

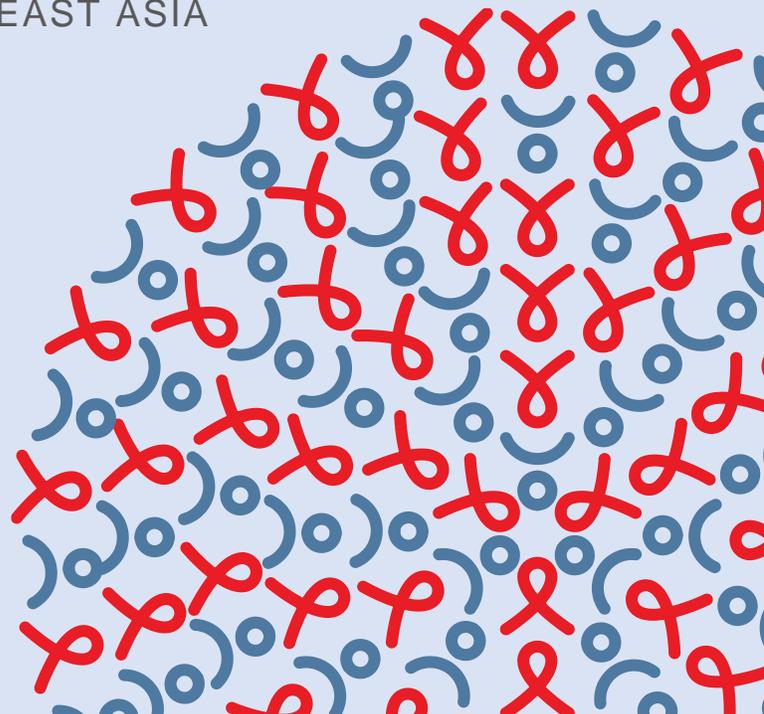
MEETING TARGETS AND MAINTAINING  
EPIDEMIC CONTROL (EPIC) PROJECT

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January 2022

# Chemsex, MSM, and the HIV Cascade

A GUIDE FOR PROGRAM PLANNERS IN  
KEY POPULATION LED HIV/SEXUAL  
HEALTH PROGRAMS IN SOUTHEAST ASIA



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*EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobe Group. For more information about EpiC, including the areas in which we offer technical assistance, click [here](#).*

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## Abbreviations

ART	Antiretroviral therapy
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test
CSO	Civil society organization
EDM	Erectile dysfunction medication
GBL	Gamma Butyrolactone (G)
GHB	Gamma hydroxybutyrate (G)
HIV	Human immunodeficiency virus
K	Ketamine
MDMA	Methylenedioxymethamphetamine (Ecstasy)
MSM	Men who have sex with men
PEP	Postexposure prophylaxis
PLHIV	People living with HIV
PnP	Party-and-play
PrEP	Pre-exposure prophylaxis
SDU	Sexualized drug use
STI	Sexually transmitted infection
WHO	World Health Organization

## Glossary

<b>Amphetamine</b>	Psychostimulant drug derived from ephedrine
<b>Amphetamine-type substances</b>	A group of synthetic drugs that are chemical derivatives of the parent compound alpha-methylphenethylamine, also known as amphetamine
<b>Crystal dick</b>	Inability to achieve an erection
<b>Disinhibition</b>	Inability to suppress an undesired or unwanted behavior
<b>Ecstasy</b>	Amphetamine type substance with more euphoric and sensory properties
<b>Empathogenic</b>	Experiences of emotional oneness, relatedness, openness, and sympathy
<b>Endocarditis</b>	Infection of the inner lining of the heart
<b>Erectile dysfunction</b>	Inability to achieve an erection
<b>Gamma hydroxybutyrate</b>	Anesthetic drug used in the treatment of cataplexy, narcolepsy, and alcoholism; it is also used illegally as an intoxicant, an athletic performance enhancer, a date rape drug, and a recreational drug
<b>Hydrochloride methamphetamine</b>	A more powerful crystalized version of methamphetamine
<b>Ice</b>	Crystal methamphetamine
<b>Ketamine</b>	Anesthetic drug with euphoric properties
<b>Methamphetamine</b>	A more powerful tablet or powder version of amphetamine
<b>Opiates</b>	Substances derived from the opium plant
<b>Party-and-play</b>	Sexualized drug use party or event
<b>Psychoactive</b>	Affecting the working of the brain and nervous system
<b>Slamming</b>	Injection of stimulant drugs
<b>Smoking</b>	Inhaling of vaporized ATS
<b>Snorting</b>	Inhaling of white powder drugs through the nose

## Introduction to this Guide

This guide aims to help advance progress on the path to HIV epidemic control by providing HIV service providers with a practical framework to direct and advance the evolution of evidence-based, client-centered strategies to minimize the HIV risks associated with sexualized drug use, particularly among men who have sex with men (MSM).

The link between drug use and HIV risk is well documented across a wide range of substances, modes of administration, and contexts. Nevertheless, the diverse and constantly evolving nature of drug use continues to challenge identification and implementation of effective interventions to mitigate drug-use-related disease risks. While there are now proven, highly effective interventions to reduce the risk of HIV and other diseases associated with injecting drug use, additional differentiated solutions are needed to mitigate the risks associated with the global expansion of sexualized drug use.

This guide is not focused on control of the drugs themselves but rather on strategies public health practitioners can employ to minimize the impact that chemsex may have on participants' risks of acquiring or transmitting HIV and other infections. For individuals who wish to reduce their use of drugs, the public health approach also facilitates access to these broader services. Many of the examples in this guide focus on the regional context of Southeast Asia, where sexualized drug use is increasingly prevalent among MSM, but should have broader global relevance.

