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We'll be starting at 10am (QLD time).



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**insight**

Centre for alcohol and other drug  
training and workforce development

  
**APSAD**  
The Australasian Professional Society  
on Alcohol and other Drugs



# Acknowledgement of Country



**We respectfully  
acknowledge the  
Traditional Owners  
and Custodians of the  
land on which our  
service and events  
take place.**

**We pay our respects  
to Elders past, present  
and future.**

This map attempts to represent the language, social or nation groups of Aboriginal Australia. It shows only the general locations of larger groupings of people which may include clans, dialects or individual languages in a group. It used published resources from 1988-1994 and is not intended to be exact, nor the boundaries fixed. It is not suitable for native title or other land claims. David R Horton (creator), © AIATSIS, 1996. No reproduction without permission. To purchase a print version visit: <https://aiatsis.gov.au/>



# THE GHB CULTURES PRACTICES & EXPERIENCES STUDY

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# WHAT IS GHB?

- Stands for Gamma Hydroxybutyrate
- Precursors **GBL** (Gamma-Butyrolactone) and **1,4-butanediol** (1,4BD) converts to GHB in the body)
- Historically used as a body building supplement and a sleep aid, used for other recreational purposes as of the 1990s
- Used for sex, socialising & partying
- Induces feelings of euphoria, relaxation, disinhibition and increases libido
- At high doses becomes a central nervous system depressant
- Can be extracted from ingredients in cleaning agents & industrial solvents
- Usually sold as a liquid and orally ingested
- Usually referred to as 'G'
- Other terminology relating to GHB is 'charging' (dosing) 'dropping' 'blowing out' (overdose)



Schep, L. J., et al. (2012.)  
Korf, D. J., et al (2014)  
Duff. (2003)

# PREVALENCE OF GHB USE

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Among the wider Australian population **0.1% of people** report GHB use in the **previous 12 months**.

In Australian contexts **5.4%** of gay and bisexual men and **2%** of lesbian, bisexual and queer women have used GHB in the **previous 6 months** & **15.8%** of trans and gender diverse people report sexualised drug use in the **previous 12 months**.

Australian Institute of Health and Welfare. (2020). *National Drug Strategy Household Survey 2019*

Hammoud, M. A., et al. 2019

Mooney-Somers, J. et al, 2020

Callander d. et al, 2018

# GHB HARMS

## Overdose

Variations in tolerances, strength/purity and GHB's steep dose response curve present high risk for GHB induced coma. Combining GHB with other depressants also presents risk for overdose. Low prevalence of use in the general population but GHB accounts for a high number of ambulance attendances and emergency department presentations

## Sexual Violence

Decreases inhibitions and increases sex drive, people report the pleasure of GHB sex however due to coma and amnesia inducing affects common association with GHB as a 'date rape' drug, some studies report GHB facilitated sexual violence.

## Dependence & Withdrawal

Carries a risk physiological dependence and withdrawal symptoms. Supervised withdrawal recommended.

Arunogiri S, (2020)

Schep, L. J, et al. (2012)

European Monitoring Centre for Drugs and Drug Addiction, (2020)

Németh, Z. et al (2010)

Bell, J., & Collins, R. (2011)

# THE GHB CULTURES PRACTICES AND EXPERIENCES STUDY

Conducted to inform service-based responses and address gaps in the qualitative evidence base about GHB and LGBTQ communities **The GHB Cultures Practices & Experience Study** sought to:

1. Understand perceived benefits and harms of GHB use.
2. Document practices of knowledge sharing, self-regulation & harm reduction.
3. Explore experiences of GHB overdose, dependence & withdrawal.





