

FORUM REPORT

TABLE OF CONTENTS

FOREWORD	4
INTRODUCTION AND SUMMARY	6
WELCOME EVENT & PLENARY SESSION	
IS A MEDICO-PSYCHO-SEXUAL APPROACH ENOUGH?	9
PANEL DISCUSSION WITH CHEMSEX VETERANS	10
DATA / EVIDENCE DAY	
THE PURSUIT OF SEXUAL PLEASURE, THE RIGHT TO HEALTH, AND RISK-TAKING	
1. WORKSHOP: UNDER-REPRESENTED GROUPS IN CHEMSEX RESPONSE	14
2. WORKSHOP: CHEMSEX RESEARCH IN EASTERN EUROPE & CENTRAL ASIA	15
3. WORKSHOP: CHEMSEX, HIV, HEPATITIS TRANSMISSION & COMBINATION PREVE	
	17
CHEMSEX AND QUALITY OF LIFE	19
1. WORKSHOP: ACROSS ZONES – MULTIPLE TRUTHS ON CHEMSEX	
2. WORKSHOP: TOWARDS ONE-STOP SERVICE DELIVERY FOR PEOPLE WHO ENGAGE CHEMSEX	
3. WORKSHOP: DRUG CHECKING FOR PEOPLE WHO ENGAGE IN CHEMSEX	
COMMUNITY MOBILISATION DAY.	_
BUILDING THE FUTURE – DO YOU BELIEVE IN FAIRIES?	2 /
THE AMSTERDAM CHEMSEX NETWORK MEETINGThe power of multidisciplinary cooperation on a municipal or regional level for men	
practice chemsex	
1. WORKSHOP: HARM REDUCTION IN THE PARTY SCENE	20
The ins and outs of slamming	
2. WORKSHOP: GROUP WORK AND PEER SUPPORT FOR PROBLEMATIC	2)
CHEMSEX	
3. WORKSHOP: CHALLENGING CRIME IN A CHEMSEX CONTEXT	_
ADAPTING EXISTING SERVICES TO CHEMSEX NEEDS	
1. WORKSHOP: SHAME	
2. WORKHOP: CONSENT	
3. WORKSHOP: ONLINE TOOLS - SHARING GOOD PRACTICES	
KEY FINDINGS	42
WHAT'S NEXT?	

Dear Colleagues,

Here is the English version of the meeting report for the 3rd European Chemsex Forum, Paris, 14-16 November 2019. (We hope to have French and Russian versions at some point in the future. For now, we encourage you to use an online translation service for easier reading in another language.)

We will post this report, along with the evaluation report, on the Forum's groups.io. We encourage your comments, questions and discussion there. Remember, there are over 600 people there. It is a great opportunity to ask a question, network and share information.

To join send an email to main+subscribe@ChemSex.groups.io with your name.

First, a special thanks to our dear colleague, Sylvie Beaumont, who wrote this report, which synthesises and summarises the proceedings and outcomes of the 3rd Forum and has been prepared in consultation with key partners. As you read it, I hope you appreciate the depth, detail and engagement of her writing about such important and complex issues.

The Forum Programme

It was a much larger programme than London Forum 2016 and Berlin Forum 2018. Thanks to your research and activities, twice as many abstracts were submitted. The English and French abstracts were reviewed by David Michels and Camille Spire, AIDES, and their team from France, Poland and the Netherlands. The abstracts and scholarships from EECA (Eastern Europe and Central Asia) were reviewed by Gennady Roshchupkin and Dasha Ocheret, colleagues from Eastern Europe (A special thank you to ECOM for managing logistics for Russian-speaking scholars.) Bryan Teixeira, the Forum chair, took the lead to develop the programme, with 40% more sessions including triple track workshops, from the accepted abstracts. It was Bryan who guaranteed that chemsex veterans played such active roles in the sessions and workshops. Nia Dunbar and I worked with a cracking team of 8 volunteers to coordinate the event with colleagues from AIDES.

Progress

It was a Forum of many firsts.

- It was IHP's first structured partnership with an identified local partner, <u>AIDES</u>. AIDES has been a supporter of the Forum from the very beginning and it was exciting (and challenging) to engage so fully with such a remarkable organisation. We thank them immensely for their participation and leadership.
- For the first time we had the active participation of representatives from WHO Europe Regional Office, Global Fund and AFEW International.
- We had our first representation from MENA (the Middle East and North Africa) with Elie Ballan participating from AFE and M-Coalition. And we had increased participation from North America.
- It was the first Forum with formal simultaneous translation into Russian and the host language, French. Formal simultaneous translation made it possible to have much more active engagement from EECA (Eastern Europe and Central Asia), who demonstrated dynamic and resourceful research and activities in the WHO European region currently most vulnerable to HIV infections.
- For the first time, the Forum demonstrated innovative, person-centred and effective responses at several locales in all regions comprising WHO Europe--a remarkable achievement.
- Following the impetus from the Berlin Forum to look beyond a narrow focus on chemsex mechanisms, subjects like Sexual Pleasure and Intimacy, Fun, Trauma, Shame Depression,

Loneliness, Consent, Sex work, Criminalisation, Safe Places, Person-Centred Integrated Services, Under-represented Populations were all addressed.

- As ever, chemsex and HIV and HCV infections were addressed throughout.
- This Forum featured chemsex veterans playing lead roles in presentations, workshops and discussions.

Finally, it felt like we were truly talking about *the best sex and intimacy with the least harm, a key Forum objective*.

Ben Collins Director, IHP European Chemsex Forum secretariat member

INTRODUCTION AND SUMMARY

Building on the previous two European Chemsex Forums, the third European Chemsex Forum took place on 14-26 November 2019 in Paris. The Forum aimed to provide participants with the tools to develop and improve multi-sectoral responses appropriate to their settings and provide a platform to engage in international, multi-disciplinary dialogue and discussions around chemsex. Chemsex was defined as the use of specific drugs ("Chems") in sexual contexts by gay, bisexual, men who have sex with men and trans* people.

The Forum programme focused on 3 key work areas:

- The pursuit of sexual pleasure and the right to health
- Multi-sectoral responses at local level and adaptation of services to respond to needs
- Harm reduction strategies and support for chemsexers

The Forum started with an evening plenary session and was followed by two full days of presentations and discussions, with Day One looking at data and evidence across Europe and Day Two focusing on the community response to chemsex.

The film ParTy Boi: Black Diamonds in Ice Castles was presented by director Micheal Rice on Friday the 15th of November.

220 people registered, 193 were able to participate in the Forum over three days, bringing together chemsex veterans, chemsex responders, healthcare providers, researchers, therapists, policy makers, service providers and service users from 23 countries.

Some clear guiding principles emerged from the 3rd Forum:

- Forum participants asserted that people engaged in chemsex and chemsex responders need to be included in all intersectoral approaches. Time and again presentations called for more integration of people-centred approaches where people engaged in chemsex and chemsex responders themselves are welcomed into collaborations, across sectors and services, with other key decision-makers in their locales.
- In some locations, community-based organisations (like LGBTQ+ and HIV organisations) and/or broader social structures (like city government), institutions (like the police) or services (like drugs services) have been seen to be underperforming or stigmatising regarding chemsex response. This report also presents instances of excellent collaborations, which DO provide integrated services. These are models that can be shared in different locales for your local work.
- While there was attention at the Forum to issues amongst migrants, racial and ethnic minorities, sex workers and trans people, too often it was to note the work not yet done or lacking the proper capacity to be done well. It is essential for people aiming to provide health and social services, as well as organisations representing these underrepresented populations, to work with those engaged in chemsex and chemsex responders. We need cooperation and inclusive strategies to address issues related to problematic chemsex.
- We're not just addressing chemsex in our response; we're addressing our environments in which some people with needs and talents are provided with resources and succeed while others are denied resources and fail. At the Forum, Bernard Kelly cited Montserrat Guibernau, a Spanish politician, who identified five dimensions of belonging: psychological, territorial, cultural, political and historical. In the last 20 years, Bernard stated, the gay community had retreated from many of these dimensions. His comments chime with recent research by John Pachankis at Yale which focuses on gay community stress as an additional stigma source (alongside social stigma, institutional)

- stigma and self-stigma) contributing to high rates of suicide, depression, anxiety and substance misuse in LGBTQ+ populations.
- This community stress leads directly to the need for increased attention to the dynamics amongst people engaged in chemsex. A number of presentations noted a lack of agreed understanding of harm, play, consent, and responsibility which showed that education was needed around the notions of self-empowerment and boundaries, the right to self-determination and the ability to say "no".

These guiding principles will inform our next steps, as outlined on p.43 of this report.

The Forum programme can be downloaded **here**.

WELCOME EVENT & PLENARY SESSION

The Forum was officially opened in the Town Hall of the 10th arrondissement of Paris, by **Fred Bladou**, Addictologist at <u>AIDES</u>, Paris, with welcoming speeches from **Anne Souyris**, Deputy Maire for Health, Paris, **Stéphane Bribard**, Deputy Maire of the 10th arrondissement and volunteer at AIDES, Paris, **Aurélien Beaucamp**, AIDES President, Paris & **Camille Spire** et **Stéphane Calmon**, AIDES volunteers, Paris

Anne Souyris welcomed participants to Paris for the third gathering of the chemsex Forum. She noted that chemsex was still badly understood and dealt with in a Public Health context because it overlapped various issues such as harm reduction, sexuality and addictology. She expressed hope that the presence of the Forum in Paris would help improve and energise the chemsex response and expertise both in Paris and across all regions.

Stéphane Bribard, warmly welcomed participants in the name of Alexandra Cordebard, Maire of the 10th arrondissement, and opened his address with a brief reminder of the strong engagement and innovative actions of the local council in prevention and harm reduction. The Council had led the way with in France with the opening of the first drug consumption room in the country, the creation of community health relays and access to rapid testing for the LGBT population.

Aurélien Beaucamp expressed how honoured AIDES was to welcome the Forum in Paris as one of its co-organisers. He noted that AIDES had been involved with chemsex users since 2011. They had developed innovative harm reduction tools adapted to these new practices and created a national community support network for chemsex users, their families and their partners. AIDES chemsex services were informed by their users. After 8 years of working around this issue, many questions around new modes of consumption, new synthetic drugs & IST and hepatitis prevalence remained unanswered. Through this conference and its resulting exchanges, AIDES was hoping that the expertise and innovative activities already deployed in other countries would inspire and generate new responses both in France and across Europe.

Camille Spire and Stéphane Calmon, both AIDES volunteers, talked about the need to incorporate the notion of pleasure into the chemsex response. They highlighted some of the numerous reasons behind chemsex, such as solitude, fear of inadequacy & disinhibition. In 2012, two qualitative surveys on SLAM, conducted to identify the needs of the slammers, to understand practices and the link between sexuality and the use of psychoactive substances, had revealed a high prevalence of hepatitis and re-infection rates amongst chemsexers. Consequently, AIDES decided to continue its engagement and develop a community response based on harm reduction.

As has become traditional in Chemsex Forums, a minute of silence was observed in memory of all of those who died as a result of ChemSex.

IS A MEDICO-PSYCHO-SEXUAL APPROACH ENOUGH?

Dr Alexandre Aslan, *University Hospital St Louis* - Paris

Dr Alexandre Aslan delivered the keynote address focussing on 3 approaches to chemsex treatment and care:

- ➤ Medicine:
- > Psychology; and
- ➤ Sexology

He opened his presentation by defining chemsex as "the use of drugs before or during MSM planned sexual events to facilitate, enhance, prolong and sustain the experience". Methamphetamine, GHB/GBL, mephédrone and sometimes cocaine and ketamine were the drugs normally associated with chemsex.

Dr Aslan stressed that chemsex was not a problem for everyone. Some people were able to maintain a relationship of curiosity and experimentation, choosing to



use the drugs intermittently. It was only when control and freedom of use were affected, that chemsex became problematic. He noted that the same drug could have a different impact on individuals at different times of their lives and in different socio-cultural contexts.

Treatment, he remarked, was particularly complex because the drugs themselves were extremely addictive and came associated with physical and social behaviours that were also framed by addiction. The perception of sex was impacted and changed when drugs and habits came together.

Many studies around chemsex revolved around epidemiology, which, while necessary, did not provide in his opinion the tools to treat and help chemsex participants. The studies tell us that today, around one out of 5 MSM patients engage in chemsex.

Medicine

From a medical point of view, doctors in HIV and sexual health clinics are not always trained to speak about the problematics of sexuality such as chemsex. A doctor will think first about infectious complications and the well-being of his patients by evaluating the modes of infection. Slamming, practised by 5 to 10% of chemsexers, can increase the risks of infections and its resulting flash can be particularly addictive. Psychologically, Dr Aslan pointed out, injections often seemed to constitute an important step in the chemsex journey.

The commonality of all the chemsex drugs, stated Dr Aslan, was how they hugely increased the production of dopamine in the brain, making them particularly effective. Dopamine increased sexual arousal and pleasure seeking behaviours, reduced inhibition and increased risk taking. A risk reduction approach was essential for therapeutic follow-up, where the patient was listened to and re-empowered to reach a stable setting before psychological support could be explored.

Psychology

From a psychological point of view, the definition of the chemsex journey is still in development.

During childhood, explained Dr. Aslan, emotions linked to the outside world are being decoded through the child's environment. For LGBTQ+ children, this decoding system does not work. So as not to be rejected, the child will try to give out an image that is acceptable to the outside world, and any emotion not decoded will link with an internalised censor that will let the child know what is acceptable or not. This is the source of internalised homophobia.