### What is Sexualized Drug Use and Who Practices It?

Sexualized drug use (SDU)—referred to as “chemsex” in this guide—is intentional drug-taking before or during casual and/or group sex to facilitate, initiate, prolong, sustain, and intensify pleasure.<sup>1</sup> It may also be referred to as “Party-and-play” (PnP), “partying,” or other code words and code emojis used to denote interest in chemsex.<sup>2</sup>

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

- ▶ Sex between men
- ▶ Substance use to facilitate, prolong, or enhance sex
- ▶ Casual and/or group sex with multiple partners
- ▶ Events (parties) that may last for an extended period of time over several days with participants coming and going
- ▶ Facilitation through dating sites and digital technology

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<sup>1</sup> What is Chemsex? David Stuart. 2020. <https://www.davidstuart.org/what-is-chemsex>

<sup>2</sup> Chemsex and harm reduction for gay men and other men who have sex with men. Harm Reduction International. APCOM. 2021 Jul. [https://www.hri.global/files/2021/07/12/HRI\\_Briefing\\_Chemsex\\_July\\_2021\\_Final.pdf](https://www.hri.global/files/2021/07/12/HRI_Briefing_Chemsex_July_2021_Final.pdf)

There are numerous drugs that can be used in a sexual setting. The most used substances among chemsex participants in Southeast Asia include methamphetamine (Ice), gamma butyrolactone (GBL) and gamma hydroxybutyrate (GHB) (both commonly referred to as “G”), methylenedioxy-methylamphetamine (MDMA or Ecstasy), and ketamine. Programs need to respond to the wide range of drug administration practices that may be associated with chemsex, including oral ingestion, smoking, and snorting. Injecting drug use in the context of chemsex is considered rare but may be associated with particularly high disease risks if injecting equipment is shared.

These guidelines refer to MSM who engage in chemsex as *chemsex participants*.

### Who is this guide for?

This guide is intended for HIV program planners and community and clinical HIV service providers in Southeast Asia to help identify and implement HIV prevention, testing, and treatment activities that are more attractive, relevant, and responsive to individuals who engage in chemsex.

The guide takes the HIV cascade as an organizing framework, and at each step across the cascade (Identify, Reach, Test, Prevent, and Treat) the guide discusses:

- Characteristics of chemsex participants that may affect risk and service delivery considerations
- Implementation strategies for both face-to-face and online/virtual interventions
- Programmatic examples and resources where relevant and available

The cascade framework acknowledges the importance of a supportive environment that enables the provision of HIV services, and the guide includes “pullout boxes” describing cross-cutting programmatic considerations regarding stigma and discrimination among service providers, sexual violence and consent among chemsex participants, and potential legal risks for program clients and service providers in addressing chemsex and HIV.

The cascade framework also recognizes and aims to respond to the dynamic nature of risks and service access barriers individuals may face over time. This orientation underscores the need for programs to provide clients with access to flexible, client-centered, and adaptive counseling and case management support over a period that can span from months to years. Responding to this need requires programs to expand implementation of motivational counseling and other strategies that continuously align support to clients’ specific preferences, aspirations, and needs. It also suggests strong advantages of integrated service delivery and referral approaches that provide clients with seamless and convenient connections to additional relevant services—such as substance use related services—as their individual risks evolve over time. Providing these services through key-population led sites—and expanding the use of peer-led online outreach, navigation, and support—may help overcome important access barriers for

individuals. The guide includes examples throughout to demonstrate how programs have integrated these models into their interventions for chemsex participants.

This document concludes with considerations for routine data collection to better understand chemsex participants and practices and for a knowledge management agenda to establish, evaluate, and disseminate innovative approaches for better serving chemsex participants across the region and globally. Finally, the document includes an inventory of the more comprehensive tools and resources referenced throughout the guide. However, it should be acknowledged that because of the complexities of sexualized drug use and the diversity of individual needs, this guide is not intended to be an exhaustive resource for all contexts and populations. While there are chemsex risks associated with other key populations who face an increased likelihood of HIV infection, such as transgender people and sex workers, this document focuses on the needs of MSM as a priority group, while noting the need for additional inquiry into differentiated approaches that are better tailored to the preferences and needs of other populations.

