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## **Chemsex-related crime and vulnerability: a public health and criminal justice priority**

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Home Office on drug harms. The views in this editorial do not necessarily reflect those of the ACMD or the Home Office.

Chemsex refers to the use of specific drugs before or during sex to sustain, enhance, disinhibit, or facilitate the sexual experience, primarily amongst a minority of gay, bisexual and other men who have sex with men (MSM) (1). This is a subset of the broader concept of sexualized drug use, which includes any drug use in a sexual context without an inference of the intent behind their use or specific cultural context (1). Chemsex has a complex association with healthcare, criminal justice and social care systems and has been identified as an area of clinical and societal need by the UK Home Office (2). Limited services have emerged in relation to Chemsex within the NHS and the voluntary sector but they have not been focussed on, nor are sufficiently equipped to address, the needs of those who offend in the Chemsex context. In this editorial, we initially summarise what is currently known regarding Chemsex, health and crime. We then highlight the current paucity of high quality data on the association between Chemsex, mental illness and offending. We conclude by calling for improved cultural competency of professionals and clinicians in the offender pathway and a multi-agency, cross-boundary approach to improving our understanding of crime in a Chemsex context to support the development of evidence-based solutions.

Drugs commonly consumed as part of Chemsex include: crystal methamphetamine (“crystal”, “Tina”, “T”); gamma-hydroxybutyrate/gamma-butyrolactone (GHB/GBL – “G” ) and mephedrone (3). Chemsex is typically facilitated by geosocial networking apps. It may involve multiple sexual partners and prolonged periods of sexual activity, sometimes over several days, and one reason behind its appeal is a feeling of euphoria, confidence, stamina and heightened sexual arousal. Yet there are complex biological, psychological, and social factors that influence why someone may choose to engage in Chemsex. Qualitative interviews have implicated stigma, marginalization and minority stress as risk factors that can, in turn, influence internalised homophobia, loneliness, and perceptions of intimacy (4, 5).

Prevalence data suggest that it is a minority practice and varies considerably between studies, likely because of inconsistent definitions of Chemsex, under-reporting due to stigma, as well as selection bias in how study participants are identified. The European Men Who Have Sex with Men Internet Survey (EMIS) in 2017 found that 5.2% of respondents reported having had Chemsex in the preceding month, while 10% had Chemsex in the preceding year with large variations between cities (6). Another study found that the prevalence ranged from 4% of MSM under secondary care for Human Immunodeficiency Virus (HIV) treatment to 41% of MSM attending sexual health clinics for post-exposure prophylaxis (1).

There is a substantial body of evidence showing an association between being LGBTQ+ and poorer mental health (7). Rees et al. (8) found that LGBTQ+ people often have experiences of mental health services that reinforced stigma and had a lack of understanding of what their specific needs were. These findings of increased health inequalities are also reflected in Stonewall's LGBT in Britain Health Report (9), the Unhealthy Attitudes research project (10), and the Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion document (11); however, none of these specifically mention Chemsex. Little is known about the role of Chemsex as a risk factor for mental illness (or vice versa), and to our knowledge, there are no data on the prevalence of Chemsex in offenders, with and without a diagnosed mental disorder. Ward et al. (12) found that 15.8% of individuals with Chemsex-related admissions to a hospital in Manchester had symptoms or a diagnosis of psychosis. Bohn et al. (13) undertook the first study in a European sample to examine the mental health of MSM engaging in Chemsex in Germany. They found that mean scores for depression, anxiety and somatization were significantly higher compared to those not participating in Chemsex.

Qualitative interviews have identified that people engaged with Chemsex are commonly concerned about additional stigma from support services if seeking help (14). This may be perpetuated further

by inaccurate, provocative and emotion-laden media coverage that may give the impression that Chemsex is ubiquitous among the LGBTQ+ community. These are indicators of a potentially higher burden of mental illness and reduced access to support for those engaging in Chemsex in addition to that already experienced by LGBTQ+ people.

The extent of the harms associated with Chemsex are not completely understood, and indeed the complex interplay between sex, drugs and mental health is difficult to disentangle. Most health research in Chemsex users is focused on its association with sexual risk-taking, including unprotected sex and an increased risk of sexually transmitted infections, including HIV and Hepatitis C (15).

