Harm Reduction International
61 Mansell Street, Aldgate, London E1 8AN
Telephone: +44 (0)20 7324 3535
E-mail: office@hri.global
Website: www.hri.global

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Briefing note

CHEMSEX AND HARM REDUCTION FOR GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

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Chemsex and harm reduction for gay men and other men who have sex with men

Using substances for sex and socialising is not a new phenomenon. Drug use was documented among gay men and other men who have sex with men long before the term "chemsex" was coined.[1] Chemsex, which has come to the attention of public health professionals in the past decade, involves both sexual and drug-related high risk behaviours such as multiple sexual partners, the use of multiple drugs together, and injecting drug use.

There are many definitions of chemsex, but most agree that it involves the following:

- Sex between men
- Substance use to facilitate, prolong or enhance sex
- Use of a specific set of substances (mainly stimulant drugs)
- Casual sexual partners and often group sex
- Events which last for an extended period of time
- Often facilitated by digital technology

Sexualised drug use and chemsex are different. The former is a wider term referring to the intentional use of drugs in a sexual context in general, while chemsex is a distinct case of sexualised drug use.

Motivations for sexualised drug use can include reducing sexual inhibitions, shyness and increasing self-confidence, enabling the enactment of sexual fantasies, while increasing sexual pleasure, and extending, sustaining and/or enhancing sexual activities are also common motivations.

The criminalisation of drug use is prevalent globally, and the availability of harm reduction services is inadequate. However, harm reduction responses for sexualised drug use are even more inadequate, particularly compounded by criminalisation of sex between men. Gay men and other men who have sex with men and people who use stimulants are among the communities insufficiently served by existing or traditional harm reduction services.[2] Furthermore, people engaging in chemsex have multiple vulnerabilities, leading to increased public health risks. For example, the risk of acquiring HIV is 26 times higher among gay men and other men who have sex with men, 29 times higher among people who inject drugs, and 13 times higher for transgender people,[3] while the same groups also have elevated risks of acquiring hepatitis C infection.[4] Widely supported by evidence, it is critical to provide support and access to public health services tailored to the needs of this population.[5]

When talking about chemsex it is important to take into account the social determinants of health, social inequalities, criminalisation, stigma and discrimination faced by people engaging in chemsex - all of which affect health outcomes. These structural barriers continue to hinder access to health services both for men who have sex with men and people who use or inject drugs. It is well established that gay men and other men who have sex with men experience disproportionate levels of ill-health compared to the general population, and frequently face stigma, discrimination and criminalisation, which can lead to significant barriers in accessing appropriate health services.[6] As people who engage in chemsex are at the intersection of two stigmatised communities (people who use drugs, and gay men and other men who have sex with men), they have an increased likelihood of facing discrimination or ill-treatment, which can lead to people disengaging or actively avoiding public health services. It is thus critical to provide harm reduction services to people involved in chemsex, in order to ensure they have access to the information and the equipment necessary to lower their health risks in a non-judgmental environment, without fear of discrimination.

The chemsex phenomenon has multiple characteristics that can increase the health and mental health risks of

people involved. While precise descriptions of chemsex vary in international literature, definitions generally refer to chemsex as sexualised drug use among gay men and other men who have sex with men using multiple substances, where sexualised drug use refers to intentional and simultaneous use of drugs to facilitate, enhance, and/or prolong sex. Sometimes a specific set of substances is also included in the definition, though there are arguments that a broader definition would capture greater diversity and contingency of practices, and would thus contribute to an effective public health response.[1] In addition, it has to be noted that groups other than gay men might be participating in chemsex, for example, in Portugal, transgender and non-binary people are also part of the chemsex scene.[7]

