

CHEMSEX

FIRST AID



Photo from "G O'Clock" courtesy of Mitch Marion and Peccadillo Pictures

One of the best resources we have, to keep ourselves and our friends safe in chemsex environments, is each other.

Being skilled-up with harm reduction information and some First Aid skills – while remembering how vulnerable we can all be under the influence of chems - can improve our chances of avoiding accidents, overdoses and deaths. It can help keep ourselves, and the people we're playing with, safer.

CHEMSEX FIRST AID

This booklet covers some general First Aid practices for some specific chemsex-related emergencies.

It includes some information on how to make judgment calls, and when not to; when to call an ambulance, as well as some tips to help avoid some of the most common emergencies that can happen in chemsex environments.

This booklet is not a comprehensive harm reduction resource. This booklet focuses on emergency situations and First Aid that might be applied in them. Harm reduction information regarding chems is much more extensive.

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Section 1: GHB/GBL

The most urgent risks associated with GHB/GBL are;

- Harms that can occur from how a person acts, when highly intoxicated.
- Overdose (too much of the drug in a short space of time)
- Withdrawal symptoms (when a person who is physically dependent on GHB/GBL- doing multiple times a day for more than 7 days- runs out of the drug suddenly)

If you feel a person is too high on G, what can you do?

Firstly, what does “too high” mean?

Respecting a person’s autonomy over their own actions, choices, behaviour is very important; even if that behaviour might manifest as (what you believe to be) not in their best interests. But; if their behaviour suggests that they might acutely harm themselves or others, or that they might not be able to consent to things that are currently happening/about to happen – you might choose to intervene. Of course there is a difficult judgment call here.

Are they upright, or mobile?

When you speak to them do they respond, or acknowledge you?

If so, there are some dos and don’ts and suggestions here. *(If they are completely non-responsive, there is a section below about what to do; pages 5 and 6).*

Don’t induce vomiting. Although there is a logic to forcing a potentially fatal dose of GHB/GBL out of the stomach by vomiting, it carries other risks to do with aspiration, breathing, infection of the lungs, choking. Vomiting can be a helpful thing when the body does it naturally (and that should never be prevented if it occurs), but forcing a vomiting episode upon oneself (or someone else) is a violent thing to do to the stomach, oesophagus and airway, and is not advised in a chemsex environment. Call an ambulance; in London, an ambulance can be with you in approximately eight minutes guaranteed. Tell the telephone operator that the person has ingested a potentially fatal dose of a toxin.

Don’t give them any more drugs; one myth is that giving them a stimulant (eg, methamphetamine, cocaine or mephedrone) can be helpful; this isn’t true, and just adds to the toxicity that is causing the problem in the first place. (Even if this method seems to have worked in the past, don’t do this; the negative consequences outweigh the positive consequences, so best not. Giving the person more drugs will increase the person’s toxicity, and it is toxicity that is causing the problem; it is more likely to complicate the situation. Simple rule of thumb; don’t give a person who is too high, more drugs.

Don’t give them any liquids. There is a myth that orange juice or a sugary drink can be helpful, but this is not true. As above, it can accelerate the movement of the drug from the stomach, to the bloodstream. Of course if a conscious person feels thirsty and wishes to drink, do not intervene in this choice.

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If you feel a person is too high on G, what can you do?

Dos and Dents (continued)

Do keep them safe within the environment; any sex that might be happening ought to stop, and in case the person starts fitting or flailing or having a seizure, keep them away from objects that might hurt them or cause injury. Use a blanket or some clothing to protect the head from injury.

Do call an ambulance? An intoxicated person who is mobile/responsive and breathing does not necessarily need an ambulance; but if they are having a seizure, or their drug high is causing them to behave in a way that is harmful to themselves, to you or others, and you can't keep the person (or those around them) safe, call emergency services. When Emergency services arrive, it can be really helpful to tell them what drugs have been taken, how much and how recently, if you know. Remind Emergency Services that GHB and GBL are physically addictive drugs, so the symptoms might also be caused by withdrawal symptoms, if they are physically dependent/addicted.

