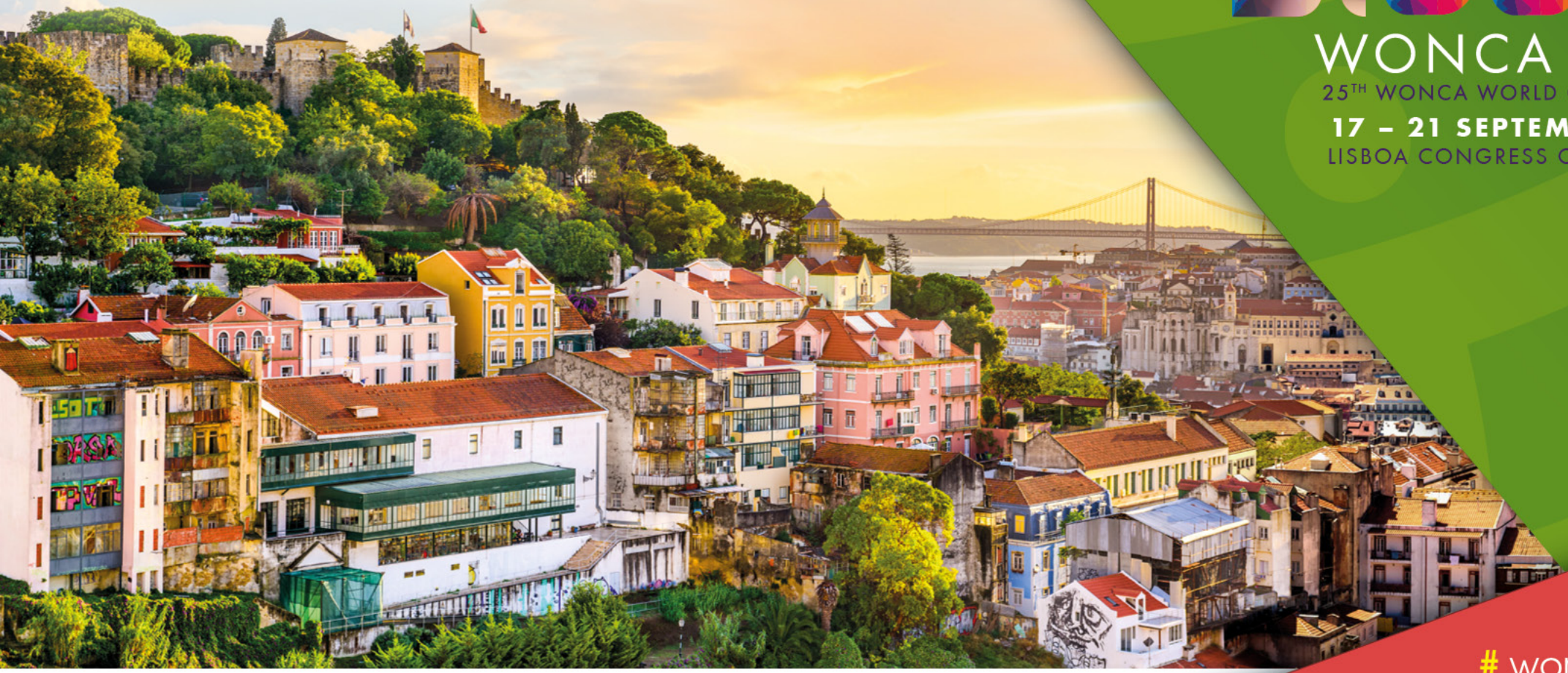
„New vision for primary health care and sustainable development“



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GUARANT INTERNATIONAL

Raising awareness on the phenomenon of « chemsex »

A qualitative study exploring chemsex users' voices and needs in Belgium.

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CONFICT OF INTEREST (COI)

In accordance with criterion 13 of document UEMS 2023/07 “EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)”, all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application.

- I have no potential conflict of interest to report

"How is it possible to tell my GP :

I want to manage my drug use even though I know it's problematic and dangerous, without him trying to make me stop?"

Patient Y4

What is « chemsex » ?

- Using psychoactive substances in a sexual context
- The term emerged in London two decades ago
- Growing phenomenon :
  - 1 in 5 MSM worldwide (2025)
  - 30% of MSM using dating apps in France
  - 72% sexual workers in Belgium
- Expanding beyond MSM (3.5% of women)

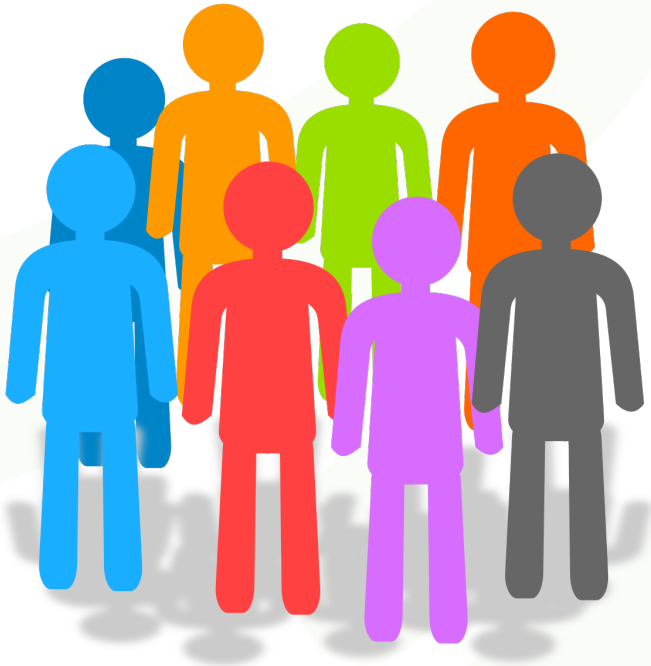
Why does it matter ?