RISKS AND PRACTICES IN CHEMSEX

Although similar activities existed before the term gained popularity, the word chemsex started to spread from the United Kingdom in the early 2010s,[8] and most of the research available was done in North America, Oceania and Western Europe.[9] Based on a systematic review of the literature, between 3% and 29% of men who have sex with men worldwide have engaged in chemsex at least once in their life.[9] A recent European survey of 50 countries found that overall, 15% of men who have sex with men had ever had chemsex and 68% of those had done so in the last 12 months. Around 5% of all respondents reported chemsex in the last four weeks.[10] A recent literature review in Asia found that prevalence of sexualised drug use among men who have sex with men (a broader term than chemsex) ranges between 3.6% and 60% in studies from China, Hong Kong, Malaysia, Taiwan, Thailand and Vietnam.[11]

Chemsex can occur in a diverse range of settings, from privately organised parties with multiple attendees to saunas and sex-on-premises venues, and these events often last for multiple days (for example throughout the weekend). Another element of the phenomenon is the involvement of digital technologies. Geolocation social networking and dating apps (such as Grindr, Hornet, Blued or Scruff) used by gay men facilitated the growth of casual and group sexual encounters.[1,12] Digital technologies also play a role in increasing the availability of drugs used in the chemsex scene. Social media and mobile apps have an important role in the scene in Asia too, where they are also used to organise events or identify possible participants. For example, in Singapore and Thailand, specific symbols (e.g.: snowflake or ice cream) are used in profiles to indicate interest in sexualised methamphetamine use.[11]

KEY SUBSTANCES

Crystal methamphetamine, synthetic cathinones (Mephedrone, 3 methylmethcathinone, 4 methylmethcathinone), and GHB/GBL (gammahydroxybutyrate/gamma-butyrolactone) are the most commonly used drugs in chemsex. These drugs are referred to as "chems", though other drugs are often involved too, such as alcohol, poppers (amyl/alkyl nitrates), cocaine, ketamine and Viagra[8]. There are significant differences in the substances used across the globe and even between cities in the same country. For example, in Italy, mephedrone is the main substance used in the chemsex scene beside GHB, while crack cocaine use is also emerging within the chemsex scene, especially in Milan, and crystal methamphetamine use is more restricted due to its high price in the country.[13,14] In Valencia, Spain the most popular substance is alpha-PVP (a synthetic cathinone).[15] There is a strong link between crystal methamphetamine, GHB/GBL and poppers in Canada, but there are people also use psilocybin mushrooms, cannabis, ketamine, MDMA, cocaine and alcohol, while synthetic cathinones are not easily available.[16,17] Similarly, mephedrone has been categorised as a chemsex drug in the UK,[18] but it is not readily available in Australia and was not reported by participants.[1]

The available research in Asia refers to sexualised drug use, and a recent review found that crystal methamphetamine is dominating the scene, though other drugs are used as well, for example, cannabis, MDMA, heroin and ketamine were reportedly used during chemsex in Vietnam; poppers, MDMA, ketamine and Viagra in Singapore; poppers and Viagra in Thailand, while synthetic cathinones were not mentioned at all.[11]

A wide array of substances are involved in the chemsex scene, though there is a significant focus on stimulants and substances with disinhibiting effects. Another characteristic of substance use in this setting is poly drug use, or the use of multiple drugs at the same time, which in itself can increase the risks of substance use. For example, some drug combinations can have a synergistic effect and can raise the risk of overdose. The risks of unintended effects can increase further when substance use lasts for an extended period of time, for example, for several days, as keeping track of consumption can become challenging.

MODES OF ADMINISTRATION

According to the literature, practically every mode of administration is present in the chemsex scene, including ingesting, snorting, smoking and injecting.

Injecting drug use is the mode of administration with the highest associated risks, both in terms of overdose and blood borne virus infection. A survey of men who have sex with men in Europe found that 97.7% had never injected drugs, while 1.2% reported injecting drugs in the last twelve months.[10] Literature reviews found that the prevalence of injecting drug use in sexualised settings among gay men and other men who have sex with men is estimated to range from 1%-50% in Western Europe and Australia, while studies which examined this in large samples reported a prevalence range of 1%-9%.[9] Injecting drug use is documented in Asia, including in Malaysia and Bangladesh. There is anecdotal data that suggests that intravenous injecting is increasing in the region, though it is less prevalent than in North America, Oceania and Western Europe.[11] Methamphetamine is the most frequently injected substance used in chemsex in every region where data is available,[9–11] which further underlines the need for harm reduction, as stimulant injecting has been associated with local HIV outbreaks in many countries, including in five countries in Western Europe in the past five years.[2]