First contacts with sexuality take place around the age of 8 or 9 years old, usually through access to pornography, but the first concrete experiences are usually around the age of 15 or 16 years old. So for many years, the sole source of information is pornography. HIV/AIDS representations in sexuality have also added a level of fear and stigma.

In this context, drugs resolve the complexity of sexuality and allow the individual to disconnect and enjoy sexual encounters.

Sexology

From a sexologist point of view, Masters and Johnson, the first sexologists, describe sexuality as a curve of desire, leading to arousal, that leads to play and ends in orgasm.

In chemsex, the first phase is being bypassed, with desire no longer coming from the person, and men entering directly into the arousal phase. The arousal phase is exogeneous, linked to the drugs and the performance model of sexuality. The sexologist is therefore confronted with hyper sexuality, an absence of desire compensated by drugs taking, often accompanied by erectile dysfunction and a plateau phase that never ends.

The problems resulting from chemsex are numerous and varied, ranging from a rise in HIV, HCV and STIs infections, mental and cognitive issues, decrease adherence to HIV and Hepatitis drugs, isolation, issues of consent, and deaths. Long terms effects are not yet known. Men experienced profound changes to their sexuality and find it extremely difficult to go back to having sex without drugs. If HIV changed the sexuality of people who had HIV and that of other people, the same can be said of chemsex.

Conclusion

A medico-psycho-sexual approach to chemsex care is not enough, concluded Dr. Aslan, it requires a intersectorial approach with community, social and political responses.

PANEL DISCUSSION WITH CHEMSEX VETERANS

Monty Moncrieff, <u>London Friend</u>, <u>London</u> - Moderator Ellie Ballan, <u>M-Coalition</u>, <u>Beyrouth</u>
Stéphan Vernhes, <u>AIDES</u>, Paris
Sjef Pelsser, <u>Mainline</u>, Amsterdam

Monty Moncrieff led a panel with 3 chemsex veterans, highlighting the complexity behind chemsex. Problematic chemsex, they stated, lies at the intersection of the biological characteristics of the drugs themselves, the social & historical context, the criminalisation of gay men identities and sexual behaviours, the criminalisation of substance use, and psychological factors.

For young gay men, the panel remarked, it was easier to find a dealer than it was to find support. Individuals tended to go to the support and harm reduction groups once their use had become problematic and they needed tools to reduce harms. As they progressed, and started thinking about quitting, two questions dominated: how to deal with cravings and how to get back to a sexuality without drugs and break the connection between the two. Chemsex users were often scared of life post-chemsex, not only sexually but also socially. Sjef Pelsser noted that it was vitally important not to lose the concept of pleasure in chemsex. Pleasure was one of the drivers in chemsex, and quitting chemsex brought a sense of loss that needed to be addressed.

Users were reluctant to go to main street drug treatment services, which were not set up to deal with the chemsex cultural context, and a community response had proved to be essential. The initial response to chemsex had been mostly intuitive, as services initially were not equipped to deal with the issue. It had been reassuring to see a certain uniformity in the response across Europe. However, it was important to learn to dissociate the practice from the

individual, there is no fits all response. To move forward and stop drug use before it became problematic, staff in sexual health clinics needed be trained to ask questions about chemsex, in a non-judgmental way. The job of chemsex responders was also to advocate for testing and PrEP. Stéphen Vernhes pointed out that in Le SPOT in Paris, 21% of their chemsex clients were HIV Negative and not on PrEP.

The panel also stressed that funding usually came for harm reduction programmes, but donors were not willing to provide for alternative treatments, such as mental health support, or access to sexologists. To progress in the response to chemsex and provide much needed integrated services, this would have to change. The presence in the audience of representatives from some of the main donor organisations was hopeful, the panel noted.

THE PURSUIT OF SEXUAL PLEASURE, THE RIGHT TO HEALTH, AND RISK-TAKING

Plenary Panel and discussion

SESSION PARTICIPANTS

Moderator:

Bryan Teixeira, Freelance Consultant, Carcassonne

Panellists:

- Jan Henry Groszer, <u>Schwulenberatung</u>, Berlin
- Maurice Nagington, <u>Manchester Metro-</u> politan University, Manchester
- Adam Schultz, <u>International HIV Partnerships</u>, London

KEY THEMES OF THIS SESSION

- A place-based, relational, geographical analysis offers the possibility to explore the complex negotiations between sexual practices, identity and desire.
- Pleasure, pain, and harm can and often do co-exist and are built on the same foundations.
- We cannot assume when we ask someone "Do you do chemsex?" that they share our understanding of what chemsex is. Words always bring a certain ideological baggage that needs unpacking.
- Chemsex is not just about sex, it's about what you run from and what you run to.

Maurice Nagington presented **Cesare Di Feliciantonio**'s work as Cesare was unable to attend the Forum.

Cesare Di Feliciantonio has been researching the lives of gay men in different cities across Europe since 2014, using a biographical narrative approach. One of the key issues to emerge from the study was chemsex. 36 interviews were conducted with Italian participants. The aim of the research was to unpack negotiations of spaces and practices, to analyse how people moved around cities, reacted to places and interacted with drug consumption practices.

A "space" could be an actual location, an imaginary association to a place (e.g. Paris = romantic) or a digital place. The study analysed how people travel, discover new practices and forge new sexual imagery of a place and how these practices and information are then imported back when the individual goes home.

Di Feliciantonio's research showed that apps and homes were the primary sites for experimentation and information, with a tight connection between the digital space of hook-up apps and the private character of the home, merging into a public and accessible space for those connected.

The study revealed a tension between the sense of belonging created by these places and the sense of alienation and isolation felt by many of the participants.

Social class was also shown to play a role, creating another source of tension: The same people who had the means to host a party and buy the drugs were also in a position to exploit the power they thus gained over people.

The interviews showed how the drugs also challenged the standards of beauty and masculinity that tended to become irrelevant when one was high on drugs.

Jan Groszer explored the concept of pleasure and its dynamics, reminding the audience that

chemsex and the quest for pleasure were inseparable. He defined pleasure as a component of various emotions with a positive feedback mechanism that motivated the individual to repeat a situation. The rewards from pleasure could be positive or negative reinforcers, such as the absence of pain, a key point to understanding the dynamics of pleasure in relations to sexual behaviour and substance use.

The rewards of gay sex and chemsex, he noted, included not only sexual pleasure but also a sense of belonging and intimacy, a sense of identity and status. However, "pleasure" may also serve as a psychological defence against internal conflict and threatening feelings. For gay men, in particular, the search for pleasure may serve as defence against internalized homophobia, gay shame, self-doubt and marginalization. Pleasure, pain and harm can and do co-exist and may rest on the same foundation. A reductionist view of sex only as "pleasure" will obscure all other psychological aspects of it.

Maurice Nagington argued that gay male spaces and places were always changing, progressing from the secretive places of the 50s to the openness of the glass-fronted bars of today, projecting and reflecting back upon gay men. This process happened primarily through language. While our physical environment and our bodies exist, they do not exist in isolation from the language used to describe them; language makes them intelligible to the self and other. However, words bring a certain ideological baggage with them. Unpacking this baggage is called "close reading" and this is the approach taken by Nagington to conduct interviews about

Chemsex, he noted, is an epidemic that has drawn from historical narratives about HIV and gay male sexuality, using the imagery and language used in previous crises to help us understand the current phenomenon. As with HIV, the notion of a fearful epidemic has become a central narrative, whose logical conclusion is the reduction and elimination via medical frameworks. However, these are not the only metaphors that animate chemsex.

chemsex with 20 gay men. Each interview averaged around 2 hours.

We can't assume that when someone is asked "do you do chemsex", they share our understanding of what chemsex is - it is constantly gaining and shedding ideological baggage and language as it navigates the rich metaphors that are used to describe it, and these fluctuate in relation to our own internal narratives about the self, others, and space.

Language shapes our experiences. As such, chemsex is no different to the spaces that gay men have always been projecting themselves onto and finding themselves reflected back.

Adam Schultz contented that pleasure in a sexual context could fit into two categories: sex and eroticism. Sex, he stated was mainly a sensory experience, while eroticism was concerned with meaning. Gay men had been brilliant at describing the former, but often fell short when asked to describe the meaning.

There is a distinctive difference between desiring someone and desiring to be with someone. This is a very important question in relation to pleasure. This is a language that has been forgotten and is often missing about the conversation about chemsex. What does it mean to you? It is very important not to only focus about the physical and the mechanics but also to start enquiring about the why and the meaning for the individual. There is broad understanding of what chemsex means from a medical perspective but only now are we starting to discuss the meaning. Only when we encompass the entire spectrum of complexity of these experiences, will we be able to connect with the human story at the centre of chemsex. Chemsex, Schultz observed, can be an escape, a pursuit or a self-contained experience. It is not just about sex, it's about what you run from and what you run to.

Pressing his point further, Schultz argued that pleasure should also come with a sense of accountability and it was very important to start integrating these two concepts. How do we navigate the dominant script of gay sex being fun? Desires are often hidden and covered in shame. If a part of us cannot be communicated, if fantasies seem unacceptable, they start being discounted, and at a later point, we no longer know what those desires are. Sex itself is pleasurable but how to relate to the experience is the key point. People can use drugs not only to

enhance their pleasure but also to avoid the shame.

Exploring the difference between gay sex and straight sex when describing pleasure, the panel remarked that a long history of discrimination, criminalisation and stigmatisation had shaped gay experiences, from which the idea of sexual spaces as free spaces have arisen. Also inherent to the difference was the ambivalence of desire, which in gay men was the desire to be with someone they liked but also with someone they might want to be like. There were similarities with female sexuality, with female sexuality being narrated as something a man owned.

1. WORKSHOP: UNDER-REPRESENTED GROUPS IN THE CHEMSEX RESPONSE

Monty Moncrieff, <u>London Friend</u>, <u>London</u> - Moderator Dinah de Riquet Bons, <u>TGEU</u>, Berlin Igor Medvid, <u>HPLGBT</u>, Kiev Maxime Maes, <u>UTSOPI</u>, Brussels Mans Bailleux, Alias, Brussels

Dinah de Riquet Bons' presentation focused on sexual orientation, gender identity and chemsex responses among the trans community. She noted that the community she worked with, mainly migrant trans people, faced a layer of transectional issues such as poverty, exclusion, homelessness and often a lack of family support network. Chems played a part to escape this day-to-day reality.

The Forum heard that plan to form a trans-migrant network were underway as issues around chems, HIV for trans-migrants had not really been picked up by the LGBT community. In Amsterdam, a pilot clinic had been organised, where the staff acted as first point of contact and referred people on to trans-aware services that could help them. People often came with questions that were not necessarily medical. People did not feel safe in spaces where they were being excluded. The chemsex response for trans people was mainly coming from the buddy and safe space system.

De Riquet Bons remarked that it was often difficult for trans people to find their space, especially when concepts around fluidity of sexuality and non-binary gender were becoming more prevalent among young people. Sexual identity and gender identity needed to be combined, focusing on one track only was not helpful.

To encourage access to services, it was essential to work and develop policies together with the community, engaging trans-migrant and non-gender conforming people in chemsex response programmes. De Riquet Bons also recommended awareness-raising and training for staff on trans-migrants, sex work and chemsex.

Igor Medvid, noted that there was a scarcity of data and information in the EECA (Eastern Europe and Central Asia) region about chemsex and other issues pertaining to people who used drugs. The community had conducted its own monitoring project among trans women involved in sex work, which had detected 61 cases of rights violation. The main output of this project had formed the basis of the alternative CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) report. Monitoring confirmed that the use of chems during sex affected the use of condoms and increased the risk of HIV, Hep C and STIs. Amongst trans women involved in sex work, the trend to use chems to increase sexual sensation during sex work was mainly to cope with the workload. People also thought that chemsex was something pleasurable. However, it affected the adherence to ARV. The most reported problems were refusal to wear condoms, long and traumatic sexual experiences, high number of partners, addictions to substances and mental health issues. Chemsex also brought feelings of shame and added to the stigmatisation.

Another study planned for 2020 will focus on chemsex only.

Maxime Maes presented the results of a study among MSM sex-workers on information and communication tools. The research started with male sex workers, then trans and non-binary

sex workers. Many sex workers engaged in chemsex not always because they liked it but because the client asked for it. Chems addiction in a work context brought additional difficulties, as people might want to reduce their consumption but still needed to survive.

The reality of sex workers had changed as chemsex had become more widespread in the big cities. They had to do chemsex whether they wanted it or not, and if they wanted to use condoms or not use chems, they had to reduce their prices as the new norms were to have bareback sex and chemsex sessions. Maes emphasized that the context of money for sex workers was very important and needed to be taken into account for an effective harm reduction programme.

Another issue specific to chems and sex work is that people don't always identify themselves as sex-workers. They might start doing sex work to obtain drugs, but they don't go to sex workers organisations to get information. Yet, they are facing the same risks. This raises questions on how services address sex-work with perhaps a need in this context to focus on risks instead of identity. It is also important to consider the legal context in the different WHO European countries towards drug users and sex-workers, especially when sex workers have to provide the drugs for their clients. Their status can go from victim to dealer, highlighting the challenges brought by the desires of the clients and the pressure to comply.

Mans Bailleux presented an exploratory study around chemsex and sex work in Brussels and environs. The definition of chemsex was kept wide for this study, including products such as poppers and other substances used as sexual stimulants. The study had 52 respondents between 18 and 60. The research results helped design the sex work section of a new chemsex website www.chemsex.be.