- Health burden
- Higher transmission of HIV and STIs (hepatitis, repeated gonorrhoea/chlamydia infections)
- Poor adherence to PrEP treaments
- Cardiovascular issues, overdoses (from GHB/GBL)
- Mental health issues

Who is concerned ?

Typical profile :

- MSM
- 30-39 years old
- Educated, employed
- Urban area



What did chemsexers told me ?

Qualitative study

8 in-depth interviews

IPA

Inclusion criteria : adults practicing chemsex, MSM, french-speaking, has or had a GP

Why chemsex ?

Freedom

« It helps me **escape** daily worries… » (Y2)

Intensity

- « More **intense**, **uninhibited** sex… » (Y1)
- « … certain empathogenic or entactogenic drugs amplify sensations, performance, and the duration of sexual encounters.” (Y5)

Social connection

When people think of a « chill », they imagine only sex and drugs. Most of the time, we talk about ambitions, work, art, travel… for 3 days. For me, it is not just sex, it’s about **meeting** people without barriers. » (Y8)

Self-management & aftermath

Harm-reduction strategies :

"Always note the GHB dose. Never mix with alcohol. Rinse the glass properly or risk overdose. Never mix poppers and Viagra, it can cause arrhythmias. Avoid crystal meth, it destroys people."

Limits :

"I've done maybe two or three G-holes in my life… not much compared to others who do four or five a day." (Y8)

Aftermath :

Physical exhaustion, depression, insomnia, aggressivity,

GI symptoms, … → lies to their GPs…

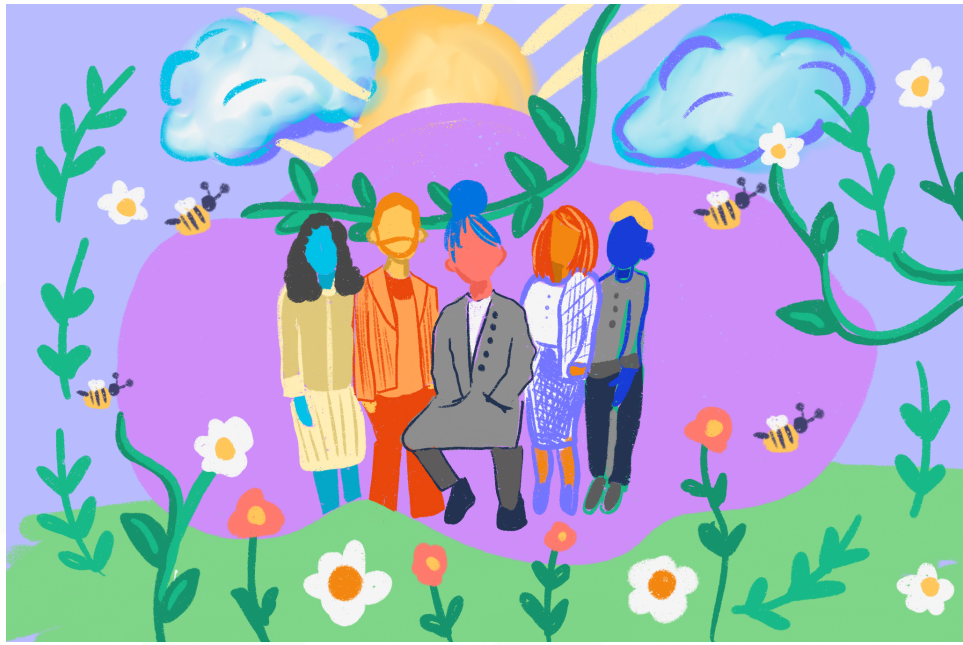
What do they expect from GPs ?

I feel that for many LGBT people, ***their real doctor is the infectious disease specialist****. They prescribe PrEP, do STI screening, and end up* ***replacing*** *the GP as the trusted professional… In an ideal world, the GP would be the* ***first person, the first line, the first professional you can trust.****" (Y5)*

1) Training on LGBTQIA+ health
2) Time and active listening
3) Open mind
4) Signs of inclusivity → brochure, rainbow flag, safe-space signals

Conclusion

- Raising awareness and « open the door »
- Caring for the whole person : fatigue, insomnia, sick notes, not just PrEP and HIV
- Facilitate contact and referral
- Cultural humility



"Let's make general practice a safe place for chemsex conversations."

Thank you !

SCAN ME

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