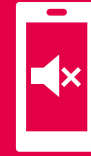


Welcome to the PrEP in the Era of Chemsex: New Substances, New Risks, New Conversations

We will begin shortly...



Your audio has been muted upon entry.



Please utilize the Q&A Function to submit any questions you may have



For technical difficulties, please contact Keegan Girouard (814) 404-5205

Welcome to the PrEP in the Era of Chemsex: New Substances, New Risks, New Conversations

CELEBRATING
PRIDE MONTH
JUNE 2026

We will begin shortly...



Your audio has been muted upon entry.



Please utilize the Q&A Function to submit any questions you may have



For technical difficulties, please contact Keegan Girouard (814) 404-5205

PrEP in the Era of Chemsex: New Substances, New Risks, New Conversations

CELEBRATING
PRIDE MONTH
JUNE 2026



Jerry P. Abraham, MD, MPH, CMQ

Director of Public Health, Integration, Street
Medicine & Workforce Development, CDU-
KEDREN

Kedren Community Health Center
Charles R. Drew University of Medicine &
Science CDU



Andrew Crone, MD

Infectious Disease Physician
Howard Brown Health



Robert K. Morris, PharmD

Medical Director, Long-acting Injectables for PrEP
ViiV Healthcare

As the only pharmaceutical company solely focused on HIV, ViiV Healthcare's mission to leave no person living with HIV behind is resolute. We have an unwavering commitment to developing innovative medicines for the treatment and prevention of HIV in impacted communities. Clinical trial enrollment and real-world evidence generation that is representative of the populations most impacted by HIV is essential to delivering on our mission



Robert Morris, PharmD

US Medical Director,
LAI for HIV Prevention

Welcome and Introduction

CELEBRATING
PRIDE MONTH
JUNE 2026

Objectives of the Webinar:

Creating an open dialogue: *Chemsex in PrEP settings*



CELEBRATING
PRIDE MONTH
JUNE 2026

- Equip teams with context, language and resources to support culturally sensitive, stigma-free medical discussions.
- Educate internal colleagues on the current Chemsex patterns, including shifts in substances and practices globally.
- Understand potential drug-interaction concerns between PrEP options and substances commonly used in Chemsex settings, from a clinical and community perspective.
- Learn how PrEP is used in Chemsex environments, including challenges around adherence, dosing patterns, risk perception, and engagement with prevention services.

This information is scientific and non-promotional in nature and is not intended for further distribution.

This information is not intended to offer recommendations for using this product in a manner inconsistent with its approved labeling. Please consult the Prescribing Information. For ViiV Healthcare to monitor the safety of our products, we encourage healthcare professionals to report adverse events or suspected overdoses to the company at 877-844-8872.

Selection of references follows principles of evidence-based medicine and, therefore, references may not be all inclusive.

Agenda

1

**Chemsex &
Sexualized Drug Use
Today: Global Trends,
Emerging Substances,
Patterns of Use**

2

**PrEP Use in
Chemsex Contexts**

3

**Clinical & Community
perspectives on
ChemSex and PrEP**

4

**Q & A
Session**

▶ Please use the Q&A function to submit comments and questions throughout the Webinar



Chemsex & sexualized drug use Today: Global trends, Emerging Substances, Patterns of Use

Jerry P. Abraham, MD, MPH, CMQ

Director of Public Health, Integration, Street Medicine &
Workforce Development, CDU-KEDREN

Kedren Community Health Center

Charles R. Drew University of Medicine & Science CDU

Chemsex & Sexualized Drug Use Today

Global trends, emerging substances, patterns of use, vocabulary, and clinical mechanics

Presented by:

Jerry P. Abraham, MD MPH CMQ any / all
Director of Public Health, Integration, Street Medicine & Workforce

Development

Charles R. Drew University of Medicine & Science CDU
Kedren Community Health Center, Inc.
22° junio 2026



Kedren Vaccines

A Division of Kedren Health

Conflict of Interest Statement

I am receiving an honorarium from ViiV for providing this presentation. Additionally, I have also sat on an Clinical Advisory Board for Apretude for PrEP.

Learning Objectives:

- Define chemsex and distinguish it from other forms of sexualized drug use.
- Identify the core substances, common terminology, and routes of administration associated with chemsex.
- Describe the typical mechanics and patterns of chemsex sessions, including polydrug use, duration, and participant characteristics.
- Recognize the key clinical, sexual health, and harm-reduction considerations relevant to the care of individuals who engage in chemsex.

theirs

zim

their

her

ze

she

his

xe

they

them

xim

hers

xey

him

he

Acknowledging Sexual Orientation & Gender Identity SOGI

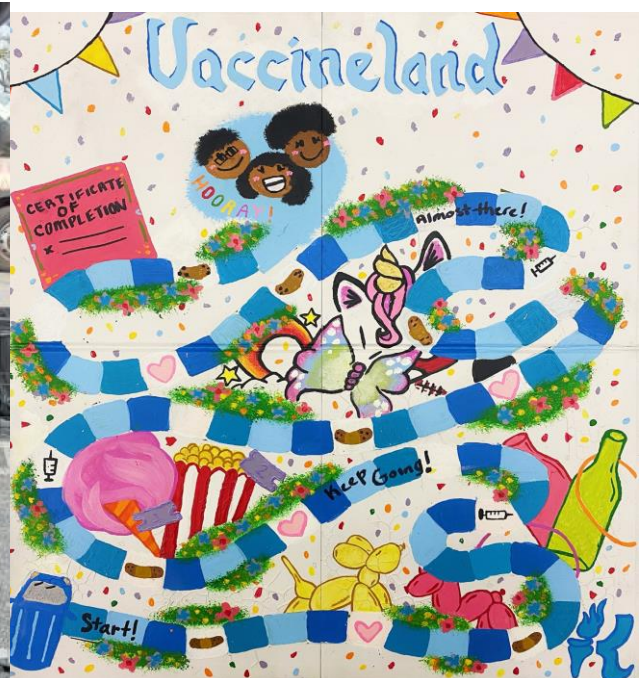


“Trigger Warning”

The following contains information and content that may be viewed as triggering content which may be disturbing, traumatizing, or re-traumatizing for some. Discretion is strongly advised.

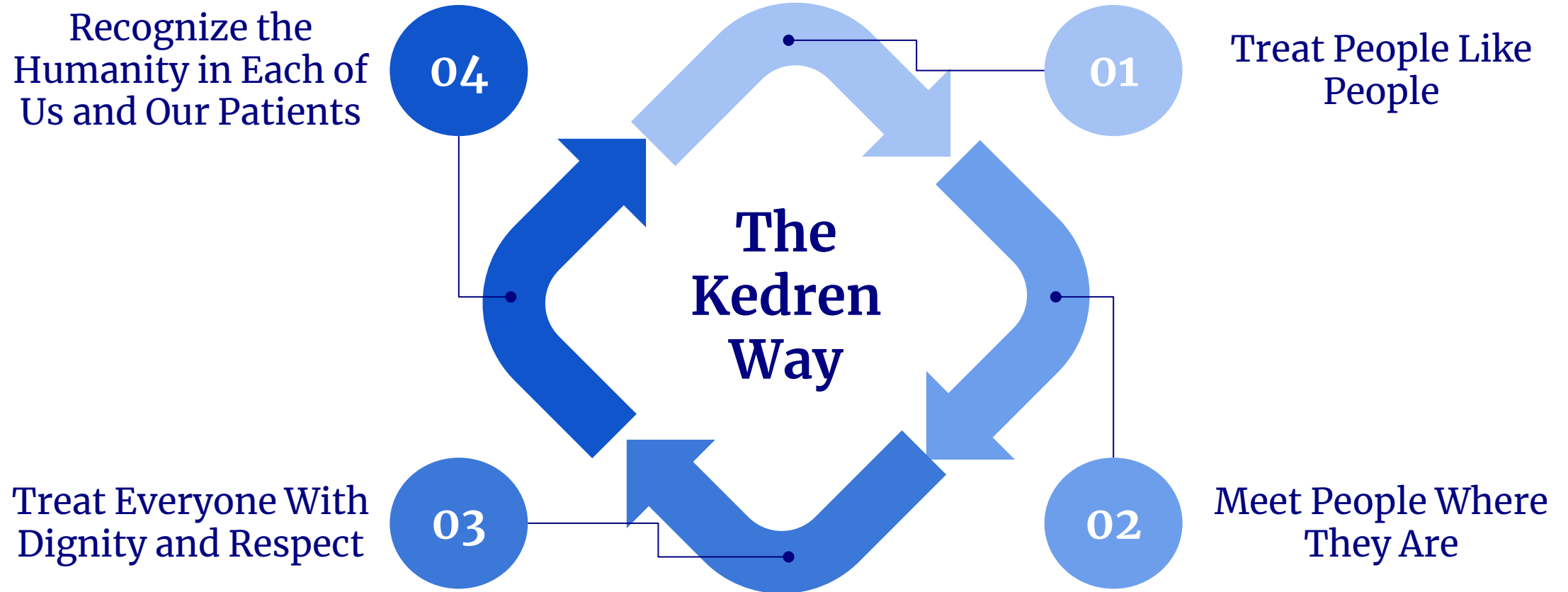
This is not political or biased ideology or content, but rather information relevant for all healthcare professionals to understand in order to fulfill our professional duties, obligations, and ethics.

