Oct 27, 2025

Chemsex in the Health Field: A meta-analysis

DOI
https://dx.doi.org/10.17504/protocols.io.5jyl8q3m7l2w/v1

Miss SERYER Houria[1], Professor SIBEONI Jordan[1], Mrs MANOLIOS Emilie[2], Mrs MATHE Jeanne[2], Professor VERNEUIL Laurence[1], Professor REVAH-LEVY Anne[1]

[1]Université Paris-Cité, France; [2]APHP, France

Sabrina Seryer
Université Paris-Cité

DOI: https://dx.doi.org/10.17504/protocols.io.5jyl8q3m7l2w/v1

Protocol Citation: Miss SERYER Houria, Professor SIBEONI Jordan, Mrs MANOLIOS Emilie, Mrs MATHE Jeanne, Professor VERNEUIL Laurence, Professor REVAH-LEVY Anne 2025. Chemsex in the Health Field: A meta-analysis. **protocols.io** https://dx.doi.org/10.17504/protocols.io.5jyl8q3m7l2w/v1

Protocol status: Working
We use this protocol and it's working

Created: June 21, 2025

Last Modified: October 27, 2025

Protocol Integer ID: 220676

Keywords: chemsex, sexualised drug use, healthcare, healtcare professionnals, psychoactive substances in sexual context, chemsex in the health field, chemsex practice, sexual context, substance use within the context, integrated qualitative finding, individual qualitative study, sexuality, qualitative finding, substance use, interplay between health, analysis synthesizes qualitative evidence, psychoactive substance, sex with men, qualitative literature, mental health, sex, including mental health, qualitative evidence, health, growing public health concern, existing research, public health concern, further research, study

Abstract

The use of psychoactive substances in sexual contexts, often referred to as chemsex, has emerged as a complex and growing public health concern, particularly among men who have sex with men (MSM). This meta-analysis synthesizes qualitative evidence to examine how existing research captures the interplay between health (including mental health), sexuality, and substance use within the context of chemsex.
While individual qualitative studies have explored specific dimensions of this phenomenon, to our knowledge, no meta-analysis has systematically integrated qualitative findings to elucidate how these dimensions intersect and are experienced across diverse contexts.
The objective of this meta-analysis is to synthesize and critically interpret qualitative evidence on the interactions between chemsex practices and healthcare systems, considering the perspectives of people who engage in chemsex, healthcare providers, and community-based support workers. This synthesis aims to generate a comprehensive understanding of common patterns, divergences, and underlying mechanisms reported in the qualitative literature, while identifying conceptual and contextual gaps that warrant further research.

Attachments

DOCX Procédure littératur... 30KB

DOCX Search litterature C... 18KB

Guidelines

How is the encounter between chemsex practices and the healthcare system described in qualitative studies, from the perspectives of people who engage in chemsex, healthcare providers, and community-based support workers?

Materials

Not applicable

Eligibility Criteria

1 Population: people who practice chemsex
healthcare professionals who treat people who practice chemsex

2 Intervention(s) or exposure(s): exposition to chemsex/ "exposition" to chemsex users as health professional

3 Comparator(s) or control(s): none

4 Study design: This scoping review will include primary qualitative studies exploring experiences related to chemsex and healthcare, regardless of specific qualitative methodology (e.g., grounded theory, thematic analysis, interpretative phenomenological analysis).

4.1 Included:
Primary qualitative research design
Exploration of chemsex-related experiences in relation to health, mental health, or healthcare.
Focus on the perspectives of people who engage in chemsex, healthcare providers, or community-based support workers.

4.2 Excluded: Quantitative studies, case reports, reviews, book chapters, letters to the editor, conference abstracts, and studies focused solely on alcohol or cannabis use in sexual contexts.

5 Context: This review will include studies conducted in both clinical and community settings, including but not limited to sexual health clinics, addiction services, mental health services, and community-based or peer-led support environments.

Searching and Screening

6 Search for unpublished studies: Both published and unpublished studies will be sought.

7 Main bibliographic databases that will be searched: CINAHL - Cumulative Index to Nursing and Allied Health Literature, PsycInfo, and PubMed. For the unpublished review: HAL, Google and ProQuest

8 Search language restrictions: The review will only include studies published in English and French.

9 Search date restrictions: There are no search date restrictions.

10 Other methods of identifying studies: reference list checking.

11 Selection process: Studies will be screened by at least two people (excluded for the grey literature and the second algorithms)

Data Collection Process

12 Data extraction from published articles and reports: Data will be extracted by at least two people.

13 Study risk of bias or quality assessment: Risk of bias will be assessed using Newcastle-Ottawa (CASP).

14 Reporting bias assessment: Risk of bias due to missing results will not be assessed.

15 Certainty assessment: The CERQual (Confidence in the Evidence from Reviews of Qualitative research) GRADE approach was used to assess confidence in the findings, following four key components: methodological limitations, relevance, coherence, and adequacy of the data. Assessment of these four components enabled us to reach a judgment about our overall confidence for each review finding, that is, each category in our results, rated as high, moderate, low, and very low, with 'high confidence' being the starting assumption.

Outcomes to be Analyzed

16 Main outcomes: Given that the data extracted will come from qualitative literature, there are no specific outcomes.