Sexual Health

Supplementary Material

Harm reduction and multidisciplinary consultations for gay, bisexual, and other men who have sex with men practising chemsex based in a French infectious disease unit: patients' characteristics and perceptions

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Supplementary file S1

Questionnaire to Evaluate Harm Reduction Consultations

This survey was prepared by the Harm Reduction Consultation Team of the Infectious Disease
Unit of Saint-Louis Hospital to evaluate and improve care.

Anonymous and voluntary, we hope to receive a great many answers to improve consultations, and offer a service tailored to your needs. We thank you for your attention and time.

1 / What substance(s) did you regularly use in your last chemsex events?		
	GHB-GBL	
	Crystal methamphetamine	
	3MMC	
	4MEC	
	Alpha-PVP	
	Mephedrone	
	Ketamine	
	Kétamine	
	Ecstasy	
	Other, specify:	
2 / How often, when most frequent, did you use substances during chemsex events?		
	Everyday	
	Several times per week	
	Every week	
	Two to three times per month	
	Once every month	
	Once every two or three months	
	Once every six months	
	Less than every six months	

3 / Did you do slam (intravenous injection of substances) in the last 6 months?	
	Yes
	No
	I do not know
⇒ If « Yes », How ofte	n did you practice slam in the last 6 months?
	Everyday
	Several times per week
	Every week
	Two to three times per month
	Once every month
	Once every two or three months
	Once every in the last 6 months
	Less than every six months
4 / Did your consumpt	ion necessitate emergency medical care?
	Yes
	No
	I do not know
⇒ If « Yes », Were you hospitalized in psychiatry or in an addictology service?	
	Yes
	No
	I do not know
5 / In parallel to the Ur	nit, are you followed by
a psychiatrist?	
	Yes
	No
	I do not know
a psychoth	nerapist?

		Yes
		No
		I do not know
an ada	licto	logist?
		Yes
		No
		I do not know
6 / Did you ever red	ceiv	e a psychiatric pathology diagnosis from a health professional?
		Yes
		No
		I do not know
7 / Do you take a p	sych	noactive medication (antidepressants, sleeping pills, anxiolytics, etc.)?
□ Y	es:	specify:
□ N	lo.	
_ I	do r	not know
8 / Did or does youyour w		ems consumption negatively impact
·		Yes
		No
		I do not know
your re		onships with your friends or family?
		Yes
		No
v.	□ ntim	I do not know
your 11	ուուս	ate relationships?

		Yes
		No
		I do not know
the qu	ıality	of your sexual life?
		Yes
		No
9 / Refore practici	□ no cł	I do not know nemsex, did you have the following problems or questionning:
Erectile	dysf	function?
		Yes
		No
		I do not know
Ejaculat	ion (disorder?
	Vo	s => = too slow == = too quiels
		s ⇒ □ too slow □ too quick
	No	
□ Lock of		o not know
Lack of	piea	sure during intercourse?
		Yes
		No
		I do not know
Sexual a	addic	ction?
		Yes
		No
Concorn		I do not know
Concern	18 W1	th the size of your penis?
□ Yes	⇒□	too small too big other, specify:
□ No		

□ I do not	know
Pain during	intercourse
	Yes, specify:
	No
	I do not know
10 / Who asked for Ha	rm Reduction Consultations for you?
	Yourself
	A health professional
	Other, specify:
11 / For you, Harm Ro	eduction Consultations were?
	Useless
	A little useful
	Beneficial
	Very beneficial
12 / Did Harm Reduc	ction Consultations help you reduce risks or risky behaviors linked with
your psychoactive sub	stance consumption?
	Not at all
	Yes, partially
	Yes, totally
	aluate the quality of your intervener's listening during Harm Reduction
Consultations?	
Consultations?	
	Unsatisfactory
	A little satisfactory
	Satisfactory
	Unsatisfactory
14 / How do you evalu	uate tools used during Harm Reduction Consultations (scales, action plans,
objectives, lists of mea	ans of action, etc.)?

	Unsatisfactory
	A little satisfactory
	Satisfactory
	Very satisfactory
⇒ If tools are evaluate	ted satifsactory or very satisfactory, what are the tools that you found
particularly useful? Ho	ow did they help you?
⇒ If tools are evaluate	ed unsatifsactory or a little satisfactory, what are the tools that you would
have liked to have?	
15 / How do you evalu	nate the availability of your intervener for Harm Reduction Consultations?
	Unsatisfactory
	A little satisfactory
	Satisfactory
	Very satisfactory
16 / How do you evalu	nate your need to attend Harm Reduction Consultation?
	No need for consultations
	Some need for consultations
	A need for consultations
	An important need for consultations
17 / How important ha	we the Harm Reduction Consultations been for you?
	Not important
	A little important
	Important

	Very important		
18 / Would you recommend Harm Reduction Consultations to a friend or a person in the same			
situation as you?			
	Certainly not		
	Probably not		
	Maybe		
	For sure		
19 / Do you have other comments or questions about Harm Reduction Consultations?			