While smoking and sharing smoking equipment involves lower risk than sharing syringes, using unsafe pipes has significant health risks (e.g. pulmonary complications including chronic obstructive pulmonary disorder, emphysema and bronchitis), and sharing smoking equipment remains a possible route of HIV and viral hepatitis transmission.[2,19]

SEX-RELATED RISKS

Sexualised drug use has been associated with increased likelihood of engaging in sexual practices that pose a high risk for blood borne viruses and sexually transmitted infections (STIs). For example, chemsex usually involves group sex with multiple partners, and performing sex acts like fisting.[9,20] People who engaged in chemsex were found to be more likely to have unprotected sex, which increases sex-related health risks including HIV, hepatitis and other sexually transmitted infections (STI).[9,11]

Other studies reported that HIV positive gay men and other men who have sex with men were more likely to engage in sexualised drug use compared to gay men and other men who have sex with men of non-HIV positive status. However, a study from Western Europe found greater likelihood of participating in chemsex among those who have had an HIV test in the previous three months. Two studies in the United Kingdom identified that chemsex participants were more likely to access post-exposure prophylaxis (PEP) than non-chemsex participants, and a study in Netherland reported that those who engaged in chemsex were more likely to be on pre-exposure prophylaxis (PrEP).[9] People engaging in chemsex are an important target group for PrEP and PEP,[21] and appropriate service provision can be key in access to these preventive medications. A study found that sometimes not feeling capable of accessing health services within the time period that PEP is recommended (within 72 hours of exposure to HIV) can be a serious barrier in access to PEP.[10] Another study concluded that focusing on gay men and other men who have sex with men using drugs associated with chemsex could help to reach those that are most likely to benefit from access to PrEP.[22]

Drug use in sexual contexts entails specific risks beside contracting blood borne viruses or STIs. Sometimes, the disinhibiting effect of certain drugs, along with peer pressure and self-stigma, can lead to participants feeling shame, guilt or regret after a chemsex session. Furthermore, the combined use of substances or overdose can make consent problematic, with some participants reporting a "blurry line" regarding consent during chemsex. There are also some cases where participants suspected being anally penetrated while being unconscious.[18]

While this briefing focuses on potential physical and mental health risks involved in chemsex, it is also important to acknowledge the pleasurable aspects of engaging in chemsex. Literature reviews found studies that reported that disinhibiting effects of drugs allowed men to overcome confidence issues and enhanced their ability to engage in a meaningful shared experience with sex partners.[9]

RECOMMENDATIONS FOR HARM REDUCTION[1]

- **Meaningful involvement of the community at every stage, from design and implementation to evaluation of services.**
- **Investment in and scale up of community-led harm reduction services for sexualised drug use**
- **Integrated service delivery covering harm reduction, sexual health and mental health services with a focus on men who have sex with men. If integration is not appropriate, build close cooperation and referral between services.**
- **Harm reduction services should have an online presence as digital technologies have a central role in the chemsex scene**
- **A one stop shop for all harm reduction commodities (syringes, pipes, condoms, lubricants, information on substances, HIV and Hepatitis tests, PrEP and PEP, etc.)**
- **Easy access to HIV, hepatitis C and other STI testing, counselling and treatment**
- **Appropriate knowledge of the language used in the community and the sexual practices that can occur**
- **Appropriate knowledge of the drugs used in the local scene and the possible interactions between them**
- **Meeting people where they are, and treating them with respect and dignity**
- **Educating professionals working on the ground, and provide trainings to increase awareness of chemsex**

PEER INVOLVEMENT, LOCAL FOCUS

There are differences in chemsex practices across regions (from typical venues to preferred substances), and recent studies have underlined that chemsex is specific to local settings.[1] A pragmatic approach and the meaningful involvement of peers throughout the process of designing a chemsex-specific intervention could contribute to a service that is appropriate to the chemsex scene it is aiming to serve.