## Sexualized Drug Use and the HIV Cascade

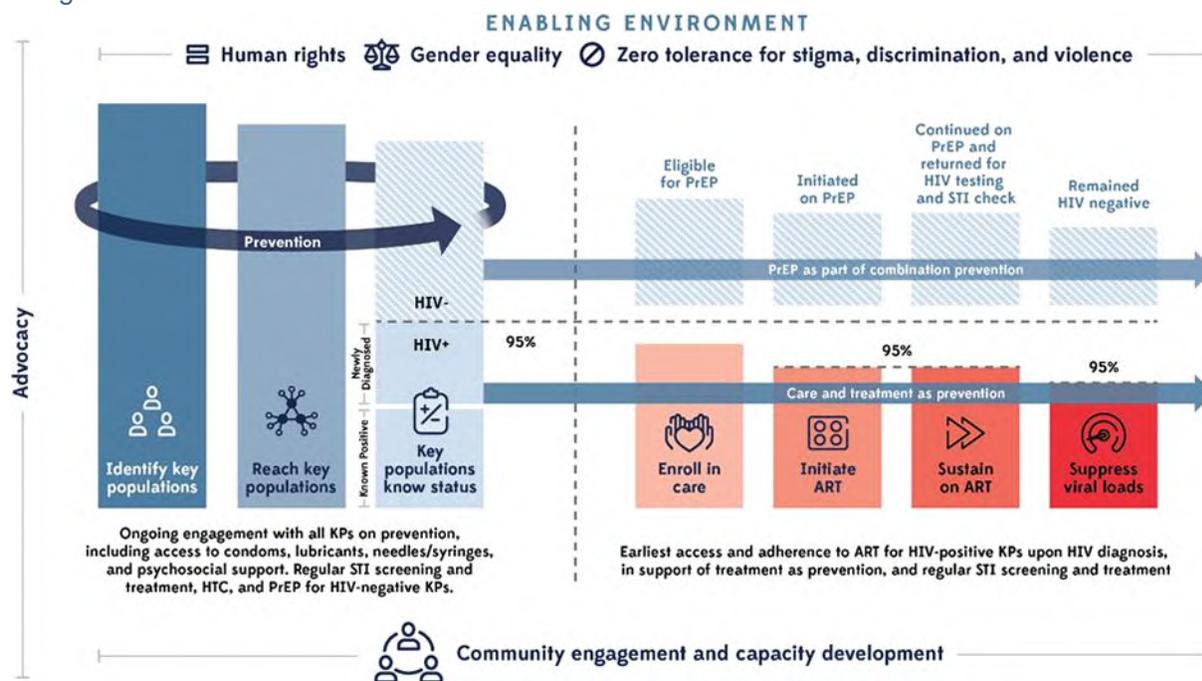
More than four decades into the global response to HIV, advances in science and innovations in practice have together placed HIV epidemic control within reach. Antiretroviral medications have been proven to prevent HIV-related illness and death—as well as ongoing transmission of the virus.<sup>3</sup> Strategies exist to prevent HIV infection, including HIV pre-exposure prophylaxis (PrEP) and correct and consistent condom use.

An HIV cascade framework (Figure 1) is often used to track progress toward public health impact by documenting coverage of proven prevention and treatment services among individuals facing the greatest HIV infection risks. By responding to the differentiated preferences and needs of unserved and under-served individuals, programs can help to raise the bars across the cascade and achieve HIV epidemic control and an end to the suffering associated with AIDS.

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<sup>3</sup> Cohen MS, Chen YQ, McCauley M, Gamble T, Hosseinipour MC, Kumarasamy N, et al. Antiretroviral Therapy for the Prevention of HIV-1 Transmission. *N Engl J Med* 2016; 375(9), 830–839. <https://doi.org/10.1056/NEJMoa1600693>

Figure 1. HIV cascade framework



However, despite substantial global progress toward epidemic control, certain individuals are falling out of care (or are never engaged in the first place) at critical cascade junctures, from initial identification of individuals with elevated risks to sustained service access and improved health outcomes. Gaps in access to—and sustained engagement in—lifesaving HIV services are concentrated among the same key populations that face the greatest HIV infection risks. The combination of high risk and limited access to services among key populations such as MSM perpetuates a vicious cycle that allows epidemic transmission of HIV to persist even under conditions of high broader population service coverage. Overall, in 2020, key populations and their sexual partners accounted for 93% of infections outside of sub-Saharan Africa, and in Asia, MSM bear a disproportionate burden of the HIV epidemic.<sup>4</sup> For these individuals, the HIV cascade more closely resembles a set of leaky pipes.<sup>5</sup>

There is a need for a differentiated service delivery approach that tailors HIV services across the HIV cascade to meet the diverse preferences and needs of high risk and under-served populations.<sup>6</sup> One specific population of growing concern is MSM who engage in chemsex. Research indicates that MSM globally are more likely to use illicit drugs than the general

<sup>4</sup> UNAIDS. Global AIDS update 2021: Confronting Inequalities: lessons for pandemic responses from 40 years of AIDS. UNAIDS. 2021.

<sup>5</sup> Kilmarx PH, Mutasa-Apollo T. Patching a leaky pipe: the cascade of HIV care. *Curr Opin HIV AIDS*. 2013 Jan;8(1):59-64.

<sup>6</sup> Grimsrud A, Bygrave H, Doherty M, Ehrendranz P, Ellman T, Ferris R, et al. Reimagining HIV service delivery: the role of differentiated care from prevention to suppression. *J Int AIDS Soc* 2016; **19**(1): 21484.

population; and several studies looking at chemsex among MSM across Asia produced a wide range of estimates, from as low as 3.1% to as high as 30.8%. High rates of use of amphetamine-type stimulants have been documented in recent years in Thailand, Indonesia, Malaysia, and China, and other studies in the region show a rise in the use of methamphetamine, ketamine (K), GHB, GBL, and other stimulant drugs among gay/MSM communities in major cities including Bangkok, Chang Mai, Jakarta, Ho Chi Min, Hanoi, Manila, and Kuala Lumpur.<sup>7</sup>

There has also been work charting the potential adverse health outcomes for MSM who combine sex and drugs, which may lead to increased sexual risk-taking or less ability to make informed decisions about sexual behavior, condomless sex or unnoticed condom breakage, sharing of injecting and other ingesting equipment or incorrect injecting techniques, or missing ART or PrEP doses, all of which increase the risk of HIV infection or transmission among chemsex participants and contribute to other negative outcomes including sexually transmitted infections (STIs), poor mental health, addiction, and other negative effects on daily life.