Kedren: A FQHC & Acute Psych Hospital Prioritizing Black & Latino Community Health in South Los



Kedren is a FQHC located in South Los Angeles. We have pushed to expand healthcare access to those within underserved populations in a way that always provides conscious, ethical, transparent, and passionate service. Since December 2020, we have provided a safe and approachable space for patients to not only be vaccinated but also obtain accurate and reliable information on COVID-19. A model for providing care across the health continuum: primary care, mental health, public health & SUD and by meeting people where they are.

What We Believe



Using these values, we create a culture for ourselves and those around us to **ENGAGE, EDUCATE, VACCINATE, and ACTIVATE!**

Beyond COVID-19

Expanding Street Medicine

Maternal & Child Health

General maternal health and reduction of black and brown maternal mortality rate

Public Health

Reducing gun violence, inconsistent policing, climate-based health problems, food and housing insecurity

Ending the Epidemics

STD/STI screenings, HIV/AIDS testing and PrEP, and viral hepatitis treatment

Preventative Care

Testing and educational tools for diabetes, cancer screenings, chronic disease screenings

LGBTQ+ Services

Sexual health education, HRT and other gender-affirming care

Primary Care

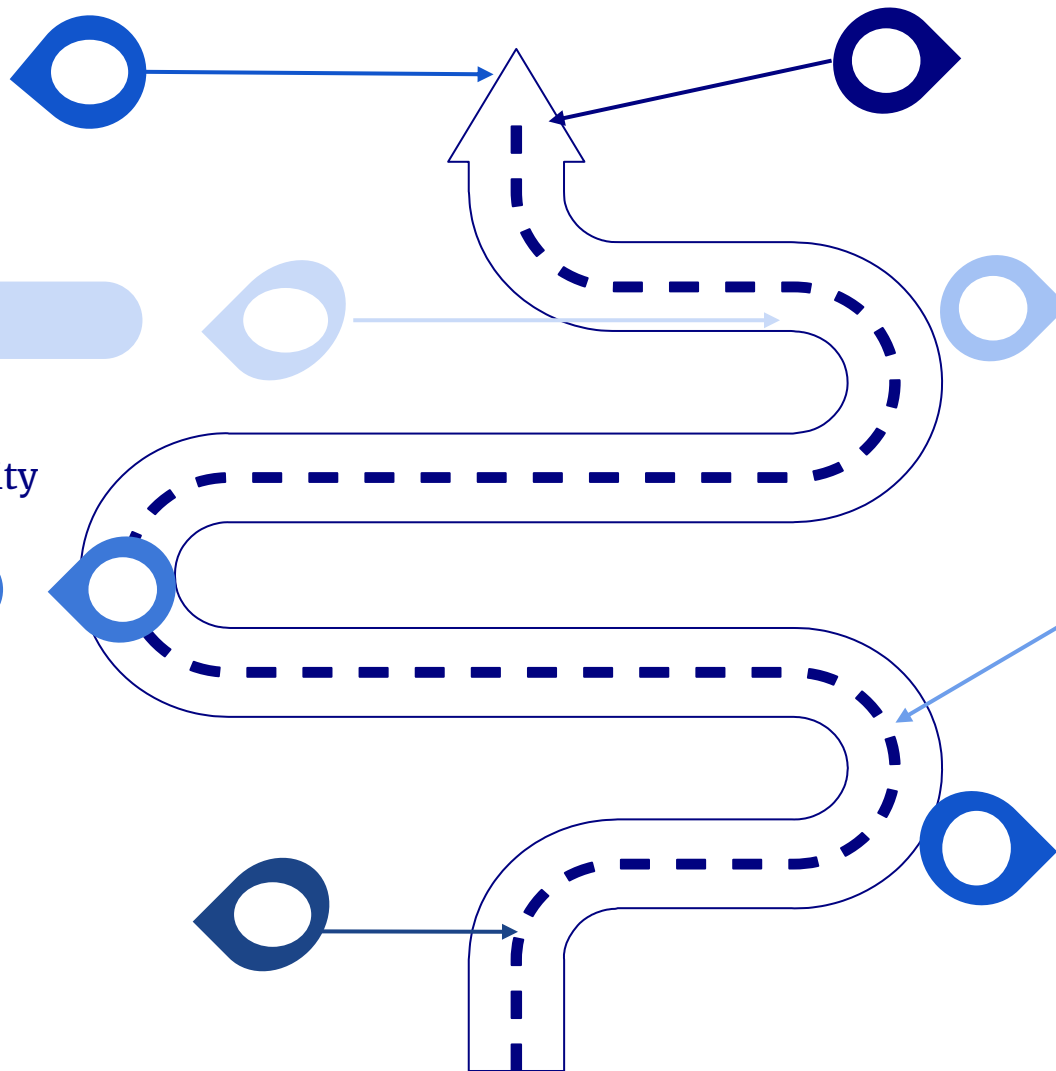
Regular visits meant to monitor and maintain health

Mental Health

Mental health screenings (ie. anxiety and depression) and expert referrals

COVID-19 Services

One-Stop-COVID-Shop for Testing, Vaccinations, Therapeutics, PrEP, Long-COVID



Meeting People Where They Are: Democratization & Ubiquitization

Priority
Places

We reduce the accessibility burden by bringing primary care, mental health, and public health services directly to where people ...

Live

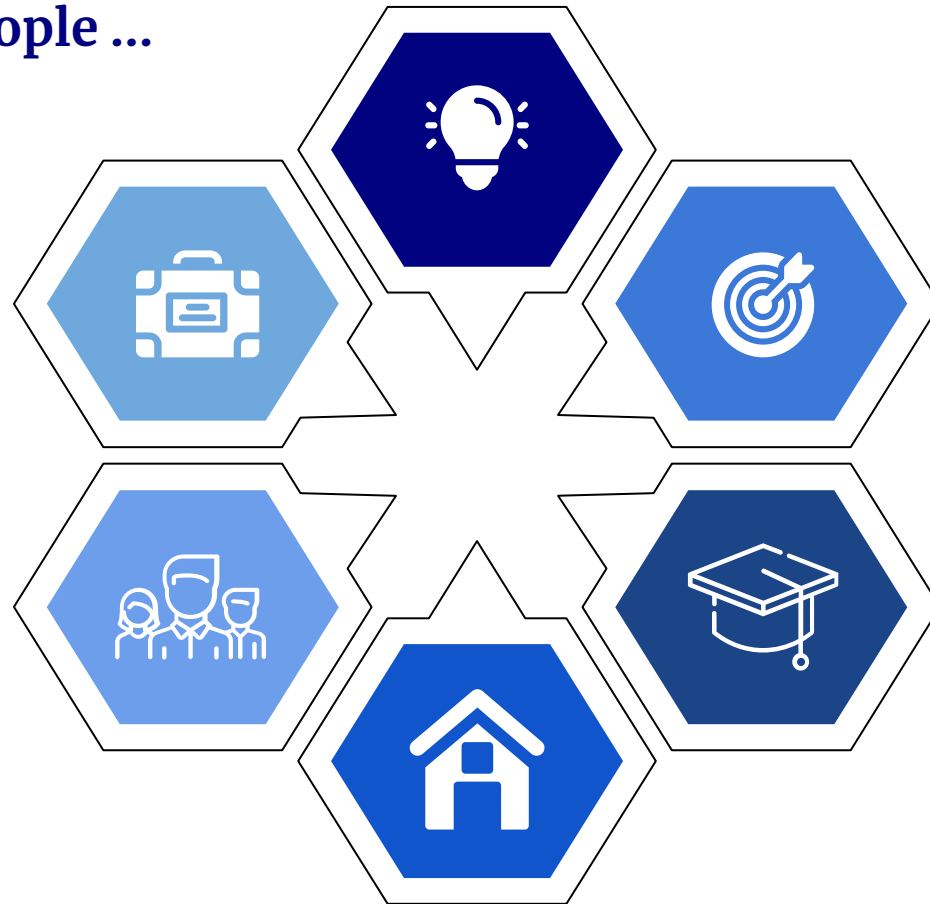
Spaces meant to promote wellness, security, and health

