

How to mobilize the Community Strengths Model in harm reduction interventions for people who practice chemsex?

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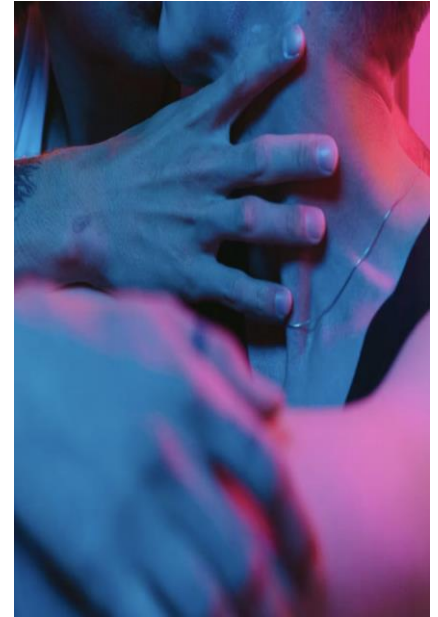
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Defining key concepts

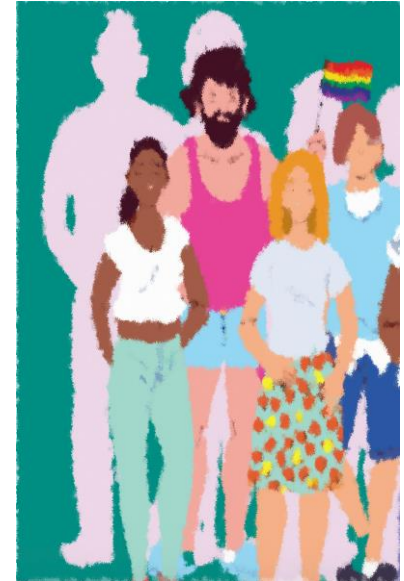
Chemsex or Party and Play (PnP)

- A form of sexualized substance use (1)
- Debates on the definition (2,3,4)
 - About populations, substances, absence of global south perspective, epistemic injustice...
- The definition we adopt (4) :
 - A practice associated with queer culture that involves the voluntary consumption of certain substances with the intention of facilitating, intensifying or prolonging sexual encounters, whether with one or more partners
 - May involve different psychoactive substances that can influence the sexual experience
 - Involves different groups of sexual and gender minority people
 - The practice of chemsex may involve risks, like any other substance use practice, but it is not problematic in itself.



The minority strengths model

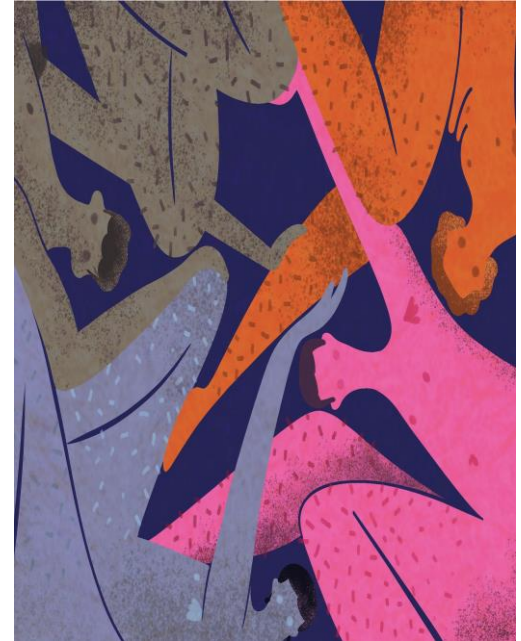
- The minority stress model (5) has traditionally dominated research, emphasizing the negative impacts associated with minority identities.
- Perrin et al. (6) introduced and validated the minority strengths model as an alternative and complementary framework.
- This model underscores how personal and collective strengths within minority populations foster resilience and contribute to positive mental and physical health outcomes.