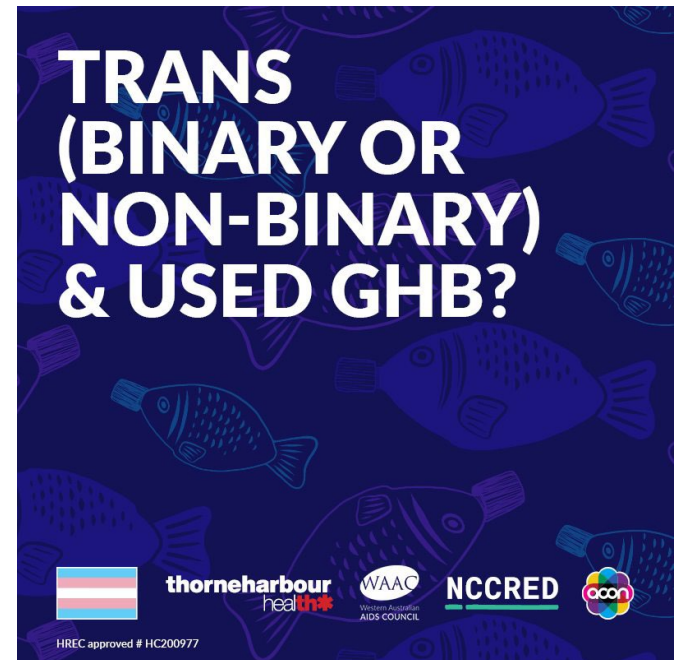
# METHODS

31 participants recruited via social media, reporting 3 or more occasions of GHB use in the last 12 months & identified as LGBTQ

Semi structured interviews questions relating to contexts, settings, practices & experiences of use, focus on:

- » Harm reduction knowledge and practice
- » Sex practices and communication
- » Overdose experience

Data charted to a thematic framework & analysed using a framework methodology



Ritchie, J., Spencer, L., & O'Connor, W. (2003)



# SAMPLE DEMOGRAPHICS & FREQUENCY OF GHB USE

Age	
18 – 24	6
25 – 34	12
35 – 44	9
45 – 54	2
55 – 64	2
GHB use frequency in previous 12 months	
Three or four times a week	3
Weekly	1
Fortnightly	5
Monthly	8
Every two months	3
Every three months	4
Sporadically > 3 times a year	6

Sexual Orientation	
Gay	10
Queer	10
Bi +	7
Lesbian	2
Heterosexual	2
Gender Identity	
Cisgender man	14
Nonbinary	7
Cisgender woman	6
Transgender woman	3
Transgender man	1

Most were born in either Australia or the United Kingdom (n = 28) & spoke English as a first language (n = 28)

# OVERALL FINDINGS

## Three contexts of GHB use

1. **Home:** house parties, dinner parties, small gatherings, private sex parties, on the couch watching TV
2. **Sex:** Casual sex, relationship sex, group sex, beats, saunas & ticketed sex parties
3. **Dancing:** Clubs and festivals

## Polydrug use

- Context dependent
- Commonly combined with crystal methamphetamine in casual sex & group sex contexts
- Combined with MDMA at clubs and festivals
- Some report routinely combining with alcohol

**Dosing**, people reported dosing GHB between 0.5 – 3mls as a standard and GHB was usually dosed multiple times during one occasion of use, rarely did people report dosing GHB just once.

# CONTROLLING FOR PLEASURE & RISK

Participants prioritised strategies to ‘control’ multiple variables perceived to extend GHB pleasures and reduce risks.

*Controlling for Pleasure & Risk:* <https://doi.org/10.1016/j.drugpo.2022.103747>

Pursuing a gratifying GHB high		
Pleasures	Risks	Control Strategies (strengths)
<ul style="list-style-type: none"> <li>• Relaxation</li> <li>• Disinhibition</li> <li>• Euphoria</li> <li>• Aphrodisiac</li> </ul>	<p>Overdose resulting in:</p> <ul style="list-style-type: none"> <li>• Death</li> <li>• Loss of consciousness</li> <li>• Hospitalisation</li> <li>• Nausea / vomiting</li> <li>• Accident or injury</li> </ul>	<p>Preparation</p> <ul style="list-style-type: none"> <li>• Self-educating</li> <li>• Peer education</li> <li>• Reagent testing</li> <li>• Collecting batch reviews from dealers and friends</li> </ul> <p>Controlled GHB:</p> <ul style="list-style-type: none"> <li>• Dosing</li> <li>• Measuring</li> <li>• Timing</li> <li>• Polydrug use</li> </ul>

Harm reduction strategies [outlined further here](#)

# PLEASURE, RISK & CONTROL

## Pleasure

*It has a distinct effect on my dysphoria... more so than any drug that I've ever taken it really does allow me to, to not feel dysphoric. There's something about it that allows that part of my brain that is almost always kind of like active to chill out and I feel very congruent with my body in a way that I'm not used to 99 per cent of the time.*

Emily, transwoman, queer, 20s

## Risk

*You only need to be a little bit out here one mil either way: it can be the difference between having a good time and, or, you know, getting sent to hospital.*

Craig, cisgender man, gay, 50s

## Control

*I really enjoy G. I think its my favourite drug to do. Apart from those two incidents when I was young, I've never, ever had a bad incident since then. I attribute that to the fact that I control my usage.*

Jose, cisgender man, gay, 30s

# EDUCATION NEED

Despite reports of strong harm reduction practice, many in the sample reported personal experience of overdose, some specific overdose prevention education needs are outlined below.