The potential association between Chemsex, mental illness and offending remains largely unstudied, although there is an increasing awareness of a relationship to offending behaviours. This has been brought into the forefront of public awareness by the high-profile criminal cases of the so-called “Grindr killer”, Stephen Port. The often-lurid articles about these high-profile cases can reinforce prejudice against members of the LGBTQ+ community, particularly those engaging in Chemsex, hampering our understanding of the pathways and crucially, the intent by those who have offended in the Chemsex context.

Data are emerging regarding the growing number of deaths associated with the use of GHB and concerns that this is currently likely under-reported (16). Chemsex has been implicated in a diverse range of sexual and non-sexual offending such as homicide, serious physical assaults, rape, distribution of indecent images, grooming and online offences, poisoning, theft, blackmail, drug supply, harassment, robbery, stalking, possession and supply of illicit substances, domestic violence, and organised crime (17). The offending behaviour that is perhaps most studied is non-consensual sexual (NCS) activity. Rates of NCS are higher among gay and bisexual men compared to heterosexual men and associated with an increased likelihood of alcohol dependency and suicide (18). Engaging in

Chemsex has been associated with an increased likelihood of NCS (19). Precipitating factors may include the psychoactive effects of the drugs themselves, where intoxication may be voluntary or involuntary. This includes disinhibition, increased energy and even psychosis that can occur with crystal methamphetamine use, in addition to unconsciousness and amnesia that may occur from GHB/GBL intoxication. The latter may invalidate informed consent, and sexual assault may not be recalled. Furthermore, there are high rates of recidivism and recall to prison (17).

In response to some of the high profile criminal cases and in recognition of rising numbers of offences occurring within a Chemsex context, the London Metropolitan Police set up Project Sagamore to improve the identification and management of such cases. The 'Chemsex Health and Justice Group' emerged out of Project Sagamore in 2020. This multi-agency group, a partnership between health, academia, community, London Metropolitan Police and Her Majesty's Prison and Probation Service (HMPPS) aims to raise awareness across the criminal justice system and promote an evidence based approach to the understanding of offending in the Chemsex context and vulnerability and support a public health approach in the development of solutions.

From a healthcare perspective, a culture of awareness and empathy in professionals working with offenders is essential for individuals to feel safe in disclosing their sexual and gender identity or any behaviors perceived as stigmatized such as Chemsex. This will only serve to improve our understanding on the relationship between substance use or Chemsex and offending behaviors. Interdisciplinary working with colleagues in forensic psychiatry, mental health, substance use disorder services and sexual health can help build the cultural competency needed to navigate the complexities of drug use, mental illness, sexual health, offending and victimization. Even disclosures in those for whom harms have not been identified still provide an opportunity for harm minimization and prevention (20).

There is a constant tension between health and justice systems and Chemsex is no exception. There is much that can be learned from approaches with other groups of substance users to strike the right balance whereby serious risks to others associated with Chemsex can be acted upon, whilst avoiding unnecessary criminalisation of those who may engage with treatment. These competing interests reinforce why research is urgently needed to understand and address the wider harms associated with Chemsex, including offending within the Chemsex context. This may include, for example: characterising the prevalence of Chemsex and associated offending behaviour; understanding any relationship between Chemsex and mental health co-morbidity in offenders; understanding patterns of intent regarding offending in the Chemsex context; understanding the psychosocial needs of the offenders engaging in Chemsex; identifying any association between Chemsex and risk of recidivism, with subsequent development of suitably adapted interventions. The latter are currently informed by secondary translation of findings in related, but different, populations. In addition, how the criminal medico-legal framework may account for Chemsex as a factor in matters of intent and responsibility is unclear, particularly given the propensity towards episodes of psychosis when intoxicated with methamphetamine, the high potential for addiction (and therefore withdrawal states) and the paucity of evidence in understanding offending behaviours in this population. Such characteristics of offending in the Chemsex context have not been adequately explored within the legal sphere, and there is a need for expertise to develop within Liaison and Diversion services and amongst expert witnesses.

The very nature of Chemsex being a minority practice in a minority population from which a minority have become known to the criminal justice system, suggests a need for cross boundary working and collaboration in research and service development. We propose that forensic psychiatry should be a key partner in the multi-agency approach needed to develop evidentially informed clinical pathways and interventions to reduce risk improve health for offenders whilst safeguarding the public.

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