72% of the respondents reported doing chemsex. 47% used GHB/GBL, 41% used Crystal Meth/Tina. In term of mode of consumption, 82% reported snorting, 66% smoking, 22% injecting and 2% plugging.

20% of sex workers had been paid with drugs during the last year. Drugs were providing alternatively by the client or sex worker (46%), by the sex worker (14%), or by the client (32%). The poster of the first results of the research "Exploratory survey on chemsex in the context of prostitution/sex work among MSM & Trans* people in Brussels Capital and beyond, 2019" by Alias was presented at the forum and the full report will be released in spring 2020

Bailleux also noted that current interactive tools on medical/drugs interactions did not include hormones and there was very little data available.

2. WORKSHOP: CHEMSEX RESEARCH IN EASTERN EUROPE AND CENTRAL ASIA (EECA)

Antons Mozalevskis, <u>WHO Regional Office Europe</u> - Moderator Elena Remneva, <u>Andrei Rylkov Foundation</u>, <u>Moscow</u> Petro Polyantsev, <u>All Ukrainian Network of PLHIV</u>, Kiev Vyacheslav Alliluev, <u>LaSky Project</u>, <u>Moscow</u> Maksim Malyshev, <u>Andrei Rylkov Foundation</u>, <u>Moscow</u>

Antons Mozalevskis moderated this session, which focused on research in the EECA region.

Vyacheslav Alliluev, who works as a peer consultant in harm reduction in the context of chemsex, presented research conducted amongst MSMs and injecting drug users. The study aimed to evaluate HIV and HepC prevalence amongst this group and assess how harm reduction could be integrated in the context of pre- and post-test counselling. In Moscow, the main target groups were MSMs and trans* people who used drugs. 1348 MSMs participated in the study that included questions on drug use and chemsex practice.

Alliluev noted that they tested 120 MSMs every month and around 11% tested positive for HIV every year. He also stated that Russia had a lack of addictologists and psychologists available for chemsex support and integrated care was non-existent.

Key results from the study

- 27.3% of clients used drugs. Only 3% of these used injecting practices
- 40.6% used drugs associated with chemsex
- Users were essentially young men (21 to 30 year old) and internal migrants. Drug users had more STIs but testing frequency was higher amongst drug users
- No differences in terms of condom use were found. This was based on self-reporting
- Prevalence of HIV was similar in both groups, and the difference in Hepatitis C was not statistically significant.

Increase access to pre- and post-exposure prophylaxis and integration of STI testing were recommended as a result of the study.

Maksim Malyshev, from the Andrei Rylkov Foundation, presented their data on barriers to effective harm reduction in the context of chemsex. He pointed out that there was a lack of clear data in Russia, not only about the number of MSMs, but also about the number of drug users and the number of people living with HIV. It was not uncommon for the different ministries to publish different sets of statistics depending on what they were trying to achieve (attracting funding vs. reporting to international bodies for example).

Among the Key barriers to harm reduction for gay men involved in chemsex, Malyshev cited:

- The double stigma of homophobia associated to narcophobia, strengthened by repressive legislation such as the propaganda laws
- Mistrust of the gay community
- Lack of services: Chemsex lays beyond the scope of HIV services for MSMs and harm reduction organisations
- Lack of experience to create alternatives to existing services
- Lack of funding
- Exclusion of migrants from health and social services.

Recommendations to move forward and respond to needs:

- Start working with community leaders and involve MSMs
- Empower individuals and the community to build their capacity to respond to stigma and discrimination
- Develop cooperation and alliances for better services and sharing of best practices, both at national and international level
- Raise the attention of donors to attract finances.

Malyshev ended his presentation by asking the Forum's participants for their support, experiences and ideas.

Petro Polyantsev from Ukraine focused on sex workers in Ukraine who take drugs and use substances for chemsex. According to estimates and the national protocol, the estimated number of sex workers in Ukraine is around 86 600.

In 2018, a public health survey was conducted. 97% of sex-workers were female and 2.9% male, 0.1% were transgenders, although the number of male sex-workers is likely to be underestimated. 33% of sex-workers reported finding their clients through the Internet, 24% in the street. 53% knew their HIV status, only 29% only were taking antiretroviral therapy.

Polyantsev explained that sex workers did not tend to stay in the same city, so support was provided through routinely used apps. Outreach is difficult because people changed their contact details frequently. The main problem for sex-workers in Ukraine was double criminalisation: they were criminalised as sex-workers and they were criminalised as drug users. Legal support was the most common request and clients were referred on to appropriate services. A lot of advocacy work is currently being conducted to decriminalise sex work.

Sex-workers income, Polyantsev noted, depends on many factors but usually younger people earn more. They also get paid more if, as well as providing sex, they provide substances to their

clients. The number of sex-workers is growing, as gay men living in Russian occupied territories had to move to Kiev and often engaged in sex-work as there were few employment opportunities. The substances used were the same as anywhere else.

Elena Remneva, a social worker and psychologist, shared the results of a case study about a man engaged in chemsex. Elena noted that she worked according to the wishes and needs of the individual and in this case study, the individual wanted to quit chemsex. His request was to stop using mephedrone.

"Fodor ", the subject of the case study, was 30-year-old, employed and a member of an ethnic minority. This, she said, was important as he came from a culturally homophobic background where men were expected to marry. Fodor had been engaging in chemsex for 4 years. He used mephedrone inter-nasally. Fodor had first visited Narcotics Anonymous, where it would have been difficult for him to disclose his gay status. Remneva remarked that this case was not extreme but rather illustrative of her clients in Russia. During their first meeting, talks focused mainly on the drug and its harms. It was only after 7 sessions that he started to speak about loneliness and isolation. He believed that his use of chemicals was linked to his difficulties in accepting himself. Only after many sessions, did the sessions move on to sexuality. Remneva observed that in Russia, people talked about their addiction first.

Giving an overview of her therapeutic approach, Remneva explained that they started exploring the notion of a flexible identity, focusing on the concept of migration of identity: what kind of identity would the person like to arrive at, and what were the problems with their current identity? They explored Fodor's issues of self-acceptance and of preferred identity. With narrative practices, this preferred identity was strengthened. They compiled a list of triggers and addressed them with cognitive behavioural therapy. Remneva encouraged Fodor to participate in other groups, and he joined a support group where people could admit their gay sexuality and a chemsex group.

This approach helped with the issue of self-acceptance, he changed from a depressive state to an active state and found a way out of isolation. He eventually came out to his mother and friends and the frequency of breakdowns was reduced.

3. WORKSHOP: CHEMSEX, HIV, HEPATITIS TRANSMISSION AND COMBINATION PREVENTION IN AMSTERDAM, FRANCE AND SPAIN

Vincent Leclercq, AIDES, Paris - Moderator Christel Protiere, <u>SESSTIM</u> (INSERM - AMU - IRD), Marseille Maitena Milhet <u>OFDT</u>, Paris Liza Coyer, <u>GGD</u>, Amsterdam Raul Soriano, Consultant and sociologist, Valencia

Maitena Milhet and **Christel Protiere**, presented the results of two national studies whose main objectives were to expand the understanding of chemsex practices in France and to identify needs.

The investigators adopted a qualitative approach and conducted in-depth individual and collective interviews among 67 chemsexers. The two studies were carried out by 2 different teams using different methodologies but produced common findings. The studies dealt with the individuals' experience of chemsex and were seen from their point of views.

Key findings:

- The chemsex experience is an intersection of intense pleasures: physical, emotional, social, and liberating. These dimensions are not always present at the same time but combine to create the chemsex trajectory
- These multi-dimensional pleasures are connected to self-fulfilment (needs, self-expression)
- They are contradictory: both self-fulfilling and harmful

- Chemsex sessions are characterised by two sets of regulations: self-monitoring regulations (dosage, choice of substance, context, etc.) and collective regulations (experience sharing, predefined rules etc.)
- There is a strong difference between knowledge, perceptions and positions relating to drug-use risks and sexual practices risks and STIs.

Key recommendations:

- Definition of a multidimensional indicator of problematic use What defines problematic use?
- Development of a comprehensive and integrated care package where the individual experience must be understood in the context of a moving chemsex trajectory
- Harm reduction strategies need to be adjusted and integrate drug harm reduction and sexual harm reduction
- Development of information resources on products, risks, practices, consent as there is a distinct lack of knowledge regarding drugs and sexual related harms.

Raul Soriano's presentation focused on the current situation in Spain and the response to it. Soriano noted that the use of sexualised drugs amongst MSMs was higher in Barcelona, the Baleares and Madrid, all major destinations points for gay tourism in Spain. In 2017, 54.3% of new HIV diagnoses in Spain were in MSMs.

In 2017, Barcelona and Madrid identified chemsex as a public health concern. In the same year, new guidelines came out for HIV and STI testing in Spain, recommending testing every 3 to 6 months for those MSMs who have more risks practices.

In March 2019, the Ministry of Health established a workgroup on chemsex and national guidelines on chemsex prevention and care are currently being developed. From November 2019, PrEP will be made available to people at risk of HIV.

In regional governments such as Catalonia and Madrid, new groups are being put into place with community-based organisations, STI centres and drug services to work on the chemsex response. Common online training sessions aimed at professionals have been conducted since 2015 to facilitate cross working and a new resource on dealing with mental health issues in patients that practice chemsex is being produced. There are also various information resources, websites, videos covering chemsex.

Among some of the key elements to chemsex in Spain, Soriano cited gay apps and LGBTQ tourism, in particular 2 companies organising huge parties. Soriano argued that the links between chemsex and the big gay events and festivals in Spain gave community-based organisation opportunities for prevention and harm reduction. It was essential for organisations to intensify work with these companies to provide training and design protocols in order to provide support in emergency situations and disseminate information. Raul noted that a global approach towards these big companies could be very useful as these parties take place everywhere. Inviting businesses to the next forum could constitute a way forward to raise awareness amongst them.

Liza Coyer was unable to attend the Forum, but **Bart-Jan Mulder** presented her research on trends in recreational drug use during sex and its associations with condomless anal sex, incident HIV infection and bacterial STIS diagnosis (chlamydia, gonorrhoea and syphilis) amongst HIV negative MSMs in Amsterdam, between 2008 and 2017.

For this, she used data from the data from the <u>Amsterdam cohort study</u> an ongoing, open prospective cohort study among MSMs, which was initiated in 1984. The cohort participants come to the Public Health Service of Amsterdam twice a year for free HIV and STI testing and they complete an online questionnaire, which includes questions on sexual behaviour and recreational drug use in the preceding 6 months. Additional HIV/STI testing was also possible at the STI clinic outside regular cohort visits; these results were also available for analyses.

Coyer looked at three recreational drug use endpoints: (1) any use of recreational drugs (excl. alcohol, incl. cannabis and poppers), (2) any use of recreational drugs during sex with a steady, one-time casual, multiple-time casual or steady casual sexual partner and (2) chemsex, defined as use of GHB/GBL, mephedrone, methamphetamine, ketamine, amphetamine, cocaine and/or XTC during sex.

The median age of participants was 33.8, 83.5% were born in the Netherlands and 75.3% had a college or university degree, therefore, the sample may not be representative of all Amsterdam/nationwide MSMs.

Key results:

- Any recreational drug use increased by 3.2% from 66.8% in 2008 to 70.0% in 2017
- Recreational drug use during sex increased by 6.3% from 52.4% in 2008 to 58.7% in 2013 and remained stable afterwards
- Chemsex increased by 4.3% from 19.3% in 2008 to 23.6% in 2017
- Recreational drug use during sex and chemsex were strongly associated with condomless anal sex, HIV and STIs. Associations of recreational drug use during sex with condomless anal sex and STIs became stronger over time.

CHEMSEX AND QUALITY OF LIFE

Plenary presentation/panel and discussion

SESSION PARTICIPANTS

Moderators:

Magdalena Ankiersztein-Bartcak, Foundation for Social Education, Warsaw; and Kevin Singh, University of Amsterdam, Amsterdam

Panellists:

- Antonios Poulios, *Positive Voice*, Athens
- Elie Ballan, M-Coalition, Beyrouth
- Adam Schultz, <u>International HIV Partnerships</u>, London

KEY THEMES OF THIS SESSION

- Chemsex impact is related to biopsychosocial health issues but whether they are the cause of chemsex or the results of chemsex is not always clear.
- Providing information to people to empower them to make their own informed choices is the best way to improve quality of life.
- Chemsex is a pendulum of opposing experiences borne from contradicting desires. Understanding the lack of coherence within the individual was the key to moving forward in the chemsex journey towards a better quality of life.

Antonios Poulios opened the afternoon session with data from a research project undertaken in Greece on chemsex and quality of life amongst MSMs. The study focused on 299 HIV positive MSMs monitored by two HIV clinics in Athens. The <u>56 Dean St chemsex screening tool</u>, translated in Greek, was used to screen participants for chemsex, with 8 added questions concerning negative impact, and quality of life (physical, environmental, social and psychological) was measured with WHOQuol-Bref.

Results:

- 36.2% of participants reported sexualised drug used and 29.4% reported using chemsex substances (GBL/GHB, Crystal Meth and Mephedrone)
- Chemsex users had a lower psychological quality of life than non-users
- Social quality of life was higher amongst participants who had over 70% sober sexual life
- The participants who were more unlikely to use condoms during chemsex had a higher physical quality of life
- Chemsex impact was found to have a rather small negative correlation on physical, psychological and social quality of life
- Participants who sought help had a lower social quality of life and chemsex had a higher impact
- Psychological and social quality of life were the two domains most correlated with chemsex
- Chemsex use and impact are related to biopsychosocial health issues but, it could be the result of these problems and not solely their cause.