	Quote
<b>Younger people or people new to GHB susceptible overdose due to lack of knowledge</b>	<p>“When I first tried GHB, the first three times was with the same person my drug dealer and his standard dose was three mils, and I didn’t know... I wouldn’t even do that now and I just thought it was standard.”</p> <p>Benjamin, cisgender man, bisexual, 30s</p>
<b>Inconsistent accounts of the differences between GHB &amp; GBL</b>	<p>“Some people, they generally will know... sometimes they don’t know, so you run the risk of it being GBL, GBH...if you can’t remember which one’s which, then I always remember GBL the ‘L’ stands for longer and ‘H’ is the shorter one... Could be wrong there”</p> <p>Craig, cisgender man, bisexual, 30s</p>
<b>Use of multiple substances alongside GHB often characterised in terms of getting ‘carried away’ in the ‘heat of the moment’.</b>	<p>“By the time you’d done four lines of coke, four mils of G, a couple of bumps you were so out of it that everyone ...you might have a plan initially to “Do this sequence, this time,”... put your timer on for your G... I just remember it was just all bets were off: just do whatever the hell you want.”</p> <p>Martin, cisgender man, gay 30s</p>

# CONNECTION PLEASURE, RISK & CONTROL

In most instances GHB using peers supported the safety and enjoyment of GHB use.

Relationships, exploration, and connection		
Pleasures	Risks	Control Strategies
<ul style="list-style-type: none"> <li>• Great sex</li> <li>• Exploration of sexual boundaries</li> <li>• Identity formation</li> <li>• Intimacy &amp; communication</li> <li>• Receipt of care</li> <li>• Formation of relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual violence</li> <li>• Relationship breakdown</li> <li>• Trauma associated with GHB overdose response</li> <li>• Peer pressure around GHB use</li> <li>• Spiking or intentional GHB overdose</li> </ul>	<ul style="list-style-type: none"> <li>• Use with select and trusted friends</li> <li>• Interpersonal negotiation, around drug consumption &amp; sexual boundaries</li> <li>• Careful partner selection for GHB sex</li> <li>• Distancing from people perceived to be reckless or unsafe</li> <li>• Regulating peer practices around dosing, measuring, timing and polydrug use</li> </ul>

# CONNECTION

## Pleasure

*“The connection is an important part of the reason I think most people take GHB. And, while you might find it reduced to, it makes sex great ... the connection can be so much, so much deeper than without it in a way that most people don’t recognise as depth.”*

*Tracey, transgender woman, heterosexual, 30s*

## Risk

*“My first GHB encounter was non-consensual and that was I dare say an overdose, and I was taken advantage of.”*

*Jermaine, cisgender man, pansexual, 30s*

## Control

*“I’ll have a beer with anyone and then it sort of narrows down to like I’ll do MD with these people, and I’ll do mushrooms with these people, and I’ll do G with (these people)...Like it’s kind of a narrow pyramid of trust...”*

*Alina, genderqueer, queer, 20s*



# SEXUAL BOUNDARIES LEARNING

Participants were asked about approaches to communication throughout the process of GHB sex.

Findings	Implications
Reported strategies to communicate sexual interests and establish boundaries before GHB sex.	Further promotion of already practiced sex conversation, in service of sexual pleasure, compatibility & affirmative consent.
Less reported were practises of continuous verbal communication to ensure consent throughout GHB sex.	Education around the fluidity of sexual consent in contexts where drugs are used & promotion to normalize practices that may facilitate 'checking in'.
Some reported their use of communication strategies learned and used in the context of BDSM/kink sex.	Modelling peer-to-peer consent education norms in BDSM communities within communities who have GHB sex.
Several participants reported experiences of distressing sex on GHB but resisted labelling these sexual violence & did not access sexual violence services.	Education to help people recognise and respond to sexual violence if it occurs. Services, promote access among those who may feel distressed or confused after GHB sex.

# OVERDOSE RESPONSE

Most participants had either personally lost consciousness ( $n = 18$ ) or witnessed loss of consciousness ( $n = 17$ ) after use of GHB, with only six participants reporting that they had not experienced either.

This finding aligns with multiple other studies conducted among people who use GHB.

