

Some questions that might help to elicit an honest disclosure from a person who engages in Chemsex, allowing for the fact that it may not be the primary reason for the presentation, and allowing for shame, or fear of criminal justice system involvement;

- “Do you use party drugs for sex?”
- “Which is your favorite drug?”
- “Are you having a good time mostly? Can we help with anything?”

Chemsex risk assessment

All healthcare organisations have clinical governance responsibilities; a duty of care to protect the safety of the vulnerable people accessing the service.

The front line of this duty is the risk assessment, which ensures the risks associated with the service-user's

presentation are addressed, and that the service has done all it can to protect the service user from any harms associated with the presentation, and any harms that might befall the service-user or those in contact with the service-user after leaving the premises.

For example; a patient who is potentially harmful to his/herself or others due to mental health, might leave a service and commit suicide. The organisation can be held responsible if the vulnerability had not been identified in a risk assessment.

In regard to a risk assessment for a person presenting to a healthcare organisation with issues associated with chemsex behavior, healthcare providers ought to be alert to the following;

- High number of sexual partners per ChemSex episode
- High frequency of ChemSex episodes
- Long gaps between GUM/HIV screens/poor engagement with GUM/HIV/HCV appointments
- Sexual assault
- Consistently poor condom use when using Chems
- High number of STIs in last 6 months/multiple reinfections of HCV
- High frequency of PEP presentations (if HIV-ve)
- HIV seroconversion symptoms, that might be disguised as a drug ‘high’ or a drug ‘comedown’
- HIV+ve but not on treatment
- An HIV negative person who had been potentially exposed to HIV infection in the prior 72 hours.
- Consistently poor antiretroviral adherence if HIV+ve (enough to increase infectiousness/jeopardize viral suppression)
- Dependent GHB/GBL use (daily, beyond 7 consecutive days) which can be associated with potentially fatal withdrawal symptoms if use is discontinued suddenly
- GHB/GBL overdose risks
- Drug induced psychosis/perceptions of persecution/considerable anxiety
- Intoxicated behaviour affecting the safety of others (eg, an intoxicated person caring for children. Perhaps a doctor or nurse, perhaps a bus driver)
- Ideation or plans to harm themselves or others.
- Injection risks
- Sexual health risks.