

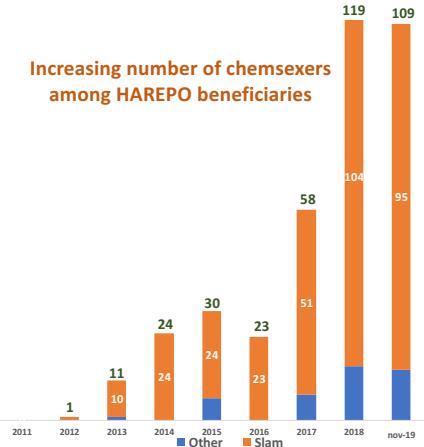


HAREPO (HArm REduction by PPost) : a program adapted for chemsexers



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HAREPO is a French innovative and effective harm reduction (HR) program for drug users, it is a remotely service using e-mail, telephone and post service to provide harm reduction tools and counselling.



A total of 197 chemsexers have benefited from the program including 7 % of women, in fact both sexualised drug use and chemsex are not exclusively observed among MSM (Mohammed et al., 2016)

RESULTS

Among program beneficiaries, the number of users who practice chemsex is constantly increasing from 1 in 2012 to 119 in 2018. They represent 9 % of the total HAREPO beneficiaries and 13% in 2018.

The chemsex practice does not only concern users in the urban zones (18 % of users live in areas of low or very low urban density).

The chemsex practice is also observed in more departments: in 2013 it was observed in 4 departments and in 2018/2019 in 29 departments.

29 % of chemsexers come from Île-de-France, 17% from Nouvelle Aquitaine and 12 % from Bourgogne-Franche-Comté.

Then 8 % come from Normandie and 8% from PACA, 7 % from Grand Est and 7% from Centre Val de Loire. Finally 5% come from Pays-de-la-Loire 3% from Bretagne, 3 % from Auvergne-Rhône-Alpes, and 2 % from Occitanie.



Since 2012, chemsexers who benefit from HAREPO program are present in 40 French departments.

Consumption profiles

Most of HAREPO chemsexers have combined practices: injection and/or inhalation and/or snorting. A great majority of chemsexers included in the program are slammers (86,4%), only a few percentage (13,6%) does not use injection. Most of them are polydrug users, and mainly users of synthetic cathinones.

User testimonials

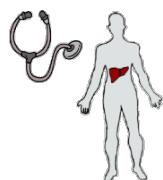
I practice slam and I live in a small village, and I do not have a vehicle

I practice chemsex, I slam since some time with some partners and I use 3mmc. In fact, I am a little ashamed to go buy injection kits in pharmacy because of their reaction. So I use or scrounge material to my partners, but some grumble a little.

I realize that many slammers are in the same situation. Find injection kit in pharmacy is very complicated and the new people adopting this practice does not know needle syringe exchange structures or does not want to go in such structures

In fact I practice slam and saw the rerudescence of HCV contamination (I was infected). I do not dare to go to CAARUD because I will be immediately stigmatized and the automatic injection kit dispenser of Avignon is always empty.

I need equipment for injecting and snorting. A friend with whom I practice slam and chemsex told me about you. I do not go to an association because few people know that I use drugs, only in the sexual practices. I really do not have a lot of paraphernalia. I use the syringe of a friend and I do not want to do it again. To snort I use a ticket or something like that. Is it possible to communicate only through the internet because I am too afraid by phone. My schedule (working hours) does not correspond at all with CAARUD's customer services hours.



Development of HIV, HCV, HBV testing through HAREPO

Chemsexers are interested in improving HR practices. They more likely not reuse and not share HR tools. They experiment and use more innovative materials (e.g. membrane filters). Most of them are already under regular care (PREP, HIV treatment...). Nevertheless, they are not screened for HCV and HBV. They use the remote dried spot (DBS) testing.



Dried Blood spot test

CONCLUSION

Thanks to its characteristics (free program, guarantees of confidentiality, remote assistance, diversity and quantity of materials provided) HAREPO program seems particularly adapted for chemsexers. The rapidly changing pattern of drug use in sexual context requires to find new harm reduction approaches and HAREPO seems adapted to this new type on consumption.