Work

Business offices and places with high amounts of administrative staff or field workers

Worship

Faith-based spaces such as churches, mosques, temples, and other non-denominational places of prayer



Play

Community centers and special events such as fairs, events, and festivals

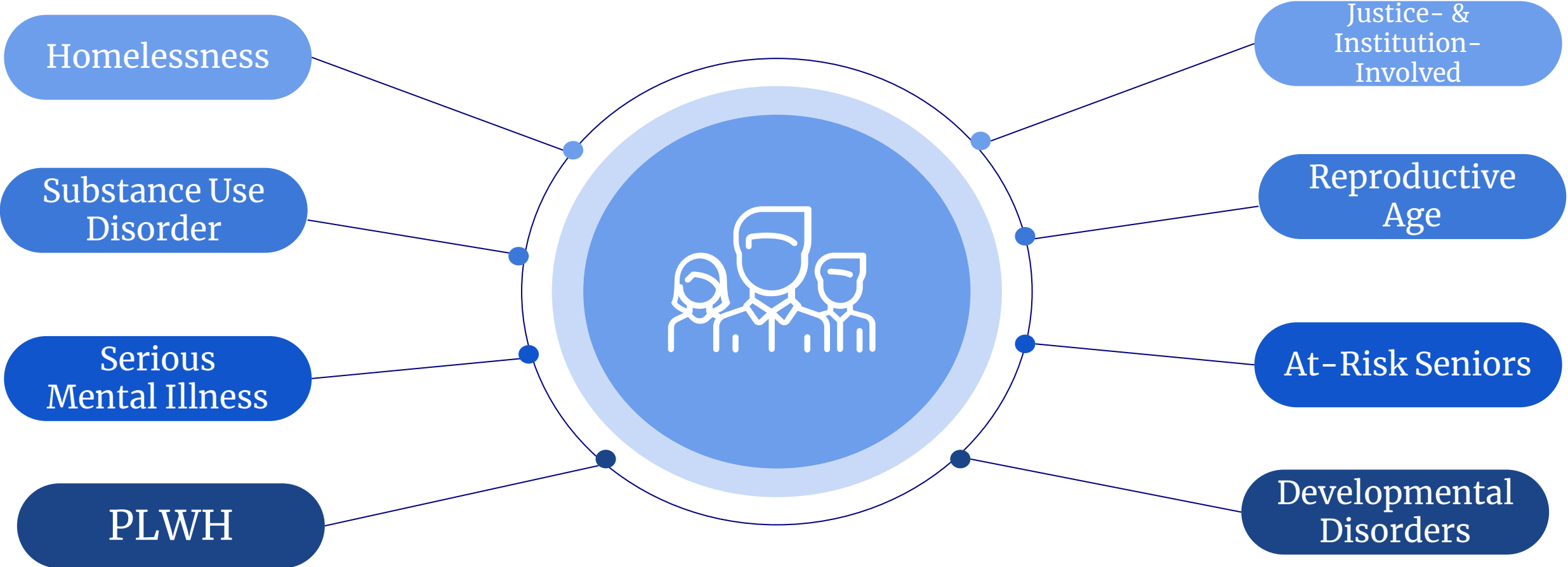
Go to School

Local private and public schools within IUSD and LAUSD

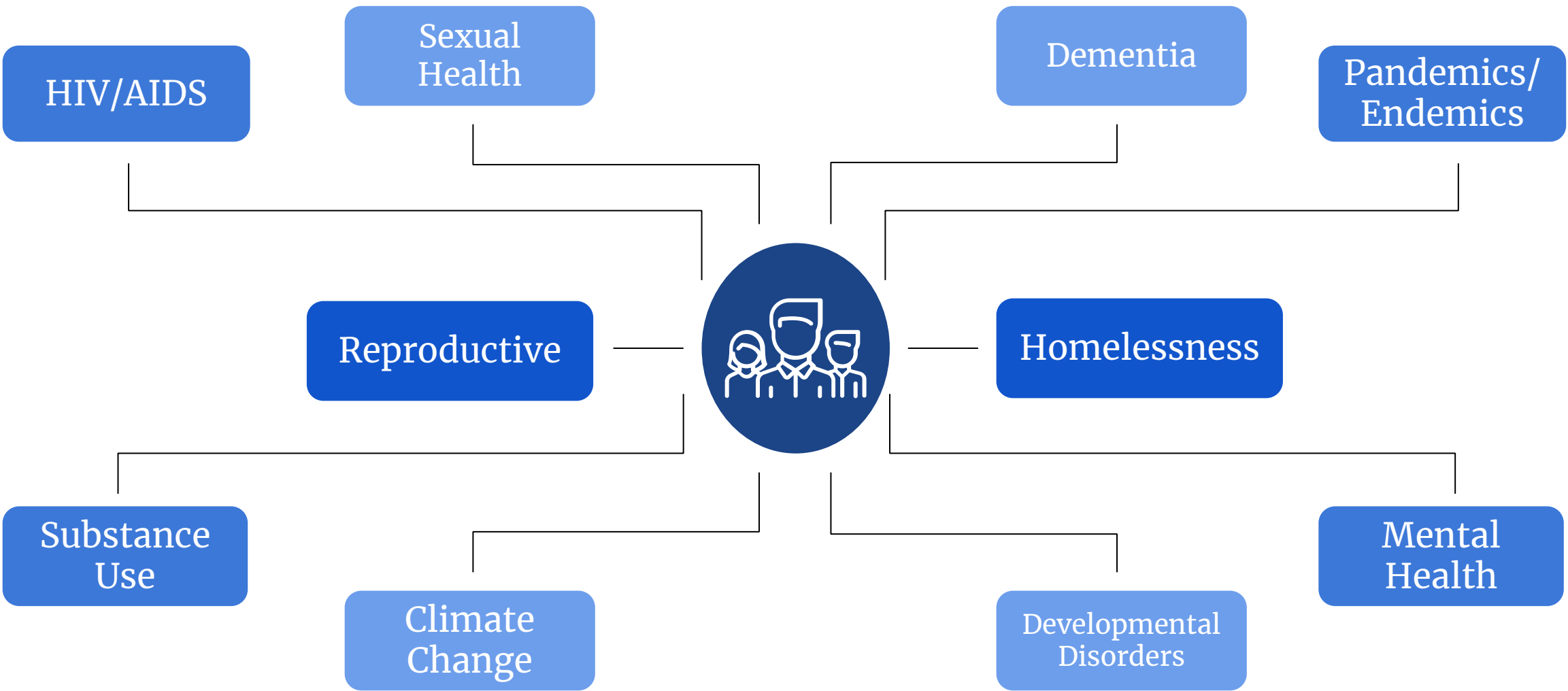
Homebound

Specialized appointments to the neighborhoods of people who cannot leave their homes due to various limitations or disabilities

Priority People



Priority Pathologies



The Continuum of Integrated Care

Primary Care

Enrollment into health plans, assignment to Primary Care, Cal-AIM ECM & CS resources, preventive & routine health maintenance (DM2, HTN, HLD, screenings, etc)

Mental Health

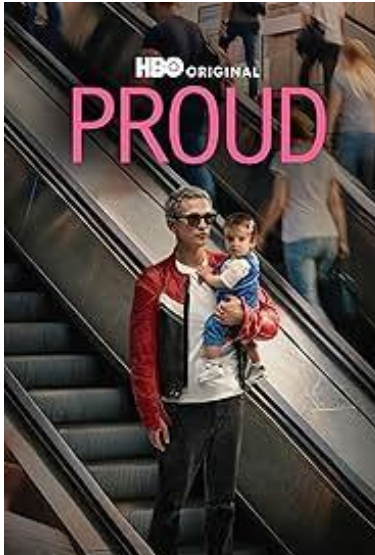
Psychiatric evaluation & management of serious mental illness (schizophrenia, bipolar, MDD, etc)



Public Health & Substance Use and Addiction Medicine

Care for people who are seeking public health services, and recovery from addiction and alcoholism.