Do wake them if they are sleeping; they could slip into a coma and stop breathing. Wake them, and keep them awake and observed. Nearly all of deaths that happen occur while people are in a G-sleep. Even if you have observed many G-sleeps that were not fatal, there is no guarantee that the person will wake from the next G-sleep, and the safest thing to do, is to wake them and keep them awake. (If they are unwakeable, see section below)

DO be mindful of consent issues; many people are able to consent on certain amounts of G, at certain times amid their high. There's often a point where the G-high surpasses one's ability to consent, and this can be a difficult judgment call for those in the vicinity. If the person is not responding to your direct questions, if you're unable to get their attention, if they seem too intoxicated to acknowledge your concerns – then it is possible that they are unable to consent. You might have to make a decision about this – to keep them safe.

“John; you seem really high, like you're having a good time, and I'm glad; I am too. I'm a tiny bit worried about your ability to consent, and I wondered if we could take a break together in the kitchen, or to splash some water on our faces in the bathroom, just to put me at ease?”

Or;

“John; my high is really kicking in, and I'm a tiny bit worried about my ability to consent. Could you spare a few minutes with me in the bathroom to pull myself together, maybe splash some water on my face? I'd really appreciate it.”

The way a person responds to this might help you get a better idea of their high, and their ability to consent.

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DO be mindful of consent issues (continued):

If it is difficult to get a person to respond to these questions, and if your instinct is that their high is impacting their choices, and their ability to consent, then the person could be in danger. This person might be asking for more drugs, or inviting sex, despite being possibly unable to consent to these things. Make a decision about whether this person is safe from harm, given the consent issue. A second opinion can be helpful if you are planning to intervene, someone in the vicinity whose objectivity and kindness you trust. Make a decision about whether you need to intervene to keep them safe;

- *stopping any sex that might be happening*
- *stopping any photographing or filming that might be happening*
- *stopping anyone from giving them more drugs or liquids*
- *stopping them from walking out into dangerous areas like traffic, or a pool area at a sauna*
- *stopping them from sending explicit images from their phone*

and decide if an ambulance need to be called to keep them safe, or if injury looks imminent and unpreventable. If in doubt, the person who answers the Emergency Services call, will help you decide if police or ambulance are needed; it's better to be safe than sorry. In London, an ambulance will be with you in an estimated 8 minutes, regardless where you call from.

If a person is asleep on G, BUT WAKEABLE what do I do?

Breathing can stop at any time when a person is in a G-sleep. There might be some warning signs of problematic breathing, or abrupt snoring, but not always. An ambulance should be called if breathing slows to less than eight breaths a minute.

Although many people do awake naturally from a G-sleep, you cannot guarantee if the person you are with, will be that lucky. Wake them up, and keep them awake. If you're unable to keep them awake, don't just let them sleep it off; always call an ambulance, you will not be wasting anybody's time, and you could save a life. A reminder that in London, a person dies in a G-sleep every month.

If they can be woken, and kept awake and observed, great. If they are unresponsive, always call an ambulance. Save a life.

If a person is UNWAKEABLE/UNCONSCIOUS on G, what do I do?

Check if they are responsive? Can you wake them, by shaking them a little?

A lot? How is their breathing? Is it irregular or interrupted? If breathing slows to less than eight breaths a minute, call an ambulance.

Try firmly squeezing their trapezius muscle (that's the muscle in the shoulder). If that doesn't wake them, they are '**unresponsive**'. **Call an ambulance**, follow the First Aid instructions on the following page:

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When a person is **UNRESPONSIVE**; call an ambulance and follow these instructions.