Given the substantial risks and barriers to service access that chemsex participants can face, the differentiation of HIV services to be more attractive, relevant, and responsive to this population is a critical priority. By illustrating engagement and identifying “leaks” in the HIV service system, the HIV cascade framework can help program managers and implementers understand and respond to the gaps that contribute to poor client outcomes and that impede the achievement of HIV epidemic control. Where chemsex exists, all programs should consider the impacts of chemsex behaviors on HIV risk and access to HIV prevention, testing, treatment, and care services and how existing services need to be modified toward closing gaps in the continuum of HIV services and achieving the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals.<sup>8</sup>

HIV services are not delivered in a vacuum. Programs also need to consider critical issues that may limit the availability or accessibility of services across the entire cascade in order to create a safe environment that supports and enables chemsex participants to seek and receive HIV prevention, testing, and treatment services. The cascade framework acknowledges the effect that structural factors—such as prevailing laws, norms, policies, and stigma and discrimination—can have on access to HIV cascade services as well as the health and well-being of clients. These structural factors merit consideration with respect to efforts to address the preferences and needs of chemsex participants. The legal repercussions of engagement in drug use; potential physical, emotional, and social harms related to threats to consent in the

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<sup>7</sup> MSM, transgender women and drug use in sexual contexts in Asia: a qualitative scoping review to inform HIV and harm reduction and programmatic responses in the region. APCOM. 2021 Mar.

<https://www.apcom.org/msm-transgender-women-and-drug-use-in-sexual-contexts-in-asia/>

<sup>8</sup> Meeting Targets and Maintaining Epidemic Control (EpiC). FHI 360.

<https://www.fhi360.org/projects/meeting-targets-and-maintaining-epidemic-control-epic>

context of chemsex; and the potential for participants to experience drug-use related stigma and discrimination on top of other forms related to HIV or sexual identity all pose substantial concerns that providers must proactively address. This guide devotes additional attention to each of these topics in specified sections interspersed throughout the document.

However, it should be noted that there is wide variability in drug-use settings and practices in different regions and among different sexualized drug-using networks as well as significant variability in what is considered “problematic” drug taking. Risks and harms associated with illicit drug use need to be considered in the context they occur. These guidelines focus on Southeast Asia due to the growing prevalence of sexualized drug use among MSM and the opportunity to highlight the growing body of programmatic experience on adapting HIV services to meet the needs of sexualized drug users in this region. Despite this regional focus, with appropriate adaptation, the experience and models described below may also be useful for HIV program planners and implementers hoping to improve the quality of services for sexualized drug users in other regions.

## Characteristics of Chemsex in Southeast Asia

As noted above, chemsex has been documented in MSM communities across Southeast Asia, though estimates of the rates of participation in chemsex have varied widely. The demographic characteristics of those documented as participating in chemsex also varied; however, most were ages 18–29 years.

Crystal methamphetamine and GHB/GBL (G) are the drugs most commonly used for chemsex in SE Asia and the ones typically referred to as “chems,” though other drugs are also often involved, including MDMA (Ecstasy), ketamine (K), alkyl/butyl nitrates (poppers), and cocaine—all of which may also be mixed with alcohol. There is a significant focus on stimulants and substances with disinhibiting effects that enhance sexual pleasure and prolong sexual activity. Because of this focus on prolonged sexual activity, erectile dysfunction medications (EDMs) such as Viagra and Cialis are commonly used, and while they are not considered chemsex drugs, mixing EDMs with methamphetamine puts extra strain on the heart, increasing the risk of shifts in blood pressure that can lead to stroke, chest pains, or heart attack.

As important as the substances used for chemsex are the methods of administration (smoking, snorting, oral, and injection), which carry different levels of risk. Reported rates of injection drug use, which carries the greatest risk for HIV transmission, are very low in research among MSM in Southeast Asia; however, questions about illegal drug use carry a strong social desirability bias, and actual rates of injection may be under-reported. In every region where data are available, methamphetamines are the most frequently injected chemsex substance; however, chemsex participants do not usually share injecting equipment, and unlike opioid users, they don’t seem to have an injection culture where the act of injecting and sharing is part of the experience. Sharing may occur either inadvertently or if no clean injection equipment is available, which underlines the need for harm reduction programs, as stimulant injecting has

been associated with local HIV outbreaks in numerous countries in recent years, including in Western and Eastern Europe and Central Asia.<sup>9</sup>

While smoking, snorting or orally ingesting chemsex substances entails lower risk than injecting, the use of psychoactive substances regardless of route may increase the probability of sexual risk-taking and unsafe sex. The sharing of pipes and smoking equipment remains a possible route of viral hepatitis transmission.<sup>10</sup>

This guide does not intend to problematize all substance use, and it is important to acknowledge that MSM participate in chemsex for numerous reasons including, most significantly, that the disinhibiting effects of drugs help them to overcome confidence issues and enhance their ability to engage in a meaningful shared experience with sex partners.<sup>11</sup> “Problematic” drug use refers not necessarily to the frequency of drug use, which is the primary “problem,” but the effects that drug-taking has on the user’s life (i.e, they may experience social, financial, psychological, physical, or legal problems as a result of their drug use). MSM may use drugs to inhibit their guilt and shame, which allows them to express their sexual impulses but sometimes leads to feelings of shame, guilt, or regret after a chemsex session, creating a self-destructive and sometimes addictive cycle.