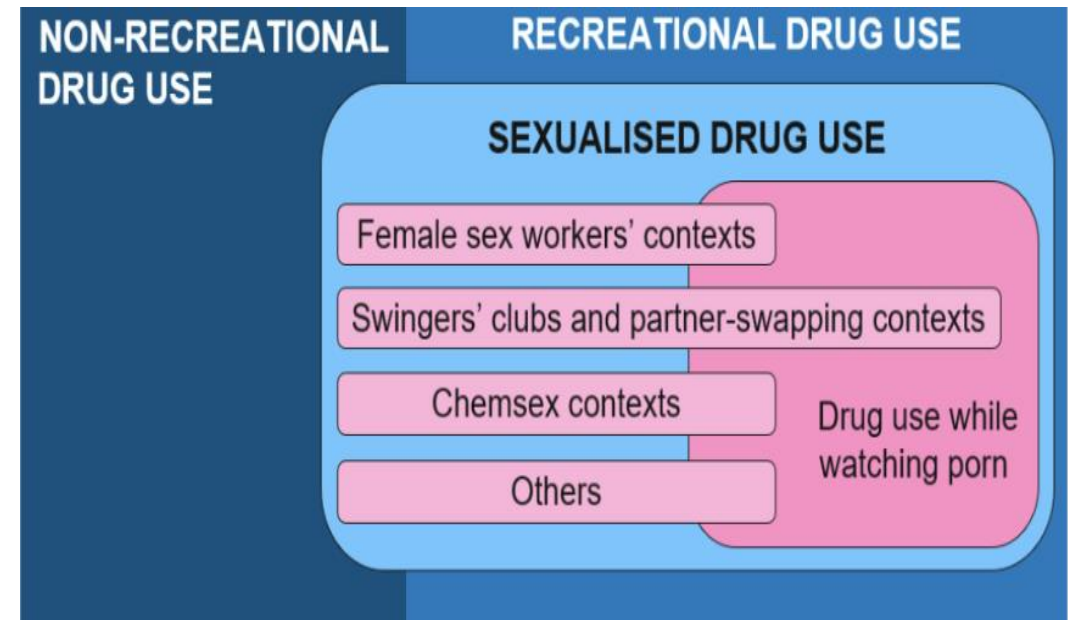
Media Portrayals of various LGBTQIA+ sex cultures including chemsex



Not all sexualized drug use is chemsex (aka PnP, HnH, pharmacosex, wired & play, etc)

not all sexualized drug use is chemsex

- There are different types of drug use; some are recreational.
- Some recreational drug use occurs in sexual contexts.
- Chemsex is a specific form of sexualized recreational drug use associated with LGBTQ+ sexual and drug-use cultures, especially among some MSM communities.



Know the Terms

Chemsex	Sexual activity combined with specific psychoactive substances, often in prolonged sessions and frequently involving multiple partners.
Party and Play (PnP)	Common North American/Australasian label for the same broad phenomenon.
Chems	Historically a colloquial term for methamphetamine and GHB/GBL in some gay male networks.
Slamming/Slams	Injecting drugs for chemsex purposes.
Polydrug use	Use of multiple substances during the same episode.
GHB/GBL	Gamma-hydroxybutyrate / gamma-butyrolactone; short-acting sedative-hypnotic agents with a narrow margin between desired and toxic effects.
Synthetic cathinones	Stimulant compounds related to cathinone (for example mephedrone and newer cathinones).

Know the Terms

What characterizes a chemsex session?

Preparation

substances are sourced, participants coordinate through dating apps, messaging platforms, or social networks.

Initiation

one or more substances are used before or during sexual activity.

Escalation

additional substances may be added; routes may change (for example oral → intranasal → injection).

Maintenance

repeated dosing over hours to days; sleep deprivation and dehydration become relevant clinical variables.

Termination

fatigue, anxiety, dysphoria, insomnia, dehydration, or withdrawal phenomena may emerge, depending on substances used.

Core substances and common combinations

Core drugs repeatedly identified in chemsex literature:

- Methamphetamine
- Mephedrone
- GHB/GBL

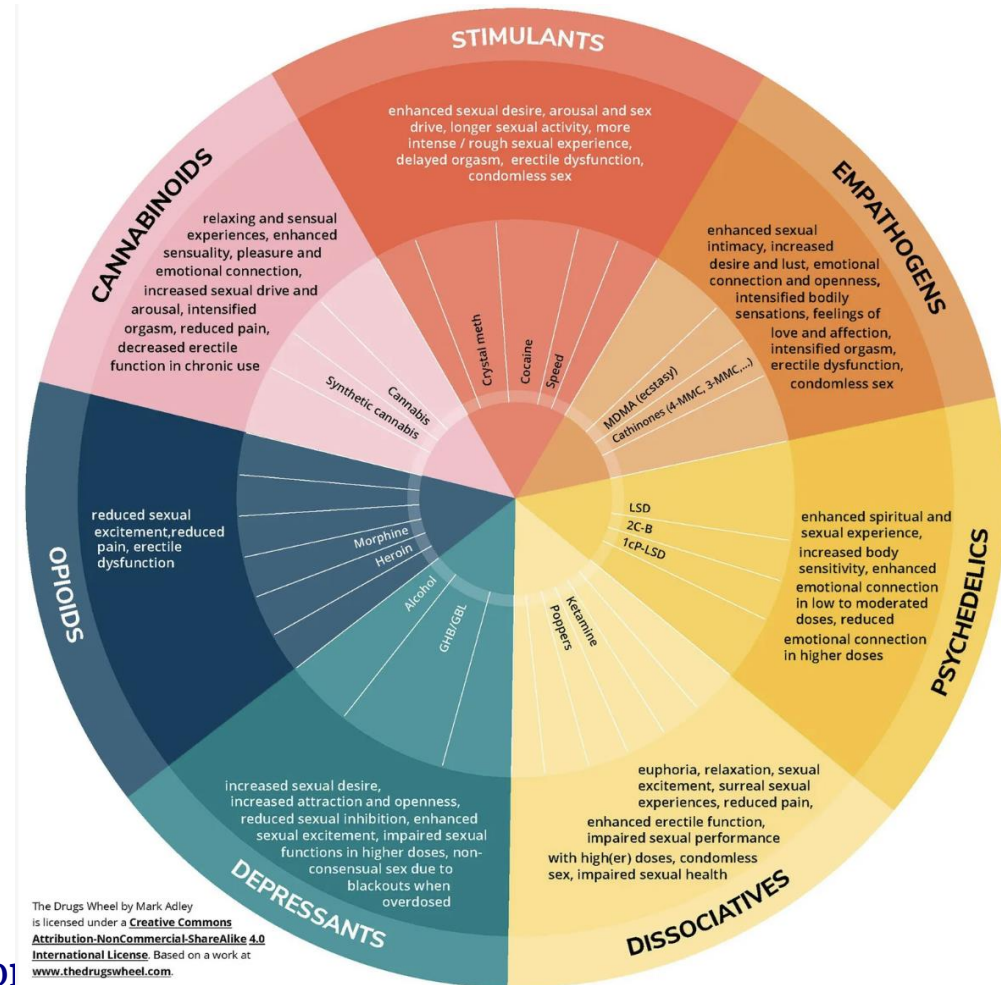
Other drugs commonly used:

- Ketamine
- Cocaine
- Poppers (amyl nitrite and related nitrites)
- MDMA/ecstasy

Emerging substances:

- Other/new synthetic cathinones with variable potency and toxicity profiles.