Move the person onto their side, and tilt the head back to clear the airway



Check for normal breathing; look, listen, feel



If they are NOT BREATHING, call an ambulance and start CPR – give chest compressions by pushing firmly in the middle of their chest and then releasing. Repeat this at a regular rate



If they ARE breathing, put them in the recovery position



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What do I do if someone is having withdrawal symptoms from GHB/GBL – “Cold Turkey”

If someone is using GHB or GBL multiple times daily, and has been doing so for two weeks or more, it's possible they have formed a physical dependence to the drug. If they run out of the drug, they are likely to have some withdrawal symptoms that can be extremely unpleasant, but also dangerous. The symptoms to worry about are extreme panic, uncontrollable shaking, a confused state of mind, losing time or memory, or fits/seizures. This physical state is called “delirium”, or Delirium Tremens” (“DTs”) and can easily cause death. An ambulance should absolutely be called; tell the telephone operator that a person is having withdrawal symptoms from the physically addictive drug GHB. The ambulance will be with you very shortly.

How do I avoid getting too high, or overdosing, dying?

The trick to avoiding overdoses and deaths, all comes down to dosing a safe amount, at appropriate time intervals. A “safe amount” or a “safe dose” varies enormously from person to person, and it depends on a broad variety of circumstances. Mostly, it comes down to experience, and trial and error. If you are unfamiliar with G dosing, it's always wiser to start with a very low dose (an example of a low dose of GBL might be 0.5ml), and to increase it if it is ineffective, by a very small increment. Be aware though, that G-dosing is the most dangerous element of chemsex, and the cause of the most deaths.

- Avoid repeating a dose within a two hour period
- Don't dose continually for 6 hours or more – that can increase likelihood of overdose as well. Don't mix GHB or GBL with ketamine, alcohol, heroin, valium, morphine or other depressants/relaxants/painkillers
- People who are taking HIV medicines may need smaller doses, because their medicines can boost levels of GHB/GBL, increasing intoxication
- Although GBL is more commonly available, and although GBL is commonly mistaken for GHB; GHB is a very different concentration, and the concentration varies more than GBL.

Be well-informed; don't be shy to visit a gay charity or LGBT drug service (or any drug support service that is familiar with GHB/GBL) to get skilled up with GHB/GBL harm reduction information. If you prefer to access harm reduction information online, there is one example here; <http://dean.st/chemsex-support/>

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Section 2:

Crystal methamphetamine and mephedrone (cathenone) related emergencies

The most urgent First Aid risks are associated with GHB/GBL; other urgent harms also exist with crystal methamphetamine and mephedrone (cathenones including 3-MMC, 4-MMC)

Behavioural harms from the meth, meph high.

The high from meth or meph is not like the high from G; a person who is very high on meth or meph is usually very alert, aware of what is happening around them, so (possibly) less likely to be vulnerable to the clumsiness, falls, cuts and scrapes that a G-high can cause. Being very high on meth or meph might result in manic behaviour, panic attacks, hyperactivity, or behaviour from a person who feels invincible or invulnerable to harm; which of course might lead to harm occurring.

If you feel a person is “too high” on meth or meph, acting manically or super-human, what can you do?

Firstly, what does “too high” mean?

Respecting a person’s autonomy over their own actions, choices, behaviour is very important; even if that behaviour might manifest as (what you believe to be) not in their best interests.

But; if their behaviour suggests that they might acutely harm themselves or others, or that they might not be able to consent to things that are currently happening/about to happen – you might choose to intervene. Of course there is a difficult judgment call here. When you speak to them do they respond, or acknowledge you?

If so, there are some **dos and don’ts** and suggestions here.

Don’t give them any more drugs; one common response is giving them a relaxant like GHB/GBL or valium or alcohol; this may help, but by doing this, you are increasing the general toxicity the person is experiencing, and the result can be unpredictable. It’s also possible that there is already G or valium or alcohol in the person’s system, and adding more suppressants can be very dangerous, causing an overdose. (Even if this method seems to have worked in the past, don’t do this; the negative consequences outweigh the positive consequences, so best not. Giving the person more drugs will increase the person’s toxicity, and it is toxicity that is causing the problem; it is more likely to complicate the situation. Simple rule of thumb; don’t give a person who is too high, more drugs.