Peer involvement is crucial to help decrease shame and stigma, which are barriers to accessing services. It is central to involve the community throughout the process of designing, implementing and evaluating a programme. This is essential to learning the specific characteristics of the local chemsex scene, while also help to get to know the language the community uses. It is hard to build trust and establish a safe environment when terms used in the community or sexual practices in the chemsex scene have to be explained to programme staff. As shame and fear of stigma and discrimination are involved when accessing other services in the healthcare and social welfare system, it could be useful to raise awareness, train or educate professionals working at these services on chemsex.

INTEGRATED SERVICES

Men who engage in chemsex are at the intersection of two stigmatised groups, and therefore they have an increased risk of experiencing stigma and discrimination and not being treated with dignity. Living at this intersection means that their needs may not be appropriately met at programmes focusing on gay men and other men who have sex with men more broadly, nor at programmes targeting people who use drugs.

One of the barriers to accessing appropriate services for people who engage in chemsex is the fear of stigmatisation. This includes the fear of disclosing substance use at a sexual health service or the fear of disclosing sexual practices at substance use services. Thus it is pivotal to implement integrated harm reduction services for this community or establish services that have strong cooperation and referrals between harm reduction and sexual health services.

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Mental health services should also be an integral part of chemsex-specific programmes, as chemsex-related mental health issues could also occur. These might include irritability, anxiety or aggression that can be related to the use of crystal methamphetamine; paranoia and anxiety attacks following particularly intense chemsex sessions; and acute depression, anxiety, psychosis and regret that might emerge in the immediate period after a chemsex session.[11,18]

People who engage in chemsex often feel that traditional harm reduction services are not appropriate for their needs. Few needle and syringe programmes are tailored to their needs. In a context where there are organisations with established public health focused services for men who have sex with men, which have built trust in the community, the role of harm reduction organisations might be to support those services, rather than to lead them. However, it would be important to integrate harm reduction and chemsex services to sexual health clinics that serve gay men and other men who have sex with men. At the same time harm reduction services have to understand the needs of gay men and other man who have sex with men, and be able to work with the community, and provide appropriate services to them. Furthermore, chemsex services should be present at premises already frequented by the gay community, for example saunas.

A study among Australian men who have sex with men using methamphetamine in sexualised context highlights, that substance use history can be very diverse in the community, and initiation of substance use might happen in non-sexualised context (for example, at a dance event) and methamphetamine can be used outside explicitly sexual contexts, for example, when socialising.[1] This is supported by a survey of men who have sex with men in Europe, which found that 42% had used drugs in their lifetime, but only 15% had ever participated in chemsex.[10] As substance use is a wider phenomenon in the gay men and other men who have sex with men community than chemsex, it is necessary to reach out to this community with harm reduction messages and programmes in nightlife settings as well.

ONLINE PRESENCE

Online spaces and digital apps play a central role in the chemsex scene. Thus a programme for people engaging in chemsex should have an online presence. Information about service availability, knowledge about substances, sexually transmitted infections (STIs), HIV, hepatitis C, harm reduction practices (both drug use and sex-related) could be part of these online spaces. Furthermore, online consultations and telehealth should be also made available online, as they can contribute to more accessible services.

PROVIDE HARM REDUCTION COMMODITIES

High risk modes of administration, injecting and smoking are present in the chemsex scene, therefore sterile equipment distribution should be part of the programmes targeting men involved in chemsex. Besides equipment sharing, smoking is frequently associated with improvised smoking equipment and the inhalation of toxic fumes, particularly where plastic or inked aluminium is heated at high temperatures. Providing smoking equipment can thus be one of the harm reduction commodities that can and should be distributed. The importance of needle and syringe programmes in preventing HIV or hepatitis C infections is well established in public health guidance. The distribution of sterile injecting equipment should be a central part of any harm reduction intervention for chemsex, preferably with proper bins for safe disposing of unsterile syringes. Besides equipment, advice on safe injection and other harm reduction practices should also be added to the services.