Elie Ballan presented information on chemsex among MSMs in the MENA region (Middle East and North Africa). He noted that this was the first time information on this topic had been collected in this region. Over 1000 responders, aged between 18 and 57, from 13 countries, responded to a questionnaire distributed via Grindr. Many of these countries do not have harm reduction or even HIV programmes.

13% of the respondents were HIV-positive, with around 22.4% of people unaware of their status. 42% used drugs at least once a week or more. 38% did not like taking drugs and 29% did not know how to take them in a safe way. 41% felt they had a negative effect on their lives. 58% used condoms when they were high but 52% did not enjoy using them. 29% found it hard to have sex without drugs and 63% did things sexually they would not do if sober and over 70% were willing to ask for advice about their drug use but did not know where to find it.

In terms of interventions, a website is being created, hosted outside the region so its IP cannot be traced, with information in Arabic including information on drugs, their side effects and their street names. A chemsex toolkit has also been created for healthcare and service providers, explaining in detail how to talk about it with users in a non-stigmatising and non-discriminating way. The toolkit includes information on medical interactions, assessment forms for the users, as well as evaluation for the services themselves. The toolkit is also designed to help professionals start support groups.

<u>A service finder</u>, including chemsex services, is available. Users can leave feedback about the services provided so other users can search for friendly discrimination-free services. A video campaign called Sanadi has also been developed around the concept of looking after one's own health.

Elie argued that when it came to improving quality of life, the best service providers could provide was to give the community the information they needed to make their own choices.

Adam Schultz, opened his presentation by asking the audience members who identified themselves as chemsex users or ex-users, to raise their hands if the beginning of their chemsex journey had been about the pursuit of pleasure, which, at some point, became detrimental to their well-being but still contributed to the person they were today. This exercise, he stated, showed the world of chemsex as a world of paradoxes and contradictions with a continuous string of opposing experiences and circumstances. But at its heart, he argued, was the pursuit of a version of oneself that encompassed the wholeness of being. The pendulum could swing from a desire for continuity and control to a desire for cultivating a sense of freedom and adventure and this was part of the duality the self operated under. Often, chemsex was talked about as an issue between a person and a substance but this was blaming the structure of the problem on the object (i.e the substance). Chemsex was the story of a person who often strived for control but sought an affirmation of freedom. Drugs allowed that other person to emerge

and not be embedded in a rigid structure. The lack of coherence was the biggest issue when looking at oneself on that journey.

Understanding what happened in the context of chemsex, Schultz argued, why it happened and what would give it meaning going forward, were the keys behind ensuring quality of life.

1. WORKSHOP: ACROSS ZONES - MULTIPLE TRUTHS ON CHEMSEX

Dane Griffiths, Gay Men's Sexual Health Alliance (GMSH), Toronto

Dane Griffiths conducted an interactive session on chemsex.

Before starting, Griffiths noted that stigma around sex and drugs was everywhere and many gay men had internalised negative messages about their sexuality. The Forum heard that "Looking at prevention amongst gay men without addressing the psychological, social, legal, political, and economic contexts in which they live ignores major influences on their ability to make healthy decisions". Chemsex, he stated, is a cultural issue unique to gay, bisexual and queer men alongside HIV epidemic trauma, societal homophobia and the establishment of a mobile-app sexual culture.

Griffiths gave an overview of the situation in the Province of Ontario, Canada and City of Toronto, where research had confirmed the role of substance use in HIV vulnerability, and more than 20% of gay men reported ever engaging in chemsex in previous 5 years (EMIS Study, 2017). The work undertaken by GMSH was person centred, non-judgmental, evidence informed and based in harm reduction and heath enhancement. These values were a direct response to some of the stigmatizing messages and campaigns that reinforced shame and drove away the very individuals they aimed to reach. In contrast, GMSH activities aimed to support individuals to have the greatest sex & intimacy with the least amount of harms as outlined in the Chemsex: Calls to Action paper following 2018 Berlin Forum.

To illustrate how different individuals approach chemsex based on their values, attitudes, knowledge, and experiences, he asked the audience members to position themselves with regards to different statements, such as *drug use* is about having fun, meaningful connections are made when high, addiction is a mental illness, drugs are necessary to cope with pressures within gay men spaces and chemsex is no different than heterosexuals using drugs and alcohol. Workshop participants were asked to stand according to whether they "agree", "disagree" or felt "it depends" and reflect back to the audience why they chose where they were standing. Reiterating that there was no singular narrative, Griffiths argued that, in fact, chemsex users often described the tension they felt experiencing the rewards and risks of chemsex, sometimes simultaneously.

Moving on, Griffiths presented a theoretical framework for how the GMSH is approaching its work in the chemsex response (known in Canada as Party n Play). After reviewing some of the literature and reflecting on their own engagement with gay, bi, queer men in the community, a series of zones were positioned as being unique and critical to holistic understandings. Inspired by The problematic chemsex journey by Plateau et al, the workshop and associated zone mapping exercise was designed to help determinate at what stage of the chemsex journey individuals found themselves, thus allowing the service provider to visualise points of education, support and other interventions.

Zones of engagement:

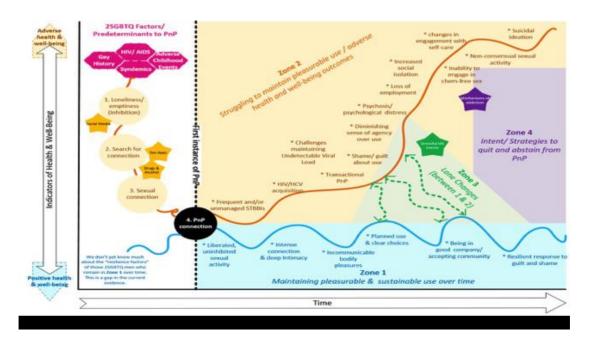
ZONE 0: Guys who have not initiated crystal meth use or chemsex.

ZONE 1: Guys who are maintaining pleasurable and sustainable use over time.

ZONE 2: Guys who are struggling to maintain pleasurable or recreational use and/or are experiencing a range of adverse health and well-being outcomes.

ZONE 3: Guys who may be finding themselves moving from Zone 1 to Zone 2 unexpectedly or rapidly – or guys who may be switching back and forth between zones 1 and 2 depending on changing circumstances and life events.

ZONE 4: Guys from any of the above zones who decide chemsex is not for them, want to/are actively trying to quit and/or are successfully abstaining from further PnP.



Recommendations for service providers:

- Recognise the uniqueness of an individual's relationship to their sex and substance use
- Provide accurate information about substances and potential detrimental effects (overdose, sexual, physical and mental health outcomes)
- Identify your client's chemsex motivations and goals in relationship to chemsex and help them articulate their personal goals and understand how their current use relates to these goals
- Centre your response on "nothing about us without us" principles
- Use the mapping zones exercise in your own planning to increase understanding and communicate your activities more effectively to a range of stakeholders.

2. WORKSHOP: TOWARDS ONE-STOP SERVICE DELIVERY FOR PEOPLE WHO ENGAGE IN CHEMSEX

Lorena Ibarguchi, Javier Curto and Helen Dolengevich, Apoyo Positivo, Madrid

This session looked at <u>Apoyo Positivo</u>'s programme of support for people with problematic chemsex use. Apoyo Positivo is a small Spanish NGO based in Madrid with very limited resources.

Helen Dolengevich started the session by sharing a case study about a man born in Cuba who came to Spain to improve his life. He had never used drugs until he found out about chemsex parties in Spain. He did not have any medical history until he came to Spain where he contracted HIV, syphilis, and other STIs. He came to Apoyo Positivo in 2017 and at this time, he was

slamming almost every day. He was quite psychotic and delusional. He left before his third appointment but came back in 2019. In those 2 years, he realised he had a problem with drugs so went to an addiction service who referred him to inpatient treatment for 3 months. But they only talked about his drug addiction so his relapse when he came out was immediate. He came back to Apoyo Positivo's clinic and was put on anti-psychotic medication for one month. He tolerated it well and lowered his drug taking to 2 or 3 times a week rather than every day. When a bed became available, he was admitted to the psychiatric ward. After 3 weeks he was discharged. He was no longer psychotic and no longer wanted to use drugs. Intense follow-up followed in collaboration with a psychologist and a sexual therapist in a drug centre. He joined in social activities. After 6 months, he no longer needed medication. He is now working and relearning how to enjoy sober sex and regain confidence. This case, Dolengevich noted, was fairly representative of clients presenting with problematic chemsex at Apoyo Positivo chemsex services.

To shed some background on the chemsex situation in Madrid, Dolengevich presented the results of a chemsex study (U-SEX) conducted in 22 HIV clinics in Madrid between 2016 and 2017. 742 participants completed an anonymous survey online on sexual behaviour and recreational use. Of all the HIV-positive MSMs that completed the survey, 30% had engaged in chemsex, and 15.7% of these had engaged in slamming. Participants who slammed were more likely to have psychopathology and reported higher level of high risk-sexual behaviours, polydrug use and STIs diagnosis.

To respond to problematic chemsex, Apoyo Positivo has put into place a comprehensive programme that include awareness-raising campaigns and videos for the community, trainings for professionals on chemsex, and an integrated care programme for users. So far, the organisation has seen more than 230 people with a median age of 38.

Looking at the integrated care programme, Dolengevich explained that during their first visit, patients were welcomed and assessed by a psychologist. The psychologist suggests what the next intervention should be. Collaboration and synergies had been put in place with other health centres and drug user services. The organisation also maintained a presence in some of the gay parties in Madrid.

Apoyo had identified 3 profiles amongst its users: The non-problematic users who come to get information about the drugs, the intermediate users and the slammers.

Exploring the background behind Apoyo's chemsex work, Javier Curto, noted that their users did not identify themselves as classical drug users. In Madrid, there was no trained staff to talk about drugs in sexual health centres or to talk about sexuality in drug clinics. Users went to these services looking for a safe space to express their problems and found discrimination, stigma related to drugs or stigma related to their sexuality. Additionally, sexual health centres did not deal with drug issues and drug clinics "were unaware of the needs of MSN presenting with poly-consumption, often of new drugs in sexual environments". To fill the gap, Apoyo had developed a comprehensive approach based and adapted to users needs. He noted that they worked with a vulnerable population with a higher rate of mental health issues, higher prevalence of HIV and higher drug use. Facilitators such as Viagra, gay hook-up apps, easy access to sexual partners and new potent and easily available drugs created the context in which chemsex had strived. Different epidemics (HIV, drug use, depression), rooted in structural inequities, re-enforced each other. The effects of these structural problems could be moderated by some factors, such as gay rights, being out the closet, gay affirmation, and most importantly social support.

In order to analyse what people mean exactly when they are talking about sex, Apoyo Positivo uses a model called the Human Sexual Fact, developed by Efigenio Amezúa, a Spanish sexologist, classifying 6 conceptual fields:

- Sexuation, the process of being a man, a woman, a non-binary person with a biopsycho-social structure that configures them as a man, woman or non-binary;
- Sexuality, a particular subjectivity around being a man, incorporating desires;
- Erotica, the expression of being a man and its interaction;

- Ars Amandi, the art of love;
- Relationship; and
- Procreation.

Today, Curto remarked, people are living in a shifting paradigm of sexuality, having moved from prohibition and control to prescription. To be considered happy and healthy, an individual had to have lots of sex, have new sexual experiences. Lack of control was perceived as fun. Chemsex is a cultural phenomenon breaking down inhibitions. These inhibitions were borne of negative religious, cultural, medical and legal attitudes to gay sexuality, where homosexuality was classified as a sin, a pathology or was illegal. Additionally, Gay men have retained the traumatic memory of the AIDS epidemic. The new technologies and gay apps, Curto argued, are no longer a safe space, they allow people to use racist, ageist, misogynistic language, thus reinforcing stigma and discrimination, and at the same time facilitating access to the drugs that disinhibit the fear of not belonging. Curto noted that motivations to do chemsex were numerous and within one single person, they changed from moment to moment. Unravelling these motivations were part of the therapeutic process.

In Apoyo, all professionals are trained in LGBT cultural competence. The Sexual health workshops provide a safe space to talk about pleasure and satisfaction, but also to express difficulties with masculinity, loneliness and relationships. There is also a programme of leisure activities. The workshops are designed to help Apoyo's users to help themselves, to accept themselves, and to develop the skills and strategies that will allow them to have positive relationships with others.

Lorena Ibarguchi observed that sexuality was not addressed in the mainstream system and NGOs were the ones picking up treatment and care. Apoyo sees a lot of trauma history in users that have not been processed. Trauma, from a psychological point of view, is defined as a sudden, unexpected or non-normative event that exceeds the individual perceived ability to meet its demand and disrupts the individual's frame of reference. Trauma is an information that gets trapped in time and memories. It is fundamental to evaluate trauma in order to be able to treat patients as trauma constitutes a barrier on the path to wellness. Trauma can be abuse, abandonment, negligence, sexual abuse, attachment disorder, family rejection, bullying and internalised homophobia.

Among a sample of problematic chemsex users attending Apoyo services, 75% showed some forms of attachment disorders and 40% had experienced sexual abuse.

Following complex trauma, there is a dissociation to not feel the pain or anguish and the drugs help to do this. Unfortunately, chemsex can trigger other traumatic events, such as psychotic episodes, being in intensive care and sexual abuse. This disconnection with oneself permitted the re-traumatisation with chemsex continuing use. When complex trauma was resolved, escaping the cycle became possible.