Do keep them safe within the environment; any sex that might be happening ought to stop, and if the person is acting manically or chaotically, keep them away from objects that might hurt them or cause injury.

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If you think a person might be too high – Dos and Don'ts, continued...

Do call an ambulance. An intoxicated person who is mobile/responsive and breathing does not necessarily need an ambulance; but if their meth/meph high is causing them to behave in a way that is harmful to themselves, to you or others, and you can't keep the person (or those around them) safe, call emergency services. When Emergency services arrive, it can be really helpful to tell them what drugs have been taken, how much and how recently, if you know.

Sexual Consent issues;

many people are able to consent while under the influence of meth or meph, though that can change at certain times during their high. There's often a point where the meth/meph high surpasses one's ability to consent, and this can be a difficult judgment call for those in the vicinity. If the person is not responding to your direct questions, if you're unable to get their attention; if they seem too intoxicated to acknowledge your concerns – then it is possible that they are unable to consent. You might have to make a decision about this – to keep them safe.

“John; you seem really high, like you're having a good time, and I'm glad; I am too. I'm a tiny bit worried about your ability to consent, and I wondered if we could take a break together in the kitchen, or to splash some water on our faces in the bathroom, just to put me at ease?”

Or;

“John; my high is really kicking in, and I'm a tiny bit worried about my ability to consent. Could you spare a few minutes with me in the bathroom to pull myself together, maybe splash some water on my face? I'd really appreciate it.”

The way a person responds to this might help you get a better idea of their high, and their ability to consent.

If it is difficult to get a person to respond to this, and if your instinct is that their high is impacting their choices, and their ability to consent, then the person could be in danger. A person very high on meth and or meph, can exhibit behaviour of extreme horniness, unaware of the dangers or consequences of that behaviour. They might be asking for more drugs, or inviting sex, despite being possibly unable to consent to these things. They can attempt injecting chaotically or without caution; they can consume lots of alcohol or G, they can take sexual health risks they might regret later. They might ignore requests from lovers to stop what they are doing.

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DO be mindful of consent issues (continued)..

You might need to make a decision about whether this person is safe from harm, given the consent issue. A second opinion can be helpful if you are planning to intervene, someone in the vicinity whose objectivity and kindness you trust. Make a decision about whether you need to intervene to keep them safe;

- *stopping any sex that might be happening*
- *stopping any photographing or filming that might be happening*
- *stopping anyone from giving them more drugs or liquids*
- *stopping them from walking out into dangerous areas like traffic, or a pool area at a sauna*
- *stopping them from sending explicit images from their phone*

and decide if an ambulance needs to be called to keep them safe, or if injury looks imminent and unpreventable. If in doubt, the person who answers the Emergency Services call, will help you decide if police or ambulance are needed; it's better to be safe than sorry. In London, an ambulance will be with you in an estimated 8 minutes, regardless where you call from. This might not be the case in all cities.

Psychosis. "Drug-induced psychosis" is a scary term, but it is something that is very common when we do Tina or Meph, and miss some sleep. It can be very frightening for those experiencing it, as well as those observing it. Common symptoms related to chemsex specifically, can be as follows;

- *Feeling like people are listening under the door/outside the house*
- *Feeling like the phone/PC/electrical items are bugged. Hidden cameras*
- *Feeling at the centre of a plot devised by a gang or a cult*
- *Feeling like someone has caused a deliberate infection of HIV/hepatitis C*
- *Hearing whispers, or cruel persecutory voices, or being followed*
- *Seeing floating presences in the periphery of vision.*
- *Feeling like insects are under the skin - or a compulsive need to pick at the skin*
- *An awareness of incredible coincidences that no one else can see or interpret*
- *A feeling of being judged by everyone for being high/having gay sex/having HIV/being effeminate/being unsexy/not fitting in/for having particular fantasies or fetishes*
- *Feeling that something urgent or dangerous is at play, feeling unsafe.*

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Psychosis, continued...