Some chemsex participants may want services to help them moderate or stop using chems. In the Asian context, this can often be difficult as most therapeutic approaches to drug use are aiming for abstinence, often taking a punitive approach. While this guide is not focused on interventions to help clients stop or modify substance use behaviors, online resources can be utilized by MSM service providers to assist chemsex participants to control or modify their usage and to develop a treatment/recovery plan as appropriate.

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<sup>9</sup> Chemsex And harm reduction for gay men and other men who have sex with men. Harm Reduction International. APCOM. 2021 Jul. [https://www.hri.global/files/2021/07/12/HRI\\_Briefing\\_Chemsex\\_July\\_2021\\_Final.pdf](https://www.hri.global/files/2021/07/12/HRI_Briefing_Chemsex_July_2021_Final.pdf)

<sup>10</sup> Chemsex and harm reduction for gay men and other men who have sex with men. Harm Reduction International. APCOM. 2021 Jul. [https://www.hri.global/files/2021/07/12/HRI\\_Briefing\\_Chemsex\\_July\\_2021\\_Final.pdf](https://www.hri.global/files/2021/07/12/HRI_Briefing_Chemsex_July_2021_Final.pdf)

<sup>11</sup> Chemsex in Asia: a community manual on sexualised substance use among MSM. Asia Catalyst. 2021. [https://communityharmreduction.com/wp-content/uploads/2021/06/Final-draft\\_community-manual\\_CLEAN.pdf](https://communityharmreduction.com/wp-content/uploads/2021/06/Final-draft_community-manual_CLEAN.pdf)



# Chemsex and the Law

## CHEMSEX AND THE LAW

Punitive drug laws and enforcement, religious conservatism, and other punitive legal frameworks that operate in SE Asia have an impact on chemsex programming.

The impact is felt by the individual chemsex participant and the service provider organization (<http://www.inpud.net>).

## INDIVIDUAL

- Chemsex participants do not disclose their involvement as it is risky to do so.
- Only disclose to a small group of trusted friends and fellow chemsex participants
- Are untrusting of service provider organizations, particularly government-run services
- Are reluctant to discuss their chems use and its impact on HIV or other medication they are taking
- Accessing safe chems ingestion equipment can be problematic
- Unlikely to report sexual assault or other issues that occurred when they were under the influence of chems
- Unlikely to seek services to help with problematic drug use

## SERVICE PROVIDER

- Need to understand local reporting laws because in some contexts providers may have a legal obligation to report chemsex participants to authorities if this behavior is disclosed to them. Providers should consider how they screen for risk behaviors and what disclosures they provide to patients up front, in the context of potential mandatory reporting requirements.
- May be putting their workers/volunteers at risk by working with chemsex participants or be perceived to be “promoting” chemsex.
- Will need to consider policies and guidelines that will protect clients, workers, and volunteers, especially in terms of personal security, identity, and data security. The link below includes tools to prepare implementers to assess their own security strengths and gaps and then act on them in a thoughtful and strategic manner:  
<https://www.fhi360.org/resource/implementer-and-data-security>.

### **In developing chemsex programming and interventions, program planners need to:**

- Consider their legitimacy with the chemsex scene in order to build trust
- Provide pathways for chemsex information to be imparted/available via general programming that does not require disclosure
- Have a clear understanding of the laws that exist in their country in relation to drug use to be able to better respond to issues and limitations on what they can and cannot do
- Develop relationships with harm reduction organizations with more experience in addressing issues of criminality who may be able to guide and support their programming

## Characteristics of the specific drugs used in chemsex in Southeast Asia

Crystal methamphetamine (Ice) and GHB/GBL (G) are the most used drugs in chemsex in Southeast Asia. MDMA (ecstasy) and ketamine (K) are also used, but these drugs are more likely to be used as supplemental drugs to enhance the effects of Ice and G, not on their own. Ecstasy is also used for clubbing and dancing. These drugs are referred to as “chems,” though other drugs are often involved too, such as alcohol, alkyl/butyl nitrates (poppers), marijuana, and cocaine. Chemsex drugs are focused on stimulants due to their inhibition-reducing capabilities and “enhancement” of reality and the sexual experience. Use of opiates such as heroin and fentanyl has been reported among some MSM communities in Southeast Asia, but these are generally not considered chemsex drugs because the reasons for use are different.

### GBL (gamma butyrolactone) and GHB (gamma hydroxybutyrate)

GBL and GHB (both commonly referred to as “G”) are chems used during sex, often in chill outs, for sex or when clubbing. They’re a depressant drug (“downer”), which means they have a sedative and euphoric effect. GBL is the most common form of G and is a clear liquid that has a strong chemical smell and taste. GHB is a clear, salty liquid with no smell.

#### How it’s used

- G is drunk, usually mixed with juice.
- Because GBL turns into GHB inside the body, the effects of GBL can be stronger or more unpredictable.
- The strength of G varies a lot, so it’s difficult to know what dose is safe.

#### Highs and lows of G

##### Highs

- A dose of G can leave a user feeling chilled out, aroused, or high. It’s often used with other chems like Ice to enhance the effect. G has a relaxing effect, which may make anal sex easier.
- The high from G comes after about 20 minutes and lasts about one hour, but it may last up to four hours.

##### Lows

- Too much G can leave a user dizzy, confused, drowsy, or vomiting, which could cause death from choking.
- There’s not much difference (less than a milliliter) between the dose that causes a high and one that leads to the user passing out. Overdosing is easy to do and comes on with little warning.

#### Sex on G

- G will lower inhibitions, especially if used in combination with Ice, making unsafe sex—and the transmission of infections such as HIV, syphilis, or hepatitis C—more likely.