To treat trauma, Ibarguchi uses <u>Eye Movement Desensitization and Reprocessing</u> (EMDR) therapy, a complex model that is very hard, very emotional and very profound. It brings users back to the initial traumatic or triggering experience. The technique is believed to lessen the impact that the memories or thoughts have on the individual. Group therapy and support groups are also important.

The forum heard that slamming was closely associated with psychopathologies: psychosis, depression, anxiety, and suicide, before or after. The panel noted that psychotic disorders could be vulnerability factors to develop an addiction and an addiction could be problematic chemsex.

3. WORKSHOP: DRUG CHECKING FOR PEOPLE WHO ENGAGE IN CHEMSEX

Grégory Pfau, Charonne-Oppelia, Paris

Stéphan Vernhes, Le SPOT, Paris

Bigi Rinderli, <u>Jugendberatung Streetwork/Soziale Einrichtungen und Betriebe</u> and <u>saferparty</u>, Zürich

Magdalena Ankiersztejn-Bartczak, Foundation for Social Education, Warsaw

Stéphan Vernhes gave an overview of <u>Le SPOT</u> activities in Paris. Le SPOT is a community-based centre launched in June 2016 to support MSMs, sex workers and trans people. There are 3 SPOTS in France working in collaboration with all the AIDES centres and other community-based organisations. In 2016, the SPOT launched Chill-out, a weekly peer-to-peer self-support group for MSMs using chems. It's a safe space where they can be heard and where they can recreate social links. 21% of the men that attend the chill-out session are HIV negative and not on PrEP, 41% are HIV Negative and on PrEP, and 38% are HIV positive and on treatment. 54% of them use drugs more than once a week.

To respond to the profiles of their users, Le SPOT created 2 types of interventions: one for the men who had quit or wanted to quit, and one focusing on adapted harm reduction. Stéphan stated that harm reduction was essential as chemsex users in Paris had a poor knowledge of harm reduction strategies. They also bought drugs over the Internet that were not always safe and they often overdosed.

Taking over from Stéphan Vernhes, **Gregory Pfau** from <u>Charonne-Oppelia</u>, explained that the situation in Paris was worrying, with acute somatic and psychiatric accidents, chronic use and addictions, transmission of infections and several deaths linked with drug use. In response to the needs of chemsexers, Charonne had decided to build a drug-checking service inside the chill-out sessions in Le SPOT. This has the dual benefit of helping people take care of themselves individually, while providing a monitoring system to improve collective knowledge on drugs and drug use. Drug checking was provided by trained staff, using <u>Thin Layer Chromatography</u> (TLC) in partneship with Doctors of the World, Association Sida Paroles and linked with the <u>monitoring system SINTES</u>. Educative interviews were done systematically before and after testing. Since 2019, collective interviews are conducted in groups where people speak about the expected effect of a drug, its side effects and strategies to reduce risk.

Key benefits of Le SPOT and Charonne drug checking system:

- Harm reduction tailored to the individual
- Peer empowerment and learning through group exchange
- Improvement of collective knowledge through health monitoring
- Surveillance of new drugs/trends with evaluated tools (TLC linked with SINTES)
- Opportunity to implement innovative harm reduction practices.

Birgit Rinderli, a social worker in the field of harm reduction, presented the <u>Saferparty</u> project from the City of Zurich, aimed at people who do chemsex. She reminded the forum participants of <u>the four pillars of drug policy in Switzerland</u>: Therapy, prevention, enforcement, and harm reduction.

She noted that first attempts at drug-checking in queer parties with a mobile laboratory had a very low take up, leading to an exploration on how to best reach people who do chemsex and how to distribute information. They started maintaining a presence and distributing materials, such as safer slamming kits and information packs, at parties, at Let's talk about Sex and Drugs events, at their office and other events. A website providing neutral information about substances was created and warnings are being issued when current drug checking results indicate the presence of particularly harmful substances on the market. Online-counselling is also provided.

Drug checking takes place at the Drug Information Centre or on-site during parties with a mo-

bile drug-checking unit. Drug checking is accompanied by counselling, information about the compound and general risk assessment. Consumption patterns and risks are assessed and discussed. Users can be referred on to other services if required.

In 2018, 2199 substances were analysed, and 1004 warnings issued (due to diluents, unexpected compounds and/or high dosage). The use of the Internet as a supply source increased from 3% in 2015 to 10% in 2018 and analysis showed that there was little correlation between price, content and supply source.

Magdalena Ankiersztejn-Bartczak presented the project of the Foundation for Social Education on chemsex harm reduction and prevention (After Party) in Warsaw, as well as the results of the first chemsex research project in Poland. 107 MSMs were included in the research, 40% were living with HIV, most of them were undetectable. Out of the 60% who were HIV negative, only 10% used PrEP. When people were asked if they knew what drugs they were taking, the answer was negative, often because others had brought the drugs to the party and consequently, they had no idea of the substance involved. They also had no knowledge on the particulars of specific drugs, such as recommended dosage and frequency, side effects, counter-indications etc. Magdalena reminded the forum participants that Poland had very harsh drug laws; and possession of any drug would result in a prison sentence. This made the distribution of information and the implementation of harm reduction strategies difficult.

In 2019, the Foundation developed an <u>information website</u> specifically for chemsex. The website provides information on how to take the drugs safely, where to go for support and where to get information throughout Poland. The system in place, with local volunteers acting as an information resource, is designed to direct chemsex users to services that are also gay friendly. Because of the new laws, the foundation can no longer do drug checking, but in collaboration with <u>Social Drug Policy Initiative</u> (SIN), another Polish NGO, drug testing kits are available to purchase on SIN website. Tests can be bought for different drugs and come with clear instructions. The website is in 4 languages. The Foundation and SIN also do outreach together at parties and events where they diffuse information about drugs and distribute safety kits with needles and condoms.

COMMUNITY MOBILISATION DAY

BUILDING THE FUTURE - DO YOU BELIEVE IN FAIRIES?

Plenary Presentation and discussion Bernard Kelly, <u>St George Hospital</u>, London

Bernard Kelly's presentation reprised his theme on fairies from previous Forums, asking what, at first glance, might have looked like a frivolous question: Do you believe in fairies? As in Peter Pan, when one stops believing in fairies, Kelly argued, they cease to exist.

Going back in time, he reminded the Forum that Isaac Asimov, the famous science fiction author, had predicted that the disease of boredom would spread widely and grow in intensity with serious mental, psychological and social consequences. Kelly thought that this had come true today. Gay men, he stated, were often motivated by boredom and, as wrote James Callaghan, were surrounded by apps, hooked on wireless technology and stuck in a virtual world where the latest drugs were available for home delivery. Rebranded as MSM (Men who have sex with Men), gay men, Kelly argued, had lost their cultural, political and historical connections. Somewhere along the line the sense of community had been lost, and gay men stopped celebrating their differences, wishing instead to be the same as everybody else in order to be accepted. Sexuality had become a functional and mechanical performance, driven by imperatives of sexiness and fitness where the body was reduced to an object to be optimised.

To move from this reality to a world of possibilities, Bernard noted, gay men needed to become re-enchanted with themselves and each other and draw on their internal wicked fairies. As a community, despite appearances to the contrary, gay men were profoundly risk adverse. Real risk taking, he observed, is about risking our hearts, daring to be vulnerable, embracing intimacy, and having the courage to create our own fairyland.

Bernard cited Montserrat Guibernau, who identified five dimensions of belonging to a nation, which he believed could also apply to communities: psychological, territorial, cultural, political and historical. In the last 20 years, he stated, the gay community had retreated from many of these dimensions. It was time to rebuild and do it better.

Bernard concluded his presentation with a quote from The Inheritance, a play by Matthew Lopez, as a take home message:

"You are now a link in this chain of gay men teaching one another, loving one another, hurting one another, understanding one another. This inheritance of history, of community, and of self.

And from where you sit today you have no idea whose lives you will touch, and which ones you will save. But in order to do that, you must love. Even if you know that your heart will be broken by it. The only way to heal heartache is to risk more".

Matthew Lopez - The Inheritance

THE AMSTERDAM CHEMSEX NETWORK MEETING

The power of multidisciplinary cooperation on a municipal or regional level for men who practice chemsex.

Plenary presentation/panel and discussion

SESSION PARTICIPANTS

Moderator:

• **Sjef Pelsser**, <u>Mainline Foundation</u>, Amsterdam

Panellists

- **Leon Knoops**, <u>Mainline Foundation</u>, Amsterdam
- **Bart-Jan Mulder**, *GGD*, *Amsterdam*
- Elise Nelis, <u>NVVS</u>, HIV-clinic and <u>GGZ</u> <u>in Geest</u>, Amsterdam
- Patrice Meerbeek, <u>Jellinek</u> Outreach Team, Amsterdam
- Nathalie Verpoorten, <u>Jellinek</u> Outreach Team, Amsterdam

KEY THEMES OF THIS SESSION

- Chemsexers seek support via different pathways.
- A multidisciplinary & integrated approach providing clients with medical care, psychological support, peer support and harmreduction is essential for success.
- Collaboration can start at local level with occasional meetings.
- A network benefits professionals who can learn from others and share information and experiences
- A network benefits patients who can be referred on to "chemsex and gay- friendly" practitioners and attend different support groups in other organisations.

Sjef Pelsser, from Mainline Foundation in Amsterdam, opened the panel by reminding the Forum that the work of the Amsterdam Network was based on four pillars:

- Harm reduction
- Physical Health Care
- Mental Health Care, inclusive of addiction care
- Personal safety or security

Leon Knoops, from Mainline Foundation, explained that 2014 saw an increase in new substances in the Netherlands, in particular psychoactive substances. Research undertaken by Mainline on the use of crystal meth and injecting drugs in sexual settings revealed a lack of information about crystal meth and slamming among gay men and professionals. In 2016 the Mainline chemsex team was set up and started publishing information about chemsex, both in print and on a new website. To counteract the lack of expertise among gay men, they also opened a chemsex drop-in safe space where men could learn how to use more safely and get support. They also conducted outreach sessions with "chemsex on tour" in different cities.

The first European Chemsex Forum in 2016, advised Knoops, acted as a catalyst for five Dutch organisations to create the first Amsterdam Chemsex Network. The Network aims were to share activities and interventions, exchange ideas & increase expertise, develop harm reduction materials and interventions and optimise the urban chemsex health care map.

Today 16 organisations and institutions, including some gay businesses such as saunas and a LGBT dedicated unit from the police, are part of the Network. Twice a year, the network gets together and shares all the new signals and activities around chemsex. Leon noted that this organic and holistic approach to networking could easily be replicated elsewhere and be equally successful in reaching men who practice chemsex. His advice was to start small and grow the network organically.

Bart-Jan Mulder, from GDD clinic in Amsterdam presented the work of the clinic around chemsex. Clients coming into the STI clinic are systematically asked about their chemsex behaviour and drug use. The data obtained led to the development of the clinic chemsex prevention programme including a syringe container exchange, access to therapy with substance use and mental health consultants and a peer-driven counselling programme.

Mulder observed that participation in the Network has facilitated collaboration at the regional level. It was now easier to refer clients directly to health care professionals, and the multidisciplinary nature of the network facilitated the development of new studies and new chemsex materials and interventions.

Patrice Meerbeek and Nathalie Verpooten, from Jellinek, an addiction care organisation in Amsterdam explained how they had contacted Mainline in 2016 to improve their understanding of chemsex. Jellinek follows a specific protocol for their addiction counselling and when they started there was not much available on chemsex. They followed training with Mainline and learnt the language of chemsex. They are now working together, providing therapies to chemsex users.

A mix of interventions proved to be effective:

- Motivational interviewing to engage and do reflective listening
- Community reinforcement approach, a standard treatment with other addictions, and a way to identify what can give life a new value
- Cognitive behaviour therapy and negative self-image empowerment to help shift the core belief of not being worth it.

Clients can also get extra support from Mainline chemsex groups for people who would like to quit or for chemsexers who need information on their use. It has proven to be a very fruitful collaboration. Jellinek is hoping to extend their outreach to the trans* community and lesbians in the coming year.

Elise Nelis, a sexologist and psychiatrist, in a polyclinic in Amsterdam, reported an increase in the number of men facing mental, social, physical and sexual problems due to chemsex.

Nelis shared the case study of "Peter", a 41-year-old gay man living with HIV. After his HIV diagnosis, Peter blamed himself and felt ashamed and insecure. His first experience with crystal meth was good, he felt more confident and was able to let go of his boundaries. However, his underlying issues of low self-esteem, depression, self-stigmatisation and feeling of emptiness were still present. He started a relationship with another man and they came to Nelis because they wanted to regulate their chems use and have sex without chems, but they did not know how. They started Sensate Focus Therapy, developed by Masters and Johnson. The treatment works by refocusing on one's sensory perceptions and sensuality instead of goal-orientated behaviour. Peter and his partner also went to Mainline for support and Jellinek outreach team. This multidisciplinary approach was of great value. Peter can now regulate his chemsex use and has more insights of his underlying problems.

Next year, a peer focus group will be started, focusing on underlying and sexual issues and aiming to empower the resilience of these individuals.

1. WORKSHOP: HARM REDUCTION IN THE PARTY SCENE

The ins and outs of slamming

Leon Knoops & **Sjef Pelsser**, <u>Mainline</u>, Amsterdam **Lenneke Keijzer**, Research and Prevention Fund, <u>Apothicom</u>, Paris **Fred Bladou**, <u>AIDES</u>, Paris

Patriic Gayle and Fraser Serle, Gay Men's Health Collective, London

This workshop focused on harm reduction with people who use slamming and the importance to have a dedicated harm reduction strategy for this particular group.