Degenhardt, et al, (2003).  
Grund, et al (2018)  
Miotto, K. et al 2001)

# UNDERSTANDINGS OF GHB OVERDOSE

Definitions of GHB overdose vary from limited consciousness and inability to stay awake to complete loss of consciousness. Studies often distinguish between G napping (an uncontrollable urge to sleep) and comatose intoxication. Some define overdose in alignment with signs and symptoms such as vomiting, contortions and sweating, regardless of whether sleep or coma is experienced.

*There's a different level of overdose, I think. Like some people just fall asleep and they're fine. Seems like they've just gone into a deep sleep. But, when you start seeing those really cold sweats and sometimes there's no way of waking them up, when they just go to sleep, you can still get a, a mumble or wot-not out of them, if you poke and prod them....*

***Mark, cisgender man, gay, 30s***

Grund, J.-P., (2018)  
Degenhardt, et al (2003)  
Duff, C. (2005)  
Korf, D. J., et al (2014)  
Hammoud., et al (2019)

# OVERDOSE RESPONSE

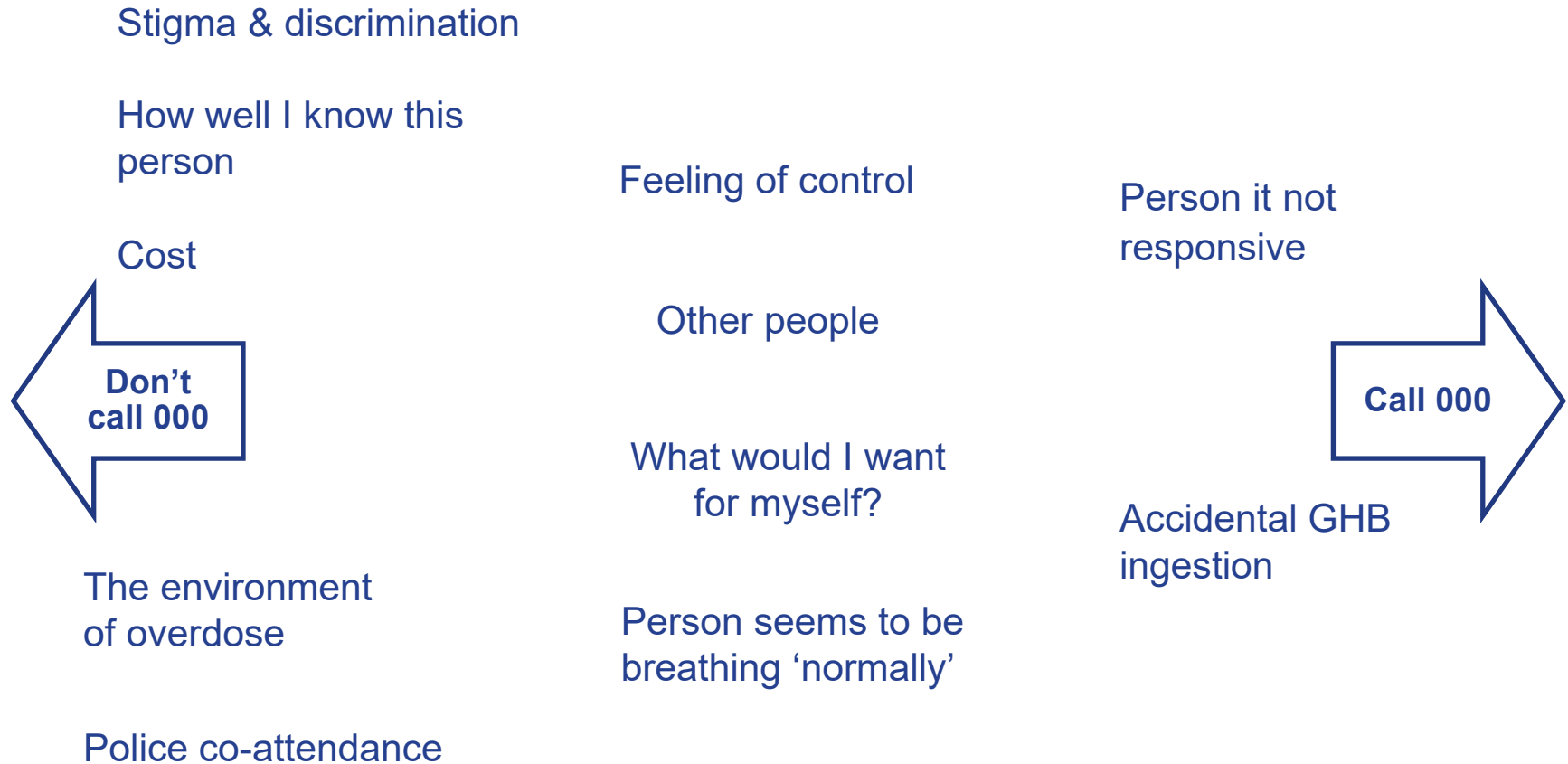
There is resounding focus on GHB induced coma in the GHB literature but no studies have reported what consumers do upon witnessing overdose. Most GHB induced coma is managed without an ambulance, so what do people do?