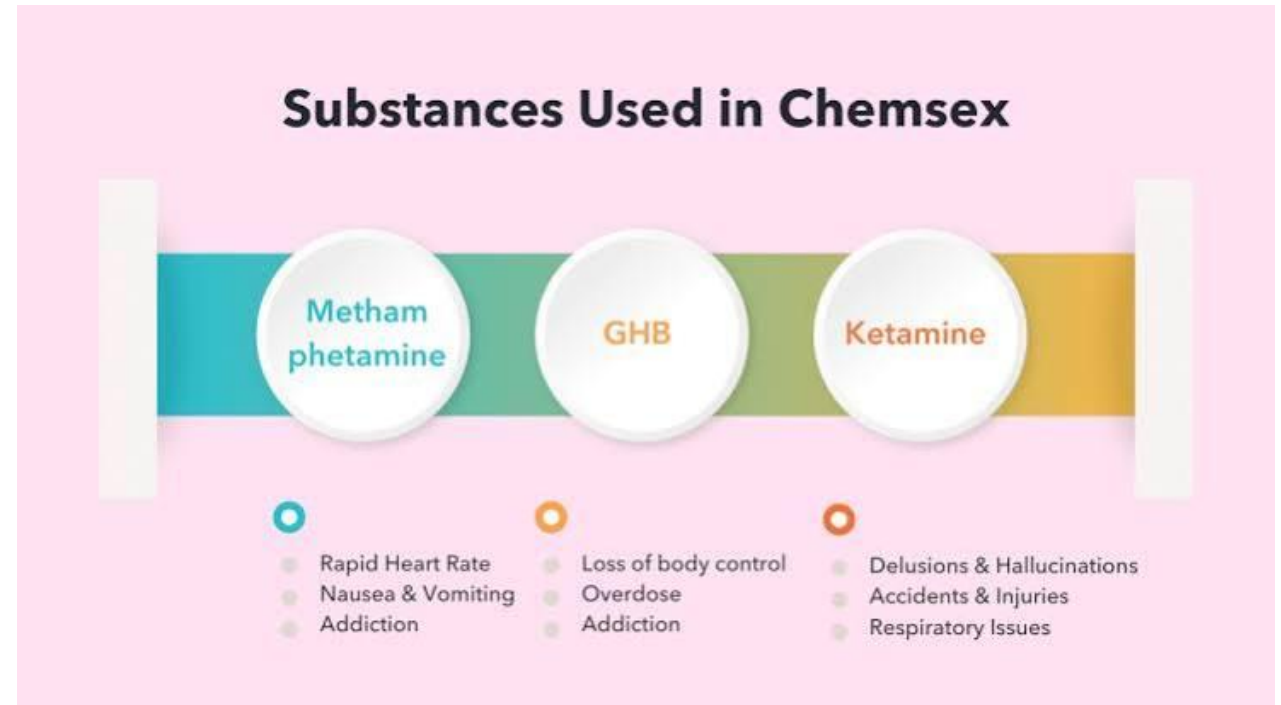
Stimulant + sedative/hypnotic combinations can produce alternating agitation and sedation, obscure toxicity, and complicate emergency assessment.



Common Causes

Why people engage in chemsex

- Enhancing sexual performance
- Intensifying or prolonging sexual experiences
- Facilitating experimentation and disinhibition
- Seeking intimacy or emotional connection
- Community belonging and social participation
- Coping with psychological distress, loneliness, stigma, trauma, or physical discomfort



Timeline

1990s - 2000s

“Chems” emerges as slang in some gay male networks; methamphetamine and GHB/GBL become prominent in sexual contexts.

2000s-2010s

Smartphones, dating apps, and online coordination reduce friction for organizing sessions and sourcing drugs.

2010s

European and international research begins using “chemsex” more consistently; mephedrone and other cathinones gain prominence in some regions.

2020s

Ongoing diversification of synthetic cathinones; increasing attention to integrated HIV, STI, mental health, addiction, and harm-reduction services.

Epidemiology Snapshots

- AMIS 2017–2020: among 30,294 MSM respondents, 10.3% reported chemsex–drug use in the prior 12 months; among those reporting chemsex–drug use, ecstasy, crystal methamphetamine, and GHB were commonly reported substances (Ivey et al., 2023).
- EMIS 2024: prevalence varies substantially across countries and subpopulations.
- Higher prevalence has been reported among some people living with HIV, PrEP users, migrants, and people engaged in transactional sex (EMIS 2017 analyses).



Routes of Administration

Route	Examples	Key Risks
Oral	GHB/GBL, MDMA, methamphetamine, cathinones	Redosing, delayed peak, accidental overdose.
Intranasal	Mephedrone/cathinones, cocaine, methamphetamine	Frequent redosing, nasal trauma.
Rectal	Dissolved stimulants or other drugs	Variable absorption, mucosal injury, dosing uncertainty.
Inhalation	Methamphetamine in some regions	Rapid intoxication, burns, airway irritation.
Intravenous	Methamphetamine, mephedrone, other cathinones	Overdose, bacterial infections, endocarditis, abscesses, thrombosis, HIV/HCV transmission if equipment is shared.

Acute vs. Subacute Presentations

Acute

- Agitation, tachycardia, hypertension, hyperthermia (stimulants)
- Somnolence, respiratory depression, bradycardia, coma (GHB/GBL toxicity)
- Alternating agitation and sedation in mixed-drug episodes
- Trauma, dehydration, rhabdomyolysis, or prolonged wakefulness complications

Subacute

- Insomnia, anxiety, panic, depressive symptoms, paranoia, or psychosis
- Injection-site infections, abscesses, cellulitis
- STI exposure concerns, HIV/HCV testing needs, PrEP/PEP discussions
- Social and occupational disruption

Assessment Framework

Think in six domains:

Substances

“What drugs were used?”

Route

“Oral, snorted, smoked, rectal, or injected?”

Timing

“When was the last dose? How long were you awake?”

Polydrugs

“What was combined?”

Sexual Health

“Any condomless sex, STI symptoms, PrEP/PEP issues, or needle sharing?”

Patient Goals

“Are you seeking safer use, reduced use, abstinence, sleep recovery, or mental-health support?”

Key Takeaways

- Not all sexualized drug use is chemsex; chemsex is a specific social and pharmacological pattern.
- Core substances are methamphetamine, mephedrone, and GHB/GBL; other stimulants, dissociatives, nitrites, and emerging cathinones are often present.
- Route of administration is a major determinant of risk; injection (“slamming”) substantially changes overdose and infectious-risk profiles.
- Chemsex is frequently polydrug, prolonged, and app-coordinated; timing and sleep deprivation matter clinically.
- Higher prevalence has been reported in some HIV-positive populations, PrEP users, migrants, and transactional-sex populations, but individual assessment should never rely on group stereotypes.
- A practical physician assessment can be structured around substances, route, timing, polydrug context, sexual-health context, and patient goals.

Take A Deep Breath

Almost to the finish line, take a moment to breathe and process all of this information.



We Are In This Together

Remember, you are not alone.

Whether you feel moral injury,
burnout, exploitation, ...

We are all in this profession to make
the world a healthier, better place. It is
up to us to support each other and
ourselves in making this shared dream
a reality.



**Ubuntu: You're a person, because I am a person,
I am a person because you are a person.**

We are all people together.

Any Questions?

What would make chemsex assessment feasible in your setting?
ED, primary care, sexual-health clinic, psychiatry, or inpatient
service?

Thank You!
Questions?



Contact Us

Jerry P Abraham, MD MPH CMQ, Director
Public Health, Integration, Street Medicine, Workforce Development

abraham.jerry@gmail.com

[Facebook.com/jerryabraham](https://www.facebook.com/jerryabraham)

Twitter: @j Abraham

+1.832.687.3242

Kedren Community Health Center
4211 S. Avalon Blvd., Los Angeles, CA 90011
(323) 233-0425 | www.Kedren.org



Kedren Health

References:

Bourne, A., Reid, D., Hickson, F., Torres-Rueda, S., Steinberg, P., & Weatherburn, P. (2015). "Chemsex" and harm reduction need among gay men in South London. *International Journal of Drug Policy*, 26(12), 1171–1176. <https://doi.org/10.1016/j.drugpo.2015.07.013>

Ivey, K. S., Bernstein, K. T., Kirkcaldy, R. D., Kissinger, P., Edwards, O. W., Sanchez, T., & Abara, W. E. (2023). Chemsex Drug Use Among a National Sample of Sexually Active Men Who Have Sex with Men: American Men's Internet Survey (AMIS), 2017–2020. *Substance Use & Misuse*, 58(5), 728–734.

Maxwell, S., Shahmanesh, M., & Gafos, M. (2019). Chemsex behaviours among men who have sex with men: A systematic review of the literature. *International Journal of Drug Policy*, 63, 74–89.

Edmundson, C., Heinsbroek, E., Glass, R., Hope, V., Mohammed, H., White, M., & Desai, M. (2018). Sexualised drug use in the United Kingdom (UK): A review of the literature. *International Journal of Drug Policy*, 55, 131–148.

Bourne, A., Reid, D., Hickson, F., Torres-Rueda, S., & Weatherburn, P. (2014). *The Chemsex Study: Drug Use in Sexual Settings Among Gay and Bisexual Men in Lambeth, Southwark and Lewisham*. London School of Hygiene & Tropical Medicine.

Hibbert, M. P., Brett, C. E., Porcellato, L. A., & Hope, V. D. (2021). Psychosocial and sexual characteristics associated with sexualised drug use and chemsex among men who have sex with men. *Sexually Transmitted Infections*, 97(5), 342–348.

European MSM Internet Survey (EMIS) Network. (2024). *European MSM Internet Survey (EMIS-2024): Preliminary Findings*. EMIS Network.

