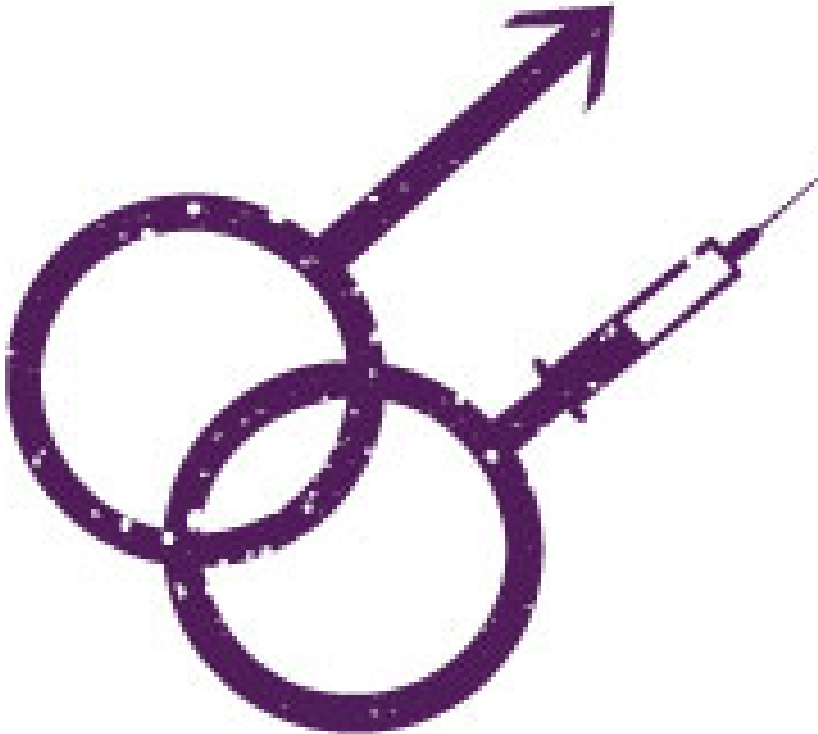


SLAM – DRUG INJECTION AMONG GAY COMMUNITY IN A SEXUAL CONTEXT - FRANCE

A word meaning «bang or shut».
The term is used by gay men to describe
the injection of various types of psycho-
active products in sexual settings.



Fred Bladou

Daniela Rojas Castro, PhD

Sandrine Fournier, PhD

Guillemette Quatremère

Nicolas Foureur, M.D.

Vincent Labrouve

Xavier Pascal

Marie Jauffret-Roustide, PhD

Introduction

- 2011 – «Slam» becomes more widespread
- New Synthesis Products / NSP
- A phenomenon which is an issue for many health stakeholders:
 - What are the health consequences?
 - How should we intervene?



Objectives of the qualitative study

1. To provide more precise **knowledge** of Slam
2. To identify the **issues** involved in this phenomenon: the determinants of risk-taking
3. To identify the **needs** of those involved so as to offer courses of action which respond to these needs



Methodology

- ***Rapid assessment process:***
 1. An inductive approach.
 2. Face-to-face meetings / Focus groups.
 3. A diverse and non-representative sample.
 4. The team comprises an *insider* and 5 researchers from different disciplines.
 5. The team conducts the whole study collectively.
- **Understanding the situation from the *insiders'* point of view**
- **23 informants were interviewed in June and July 2012:** 10 slammers, 4 ex-slammers, 3 «friends» of slammers, 6 focal points (3 representatives from NGOs, 1 doctor and 2 addictionologists)



The slam phenomenon 1

- **Slammers' description:**
 - Men, aged 25 to 57, living in Paris and surrounding areas, socially integrated.
 - 9 HIV+ (including 1 HCV+); 5 HIV- (including 1 HCV+).
 - Use of other psychoactive products on the party scene or sexual settings.
 - Condomless sex, group sex and fisting. Sex is central.

