



Workshop 2:

Party N Play/ Chemsex: Pleasure, Intimacy, Mental Health, Resilience Navigating the Zones of Chemsex Use by gbMSM

Presenters:

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Description:

Party n Play (PnP) is a phenomenon of the sexualized use of recreational substances, depressants and stimulants, injecting drug use by gay, bisexual, and men who have sex with men. We explore four Zones of Engagement in PnP to assist clinicians and clients in understanding the client's relationship with PnP.

Session objectives and learning outcomes:

- Demonstrate knowledge of the biopsychosocial context of PnP/Chemsex in the gbMSM community
- Practice a harm reduction approach before, during and after to substance use in the context of sex
- Develop competencies in the four Zones for cultural humility, cultural safety, and clinical care

Full description:

Challenge:

Party n Play (PnP)/chemsex is the intentional use of recreational substances that enhance sexual experiences by gay, bisexual, and men who have sex with men (gbMSM). PnP is a global phenomenon known by many terms such as 'High fun, High and Horny, Chems-friendly, Chems, parTy, chill out, and Sleazy.

PnP experiences are facilitated by digital technology and occur in a variety of real and virtual localities, making PnP both fixed in location as well as borderless. While the names and substances involved may vary by region, the function of PnP remains constant; to enhance sexual pleasure and intimacy, facilitate social connections, and overcome inhibitions. PnP may also function as a buffer to cope with isolation, loneliness, Adverse Childhood Experiences, minority & intra-minority stress, experiences of homo/bi/transphobia, grief and loss, and living with HIV and HIV stigma.

Party n' play has been on the public health radar due to its association with condomless ("bareback") sex, multiple sexual partners, and their attendant potential, to lead to new HIV, HCV, and other STBBI infections.

Clinicians and services are not knowledgeable about the sexual behaviors, practices, culture, and vocabulary of PnP and have failed to integrate sexual health care with substance use management/harm reduction when providing care to gbMSM who PnP, reinforcing a division of care that has failed to meet the PnP community's need for service integration.

Additionally, care providers have yet to normalize conversations around the use of substances with sex when working with the general gbMSM population.

The Lancet (2023), in its 10-year review of PnP, has emphasized the unique role of training more experts on PnP cross (both the sexual and drug-related aspects) as well as the need for tailored harm reduction strategies before, during, and after PnP.

Lastly, due to the ongoing stigma around PnP and drug users in general, gbMSM who PnP are assumed by default to have a problematic relationship with the practice. This universal belief leads to isolation and disengagement from care resulting in poorer health outcomes.

Action:

Over 15 months the GMSH conducted a needs assessment of gbMSM who PnP (Ismail et al. (2022)). We explored the broader social and cultural forces shaping PnP as a phenomenon. The PnP Zones is a KTE product from the lived experiences of gbMSM who PnP.

The outcome is a Zones Map built around the theory of change. This workshop will highlight the diverse perspectives psychological context, and intersectional needs of gbMSM who PnP.

Impact:

The four Zones offer providers a biopsychosocial lens to provide client-centered care. Via case scenarios, we will explore the Four Zones of Engagement: PnP Landscape a New Concept of Current Evidence. (Zone 1- The Pleasure Zone; Zone 2- The Danger Zone; Zone 3- The Abstinence Zone; Zone 4- Lane Changes between zones 1, 2, and 3) are a practical framework to assist clinicians and clients alike in understanding the client's current relationship with PnP.