Thank you all for your
continuous passion and effort,
it is deeply appreciated always



Andrew Crone, MD

Infectious Disease Physician
Howard Brown Health

Use of PrEP in Chemsex context



Chemsex & Long-Acting Injectable PrEP

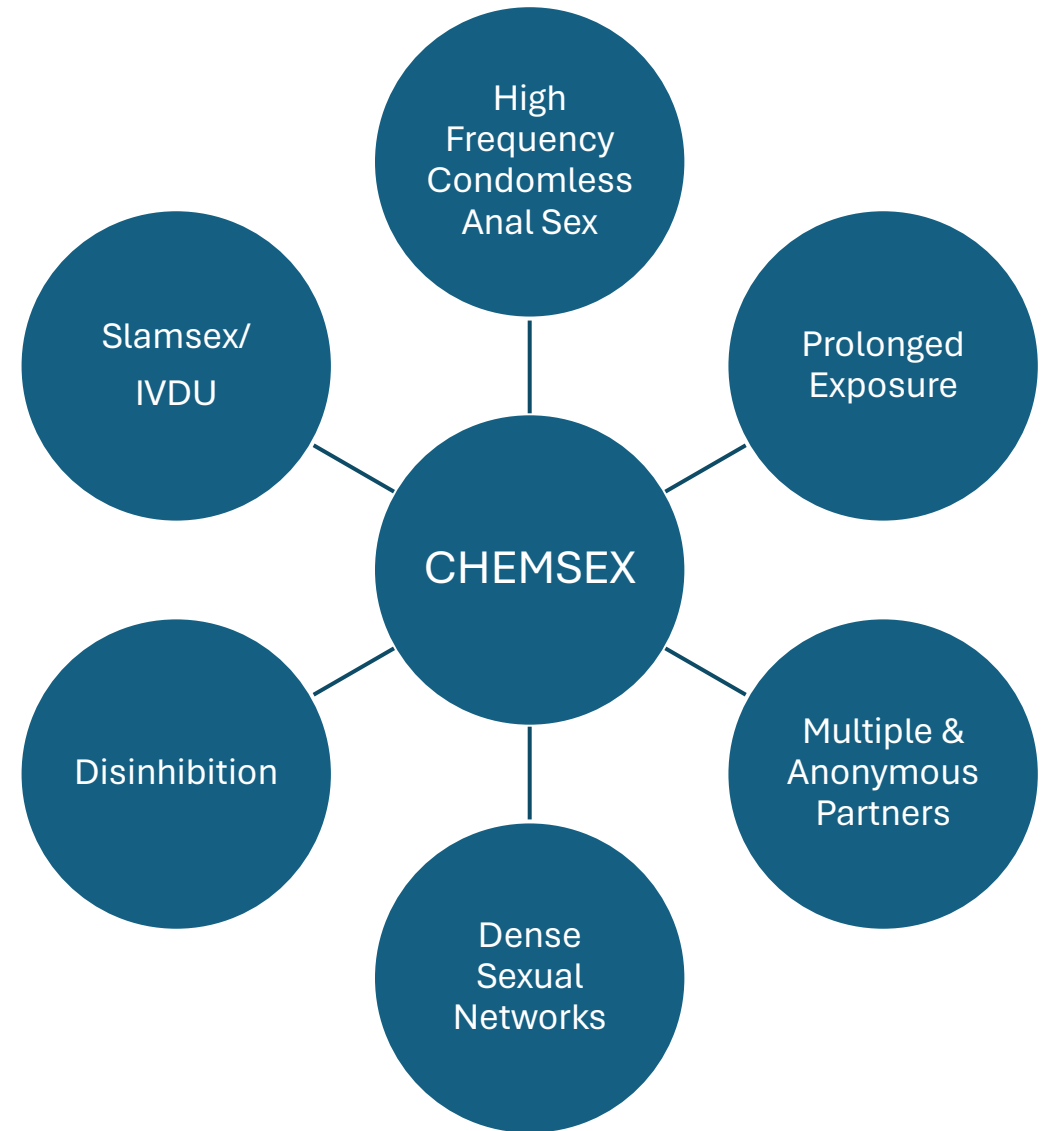
Andrew Crone, MD
Infectious Disease Physician
Howard Brown Health

HIV Risk and Chemsex

Chemsex participants have **2–4× higher odds of HIV acquisition** vs. non-chemsex gbMSM.

HIV prevalence reaches **40–50%** in some European cohorts.

Slamsex (IV injection in sexual context) dramatically escalates risk through shared needles and rectal exposure.



STI Risk in Chemsex: A Perfect Storm

Bacterial STIs

- **Gonorrhea** — rectal, pharyngeal, urethral; limited antibiotic options
- **Chlamydia** — often asymptomatic; high rectal prevalence
- **Syphilis** — significant resurgence; mucosal ulceration increases HIV transmission
- **Lymphogranuloma venereum (LGV)** — disproportionately affects gbMSM in chemsex networks

Viral STIs

- **HCV** — sexual transmission in HIV+ gbMSM; incidence up to **10×** general population
- **HPV / Anal dysplasia** — increased anal cancer risk
- **Mpox** — 2022 outbreak strongly linked to chemsex networks

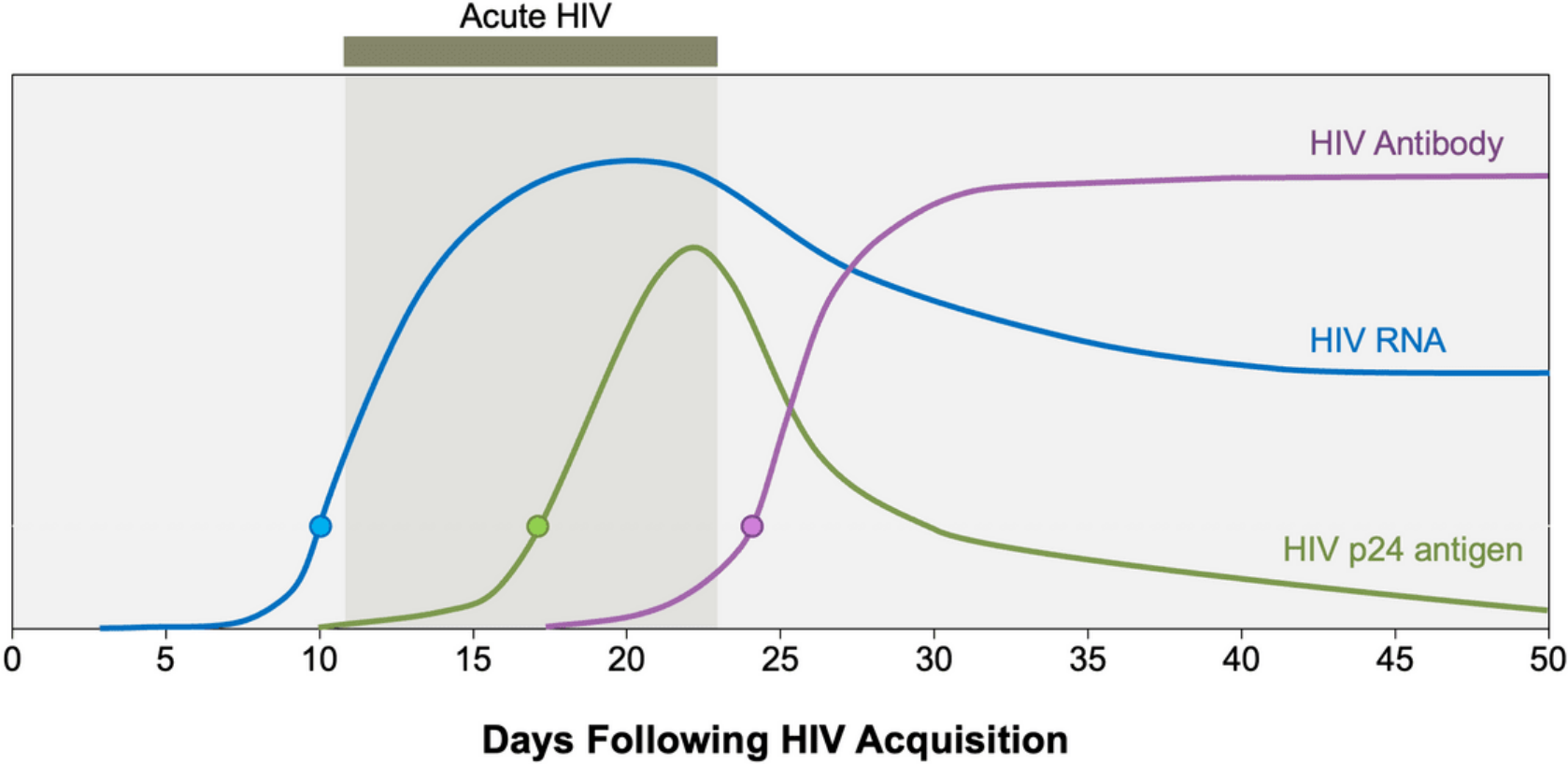
Key Statistics

- STI co-infection increases HIV transmission risk **2–5×** per exposure
- Rectal gonorrhea/chlamydia often asymptomatic — patients rarely self-present