- Nonconsensual sex or sexual assault has been reported by MSM using G as others may take advantage of a user while they are under the influence.

<https://www.fridaymonday.org.uk/>

## Methamphetamine (Ice)

Ice is a super-strength amphetamine stimulant that releases the brain's stress hormone norepinephrine and "feel good" chemicals dopamine and serotonin. Ice comes as white or colorless crystals that can be crushed to make a powder.

### How it's used

- Ice in its crystalline form can be smoked through a glass pipe or smoked using rolled tin foil.
- Ice as a powder is usually snorted.
- Ice can be mixed with water and injected ("slamming"). It can also be injected in the anus with a syringe with the needle taken off ("booty bump").

### Highs and lows of Ice

#### Highs

- Ice can make users feel high, wide awake, confident, invincible, impulsive, less likely to feel pain and very aroused with fewer inhibitions.

#### Lows

- Ice increases body temperature, heart beat, and blood pressure—possibly to dangerous levels—with the risk of heart attack or stroke. Combining Ice with other drugs such as GHB and poppers or with sexual dysfunction medication like Viagra can increase these risks.

### Sex on Methamphetamine (Ice)

- Ice can make users feel sexually adventurous, disinhibited, and sexually compulsive. MSM who use Ice may engage in sexual activities that they wouldn't when "sober" (not using drugs) and take sexual risks that they normally wouldn't; this may increase the risk of picking up or passing on HIV and other STIs.
- Long or rough Ice-fueled sex sessions may cause a sore or bleeding anus, penis, and mouth. These might not be noticed at the time, but they mean that there's more risk of HIV, hepatitis C, and other STIs being passed on. Condoms, if used, easily break in this situation, and breakage may not be noticed.

<https://www.fridaymonday.org.uk/>

## MDMA (Ecstasy)

MDMA is a derivative of amphetamine. It is better known as ecstasy, E, or molly and is commonly found in tablet form. As with all powdered drugs, MDMA is often cut with other substances.

MDMA is most commonly a club drug and is more “social” than Ice because its main effects are derived from release of serotonin, which causes an outward focus, whereas Ice’s main effects are derived from dopamine, which causes a focus on the self.

### How it’s used

- In Southeast Asia, it usually comes in a colored tablet—stamped with a smiley face or other emoji—which is swallowed.
- MDMA can also come as slightly off-white (yellow or brown) crystals that can be crushed into a powder. The powder can be snorted, wrapped in tissue and swallowed (“bombed”), or dabbed on the gums.

### Highs and lows of MDMA

#### Highs

- About a half hour after taking MDMA—or longer, depending on how it is taken—the user starts to “come up” as the brain releases its “feel good” chemicals, dopamine and serotonin.
- For up to four hours, users might be buzzing with energy and feel less uptight.
- Users may feel high and “loved up.” Sounds and lights can be enhanced, which is another reason for MDMA’s popularity with clubbers.

#### Lows

- Jaw clenching, teeth grinding, and sweating are common while high on MDMA.
- The drug can push the body’s temperature up to what could be life-threatening levels, which is made worse by hot clubs and dancing. MDMA-related deaths are often due to heatstroke, heart failure, or drinking too little or too much water.

### Sex on MDMA

MDMA can make users aroused, with an increased sense of touch. But it can also make it difficult to get an erection. As the drug lowers inhibitions, it can make some people more likely to take sexual risks, increasing the chance of HIV transmission.

<https://www.fridaymonday.org.uk/>

## Ketamine (K)

K is an anesthetic and is sometimes referred to as “horse tranquilizer” as this is its primary use by veterinarians.

Ketamine can come as a powder or a liquid that’s dried to make powder.

### How it’s used

- As a powder, K can be snorted, which is known as a bump, or added to drinks.
- K can be smoked if the powder is mixed in a cigarette with cannabis or tobacco.
- Ketamine powder can also be mixed with water and injected into a muscle but never a vein.

### Highs and lows of ketamine

#### Highs

- Ketamine can boost energy levels in small doses or make users feel high, numb, cut off from their body, or in a dreamy, floating state.
- K can cause hallucinations and an out-of-body experience that can feel like entering a different reality or meeting God or aliens.
- The effects last 45–90 minutes if snorted and up to three hours if injected or swallowed.

#### Lows

- A larger dose can cut off a user from their surroundings and sense of self. This is called a “K hole” and can last up to 90 minutes. Users might find it hard or impossible to move or talk in this state, and swallowing or breathing can be difficult.
- Feeling disorientated and detached from reality
- Blurred sight and speech
- Developing bruises and injuries because K numbs the body, making it easy to injure oneself without feeling pain

### Sex on ketamine

- Although ketamine can increase arousal, it can make it difficult to get an erection.
- K is sometimes used by people who are the passive partner in anal fisting as it relaxes the muscles in the anus.
- As the drug makes users feel pain less, rough sex can lead to damaging the anus or to cuts and bleeding that aren’t noticed. This may mean more risk of HIV, hepatitis C, and other infections being passed on.

<https://www.fridaymonday.org.uk/>

## Client-Centered, Differentiated HIV Cascade Services for Chemsex Participants

Persistent gaps in HIV cascade performance underscore the need for differentiated, client-centered service delivery that creates a safe environment for chemsex participants through ongoing, targeted counseling and case management across the cascade by providers trained in substance use and abuse and resources for addiction, violence, and sexual abuse. HIV programs should aim for an integrated health services model that addresses HIV within the context of a wider range of holistic needs for chemsex participants, which will improve disease prevention and quality of life when addressed.

