

# Party n Play/ Chemsex: Mental Health, Resilience, and Cultural and Clinical Competencies for Clinicians working with GBMSM

Author - Devan Nambiar, MSc.



## Introduction

PnP/Chemsex is the term used in North America. There are many definitions of PnP/Chemsex, but most agree it involves the following:

- Sex between men (gay, trans, non-binary)
- Facilitate, prolong, or enhance sex (and sexual role switching)
- Use of a specific set of substances (mainly stimulant drugs such as crystal meth can prolong and enhance the sexual experience)
- Casual sexual partners, often group sex
- Events that last for an extended period
- Often facilitated by digital technology
- Related to the impact of HIV/ AIDS

## Learning Objectives

- Describe PnP and populations that are disproportionately impacted
- Demonstrate knowledge of the biopsychosocial context of PnP in the MSM community
- Practice a harm reduction approach to substance use in the context of sex
- Develop competencies in cultural humility, cultural safety, and clinical care

## PnP & drugs: goals of use may include

- Increase acceptance from peers
- Reduce inhibitions & internalized homophobia (esp. during sex)
- Minimize rejection
- Sustain sex, create intimacy/promote closeness
- Explore sexual boundaries in queer sex
- Avoid deep-rooted issues, trauma

## PnP Drugs and Effects

- Depressants: Alcohol, GHB/GBL ('G')
- Stimulants: Cocaine, MOMA ('ecstasy'), Crystal meth (can be a performance enhancer for sex workers, boosting energy, enhancing libido, and eliminating nerves), Mephedrone
- Ketamine ('K'), Poppers, Viagra (OD risk increases if you mix multiple downers)
- Affects dopamine, serotonin, moods, and the brain

## Routes of administration for stimulants

- Snorting
- Smoking
- Booty bumping/Booting
- Slamming/injection
- Inducers and inhibitors of drugs in the body, and drug interaction with anti-HIV meds and recreational drugs
- Some of the toolkits, and videos by health care providers, and organizations on PnP best practices

## Best Practices

- Use client-centered and inclusive language
- Explore the psychological roots of chemsex
- Practice harm reduction
- Apply the Good Samaritan law
- Affirm what the client is experiencing
- Explore the Zones of Engagement from GMSH for client-centered care

## Conclusion

- Use inclusive, non-judgmental language when speaking about drug use and when working with people who PnP:
- Prevents additional barriers to health care and access to services
- Can facilitate people accessing services
- Ask open-ended, non-judgmental, affirming questions to all
- Learn about lived experiences; affirm & validate
- Use a trauma-informed & harm reduction practice lens
- Mirror the individual's language and terminology
- Build trust and respect disclosure: a therapeutic/professional relationship must be built on trust and respect

### CME TRAINING

CME training on Intro to PnP/Chemsex is available at GMSH. Pis. contact Devan at [dnambiar@gmsh.ca](mailto:dnambiar@gmsh.ca)



### PNP RESOURCES & TOOLKIT

Access the PNP resources, podcast, videos, review of journal articles on PnP, and best practices at [GMSH.CA/CAMPAIGN](https://gmsh.ca/campaign)



## References

• Card, K., McGuire, M., Jordan, B. G. et al. (2021). Perceived difficulty of getting help to reduce or abstain from substances among sexual and gender minority men who have sex with men (SGMSM) and use methamphetamine during the early period of the COVID-19 pandemic. <https://doi.org/10.1186/s13011-021-00425-3>

• Plotteau, T., Pebody, R., Dunbar, N., Lebacqz, T., Collins, B. (2019). The problematic chemsex journey: a resource for prevention and harm reduction. *Drugs and Alcohol Today*, Vol.19 (1), p.49-54. <https://doi.org/10.1108/DAT-11-2018-0066>