HIV and STI Testing Windows

- Other STIs
- **Gonorrhea** — 1-2 weeks after exposure
 - **Chlamydia** — 1-2 weeks after exposure
 - **Syphilis** — Longer, median time is 21 days
 - **Hepatitis C** — 5-10 weeks



Daily Oral PrEP Often Falls Short with Chemsex

- Cognitive Impairment
 - Meth, GHB, Ketamine, etc can impair memory, patients may forget pills
- Episodic lifestyle
 - Episodes of use coupled with unstable housing, work, and relationships undermines pill consistency
- Stigma
 - Pills on person may out a patient, or expose them into disclosing parts of their identity



Oral PrEP requires daily adherence - fundamentally at odds with Chemsex

Long-Acting Injectable PrEP: A Paradigm Shift

Apretude® (Cabotegravir LA)

INSTI · 600 mg IM · Every 8 weeks FDA approved 2021

Yeztugo® (Lenacapavir)

Capsid inhibitor · 927 mg SQ · Every 6 months FDA approved 2025



No Daily Pill

Protection is "built in" — decoupled from in-the-moment decision-making



No Disclosure Risk

Eliminates visible pill burden in intimate or social settings



Superior Efficacy

Cabotegravir LA and Lenacapavir both >99% effective in preventing HIV



Structured Engagement

Injection visits create regular touchpoints for STI screening and harm reduction



CAB extended-release injectable suspension FDA PI
LEN injection FDA PI

LAI PrEP as a Harm Reduction Tool in Chemsex



Addresses Core Adherence Failures

No pill to remember during sessions. Substance-induced cognitive impairment becomes moot for HIV protection.

Psychological & Social Benefits

Eliminates pill disclosure concerns. Reduces prevention fatigue. Empowers patients who previously felt they "failed" taking oral PrEP.

Every Injection Visit = Clinical Touchpoint

Q2-month or Q6-month visits create structured opportunities for comprehensive STI panels, HIV/HCV testing, mental health check-ins, and harm reduction counseling.

Drug-Drug Interactions: Apretude & Yeztugo

Apretude® (Cabotegravir LA)

Metabolized by **UGT1A1/1A9** and CYP3A4.

- **Rifampin**— Contraindicated
- **Carbamazepine, Phenytoin** — Avoid
- **St. John's Wort** — Avoid
- **Meth, GHB, Mephedrone** — No direct PK DDI; limited data
- **PDE5 inhibitors** — No significant DDI

Yeztugo® (Lenacapavir)

Substrate & inhibitor of CYP3A4; substrate of P-gp/BCRP.

- **Rifampin** — Contraindicated
- **Carbamazepine, Phenytoin** — Avoid
- **Strong CYP3A4 inhibitors** — Monitor; use caution
- **Statins (CYP3A4)** — Dose limit or switch
- **MDMA** — ↑ exposure; serotonin syndrome risk
- **Ketamine** — Possible ↑ levels
- **GHB** — Possible ↑ levels
- **PDE5 inhibitors** — Caution; LEN may ↑ levels

CAB extended-release injectable suspension FDA PI

LEN injection FDA PI

<https://prep-druginteractions.org/>. Accessed June 12, 2026

PrEP DDIs: Howard Brown Health Chart

PrEP therapy		Interactions	Examples	Consequence	Recommendations
Descovy ¹	Other agents affecting Descovy	Moderate-strong CYP3A4, Pgp, UGT1A1 inducers	Rifampin, Rifabutin, Rifapentine, Carbamazepine, Phenytoin, Phenobarbital, St. John's Wort, Oxcarbazepine	Reduced Descovy levels, reduced protection against HIV	Do not administer with strong CYP3A4/Pgp inducers. If strong inducers must be used, switch to Truvada.
	Descovy affecting other agents	None of concern for PrEP			
Truvada ² <i>Generic versions available</i>	Other agents affecting Truvada	Drugs eliminated by renal tubular secretion	Acyclovir, Adefovir, Dipivoxil, Cidofovir, Ganciclovir, Valacyclovir, Valganciclovir	Potentially elevated Truvada or coadministered drug levels	Monitor for adverse effects due to elevated drug levels
		Drugs with renal adverse effects	NSAIDs, aminoglycosides, vancomycin, lithium	Combined nephrotoxicity	Monitor renal function, consider switch to alternative PrEP therapy in long term use
		Hepatitis C therapies	Ledipasvir/Sofosbuvir (Harvoni), Sofosbuvir/Velpatasvir (Epclusa), Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi)	Elevated TDF levels, increased risk of adverse effects	Monitor closely for adverse effects due to elevated TDF levels
	Truvada affecting other agents	None other than outlined above			
Apretude ⁴	Other agents affecting Apretude	Moderate-strong CYP3A4, Pgp, UGT1A1 inducers	Rifampin, Rifabutin, Rifapentine, Carbamazepine, Phenytoin, Phenobarbital, St. John's Wort, Oxcarbazepine	Reduced Apretude levels, reduced protection against HIV	Coadministration is contraindicated
	Apretude affecting other agents	None of concern for PrEP			

Yeztugo ^{4,5}	Other agents affecting Yeztugo	Moderate-strong CYP3A4, Pgp, UGT1A1 inducers	Rifampin, Rifabutin, Rifapentine, Carbamazepine, Phenytoin, Phenobarbital, St. John's Wort, Oxcarbazepine	Reduced Yeztugo levels, reduced protection against HIV	If moderate-strong inducers must be used, consider switch to Truvada . <i>*Supplemental dosing may be available. Consult with pharmacist for dosing and feasibility.</i>
	Yeztugo affecting other agents	Substrates of Pgp or CYP3A	Simvastatin, Lovastatin, Systemic corticosteroids, Narcotic analgesics, PDE-5 inhibitors (tadalafil, sildenafil, vardenafil), Tramadol, Methadone, DOACs	Elevated exposure to Pgp and CYP3A substrates due to inhibition of metabolism by lenacapavir	<p>Simvastatin, Lovastatin: use alternative statin therapy (i.e. Atorvastatin, Rosuvastatin, Pravastatin). Initiate at low dose and slowly titrate.</p> <p>Systemic corticosteroids: initiate steroid at lowest possible starting dose</p> <p>Narcotic analgesics: initiate analgesic at low dose, monitor for respiratory depression and sedation</p> <p>PDE-5 inhibitors: initiate at lowest possible starting dose, monitor for PDE-related adverse effects (i.e. hypotension, syncope)</p> <p>Tramadol: monitor for tramadol toxicity, dose reduce if necessary</p> <p>Methadone: consider methadone dose reduction, monitor for respiratory depression and sedation</p> <p>DOACs: adjust dose based on drug specific factors, including age, renal function, and weight</p>

**This list is not all encompassing. Please refer to updated package inserts and therapy guidelines for the most recent recommendations. July 21, 2025.*



Breaking Down Stigma to Build Engagement



Normalize the Conversation

"Some patients use substances to enhance sex — is that something you do?" Ask about chemsex directly.



Use Validated Tools

Routine, non-judgmental sexual history



Motivational Interviewing

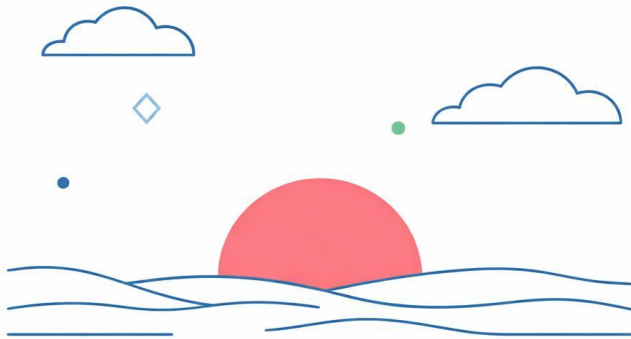
Explore ambivalence without pressure. Offer PrEP regardless of intent to stop chemsex.



Train All Staff

Reception, nursing, pharmacy — not just physicians. Avoid linking PrEP access to sobriety.