Stage	Response	Actions
Initial symptoms of distress	Preparing for safety	<ul style="list-style-type: none"> <li>• Checking in</li> <li>• Removing hazards</li> <li>• Removing stimulus</li> <li>• Leaving environment and calling for help</li> </ul>
	Dosing stimulants	<ul style="list-style-type: none"> <li>• Dosing cocaine</li> <li>• Dosing crystal methamphetamine</li> </ul>
Urge to sleep or near loss of lucidity	Providing citrus	<ul style="list-style-type: none"> <li>• Asking someone to drink orange juice</li> <li>• Putting a lemon or lime wedge in mouth</li> </ul>
	Keeping someone alert	<ul style="list-style-type: none"> <li>• Standing under a shower</li> <li>• Biting nipple</li> <li>• Rubbing sternum</li> <li>• Shouting</li> <li>• Shaking, slapping &amp; hitting</li> <li>• Throwing water on someone</li> <li>• Punching throat</li> </ul>

# OVERDOSE RESPONSE

Stage	Response	Actions
<b>GHB induced sleep (responsive and non-responsive)</b>	Checking for responsiveness	<ul style="list-style-type: none"> <li>• Waking someone with pain or sound stimulus</li> <li>• Asking someone to say their name</li> <li>• Asking someone to squeeze hand</li> </ul>
	Observing	<ul style="list-style-type: none"> <li>• Sitting with someone for a duration of hours</li> <li>• Placing someone in the next room and intermittent monitoring</li> </ul>
	Assessing breathing	<ul style="list-style-type: none"> <li>• Monitoring for unusual breathing sounds, patterns, or faint breathing</li> </ul>
	Managing airways	<ul style="list-style-type: none"> <li>• Putting into the recovery position</li> </ul>
	Ensuring comfort	<ul style="list-style-type: none"> <li>• Putting someone in a spare bedroom</li> <li>• Moving someone to a safer location</li> <li>• Ensuring body has not contorted into damaging position</li> </ul>
	Collaboration	<ul style="list-style-type: none"> <li>• Moving someone to a safer location</li> <li>• Discussing decision to call or not call for ambulance</li> </ul>
	Getting help	<ul style="list-style-type: none"> <li>• Driving someone to hospital</li> <li>• Calling an ambulance</li> <li>• Getting an uber to hospital</li> </ul>

# FACTORS INFLUENCING DECISION TO CALL 000



# WRAPPING UP

*This research was conducted to inform responses of health and community based organisations and generated a number of key learnings & recommendations.*

## Harm reduction

Reinforce strengths in practice (dosing, measuring, timing, using with trusted friends and group regulation)

Education to target people who are new to GHB use, promote control throughout an entire occasion of use & educate about the differences between GBL, GHB & 14BD.

## GHB sex, boundaries & communication

Reinforce pre-sex communication practices & promote continuous verbal consent throughout GHB sex

Education around recognising, naming, and responding to sexual violence if it occurs

## Overdose Response

Encourage 000 call

Education to focus on managing airways and assessing vitals

Address barriers to ambulance call where possible (police co-attendance, cost, inclusive practice at hospital-based settings)



## ACKNOWLEDGMENTS

We'd like to thank the 31 people who participated in this study and so generously shared their time and experiences with us.

### The Research Team

Dr. Krista Siefried  
Professor Nadine  
Associate Professor Adam Bourne  
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M. Joel Murray (ACON)  
Ms. Lucy Burnett (Thorne Harbour Health)  
Ms. Rebecca Biglane (Western Australian AIDS Council)

### Outputs

**Article:** Controlling for pleasure and risk: The experiences of sexuality and gender diverse people who use GHB. *International Journal of Drug Policy*, 105, 103747.  
<https://doi.org/https://doi.org/10.1016/j.drugpo.2022.103747>

**Video summary:** <https://pivotpoint.org.au/ghb-cultures-practices-experiences-study-findings/>

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