The PnP within diversity project

Objectives

- Describe the trajectories of methamphetamine use among sexually and gender-diverse (SGM) men and non-binary people
- Identify their health and social service needs
- Propose guidelines for the care of these populations



Methodology

- Community-based research (8)
- Semi-structured interviews, average length 90 minutes
- Sexually and gender-diverse men using methamphetamine or who had used in the past
- Continuous thematic analysis (9)
- Co-coding of more than 20% of material (9)



Results

Sample characteristics

- 64 cisgender men and non-binary people
- 72.1% from the Montreal region, 15.9% from the Quebec City region and 12% from other regions of Quebec
- 80.3% self-identify as gay people, 7.9% bisexual people 6.3% pansexual people, 3.2% queer people, 1.6% other
- 77.8% cisgender, 6.3% non-binary, 4.8% gender queer, 1.6% trans, 1.6% questioning, 1.6% two-spirited

Strengths identified

1. Sense of community
2. Information sharing
3. Support networks
4. Care practices



1. Sense of community

- Creating connections and safety

Sometimes, I'd go over to someone's place thinking we were going to have sex, but in the end, we wouldn't. We'd end up spending 24 hours just talking about all sorts of fascinating things—art, culture, history, politics, philosophy. (Liam)

- Importance of feeling accepted
- Non-judgemental support spaces

“We know that using substances is judged negatively. We’re aware of it, and that’s why we protect each other a little. We create a small community among ourselves, and people feel reassured » (Thomas)

2. Information sharing

- Peer-based prevention and guidance on safe substance use

"So, going back to the hotel, he showed me how to do it, so it's like, it looks like a little cup and then you have water, it's purified water, it comes in like a little tube that you get at the community center, with syringes, Umm, alcohol swabs, so you put it, the guy had a little balance so it was like 0.1 or 0.2 grams that he would weigh, and then he puts it into the little cup and with a lighter, essentially a torch, you put in the water and you just put it underneath and then the Crystal Meth dissolves into the water and then it comes with like a little mini, a little mini tampon, a little, it looks like a little mini tampon" (Bryan)

2. Information sharing (continued)

- Strategies to change consumption practices

“I mean, in some way, yes, there were some people who, when they found out I was going to therapy, supported me in that. They were even—well, not exactly admiring, but... I don’t know if you follow me—they saw me as a kind of role model, like they wanted to reach the same conclusion as me” (Benjamin)

3. Support networks

- Mutual aid networks

“At some point, during a trip, I met this guy — I thought he was cute and kind-hearted... we decided to become a couple. And it’s funny because... he recently said to me, ‘What did you even see in me? We had nothing in common.’ But the fact that he was just as lost as I was, and that he also wanted to get out of it, that’s what I held on to. Because in my own environment — with my friends, my family — it was unthinkable for me to open up. So, I clung to him, so we could help each other get through it.” (Louis)

- Informal support groups

- Emotional and practical support

4. Care practices

- Caring for others

“Well, like I was saying earlier, I’ve always stayed a good guy even when I’m high. And when I go to places that are crowded, and I see someone who’s not doing well, who’s not feeling good, who’s sick because they’ve used too much, I go over to them and help them” (Levi)

Discussion

Reflections on the Community Strengths Model

- We believe that the community strengths model is relevant to the study and implementation of chemsex interventions.
- Our data suggest that this model should also consider the care practices developed by the people who practice chemsex.

Reflect on the strengths of the community

As researchers and practitioners, we should:

- Reflect on how community strengths are integrated into interventions;
- Rethink harm reduction in an inclusive way
- How can we involve communities in the development of strategies?
- How can we support existing mutual aid dynamics?

Recommendations and future directions

Towards a Participatory Approach

- Collaborations between researchers, healthcare professionals, and communities
- Development of adapted, co-constructed programs
- Greater attention to the practices of people who engage in chemsex (local harm reduction), which often go beyond theoretical models.

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Chaire de recherche
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Trajectoires

Diversité

Substances

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