Takeaways



- 1** Chemsex is a structural prevention challenge
Not a moral failing – episodic, identity-linked, and associated with dramatically elevated HIV/STI risk.
- 2** Oral PrEP has inherent limitations here
Cognitive impairment, chaotic routines, and stigma undermine daily adherence.
- 3** LAI PrEP is a harm reduction tool
Decouples protection from in-the-moment decisions and creates structured clinical touchpoints.
- 4** Screen for DDIs
CYP3A4 interactions require careful assessment.
- 5** Offer PrEP without conditions
Non-judgmental, stigma-free care is the foundation of effective prevention.

Clinical & Community perspectives on ChemSex and PrEP

CELEBRATING
PRIDE MONTH
JUNE 2026



Gregory Huhn, MD, MPHTM

Regional Medical Director
ViiV Healthcare



Alicia Rogers, MSN, APN, WHNP-BC, AAHIVE

Sr. Medical Science Liaison
Medical Affairs North America
ViiV Healthcare



CELEBRATING
PRIDE MONTH
JUNE 2026



DISCUSSION



Robert Morris, PharmD

US Medical Director,
LAI for HIV Prevention

Closing remarks

Key Take-aways Messages:

- **Chemsex is a distinct form of sexualised drug use**, linked to LGBTQ+ cultures, characterised by prolonged sessions, polydrug use and specific social contexts
- **Prevalence is higher in specific populations**, including PrEP users, people living with HIV, migrants and sex workers, making this a high-impact prevention setting
- **Chemsex significantly amplifies HIV and STI risk**, driven by dense sexual networks, condomless sex and injection practices
- **Daily oral PrEP is sometimes misaligned with chemsex patterns**, due to cognitive impairment, episodic use and lack of planning
- **LAI PrEP supports harm-reduction-based prevention but requires DDI awareness**, as polydrug use and CYP-mediated interactions present a critical medical challenge

Cabotegravir and Lenacapavir: DDI Resources

UPDATED
May 2026

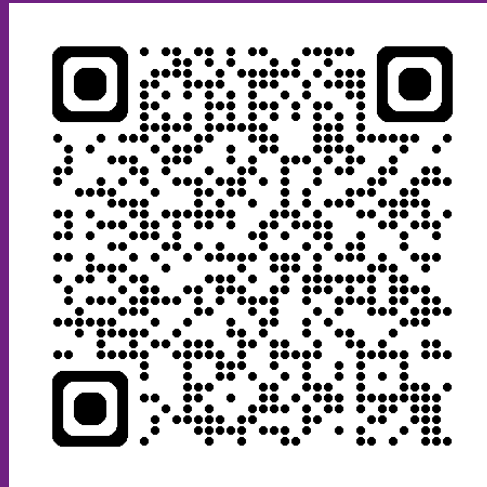
Yeztugo
(lenacapavir)

**Lenacapavir (for PrEP)
Prescribing Information¹**



Apretude
(cabotegravir LA)

**Cabotegravir LA (for PrEP)
Prescribing Information²**



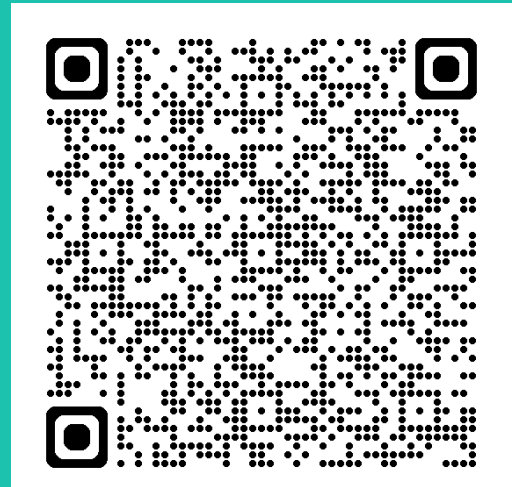
 HIV Drug Interactions

**University of Liverpool
PrEP Interaction Checker³**



CLINICAL INFO
HIV.gov

**DHHS Guidelines Drug-
Drug Interactions⁴**



1. YEZTUGO USPI, Gilead Sciences, June 2025; 2. APREUTDE USPI, ViiV Healthcare, March 2025; 3. University of Liverpool HIV Interaction Checker, October 2024. From: https://liverpool-hiv-hep.s3.amazonaws.com/prescribing_resources/pdfs/000/000/276/original/Lenacapavir_2024_Oct.pdf?1730389168; 4. DHHS Guidelines, September 2024. From: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/drug-interactions-capsid-inhibitor>

Q & A

- Please use the Q&A function to submit comments and questions
- If we are unable to get to your question, we will ensure to follow up with you!

FEEDBACK



Tell us what you think of
today's program

CELEBRATING
PRIDE MONTH
JUNE 2026

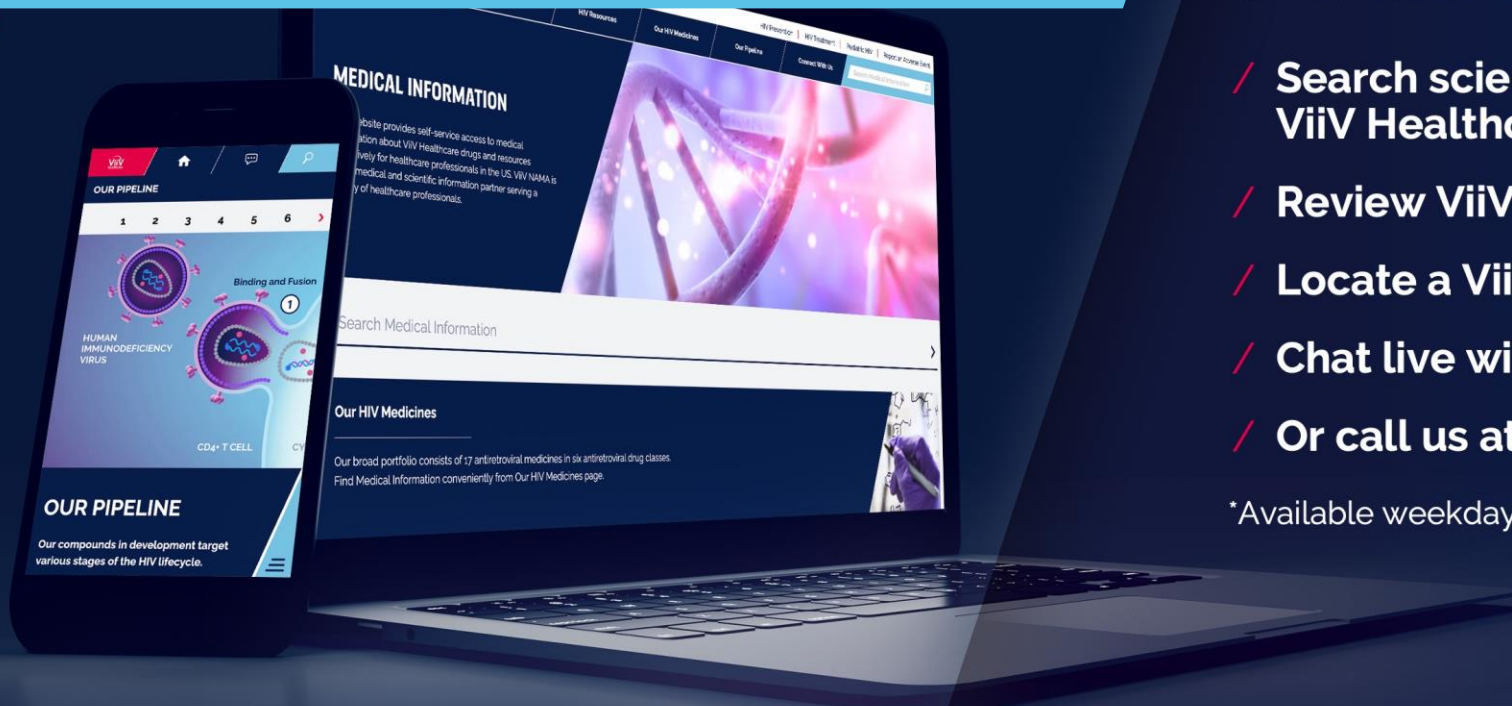


Thank You!

Visit viivhcmedinfo.com to:

- ✓ Search scientific and medical information for ViiV Healthcare medicines
- ✓ Review ViiV Congress presentations and posters
- ✓ Locate a ViiV Medical Science Liaison
- ✓ Chat live with ViiV Healthcare Professionals*
- ✓ Or call us at 1-888-226-8434*

*Available weekdays from 8am—6pm EST



MEDICAL INFORMATION WEBSITE

viivhcmedinfo.com



SCAN TO VISIT
OUR WEBSITE