Distributing sex-related harm reduction equipment is equally important as it can decrease the risks of acquiring STIs, HIV or hepatitis C infections. Providing testing and counselling on HIV, hepatitis C and STIs (alongside distributing self-test kits where available) are also central to services targeting people involved in chemsex. Low threshold, community-based delivery of testing, counselling and treatment can be an effective way to reach at risk populations who otherwise would not be able to access these services. Pre-exposure prophylaxis and post-exposure prophylaxis medications are also important means of preventing HIV infection, these can also be distributed through chemsex services, where it is available.

EXAMPLES OF INTEGRATED SERVICE DELIVERY FOR CHEMSEX

CHEMSEX SUPPORT – STOP SIDA, BARCELONA, SPAIN

Chemsex Support by Stop Sida in Barcelona, Spain is a dedicated programme for chemsex where the necessary services are provided either in house or with referrals to the national public health system. For example, a psychologist is available at the organisation with a wide range of options from face-to-face and online therapy to group sessions. In cases where a psychiatrist is needed they can refer clients to a local hospital's substance use department. They also organise activities like gym training, hiking or museum visits.

The programme has a service where they accompany men who are new to the scene and support them with counselling if needed.

The programme has a substantial online presence too, where they answer questions on the MachoBB app (a dating site for sex without the use of condoms) from all over the country. The team also created a website with information on chemsex, accompanied by a blog where peers share their chemsex experiences. The organisation has a YouTube channel, and produced different videos on chemsex, explaining related harm reduction practices, for example safer injecting.

LIGHTHOUSE, VIETNAM

Lighthouse is a community-based organisation, with an online community space, GTown, which combines community pages, groups, forums, and information pages on rights, news, events, and sexual health of LGBTIQ youth with an extensive knowledge base on HIV, STIs, harm reduction and mental health. The team also hosts webinars on chemsex practices. Lighthouse also has its own app, Hunt, which reflects the exciting feeling LGBTIQ youth have when searching online for sexual partners.

The organisation also implements community-based interventions. For example, they carry out peer-led outreach in Hanoi at locations frequented by the community, such as saunas. They also have a "one-stop shop clinic" called Lighthouse Clinic in Hanoi where young MSM, LGBTIQ youth, young sex workers and young people who inject drugs can visit for issues related to their sexual health and/or substance use.

Lighthouse also provides sensitivity training for health care providers, where peers inform healthcare providers on the culture, characteristics, needs, and issues of the chemsex community and train professionals on communication and language of LGBTIQ and PWUD community, to provide more friendly and high-quality services.

TESTBKK, BY APCOM

TestBKK is a community-led initiative of APCOM to encourage gay men, men who have sex with men to get tested and access HIV services through online and social media in Thailand. TestBKK provides information on sexual health, living with HIV, accessing prevention and treatment services, distribution of prevention packages, as well as topical information for the community to make the most informed choices.

TestBKK has also launched specific harm reduction resource for men who have sex with men in Thailand.

Resources include:
- "Safer Hi-Fun" Guidance, which provides Q&A-formatted advice to avoid and reduce health risks when engaging in a chemsex.

- Alcohol and Drugs Information Hub, which contains facts and figures on 15 different substances known to be used among Thai people. The information includes the substances' effects, interactions among different substances and with the antiretroviral medications, safety and health cautions, as well a list of support and counselling services. Crystal meth, ketamine, GHB, ecstasy, poppers – the popular substances to be used for chemsex in Thailand.

TestBKK also sends out prevention packages to those that are planning group fun, which they can order online. It includes a leaflet containing a QR code for them to access harm reduction resources on the TestBKK website and to promote the use of PrEP.