Drug induced psychosis is more commonly associated with crystal methamphetamine and cathenones like mephedrone, 3MMC, 4MMC. It is more likely to occur if the person is in an environment where they perceive judgment or feel unsafe; it is more common amongst people who have a mental health vulnerability, or who are prone to feel self-conscious or who may have some shame or guilt or trauma associated with sex or social environments. It is more common when a person has missed a night's sleep, or when the drug has been injected (as opposed to snorted, swallowed, booty-bumped or smoked). But regardless of these considerations, drug induced psychosis can happen to anyone, and can be a difficult condition to manage, or to observe.

The most effective help we can provide a person who is experiencing drug-induced psychosis, is to help them to feel safe and relaxed in the environment they are in; this might be changing the lighting, music, stopping pornography that might be playing, or moving them to a room they feel safer in. Anything that makes them feel safer, more relaxed, less "observed" is helpful; and providing options and choice for them is important; feeling trapped, feeling like they have no choice, or without options only exacerbates the condition.

These things might be helpful, but they are no guarantee of being effective at stopping the symptoms.

Drug induced psychosis only becomes a "First Aid" situation, when the person is so distressed that they need medical help; some people might become a danger to themselves or others in their attempts to protect themselves or others from perceived dangers. In these cases, the person ought to be encouraged to call either Emergency services or the police, whichever they feel more comfortable with. In many cases, the paranoia that might be driving the psychosis might make the person distrusting of Emergency services and the police; and of your own efforts to help them. It is never pleasant to intervene in a person's own liberties, but if you judge someone to be a possible danger to themselves or others, and they are distrustful of or unwilling to call emergency services or the police; call those services yourself, and let the telephone operator guide assist you in determining the safest course of action.

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How do I avoid harm when injecting drugs?

Although there are a number of harms related to injecting drugs, there are only three things that would be considered an emergency. 1, an intravenous infection, 2 HIV infection, 3 large amount of air into a vein

1. Intravenous infection

When we get an infection from a needle in the skin surrounding the injection site, an infection can develop over the following days and weeks. This is not an emergency, but could become one if ignored, so do visit a doctor as soon as possible. However, sometimes the infection goes directly into the vein we are injecting into. Certain types of bacteria can cause septicemia; The symptoms of septicemia usually start very quickly, and develop quickly. Even in the first stages of the illness, a person can look very sick. The most common initial symptoms are:

chills

elevated body temperature (fever)

very fast respiration

rapid heart rate

More severe symptoms will begin to emerge as the septicemia progresses without proper treatment; within minutes or hours. These include the following:

confusion or inability to think clearly

nausea and vomiting

red dots that appear on the skin

reduced urine volume

inadequate blood flow (shock)

If you or someone is exhibiting these symptoms after injecting drugs, call emergency services ASAP.

2. HIV infection

If an HIV negative person is injected with a needle that may have been used by an infectious HIV positive person, then there is a medicine called PEP (Post Exposure Prophylaxis) which can be taken within three days of the possible infection. It is not something you need to call emergency services for; but it is important to access PEP, within the next 72 hours. If you are unaware how to access PEP in your city, emergency services do sometimes provide it, or can point you in the right direction.

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How do I avoid harm when injecting drugs? (Continued)...

3. Air injected into the vein

Injecting large amounts of air into a vein can cause an embolism. These are rarely an urgent emergency, but when they are urgent, the symptoms might include:

- difficulty breathing or respiratory failure
- chest pain or heart failure
- muscle or joint pains
- stroke
- mental status changes, such as confusion or loss of consciousness
- low blood pressure
- blue skin hue

If you or anyone you are with experience any of these symptoms after injecting air into a vein, call emergency services ASAP.

