experiences with mainstream drug services are far from positive. The respondents who participate in group therapy feel no connection with other participants. They often have a sense of shame and great difficulty with talking about taking drugs for sex. Some men have had better experiences at one particular private clinic. This clinic appears to have some expertise on chemsex. The feeling that they 'are being listened to' encourages respondents to continue with the treatment. Half of the 10 respondents with drug dependency would like there to be self-help groups specific to their experiences where people can support each other as they stop taking drugs.

RECOMMENDATIONS FROM THE REPORT



MONITORING

RECOMMENDATION

There needs to be better monitoring of trends in sexualised drug use. Specifically, our advice is to fund a national monitoring structure which, via triangulation of different local sources and via online monitoring, would help provide early notification of new developments in drug use.

RECOMMENDATION

All drug services and other locations that report to the LADIS (national alcohol and drugs information system in the Netherlands) and the Trimbos Institute's drug incident monitoring system (MDI) should register crystal meth as a separate category.

RECOMMENDATION

A new nationwide behaviour survey of a large group of sexually active MSM is needed to gain more insight into the current situation with regard to chemsex and into the need for information and help among MSM who take part in chemsex.

RECOMMENDATION

It is advisable that STI clinics answer to the optional national STI monitoring question about drug use for each STI consultation with MSM. This will enable us to gain more insight into national and regional trends in drug use among MSM and to define the relationship between the use of specific drugs and STI transmission.

RECOMMENDATION

As slamming and rectal administration of drugs may also be gaining popularity in the Netherlands, STI clinics should ask about this specifically. These methods of use increase the risk of transmission of HIV, hepatitis C and other STIs.

RECOMMENDATION

When HIV specialists and counsellors observe reduced adherence to therapy among their patients, they should ask non-judgemental questions about drug use and methods of administration. It is also advisable for SHM, the Dutch HIV monitoring foundation, to register drug use as a reason for virological failure and drug resistance.

PREVENTION

RECOMMENDATION

Good quality Dutch information about harm reduction for crystal meth use and chemsex needs to be developed specifically for the target group.

RECOMMENDATION

To give useful information about smoking crystal meth, we need to find out which smoking methods are less harmful than others and what are the risks of pipe sharing.

RECOMMENDATION

For effective prevention, MSM who have chemsex and condomless sex, but want to reduce the risk of HIV as much as they can, need to be provided with information about the advantages and disadvantages of different risk reduction strategies. Among other things, this information should stress that communication about HIV status, HIV and STI testing behaviour and viral load is the key to risk reduction.

RECOMMENDATION

There should be a greater effort made to properly inform men who use crystal meth and/or slam drugs about hepatitis C.

CARE

RECOMMENDATION

To improve the initial contact between a person from the target group and their doctor or the intake team at a drug service, these professionals need to improve their basic knowledge of chemsex and crystal meth. This will help them gain more insight into why people participate in chemsex, which factors play a role and what are the possible dangers.

RECOMMENDATION

We need to consider how we can provide MSM with the appropriate care for their drug use and sexual well-being, making it possible to effectively refer them to, for example, drug support services. This could be done with easily accessible, integrated facilities (co-located care). One possibility is collaboration between STI clinics and organisations involved in drug prevention, treatment and care.

RECOMMENDATION

Care providers at mental health services and drug services need to offer culturally competent care for MSM who are having problems related to chemsex. Culturally competent means that the care provider does not automatically problematise chemsex. By framing things in the right way, care services can better connect with this group of men and their lifestyle. The care services are then seen to be more accessible, which encourages people to seek help at an earlier stage.

RECOMMENDATION

Interventions targeting MSM who are experiencing problems with chemsex should also aim to strengthen social integration, for example via peer support groups. Here too, it will be necessary to frame chemsex in the right way, talking about social and sexual well-being rather than drug and sex addiction. This approach focuses on harnessing resilience rather than problematising chemsex.

The report **Tina and Slamming** - MSM, crystal meth use and injecting drugs in a sexual setting can be downloaded from www.mainline.nl and www.soaaids.nl/msm. It is currently only available in Dutch.