Leon Knoops, from Mainline in Amsterdam, reported that most of the men attending their drop-in sessions had issues around slamming. Those who had quit had problems around cravings and did not know how to resume their sex life without drugs. He noted that slamming was not just about crystal meth but also new psychoactive substances (NPS). Some of these were particularly problematic, as they have to be injected every hour to maintain the "rush", or instant high, generated by the drug.

Some of the most commonly reported issues were:

- User technique Not knowing how to inject safely
- Physical issues Sleeping issues, dehydration, weight loss, loss of consciousness
- Mental issues Depression, psychotic episodes
- Sexual issues Not being able to have sex without drugs
- Loss of jobs, housing, partner

The <u>European MSM Internet Survey (EMIS)</u> conducted in 2017 amongst 137 358 respondents from 50 countries, found that in the Netherlands slamming was practised by 2.2% of the respondents, putting it in the top 5 countries for slamming. Mainline's own chemsex research amongst 100 respondents in 2018 indicated that slamming was normalising with 29% of participants having experienced it.

The Forum heard that harm reduction in slamming was challenging, due in part to the huge amount of stigma surrounding the practice stopping men from seeking support. Mainline's research showed that many men did not know how to slam; they often learned the wrong technique from other slammers. As a response, Mainline produced a booklet on the <u>Dos and Don'ts of Slamming</u>. It includes quotes to ensure the voice of the community is heard and warnings come directly from the target group rather than Mainline. It contains practical information about slamming techniques, safer use, psychoses and how to manage the come down.

A new research initiative in 2020 will look at the needs of slammers today to identify the support and information they need. It will also include interviews with professionals who work with slammers.

Fred Bladou and **Lenneke Keijzer** opened their presentation by looking at the differences between slamming in a chemsex context and other intravenous drug use.

Slamming is characterised by:

- High number of partners & sex parties
- Limited knowledge of intravenous drug use and risk reduction
- High prevalence of HIV, Hepatitis C and other STIs
- High frequency of injections
- The act of injecting itself has become sexualised.

Fred Bladou and Lenneke Keijzer focused on practical harm reduction strategies for injecting drug users, highlighting the need to involve the chemsexers themselves.

Lenneke Keijzer noted that information on the drugs themselves was widely available, as well as information on how to reduce risks related to unprotected sex. However, there was little information on how to prepare an injection and how to inject, aside from recommendations not to share syringes, which are not very practical given the frequency of injections in long chemsex sessions. Information on injection-related harms also tended to focus on HIV and Hepatitis C, ignoring vein damage and bacterial infections, frequent among NPS users, and vein damage.

Fred Bladou shared some examples of currently available information on harm reduction. AIDES has produced a check list for people who are planning to organise a chemsex party, with everything needed to make it as safe as possible. Mainline, GMHC & the Terrence Higgins Trust also have information on, respectively, safe slamming step-by-step, safer slamming and the injecting process. Lenneke Keijzer noted that all of these were available online and could be adapted to fit the local context.

Recommendations:

- Promote access to harm reduction programmes and tools
- Promote access to PrEP
- Promote access to drug-checking
- Empower and build capacity of chemsexers
- Involve chemsexers to identify effective harm reduction strategies
- Provide information on how and why to use certain tools & techniques
- Provide information on how to prevent viral and bacterial infection
- Develop good practices through international collaboration and assessing needs and gaps at national level
- Identify most effective platforms to diffuse harm reduction strategies

Giving some background on their work **Patriic Gayle** and **Fraser Serle** from the Gay Men's Health Collective in London explained how questions around health, life and well-being led them to build <u>MENRUS</u>, a website comprising 6 sections: You, Men, Body, Sex, STIs & Drugs, regrouping information from trusted sources. The website has a holistic approach to health and well-being.

In 2014 <u>PIP PAC</u>, a safer chemsex pack, was produced. It includes traditional harm reduction resources such as lube, syringes and condoms, as well as guidance on ambulance callouts and rights if arrested. Over 7000 packs have been distributed so far. The organisation also produces films and videos and chemsexers have been involved in the making of the films. Patriic observed that harm reduction generally was lacking in London, particularly in relation to GHB/GBL spiking and spiking lubricant.

Fraser Serle talked about some of the issues around chemsex that needed addressing. In particular he emphasised the influence of porn on chemsex and its glamourisation, the role of housing policy in breeding isolation, the wider depressive political landscape and the lack of corporate responsibility of the businesses that enable chemsex.

Looking back at the lack of knowledge around slamming techniques, the panellists recognised the cultural difficulties surrounding the idea of training peers and users in injecting techniques (to train people to inject themselves in the safest way possible).

The audience evoked that self-injection can diminish the responsibility put on some people who inject others and can decrease some of the harms seen from unsafe injecting, there were also some indications that not knowing how to slam was a safety net for some of the chemsexers. This, stated Leon Knoops, creates a dilemma for some harm reduction organisations as to the best way forward. Lenneke Keijzer pointed out that <u>AERLI</u> in France (supervised injections training) had produced amazing results in decreasing harms (decrease in infections and decrease in harms on the site of injection). It also benefited drug workers by making them aware of the most common injecting mistakes. Fred Bladou shared his position as an actor in harm reduction in France, stating that capacity building and education on risk reduction, substances and safe consumption saved lives. He noted that the availability of needle exchange and distribution services since the 80s had not promoted drug injection but instead had reduced HIV prevalence.

2. WORKSHOP: GROUP WORK AND PEER SUPPORT FOR PROBLEMATIC CHEMSEX

Giorgia Fracca, <u>ASA</u>, Milano Nicolas Gerfaux, Health Weekends, <u>AIDES</u>, Lyon Stéphan Vernhes, <u>LE SPOT</u>, AIDES, Paris

This workshop looked at the development of a peer group work model, focusing on people who have problematic experiences.

Giorgia Fracca introduced ASA's work with mono-symptomatic groups for chemsex users. Mono-symptomatic therapy is a technique that comes from psychodynamic therapy and has been used successfully for several addictions. It is based on the premise that addiction is a way to find an autistic enjoyment that prevents relationships with others. A mono-symptomatic group allows the participants to share similar experiences, thus creating a bond of solidarity and understanding for each other. This restarts the possibility of sharing feelings and emotions, and allows the participant to move from empathy for the other to understanding one's own feelings but also one's uniqueness. By realizing their uniqueness, participants can then confront their own problems and reasons of addictions. The group does not work on harm reduction strategies but refers people to the chemsex.it website.

The group has 8-12 participants, 2 facilitators and meets weekly, However, it must be noted that recruiting participants can be a challenge and attendance can be very irregular with many dropouts. Sometimes participants are not sober when they attend.

Stéphan Vernhes, introduced Le SPOT Chillout Chemsex peer-to-peer support group, started in 2016. It's a self-help group for MSMs doing chemsex, where people can recreate social links and support each other. It works by collective empowerment, with participants learning from their peers. The group welcomes an average of 15 men per week.

For the first 3 Tuesdays of the month, the group is dedicated to men who have quit, or want to quit. Discussions focus on cravings and its management, sexuality without chems and self-esteem. Other professionals, such as sex therapists, are invited to participate.

The 4th Tuesday of the month is a harm reduction evening for active chemsexers with drug checking, injection supervision and workshops on different chems.

At the beginning of each group, 15 to 20 minutes are spent to set up the rules of the meeting so people feel safe to express themselves. Every Friday, a newsletter is sent out anonymously to promote the group.

Le SPOT keeps summaries of some of the discussions to check progression of the sessions and to note some of the key points in terms of learning.

Stéphan observed that it took a lot of courage for people to come to the discussion group for the first time but once they had opened that door, their self-confidence increased over time. The other panellists concurred with this observation.

Nicolas Gerfaux explained that, unlike in Le SPOT in Paris, chemsexers in Lyon were not engaging with dedicated self-support groups. A survey conducted among 33 MSMs engaging in chemsex showed a diversity of practices and experiences and an engagement with sexual health services rather than harm reduction services. Slam users were more likely to wish to stop or reduce chemsex than the others. They also expressed a desire to be informed and to be able to talk freely and without stigma to other MSMs about sex and drug consumption.

To respond to these needs, AIDES is organising an experimental 2 days chemsex and health residential workshop. The workshop has been designed to be a caring and safe space with a programme of workshops and relaxing moments to encourage exchanges between peers. It aims to encourage participants to develop their own harm reduction plans and learn to care for themselves and others. The workshop will cover information on life-saving actions, on drugs and laws, as well as sexual health, treatment and much more. By the end of the workshop, participating MSMs should have developed a health pathway according to their needs. MSMs will be supported in the months following the workshop to evaluate its impact and their evaluations will help to improve harm reduction plans.

All three organisations confirmed that they had an informal system in place for their facilitators to debrief after each workshop where they could talk over any issues and share their concerns with their team. Le SPOT facilitators also had a 2-hour meeting once a month with psychotherapists and could also access individual sessions if needed.

3. WORKSHOP: CHALLENGING CRIME IN A CHEMSEX CONTEXT

Catherine Bewley, Galop, London

This workshop looked at professional and community responses to crime around chemsex and how to move towards developing a charter of what responses or experiences might look like.

Catherine Bewley is head of sexual violence report services at Galop (London); a UK LGBT antiviolence organisation, which supports: anyone age 13 above in the LGBT community who has been subjected to hate crime homo-, bi- and transphobia, domestic abuse and/or sexual violence.

Looking back over 10 years, Bewley observed the discussion was slowly moving from mere platitudes about consent towards an acknowledgment that harms were happening that could in fact be breaking the law. Criminal cases in the chemsex scene in the UK had started to hit main-stream awareness with sensationalist headlines and shocking reporting.

While it was important that issues come to light and they are talked about, she stressed that this type of reporting was likely to deter people directly experiencing these issues to come forward and talk about them. She feared that if the LGBT community could not label or name issues around sex and chems then the mainstream media would do it for them in a way more likely to be harmful than helpful.

Bewley also questioned how it must feel when people experience crime and sexual violence in the environment in which they felt they could be themselves, both as gay men and chemsexers. She noted that many gay men seemed to come to chemsex with 'lived through trauma'.

The results of the 2018 national survey of 106 000 LGBT people highlighted the issues young gay people today continue to face:

- 68% don't hold hands in public
- 56% are not out at work
- 24% are not out to anybody
- 24% have accessed mental health services in the last 12 months
- 40% have reported hate incident in the last 12 months
- 7% have undergone or been offered conversion therapy

In 72 countries across the world homosexuality continues to be illegal and in 8 countries it still carries the death penalty.

Bewley called to the MSM chems community to draw lines, label actions and clarify what actions should not be tolerated in their sessions and communities. There should be discussions around ownership and ethics around the MSM Chem community as well as labeling and calling out unacceptable behaviour by the community itself, not by mainstream media. This would in turn enable the community to clearly communicate with the police and have a say in how the justice system deals with different transgressions. i.e. rape vs. drug use. At present, drug possession and sharing are criminal offenses in the UK, making it much more difficult for people to report sexual assault, especially when many participants were not aware that the actions they were subjected to, or took part in, constituted a sexual crime.

This lack of awareness showed that education was needed around the notions of self-empowerment and boundaries, the right to self-determination and the ability to say "no". It was noted that the chemsex community could learn a lot from well-managed kink communities where consent was openly discussed and rather than coming in the way of pleasure, it was seen as something that added status. There was a need to change the culture and the understanding of what was acceptable vs unacceptable behaviours, like removing a condom without partners consent. Attending a chemsex party was not the same as giving blanket consent to everything.

ADAPTING EXISTING SERVICES TO CHEMSEX NEEDS

Plenary Presentation/panel and discussion

SESSION PARTICIPANTS

Moderator:

• **Martin Viehweger***, activist for sexual health, GP, Berlin/Zürich

Panellists

- Arnd Bachler, Schwulenberatung, Rerlin
- Laurent Gaissad, Ecole nationale superieure d'architecture Paris-Val de Seine, Paris
- **Tim Madesclaire**, Independent investigative journalist, Paris
- Ruben Mora, Stop Sida, Barcelona

KEY THEMES OF THIS SESSION

- Networking, multi-disciplinary training and education and prevention are key to an effective local chemsex programme.
- Chemsex is driven by conflicting tensions and mirrors the experiences of being gay and/or HIV positive
- Chemsexers rely on peer-to-peer informal education for their chemsex practices, a model to follow for the diffusion of harm reduction strategies.
- Chemsex care requires a personbased approach with personalised therapeutic plans and well-defined health support pathways.

Arnd Bächler, presenting on behalf of Schwulenberatung, an LGBT health organisation in Berlin, stated that in the past few years, chemsex had replaced HIV as the most prominent issue in Berlin. Chemsex participants came with complex needs and requests for support with physical and mental health issues, relationships, friendships, jobs, housing and sexual assaults. For an effective response, different systems had to work together and learn from each other. Drug services had to learn about queer life, minority stress, substances used by gay men, and sexual services had to learn about substances & addictions.

In Berlin, Bächler observed, the chemsex response was centred around:

- Networking: A chemsex network was developed in 2017 including health professionals, drug services, sexual health services, rehab clinics, counselling services, social workers, prevention services, assisted living services & self-help groups. The network meets every three months and smaller working groups have been set up. The network was set up by simply calling or inviting people and organisations to join and by conducting visits to clinics and drug centres to speak with the staff about chemsex.
- Training and Education: Training sessions and meetings have been organised around chemsex. Schwulenberatung itself has educated rehab clinics and is offering special services such as rooms for self-help groups. A list of gay-friendly self-help groups has been published. Groups moderated by gay therapists are taking place in rehab clinics. An outpatient rehab is available at Schwulenberatung and a drug checking service is also being planned.
- Prevention: The addiction prevention project and the MSM, HIV and STD prevention project are working the club scene together to offer information and harm reduction tools.