The best way to reach and serve these populations is by:

- Understanding the size and specific characteristics (needs and preferences) of the subpopulation of chemsex participants and of individuals within this subpopulation
- Considering ways that chemsex may influence sustained engagement across the cascade (including criminalization, stigmatization, and issues of consent)
- Tailoring program methods and approaches accordingly

Programs seeking to adapt intervention models to better serve chemsex participants need to consider who chemsex users are in their specific context and how to identify members of this population; where they can most effectively be reached (and whether offline, online, or blended approaches would be most effective); and how participation in chemsex may hinder uptake of HIV prevention, testing, and treatment services, so that one-size-fits-all interventions can be adapted, or specific approaches developed for this population.

Programs and providers that fail to understand and meet the needs of chemsex participants are unlikely to effectively reach this population with HIV services. This may affect the ability to demonstrate improvements in HIV cascade performance and to ultimately achieve epidemic control. Conversely, addressing chemsex as part of a holistic, client-centered service approach that includes trained counselors who understand substance use and abuse and can assist with issues of addiction and mental health, and links to support for survivors of sexual and physical violence, may support sustained engagement in health services and serve as an inducement to service access among previously unserved or under-served clients.

Figure 2 specific chemsex interventions in the cascade

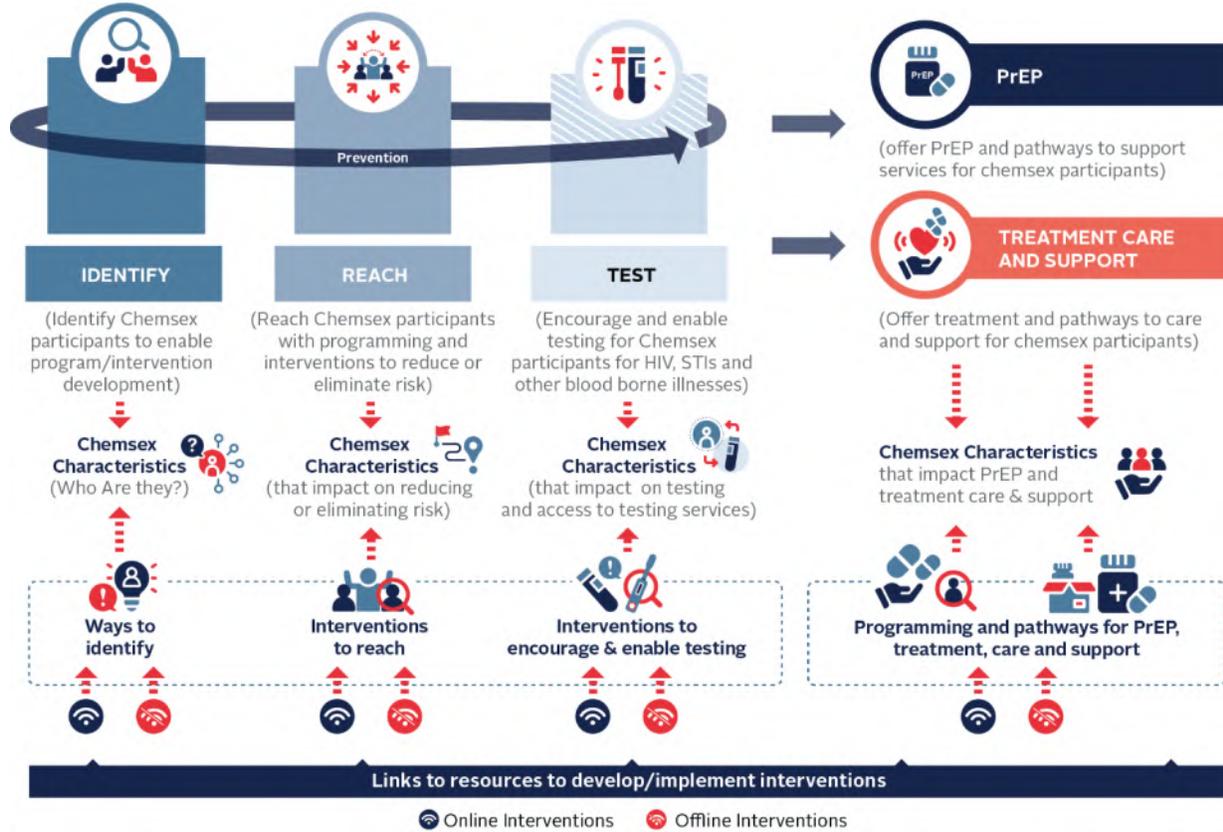


Figure 2 illustrates the integration of specific considerations for chemsex participants into the HIV cascade framework, and the sections that follow describe the characteristics of chemsex participants that should be considered, along with recommended strategies for addressing these individuals at each step along the cascade.