REFERENCES

1. Drysdale K, Bryant J, Hopwood M, Dowsett GW, Holt M, Lea T, et al. Destabilising the 'problem' of chemsex: Diversity in settings, relations and practices revealed in Australian gay and bisexual men's crystal methamphetamine use. International Journal of Drug Policy 2020;78:102697.
2. HRI. Global State of Harm Reduction 2020[Internet]. London: Harm Reduction International; 2020. Available from: https://www.hri.global/global-state-of-harm-reduction-2020
3. UNAIDS. End Inequalities. End AIDS. Global AIDS Strategy 2021-2026[Internet]. Geneva: UNAIDS; 2021. Available from: https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy
4. WHO. Global health sector strategy on viral hepatitis 2016-2021. Towards ending viral hepatitis. Geneva: World Health Organization; 2016.
5. WHO. WHO-commissioned global systematic review finds high HCV prevalence and incidence among men who have sex with men[Internet]. 2021[cited 2021 May 16];Available from: https://www.who.int/news/item/17-11-2020-who-commissioned-global-systematic-review-finds-high-hcv-prevalence-and-incidence-among-men-who-have-sex-with-men
6. Bourne A. Drug use among men who have sex with men - Implications for harm reduction. In: Global State of Harm Reduction 2012. London: Harm Reduction International; 2012.
7. Pardo A. HRI expert survey on chemsex response. 2021.
8. Stuart D. Chemsex: origins of the word, a history of the phenomenon and a respect to the culture. Drugs and Alcohol Today 2019;19(1):3–10.
9. Maxwell S, Shahmanesh M, Gafos M. Chemsex behaviours among men who have sex with men: A systematic review of the literature. International Journal of Drug Policy 2019;63:74–89.
10. The EMIS Network. EMIS-2017: the European men who have sex with men Internet survey : key findings from 50 countries.[Internet]. Stockholm: European Centre for Disease Prevention and Control; 2019[cited 2021 May 17]. Available from: https://data.europa.eu/doi/10.2900/690387
11. APCOM. A qualitative scoping review of sexualised drug use (including Chemsex) of men who have sex with men and transgender women in Asia. APCOM; 2021.
12. Stuart D. A chemsex crucible: the context and the controversy. J Fam Plann Reprod Health Care 2016;42(4):295–6.
13. Minucci M. HRI expert survey on chemsex response. 2021.
14. Nimbi FM, Rosati F, Esposito RM, Stuart D, Simonelli C, Tambelli R. Chemsex in Italy: Experiences of Men Who Have Sex With Men Consuming Illicit Drugs to Enhance and Prolong Their Sexual Activity. The Journal of Sexual Medicine 2020;17(10):1875–84.
15. Sorriano R. HRI expert survey on chemsex response. 2021.
16. Adams M. HRI expert survey on chemsex response. 2021.
17. Fafard A. HRI expert survey on chemsex response. 2021.
18. Bourne A, Reid D, Hickson F, Torres-Rueda S, Steinberg P, Weatherburn P. "Chemsex" and harm reduction need among gay men in South London. International Journal of Drug Policy 2015;26(12):1171–6.
19. Harris M. An urgent impetus for action: safe inhalation interventions to reduce COVID-19 transmission and fatality risk among people who smoke crack cocaine in the United Kingdom. Int J Drug Policy[Internet] 2020[cited 2020 Jun 24];Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306748/
20. Bryant J, Hopwood M, Dowsett GW, Aggleton P, Holt M, Lea T, et al. The rush to risk when interrogating the relationship between methamphetamine use and sexual practice among gay and bisexual men. International Journal of Drug Policy 2018;55:242–8.
21. Sewell J, Cambiano V, Speakman A, Lampe FC, Phillips A, Stuart D, et al. Changes in chemsex and sexual behaviour over time, among a cohort of MSM in London and Brighton: Findings from the AURAH2 study. International Journal of Drug Policy 2019;68:54–61.
22. Sewell J, Miltz A, Lampe FC, Cambiano V, Speakman A, Phillips AN, et al. Poly drug use, chemsex drug use, and associations with sexual risk behaviour in HIV-negative men who have sex with men attending sexual health clinics. International Journal of Drug Policy 2017;43:33–43.