Laurent Gaissad and **Tim Madesclaire** presented the first results of the <u>APACHE study</u> in France. The qualitative study was commissioned by the French government and aimed to inform chemsex responses and care through the analysis of individual chemsex journeys. For the purpose of the study, chemsex was conceptually defined with the participants as different from a festive context due to the type of drugs involved, the links to hook-up apps and the private set-

tings, being seen as much as a social practice as a domestic one. 37 comprehensive interviews were conducted across France and participants were included to ensure a sample as diverse as possible.

The results of the study reflect the conflicting tensions between isolation and socialisation, sexual intercourse and passionate relationship, the search for pleasure and impossible satisfaction, assuming risks and avoiding traumas. The survey also revealed how these intricate dynamics intersect with other issues: being gay, being concerned about HIV, being a drug user and other stigmas. The section on expectations in the interview was strongly related to unaddressed or hidden needs. The general trend showed a close relation between HIV and sexual risks across generations and revealed the intersection of HIV and drugs, with many of the interviewees viewing their use of drugs in the continuity of their experience of being gay and HIV positive. They also narrated the way they dealt with HIV as a double-sided status bringing constraint but also a liberation. This narrative is mirrored through the implementation of PrEP.

Concerning drug use, two main streams were noticed: Chemsex is preceded by an initiation in a festive context, not initially related to sex, *or* chemsex is the discovery of drugs, whether the person had an active sex life and drugs changed it, or the person did not have an active sex life and drugs provoked it. Some interviewees discovered PrEP through chemsex, an indicator of the lack of information about such an important prevention tools. The moment of initiation is also one of discovering new information and practices. Participants in chemsex sessions act as informers to others. The interviews highlight the role of peer-to-peer education and the lack of engagement that characterises HIV public policy. It remains extremely difficult to promote drug harm reduction skills and knowledge in a prohibitive context.

Combining the drug message and the sex message has to be part of NGOs' strategies. The lack of specific responses has led community NGOs to develop spontaneous public responses in a context of emergency. There is a crisis about chemsex.

One of the main observations in the APACHE survey was that the experience of harm reduction by MSMs involved in chemsex is very scarce and sometimes nonexistent. In fact, most of the interviewees are turning to drug care providers once their sexual experiences have been completely largely replaced by the use of drugs without sex.

As far as drugs harm reduction strategies are concerned, most chemsexers rely on peer-to-peer informal education and drug users' community websites or online forums. This is facilitated by the fact that the products are mostly available through the internet. They are uncertain as to whom they should turn: the sexual health care providers or the drug use care providers. During the survey, many men expressed their urgent needs regarding drug care.

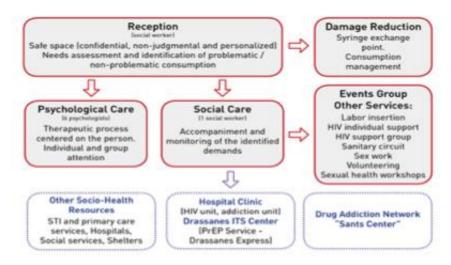
Rubén Mora presented the work of <u>Stop Sida</u>, a community-based LGBT+ organisation in Barcelona. He reported that male sex workers were amongst the first to ask for support and information about chemsex. At the time, Stop Sida did not have the expertise to work with drugs, so they were referred to the public network for addiction treatment. However, it soon became apparent that the services were not geared towards their needs. As a response, Stop Sida engaged their participation in focus groups with the aim of developing responses to this new epidemic and identifying the best platforms to diffuse information. This led to the development of Stop Sida chemsex support service five years ago.

When they first contact the service, chemsexers are welcomed with a semi-structured interview with a social worker in a safe space. Depending on their interview, clients are referred to other internal services such as psychological or social care, harm reduction, labour insertion, support groups and workshops. For other needs that cannot be covered by Stop Sida, they are referred to collaborating external services such as HIV services, PrEP services, Drug Addiction Network.

Since its creation, the service has undergone ongoing adaptation to respond to the needs of chemsex users: provision of syringes for slamming, activities alternative to chemsex, empowerment of chemsexers in the response and support in the management of consumption with some goals setting.



ChemSex Support Organization Chart



Key points for the adaptation of services to chemsex needs:

- Ensure a person-based approach, not focused on consumption
- Set personalised therapeutic plan (harm reduction/abstinence)
- Improve access to services according to the needs of chemsexers
- Define health support pathways
- Ensure a multidisciplinary approach and collaboration between public and communitybased services
- Implement integrated approaches in the same space, facilitating care in services already used by gay men
- Include chemsex in training plans for health providers
- Accredit centres whose teams have received chemsex training.

The discussion following the presentations focused on the importance of groups in chemsex services. They bring men together to be emotionally intimate and honest, going way beyond drug issues to look at identity, relationships, sober sex and anxiety around intimacy. The Forum heard that the level of mental health issues associated with chems had increased, especially with crystal meth, and therapeutic sessions had proven to be effective. However, motivating chemsex users to attend groups could be difficult, with issues around privacy in particular. Chemsexers were not necessarily keen to open up in front of people they might have met the weekend before in a chemsex party. It was noted that interventions could be tailored to the new mobile technologies with the creation of virtual spaces and online interventions. All agreed that services needed to be delivered within the LGBT community to foster a sense of connection, affinity and identification and be informed by people with lived experience. To get a fuller picture of users needs in terms of services, qualitative data was essential and increased engagement with social scientists was recommended.

1. WORKSHOP: SHAME

Tim Madesclaire, Independent investigative journalist, Paris Jan Henry Groszer, <u>Schwulenberatung</u>, Berlin Bryan Teixeira, Freelance consultant, Forum chair, France Nia Dunbar, <u>International HIV Partnerships</u>, London

Shame is often talked about a lot in relation to chemsex and gay experience, but "What is it?", asked Jan Groszer.

Shame, he told the Forum, is considered one of the basic emotions, along with happiness, fear, anxiety, and can form part of more complex feelings. It can be experienced from an early age in response to the rejection of a need, a wish or a longing. When moving into adulthood, towards greater autonomy and responsibility, infantile wishes and desires become associated with shame, partly through the rejection by adults ("Don't be such a baby"), partly through children using adults as models for their own behaviours. This is a normal part of growing up. If experienced repeatedly, the person becomes conditioned into routinely feeling ashamed even when there was nothing to be ashamed of.

Shame can also start with a boundary violation marking the limit between intimate and public space. Last but not least, we feel shame when confronted with self-doubt or perceived inadequacies.

The avoidance of shame plays a great part in sexuality. Minds resort to a variety of defence mechanisms to deal with irresolvable conflicts, unpleasant or threatening emotions. Avoidance is one way of dealing with it. As a result of avoiding or pre-empting this feeling, the individual stays unaware of the underlying conflict and can no longer feel the threatening emotion. While it might feel great, it also means that this conflict is not open to reflection or resolution and avoidance behaviour might need to escalate to maintain the suppression of shame. Substance use and sex can all be part of avoidance behaviour with pleasure temporarily displacing shame.

To avoid feeling shame, avoidance strategies can be normalised within a culture, a community or an individual. For gay men, the absence of a model for sexual desires might generate self-doubts around the concept of masculinity and the values of these desires. They come to be associated with shame, especially when experienced as a child. Shame may be a response to a confrontation with self-doubts, the crossing of culturally established boundaries or the confrontation of desires and feelings stemming from childhood, as is normal in sex. As an avoidance mechanism, gay culture has created a hyper sexualised image of gay men and their sexuality, fighting against heteronormativity.

Another way of avoiding shame is by external attribution of internal conflict: the other person is cast into the shaming role, even when that is not the case.

Bryan Teixeira argued that in societies, there will always be shame. Shame is based on a certain set of values or perceptions shared by a group, giving them a sense of belonging, which excludes the other. These values however can become outdated, destructive or hurtful. Teixeira argued that while shame is here to stay, its triggers, and how we deal with it, can evolve. It has become clear from the discussions at the Chemsex Forum that people who are finding chemsex increasingly problematic are experiencing shame, often to a higher degree, and often in ways they do not acknowledge. The more shame they feel, the more risks they will take to feel better about themselves.

Managing the risks arising from experiencing shame will require a personalised approach. For some people, it will mean abstinence, for others, controlled use and moderation. Shame will have to be addressed at the individual level but also at the societal and political level.

Nia Dunbar shared some quotes about shame and explored why shame was such a dirty word. She noted how difficult it was for people to even hear the word and how they would do everything to avoid it. She remarked that shame was not labeled on the chemsex life cycle that had been developed following the Berlin Forum. However, all the key stages of the chemsex lifecy-

cle, loneliness, use of apps & social media, needs and quests for connections, fear of rejections, mental health issues, self-harms and physical health problems were all fed by shame.

What can be done?

- Acknowledge the validity of these feelings of shame
- Give each other permission to express these feelings
- Move beyond dominant narratives of gay sexuality as fun and disinhibited and have a more integrated approach
- Promote compassion, not only towards others but also oneself
- In individual therapy, adopt a personalised approach and focus on singularity of the person
- In groups discussion, create an atmosphere of trust and security
- Harness shame and use it to get a sense of one's values, turn toxic shame into healthy and productive shame
- Try not to separate sexuality from everyday life.

2. WORKHOP: CONSENT

Camille Spire, <u>AIDES</u>, Paris - Moderator Chris Ward, <u>Manchester University NHS Foundation Trust</u>, Manchester Nicolas Gerfaux, <u>AIDES</u>, Lyon Sebastjan Sitar, <u>Legebrita</u>, Slovenia, Chemsex veteran

Opening the session exploring issues of consent within a chemsex context, **Camille Spire**, from AIDES in Paris remarked how discussions on consent had progressed in the last few years. While consent had been a taboo subject in France, England had been well ahead exploring the issues of consent in the LGBT community.

Chris Ward, a consultant in a designated chemsex clinic in Manchester, summarised the 2003 Sexual Offences Act in the UK, which sets out terms relating to the freedom to consent, the capacity to consent, and how consent represents a moment in time. This is a key concept in a chemsex context, as it underlines how consenting to a specific act at a specific time does not imply continuous consent. This, he stressed, was crucial as it meant that consent was activity dependent and could be withdrawn in any situation and at any time.

Surveys have found that many chemsexers felt that they had no right to withdraw consent once they had entered a chemsex party and they were also unsure of what constituted sexual assault and harassment. Ward argued that the low rate of reported sexual assault in men in the general population (0.5%) was an indicator of serious underreporting, partly due to toxic masculine culture and partly because people were unaware of what constituted sexual assault. There were also issues with misconceptions that everything that happens at a chemsex party was fair game. Lack of evidence also made reporting more difficult.

Results of a Survey of 300 MSM attending an inner-city sexual health clinic in Manchester found:

- 44 % of MSMs reported drug use in last 3 months
- 15% reported chems use
- 7% reported non-consensual sex
- There was clear association between drug use and sexual assault however, causality was proving more difficult

Amongst MSMs attending the problematic chemsex clinic, 40% reported non-consensual sex.

Because people tended to equate sexual assault and harassment with predatory aggressive sexual acts rather than transgressions during sex at parties, questions had been adapted to ask

about unwanted sexual attention, coercion, ability to say no and having sex without being aware of it, rather than asking directly about non-consensual sex.

Coercive issues like non-consensual filming and injecting were reported as well as a rise in reported cases of purposeful overdosing for deliberate non-consensual sex.

To respond to the needs of victims of non-consensual sex, a male sexual assault support group had been created focusing on aftercare, and the clinic had developed close links with the sexual assault referral centre, linked to the police, where forensic examinations could be conducted.

Sebastjan Sitar, from Legebitra Slovenia related his experience with chemsex and sexual abuse. He highlighted the issues that pushed him into chemsex, which were around body image issues and low self-esteem after breaking up with his boyfriend. He also noted how easy it was to be overdosed on GHB by others, so it was essential to always prepare one own dosage.

He presented preliminary results of a survey carried out among 99 chemsexers in Slovenia in 2019:

- Only 54% were comfortable talking about their sexuality with their doctor
- 17% disclosed to their doctor that they are using drugs
- Compared to a survey in 2017 there is an increase of 50% in GHB use. 36% of GHB users reported overdosing once or more times
- 12% reported having had sex in exchange for drugs
- 31% reported having sex on chems with people they wouldn't have sex with sober
- 11% reported having had a form of sex they would have not wanted to have.

In response to these results the chemsex support group will work on increased provision of information around the drugs and especially on the issue of consent as well as establishing 1:1 support sessions.

Nicolas Gerfaux, from AIDES in Lyon, advised the Forum that much could be learnt from the BDSM (Bondage & Sadomasochist) community in terms of consent and steps to follow towards establishing good practice.

Focusing on <u>Shibari</u>, the Art of Rope Play, where the activity is defined as play, he explained that pain during the activity released endomorphins, which could induce a changed consciousness, resulting in emotional and physical vulnerability. For this reason, it was necessary to define and negotiate the rules before play began. Non-negotiated boundaries were not exceeded during the game.