« I came across a “junky” website, I don’t remember which exactly. At the time, we both thought it was fun to say we were junkies. It made us laugh [...] Then suddenly, he froze and said, I’ve become a junky. And I said, well yes you have! » (Jean, 48, HIV+)



The slam phenomenon 2

- **Products used**
- The products (Cathinone derivatives, cocaine and crystal.)
- Availability and cost (Internet, about 10/20euros/gram for the NSD)
- Effects produced by products and frequency of injections



The practice 1

Slam over time

- The first time
- Managing consumption
- Giving up
- Losing control of consumption

Harm reduction strategies

- And their limits



The practice 2

Sex and slam

- Description of effects in sexual settings

« I just wanted to be penetrated and what happened was he fisted me. He fisted me and I enjoyed it. I really felt good, the sensations were great, it inhibits pain and doesn't destroy the pleasure, just the opposite ». (François, 32 , HIV+)

- When slam replaces sex

« You really get into it, a kind of spiral, I take it to fuck, then I fuck just to take it, then I take it alone at home. Then I don't even fuck anymore, actually I don't really do anything anymore. » (Doctor)



Needs 1

- **In terms of information and harm reduction**
 - Learning to inject (Internet)
 - Easier access to Information on the effects and risks specific to the product
 - Easier access to injection kits
 - Internet: information and discussion centre...
 - Harm reduction stakeholders: transversality



Needs 2

- **Needs in terms of health care**
 - Decrease discrimination and moral judgments
 - Increase knowledge and referral Medical staff : that they have some knowledge of these practices and are able to offer guidance
 - Being listened to and supported



Questions remained

- **How many ?**
- **Where ?**
- **Are they attending to health services ?**
- **What about professionals from health services ?**

=> A second study



2nd study by survey “slam 2”

Objectifs de l'enquête slam 2 :

Determine the number and demographics slammers using specific structures for drug users and care;

Analyze the type and location of structures frequented by slammers ;

Understand how professionals face this phenomenon : their knowledge of the subject , their questions , their problems and needs.



2nd study by survey “slam 2”

Methods

- Examine (or focus on the) structures receiving public consumption of psychoactive substances (N = 1000) : CSAPA (care centers , support and prevention of addiction) , CAARUD (Centers support and hospitality to the reduction of risks to users drugs) , units of addiction
- An online questionnaire to be completed by team

Sample : 90 structures (9% of listed structures) responded to the questionnaire, 12% of the Ile- de- France structures.

Slameurs 92 were identified by these structures .



Results « Slam 2 » : Confirmation of findings observed in the qualitative survey :

- practice slam concerns the entire French territory : more in Paris region and in parts of the southeast , all regions are affected.
- HIV status slammers high : 53% of HIV, HCV + 24 % HBV + 3 %
- Sociodemo : 80% are between 25 and 50 years, 73% in CDI
- Products when injected slam plans are mostly mephedrone (75% plans) and cocaine (22 %). HBV + 3 %



Consumption Slammers met

- 50% slammers which illicit drugs are known by their first slam plane (N = 52) took drugs fairly or very regular basis (at least several times per week).
- 30% Slammers met had ever injected drugs intravenously before the first plane slam by professionals.
- frequency of the practice of slam is already high when a person talks about his practice for the first time with a professional.



Health professionals

- When the topic is discussed slam for the first time between the professional and the slammer , applications are :
 - In CAARUD for: Injecting equipment (37 slammers) listening needs and support (21 slammers) advice on injection techniques (22 slammers) .
 - In hospital wards : the purpose of the meeting is rather related to the judgment or control of drug use.



Health professionals

- In 70 % of cases faced by professionals slammers while their practice is already common (at least 2 times per month).
- Half of the professionals surveyed find the practice of slam by a user . This trend is noted whatever the nature of the responding structure.
- Difficulties sometimes encountered by health professionals focus on a lack of knowledge of the products consumed and their effects or the practice itself .



Conclusion « Slam 2 »

- Observations slam 1 confirmed
- Food for thought :
 - Need to raise awareness about the practice and wider product consumption among gay men in childcare and care to improve the management of slammers
 - Need to provide tools for caregivers so they can identify slammers earlier in consumption and not only when the practice becomes problematic.



Next steps

- ✓ Targeted dissemination of findings (e.g. HIV practitioners)
- ✓ Interdisciplinary training associating drugs and sexuality
- ✓ Set up peer discussion groups on the internet

Thank you!

Contact:

Fred Bladou – AIDES – fbladou@aides.org

Daniela Rojas Castro – Mission Innovation Recherche Expérimentation (MIRE)

drojas@aides.org