Complications from mephedrone and pre-existing heart conditions

Cathenones (mephedrone, 3MMC, 4MMC) are vasculo-toxic, pro-thrombotic, cause vasoconstriction, and are associated with acute myocardial infarction. This means that they can be damaging to the walls of our veins, can potentially cause clotting of the blood, can constrict the blood vessels, which can potentially cause a heart attack. Sometimes, people can feel the blood pumping through the constricted vessels, and this in itself, can cause panic attacks; which are often mistaken for heart attacks. But real heart attacks can happen, and often do when cathenones are used. People who have a pre-existing heart condition should be especially avoidant of cathenones. If a person using cathenones (or any chems) experiences any of the following symptoms, call emergency services;

- pressure or tightness in the chest
- pain in the chest, back, jaw, and other areas of the upper body that lasts more than a few minutes or that goes away and comes back
- shortness of breath
- sweating
- nausea
- vomiting
- anxiety
- a cough
- dizziness
- a fast heart rate

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Overdoses from meth and meph

Fatal overdoses from these drugs are quite rare – but they can happen. They are extremely unlikely to happen from snorting the drug, or smoking, but in very rare cases, can happen from injecting intravenously or booty bumping too much up the anus.

When someone injects too much meth or meph, the symptoms are usually a powerful and scary headrush, fast beating of the heart accompanied by a dangerous increase in body temperature. A person will feel that something is wrong; they will feel panicky, and they'll have an overwhelming urge to cool down either by lying down, taking a cold shower or bath, or to go outside if it is much cooler there. These symptoms usually pass within 5 or 10 minutes, and anything they can do to cool down and feel calmer is helpful. However, if the symptoms persist for more than five or ten minutes, or if their temperature stays consistently at or above 39.4 degrees celsius (103 degrees fahrenheit), then call Emergency Services. Say that the person has injected a stimulant, and that their temperature is very high; you'll be guided through the rest by the telephone operator.

Note; Sometimes these overdoses are caused by additives to the drug; a common additive in Canada and USA is fentanyl, which is an opiate and can be fatal even in very small amounts. In Europe, it is currently^(Sept 2018) very rare for fentanyl to be found in meth, meph or other cathenones like 3-MMC, 4-MMC). If the overdose is caused by fentanyl, the symptoms will be different. The person will become unconscious quite quickly, and their breathing will slow dramatically and possibly stop (respiratory collapse). CALL emergency service.

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Section 3: Other chemsex related emergencies

Not all of the below are “First Aid” situations by definition; so they may not be covered as comprehensively as they deserve. But they can be dangerous and/or upsetting emergencies.

Lodged objects.

Sometimes, objects might become lodged in the anus, and we might have some difficulty removing them. Clenched muscles, anxiety, or an inability to relax associated with chems can make this more difficult. If some hours have passed, and relaxing or sitting on the toilet has not helped, it might be necessary to go to Accident & emergency. (General Practitioners, or doctors’ offices do not always have the right equipment to assess the danger, or to remove the object; accident and emergency department would be the right place to go.

If the object is not something designed to be used in the rectum; if it is something that could break, or cause damage to the rectum, it might be more of an emergency situation. If the lodged object is accompanied by other symptoms such as abdominal pain, rectal bleeding, nausea or fever, then go to Accident and Emergency as soon as possible. Although it’s embarrassing, this is more common to emergency services than you might think. And punctures within the anus from foreign lodged objects can be dangerous, so better to be safe than sorry; go to Accident and Emergency as soon as possible, or call emergency services to discuss it (frankly) with them on the phone to help you decide what to do.

Cuts, bleeds knocks.

All sorts of harms can result from clumsy G highs, or from manic meth/meph highs;

- Head injury; apply something cold to the injury, like frozen peas wrapped in a towel. If you think the injury is serious; if they begin acting strangely, become drowsy or sleepy; if they vomit or if their condition deteriorates, call Emergency Services
- Bleeding heavily; apply pressure to the wound, using anything that is available, like a piece of clothing or a towel. The purpose is to stop the flow of blood. If necessary, call emergency services.
- Burns; a burn is best treated by running the burn under cold water for at least ten minutes. (The longer a burn is kept cooled, the less chance there is of scarring). After the burn has been cooled for a good long time, cover it with cling film or clean plastic (eg, a clean plastic bag, clean sandwich bag).