To negotiate, verbalisation was imperative: wishes needed to be stated and negotiated. If, in his or her modified state of consciousness during the play, the partner expressed a need not negotiated before it, the role of the person with power was to guarantee the terms of the negotiation. At any time, the "model" had to be able to take back the power they gave, by a safe word.

Aftercare was provided, where the model was supported to gain back control and consciousness, and discussion took place afterwards on what the model liked or did not like. Nicolas Gerfaux agreed that while the partner, whose state of consciousness remained the same, must guard the negotiated rules during rope play, this would be much harder to maintain if both or more persons involved in the sex session were on drugs.

The Forum heard about drug matrons, persons, who would remain sober during a chemsex session to ensure overdoses could be avoided. How far this person's role could stretch in terms of guarding consent was not clear.

The general agreement remained that consent was difficult to talk about as there were always underlying stigmas, emotions and self-perceptions, as well as perceptions around chemsex parties that made this topic difficult to approach.

3. WORKSHOP: ONLINE TOOLS - SHARING GOOD PRACTICES

Jimmy Lambec, <u>AIDES</u>, Lille Maxime Maes, <u>UTSOPI</u>, Brussels

Stephen Barris, Exaequo/Observatoire du sida et des sexualités, Brussels

Vincent Leclercq, <u>WhatsApp, AIDES</u>, Le SPOT, France Aleksey Lakhov, <u>Humanitarian Action</u>, St Petersburg

This workshop focused on online tools and how to use them to improve sexual health.

Opening the panel, Maxime Maes, talked about online efforts to reach sex workers. He remarked that there were very few online tools targeting them. An online outreach project for sex workers was developed by Alias, an organisation in Belgium, using a website used by male escorts to meet their clients. The project was not totally successful probably due to the "professional" tone of the site. Consequently, with the input of sex workers, the language used during interventions was revised to be more adapted to its target audience. Maes noted that, unlike most people who are online for leisure, many sex-workers work online, so online interventions often encroach on their working hours.

Additionally, sex-worker chemsexers do not usually identify themselves as sex workers as they have sex merely to obtain drugs. While they still face the same risks and social stigmas, their needs are being missed. Maes stressed the importance of asking the right questions. Asking if someone was a sex worker was likely to result in a negative answer. A better question, he suggested was whether they had sex to obtain drugs in the past x months.

Stephen Barris, coordinator of ExAequo, presented the Réseau Chemsex Bruxelles, a network around chemsex that resulted in the creation of the first francophone website dedicated to chemsex: https://chemsex.be/. The intention and philosophy of the website was to provide information to reduce harm and maintain good health. The website had been a collaboration between the Terrence Higgins Trust, an HIV organisation in London, Belgian harm reduction and sexual health organisations, international partners, volunteers chemsexers & a panel of medical professionals who reviewed the site. The nature of chemsex, an intersection between chems and sex had been reflected in the building of the project. Involving from its inception community-based NGOs, drug addiction NGOs, and medical services, Barris argued, was the way forward to develop chemsex platforms, especially if they were conceived as a mean to build a network of professionals working at the crossroad of drug use, harm reduction and sexuality.

The site had been seen as ground zero and the first thing for the network to publish.

Exaequo also developed an <u>online shop</u> where harm reduction material is available alongside prevention messages and information. One important point, noted Barris, is to train volunteers and board members so they can defend the work being done on harm reduction against accusations of drug enabling.

Vincent Leclercq, from AIDES, presented a very simple intervention that can be easily replicated elsewhere: a helpline based on WhatsApp. In 2017, a report came out in France about an increasing number of people struggling with chemsex and an increasing number of accidents. In the 1980s, at the very beginning of the AIDS epidemic, one of AIDES first interventions had been to launch a phone helpline to help people break their isolation. The WhatsApp helpline was the modern equivalent of this approach.

The helpline was launched in 2017. AIDES promoted its number on social media and printed it on small cards that could be distributed easily.

Anyone can call or text the number. One team answers messages, while another pre-identified team within the organisation deals with face-to-face consultations, so people can be referred on if requested. In two years, 200 men called, leading to 120 consultations. The main topics of discussions centred around general well-being and happiness in relation to sexual life and chems. The helpline is not a 24hrs helpline but Leclercq observed that messages did not generally require immediate answers, people called because they wanted to break isolation rather

than for an emergency. The helpline had helped reach people who were not living in urban areas or felt isolated. For security reasons, none of the messages were saved on AIDES' server.

AIDES is currently looking at WhatsApp for business, which would allow people to get connected without having access to the phone. Vincent noted that one of their mistakes had been to use the word emergency to promote the helpline. These types of calls, he advised, should go directly to the emergency services.

He recommended that any team wishing to implement a similar service be fully integrated, with outreach teams available so people can be referred on.

Aleksey Lakhov, from Humanitarian Action in St Petersburg focused on web outreach as a harm reduction tool. Giving a brief overview of drug use in St Petersburg, Lakhov informed the Forum that they had seen a rapid increase in new psychoactive substances (NPS) use. Over 70% of drugs in St Petersburg were bought over the dark web and paid in bitcoins, with messenger Apps used as means of communications.

To raise awareness about psychoactive substance and the organisation's work, Humanitarian Action opened an open Telegram Channel, with more than 1600 followers, a secret Telegram chat for clients, and a separate Telegram chat for users of NPS to respond to their specific health needs. An overdose Bot was also created on Telegram. It is an application where, in case of difficulties, you can send questions or requests and answers are automatically generated. By pressing a key, people can access symptoms of overdose and explanations on how to administer first aid while waiting for an ambulance. At least two lives have been saved with this tool. Lakhov stressed that the bot was not meant as a replacement to calling emergency services but as a first aid tool only. There is also a direct connection with a drug addiction specialist if needed.

Taking into account the increasing popularity of the dark web with NPS users, Humanitarian Action contacted the administration of darknet site Hydra and asked them to inform their drugs buyers about the organisation's drug services. Work via Hydra started in 2019. During the first half of 2019, there were 2,398 new clients, in comparison to 1,272 new clients in the first half of 2018 (an 89% increase). The collaboration also generated more than 260 requests via messengers regarding HIV testing, social and psychological support, ART, substance misuse help, overdoses, criminal charges, rehabilitation & viral hepatitis.

Following the presentations, the panel reflected on security issues around the use of mobile technology and online interventions. The panel agreed that online working, at some point would involve an exchange of information and a 100% data protection was impossible to guarantee. This was the negative side of being able to reach more people.

Elie Ballan, talking from the floor, remarked that his organisation in Lebanon had a specific department working around the digital and physical security of activists. They worked in a very hostile environment, with five countries in the region criminalising gay sex with the death penalty. He advised the Forum on the availability of security tools for phones, allowing the user to create fake vaults, where an app icon can be replaced by another inoffensive one, such as a calculator for example. There are also apps giving the user the option to use different finger-prints to open different user profiles.

Responding to people's comments about groups being blocked on Facebook, he noted that Facebook had a local office in most countries, and issues with Facebook, Instagram or WhatsApp could be dealt with at country level, where it was easier to solve issues of censorship.

KEY FINDINGS

It is difficult to anticipate when people start on their chemsex journey where it will take them. There is no clear profile of problematic drug users vs. non-problematic drug users. Loneliness, lack of self-worth and lack of meaningful connections, have all been cited as underlying issues, worsened by the normalisation of drug use. However, the chemsex journeys are varied and can be influenced by the user's current context & cultural environment at a specific moment in time, as well as his personal set of circumstances and background. There is some consensus among chemsex responders that slamming appears to be a major stepping point in the chemsex journey, and a possible indicator of potential problematic use. The early identification, through qualitative data, of the set of skills and conditions necessary to manage chemsex with less harm could support prevention efforts among people who have not yet experienced problematic use and help design effective harm reduction strategies.

The response to problematic drug use must be person-centered with an individualized therapeutic approach. Gay men engaging in chemsex are not likely to access mainstream drug services and sexual health services do not necessarily have the expertise to deal with problematic drug use. To encourage gay men to seek support, access to non-judgemental integrated services where they feel safe and able to speak about their sexual health, mental health and drug use is key. To this end, the development of multi-disciplinary referral networks, where professionals can undergo training in drug addiction, LGBT issues and sexuality and collaborate with each other has been a successful model in a variety of settings.

In the context of harm reduction, chemsex must not only be seen under the lens of harms and damages but as a dynamic practice where the balance between pleasure and risks must be measured and negotiated and the relationship between the two disrupted. It is also clear from the forum that the information needs of chemsex participants are often still unmet, with people relying mostly on their peers for information and support. This was particularly true in some settings where homophobia and narcophobia were prominent. Providing information on substances, including dosage, effects and side-effects, risks, slamming and where to get support was cited as essential for harm reduction strategies by all chemsex responders.

There is still a lack of clarity around what sexual consent means. Also the Forum recorded some progress in addressing the issue, the conversation needs to move from mentions of sexual assault to discussions around unwanted sexual attention, coercion and negotiating sex. As the BDSM community has done with great success, the MSM chems community needs to draw lines, label actions and clarify what actions should not be tolerated in their sessions and communities.

This 3rd Forum has seen a shift with chemsex is entering a transition period between research and implementation. Hard data is no longer needed to prove that chemsex is happening and the focus has moved on how to implement responses and services.

WHAT'S NEXT?

As stated so eloquently by Alexandre Aslan in his keynote address: A medico-psycho-sexual approach to chemsex care is not enough. It requires an intersectoral approach with community, social and political responses. This is essential guidance for our future progress.

As you can imagine developing a European Chemsex Forum is costly and time consuming. Reasons for the first three forums thus far have been compelling. To proceed, we need to be sure future projects are both necessary and fundable.

Key recommendations:

- Promote integrated services, including sexologists and addictologists, as possible.
 - oAddress structural limits for integrated services in some locales, especially EECA
 - o Address obstacles to integrated services, including obstacles inside our communities
- Address problematic chemsex issue amongst migrants, racial and ethnic minorities, sex workers and trans people
- Review therapeutic approaches to problematic chemsex
 - o Include both community-based services, and chemsex initiated approaches
 - •What defines problematic chemsex?
 - OWhat approaches are being used, with what results?
 - \circ Ensure a continuum response regarding harm reduction and abstinence-based approaches.
 - o Ensure person-centred approaches that are non-directive and non-prescriptive. Avoid messages like "Drugs are good" or "Abstinence is the only solution".
- Integrate discussions around sexual harms and drug harms, personal empowerment and responsibilities. Develop information resources on products, risks, practices and consent. There is a distinct lack of knowledge regarding drugs- and sexual-related harms.
- Explore patterns of problematic chemsex. Chemsex dialogue makes reference to *current traumas* which are key elements leading to problematic chemsex. Does this fit into our understandings of existing substance use patterns or are we possibly looking at new patterns with greater impact. Are these repetitive processes related to computer/phone/apps use, chillouts, chemsex activities and slamming?
- Engage community businesses, especially social media apps
- In discussion: Training/exchanges in EECA and possible sites in Western and Central Europe
- In discussion: Addressing problematic chemsex in Asia
- Under consideration: another Chemsex Forum in Spring, 2021.

The results of the Paris Forum evaluation will be published shortly, which mention some possible next steps. The Forum secretariat will continue with qualitative evaluations regarding the Paris Forum and the future of the forum.

If you have suggestions or want to discuss future work, we can be contacted at bc@ihp.hiv and nd@ihp.hiv.

Press and comments from the 3rd European Chemsex Forum can be found here.

Organised by:





With special thanks to:





Alexandre Aslan, Bertrand Audoin, Magdalena Ankiersztejn-Bartczak, Franck Barbier, Fred Bladou, Yuri de Boer, Marc Dixneuf, Jan Henry Groszer, Jérémie H Hédin, Bernard Kelly, Marie-Charlotte Laurence, Vincent Leclercq, Yohan Masson, David Michels, Monty Moncrieff, Antons Mozalevskis, Grant Murgatroyd, Palani Narayanan, Stephen Pelton, Eve Plenel, Gena Roshchupkin, Adam Schultz, Kevin Singh, Miran Šolinc, Chris Tearno, Bryan Teixeira, Stéphan Vernhes, Pierre Villelongue, and WHO Regional Office Europe.

There in spirit

We regret the absence of Axel J Schmidt and Ford Hickson, from <u>EMIS</u> and David Fawcett, author of <u>Lust</u>, <u>Men and Meth: A Guy Mans Guide to Sex and Recovery</u>, Forum supporters all but unable to attend this Forum .

Thank you to our funders and supporters:















Thank you very much for your trust in our collective efforts.

This report was written on behalf of International HIV Partnerships (IHP) by Sylvie Beaumont in consultation with key partners.

Additional input was provided by Ben Collins, Stephen Pelton and Nia Dunbar from IHP.

Published by International HIV Partnerships

Flat 1, 47a, Exmouth Market London EC1R 4QL United Kingdom

About International HIV Partnerships

At heart, IHP is a think tank that generates, promotes, supports and leads projects through mutual mentoring, structured collaborations and our own administrative and fundraising capacities. We encourage solidarity and hope as essential elements for building momentum and solving current problems. We believe in evidence-based and historically-aware responses that engage key populations, researchers, clinicians and other influential stakeholders.

We're in a profoundly different era from that of early HIV activism: 20th century models, though informative, may no longer apply and might actually be obstacles to current, complex challenges in HIV and across all at-risk populations and societies around the world.

IHP promotes visionary advances towards sexual heath, mental health and social wellbeing with a focus on infectious diseases in key and marginalised populations. We are open source: We share our resources, our experience and our expertise.

Enquiries should be addressed to nd@ihp.hiv