

Research Based Abstract Template

Submissions must not exceed 300 words (excluding title & authors), an extra 50 words are given **only** to submissions who answer the optional point. The document **must not** be password protected or saved as read only as this may result in your abstract failing to upload successfully. Use Arial 11 point type only. Please structure your submission using the subheadings below, using the subheadings that work best for your abstract, remove the additional subheading not being used e.g. If you are using *Key Findings* – remove the *Results* subheading.

Exploring service experiences among gay and bisexual men seeking to reduce or abstain from chemsex

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Introduction: In routinely conducted Australian cross-sectional surveys of gay and bisexual men who have sex with men (GBMSM), approximately 10% report use of either gamma hydroxybutyrate (GHB) or crystal methamphetamine in the last six months. These drugs are commonly used by GBMSM to enhance sex (chemsex). GBMSM engaged in chemsex may experience harms but not access services due to anticipated stigma and the perception that services lack chemsex expertise. While barriers to service access are documented, little is known about the service experiences of GBMSM engaged in chemsex.

Methods: Semi-structured interviews were conducted with 24 GBM who reported chemsex in the previous three months. These interviews explored service experiences, treatment goals and challenges. Data were transcribed verbatim and analysed in NVIVO14 with a qualitative description methodology.

Results: Most participants in our study sought services from counsellors and psychologists with a goal of reducing their practice of chemsex. When engaging with AOD or mental health services for the general adult population, most participants censored the sexual drivers and behaviours incumbent in chemsex. They spoke about their reliance on drugs to have sex and framed this reliance as a major barrier to reducing chemsex. Sexual self-censorship within services inhibited participants' abilities to access meaningful support and achieve their treatment goals. Participants were more likely to be supported around the sexual contexts and drivers of drug use in specialist chemsex counselling and psychological services.

Discussions and Conclusions: Service providers should actively engage in discussions about sexual behaviours with GBM who engage in chemsex to better understand and address their specific needs. Training and supervision around sexual therapies for those working alongside GBMSM who practice chemsex may be beneficial. Research on treatment approaches to support the sexual wellbeing of people who practice chemsex is required.

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Implications for Practice or Policy (optional): The most recent National AOD Workforce Survey, highlighted the sectors' need for further training in inclusive care for sexuality and gender diverse populations. Our findings highlight the importance of understanding and responding to the sexualised context and drivers of drug use among GBMSM engaging in chemsex. Our findings may usefully guide capacity building interventions aiming to support appropriate and inclusive care for GBMSM.

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