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A likely HIV infection can be considered an emergency;

PEP (Post Exposure Prophylaxis) ought to be sought within **72 hours** to prevent the exposure to HIV becoming a permanent infection. Sharing needles or someone ejaculating inside you are the most common forms of HIV infection. If the person you are sharing needles with, or who ejaculated inside you, is known to be HIV positive, on treatment **with an undetectable viral load**, then PEP would not be necessary. If the person is HIV positive and not on treatment, PEP would be recommended. If the person is HIV negative, or does not know their status, a healthcare practitioner can evaluate the risks with you, based on what you do know about the person's sexual history.

A likely infection of another STI, including hepatitis C, is not considered an emergency, as there are no time-sensitive emergency prevention methods. But if you become aware of any infections, do avoid passing any possible infections to anyone else, and (when you have slept off your chem-high), go to see your local or preferred sexual health clinic.

Priapism is a long-lasting, painful erection.

It can cause permanent damage to your penis if not treated quickly.

Priapism is not very common; it mostly commonly affects people with sickle cell disease. But it can result from mixing erectile function drugs (such as Viagra and Caverject) with chems for long sex sessions.

Priapism may get better on its own within 2 hours. There are things you can try to reduce your erection.

Do

- switch off porn, change the mood of the environment you're in
- try to go for a pee
- have a warm bath or shower
- drink lots of water
- go for a gentle walk
- try exercises, such as squats or running on the spot
- take painkillers like paracetamol if you need to

Don't

- apply ice packs or cold water to your penis – this can make things worse
- have sex or masturbate or try to ejaculate – it won't make your erection go away
- drink alcohol
- Smoke

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Priapism, continued...

Call 999 or go to A&E if you have an erection that lasts unstimulated for more than 2 hours. An erection that lasts this long needs to be treated in hospital as soon as possible to help avoid permanent damage to the penis.

Hospital treatments to help reduce your erection include:

tablets or injections directly into your penis

using a needle to drain blood from your penis, done while the area is numbed under local anaesthetic

surgery to drain the blood through a tiny cut, done while you're asleep under general anaesthetic

Anaphylaxis; allergic reactions to drugs.

Many drugs are mixed with (or “cut” with) other substances, affecting quality; sometimes these adulterants can be toxic, or we can have allergic reactions to them. Similarly, too much of a pure (unadulterated) substance can cause toxicity, or an allergic reaction. Sometimes, when the allergic reaction is extreme, it can be very dangerous, “anaphylaxis” can result, which can be an urgent emergency situation.

These are the things to look for:

- Difficulty breathing
- Swelling of the tongue and throat
- Itchy or puffy eyes
- An outbreak of blotchy skin
- Anxiety
- Signs of shock

“Shock”, in this context, is not meant to mean the emotional reaction to something shocking, but a dangerous medical emergency; shock is when the circulatory system fails to provide enough oxygenated blood to the body, depriving the vital organs of the oxygen it needs to function.

Signs of shock include:

- pale, cold, clammy skin
- Sweating
- rapid, shallow breathing
- weakness and dizziness
- feeling sick and possibly vomiting
- Thirst
- Yawning
- Sighing

Seek medical help immediately if you notice that someone has any of the above signs of shock.

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CHEMSEX FIRST AID

Sexual assault, physical assault

A sexual assault might not be a First Aid situation, but it certainly can be an emergency if anyone is concurrently at risk from the perpetrator. If so, do not pause to contact emergency services as fast as possible.

In regard to sexual assault, there can be a time sensitivity relating to a forensic examination that can help to accrue forensic evidence of the assault, which might help toward pursuing a criminal conviction.

Not all cities have sexual assault services that are sensitive toward assaults upon males, or homosexual assault. Hopefully, emergency services can provide some information about where to seek emotional or forensic or legal support following an assault. If not, a second choice might be a trusted doctor, or a charity/sexual health service that is familiar with gay/LGBT issues.

Sometimes, after being awake for some days, under the influences of chems, or in a heady sexually liberated environment, we can be less empathetic, less sensitive to the vulnerabilities of the people we are having sex with. A lot of confusion regarding consent exists within chemsex contexts, and assault or rape might not be as obvious as a cruel perpetrator knowingly committing an assault or a crime.

Sometimes we might be guilty of sexual assault ourselves in a confusing chemsex environment, without knowing it; that might be because the person we are having sex with might appear to be consenting, but they might be very intoxicated by a drug, beyond the ability to consent. It can sometimes be difficult to judge these nuances, when we are very intoxicated or un-slept ourselves.

When that might be the case, it can be very upsetting coming to terms with our own behaviour; that conflict can manifest in ways that require some advice or emotional support. Many sexual assault charities or services also support the perpetrators of assault (or help to signpost to the correct services).

CHEMSEX FIRST AID

Section 4: **SUMMARY, of First Aid situations**

The most urgent and common emergencies that happen in chemsex environments include;

- GHB/GBL overdose
- GHB/GBL withdrawal symptoms
- Meth or meph induced psychosis/paranoia/perceptions of persecution
- Sexual assaults
- Injecting harms
- Possible HIV infection
- Meth/meph overdose
- Heart problems
- Accidents, cuts, bleeds, knocks that occur in chemsex environments

But there are other very urgent situations that can occur; some chemsex-related, some not. These are the most common general First Aid situations;

- loss of consciousness
- an acute confused state
- fits that aren't stopping
- chest pain
- breathing difficulties
- severe bleeding that can't be stopped
- severe allergic reactions
- severe burns or scalds
- Shock

Call emergency services immediately if you or someone else is having a heart attack or stroke, or if there has been any serious head trauma.

Every second can count.

How you can help the emergency services when they arrive

- try to remain calm if possible
- call the ambulance service back if the person's condition changes
- if there are other people with you, ask someone to open the door and direct the emergency service staff to where they're needed
- lock away pets
- gather the person's personal effects if they are strewn about, especially identification.
- have as much information about the person's condition, and events/drugs that you can to help the emergency services provide better care.

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CHEMSEX FIRST AID

Will calling emergency services also involve the police?

Laws vary country to country, and common practice can vary too. Often, it is a judgment call made by the emergency services telephone operator, or by the arriving emergency services staff.

They might decide to call the police if

- there is some suspicion that a crime has been committed
- they feel there is danger at the scene, that someone at the scene (including you, or emergency services, or the patient themselves) might be harmed
- If entry to the premises might need to be forced

All of those things can be arbitrary.

It's mostly the case that saving a person's life is prioritised. But that does not always preclude the police taking action on crimes they witness at the scene.

In many countries (not all), having drugs in your bloodstream, is not against the law. In many countries, having used drugs, is not against the law. In most cases, having drugs in your possession is the crime mostly commonly acted upon.

It's crucial that emergency services are aware of what drugs have been taken by the person they are trying to save. That information could save that person's life.

If a police officer asks you questions about your own drug use, and you are not the person being attended to by emergency services, you could choose not to answer them until you have sought some advice from a solicitor or lawyer.

However, if the police do decide that a crime has been committed, or if there is a fatality that requires investigation – withholding information from the police can be considered a crime in some countries.

It's an obvious thing to say, but if there were no drugs to be found at the premises where an ambulance has been called, then it is harder to identify a crime.

It's also important to say, delaying calling an ambulance while drugs are disposed of can result in someone dying, and you could be held legally responsible.

When things go wrong in chemsex environments, or while we are under the influence of chems, it can be frightening, disconcerting.

Try to remain calm, remain kind, and amongst all the concerns, prioritise the opportunity you have to save a person's life by acting quickly and responsibly. If in any doubt, call emergency services who will be glad to talk you through the situation.