### SPECIFIC CHARACTERISTICS TO CONSIDER



- ▶ MSM who participate in chemsex are a largely hidden and intentionally “underground” population, due at least in part to stigma, discrimination, and criminalization of their sexual and drug use practices.
- ▶ Chemsex participants may participate with just one other person or in a group setting.
- ▶ Due to the hidden nature of chemsex, participants will often meet each other via:
  - Introduction by friends/chemsex buddies
  - Dating apps such as Grindr/Scruff/Hornet
  - Social networking sites/groups on Facebook/WhatsApp/telegram/line, etc.
  - Twitter/Only Fan accounts are also used with people following individuals who may be gateways to chemsex
  - In saunas or other sex-on-premises venues, a more direct approach may be used, such as discretely showing a pipe
- ▶ In the party context where many participants are invited, key individuals may organize the parties, organize the supply of chems, organize a safe venue, etc. These individuals may or may not participate in the party. These individuals and their trusted friends/buddies will invite other men to attend.
- ▶ Outside of the context of other chemsex participants, MSM involved in chemsex are not likely to disclose their participation to non-chemsex participants or to service providers.
- ▶ Chemsex participants do not necessarily fit any profile based on age or other factors, but studies done to date largely indicate that:
  - Participants are educated, working MSM who can afford to purchase chems.
  - They are usually in their 20–30s.
  - Older MSM may invite younger men to join them in chemsex sessions
  - MSM may invite and pay for male sex workers (MSW) to join them in chemsex sessions. These MSW may be less able to decline to participate in chemsex.

Chemsex participants face greater risks of being or becoming infected with HIV, making this a high priority population for differentiated testing, treatment, and prevention efforts.

### WAYS TO IDENTIFY



- ▶ Identifying chemsex participants implies some effort to map and try to estimate the size of the population participating in chemsex activities. Traditional venue-based and hot spot mapping exercises may be less useful with this population, but programs may consider working with online platforms (particularly social media and dating apps) to understand number of users, audience characteristics, and usage patterns. (See an in-depth discussion below.)

- 
- ▶ To identify individual chemsex participants, program planners may need to employ some of the methods that chemsex participants use to identify each other. These include:
    - Introduction by friends/chemsex buddies
    - Dating apps such as Grindr/Scruff/Planet Romeo
    - Social networking sites
  - ▶ As discussed in further detail in the subsequent section on reaching chemsex participants, programs may strategically work with existing chemsex participants to help identify and reach other users. Current users may be viewed as trusted and reliable sources of information for other users. Current users may be especially well equipped to engage others in ways that are sensitive and respectful of community concerns and preferences. In engaging peers to refine the focus of efforts to identify and engage chemsex participants, it's crucial to orient these peers to the importance of maintaining confidentiality.
  - ▶ Program planners may need to develop knowledge of the key words and emojis that chemsex participants utilize to identify each other or indicate interest in chemsex.



## **IDENTIFY** - Contextual cues on dating apps to indicate interest in chemsex

Outreach staff can use contextual cues on dating app profiles to determine if someone may be a chemsex participant. A range of terms or emojis may be used in a profile to subtly let others know of an interest in chemsex. The terms and emojis may appear innocuous to those who do not know their chemsex meaning, providing some protection and anonymity for the individual.

*A word of caution. Terms and emojis change constantly and can be country or location specific. They may change because they:*

- *Become too recognizable to mainstream users of the sites*
- *Have multiple meanings that render them ineffective as filtering tools*
- *Become recognizable by police and drug enforcement agents, which may put the user at risk of entrapment*

Outreach staff need to keep abreast of the range of terms and emojis that are used in their location. This can be done by:

- Having key informants, or asking chemsex participants to keep them abreast of trends
- “Creatively reading” unfamiliar terms to see patterns of use based on older terms or emojis.

Generally, terms and emojis that indicate an interest in chemsex can fall into three categories:

### **Suggestions of taking chems**

**Terms:** CF (chem friendly)

Cloudy (enjoys smoking methamphetamine)

**Emojis:** 🚀

rocket indicates “blasting off,” taking chems



snowflake indicates interest in methamphetamine



syringe indicates interest in slamming/injecting chems



cloud may indicate interest in smoking methamphetamine



diamond or crystal indicates interest in chems



ice cream cone indicates interest in ice (methamphetamine)



fire to indicate interest in chems

**Profile Pictures:**

- Clouds in the sky (indicates preference for smoking methamphetamine)
- Airplane wings/images (to indicate “taking off”/getting high)
- Winter/snow/ice landscapes (indicate preference to use ice)
- Psychedelic images (may indicate the user likes to be high)

### Suggestions of being high while having sex

**Terms:** PnP (party and play)

HnH (high and horny)

Chill (enjoys chill/downtime during chemsex sessions)

Wild (uninhibited sex while taking chems)

Long/intense (prefer to take chems to facilitate sex that lasts several hours/days)

### Suggestions of looking to buy chems

**Terms:** Looking for source (looking for someone who is selling chems)

**Emojis:** 🙄 (indicates looking for chems)



### **IDENTIFY** - The FHI 360 experience of using virtual approaches to identify MSM

EpiC programs are beginning to monitor their online outreach efforts, show improved efficiency, and share these results for scale-up and sustainability. Several key approaches are outlined below.

**Social listening approaches:** The term “social listening” has become well known in online marketing. It refers to following online, public conversations on virtual platforms (for instance, Facebook posts or Tweets) to understand what people say about a brand, industry, or topic. Social listening does not mean eavesdropping on private conversations, but it does mean being aware of public discourse around a topic like HIV and engaging communities and online audiences in voluntary and volitional ways to ask them directly what they think. The point of these activities is to build our HIV program and service delivery strategies based on continued audience engagement and insights to design a program and monitor and adjust over time.

**Mapping approaches:** Unlike physical outreach, online outreach does not require listing and visiting physical hot spots or venues where target audiences are assumed to meet and congregate. However, the online space requires a new set of skills and approaches to target outreach to the people who need HIV services and check that they can physically access services offered by the program. Programs should consider online mapping before starting online outreach and update data gathered every year because of the high rate of turnover and change in the use of online platforms.

Collaborating with dating apps: Many young people at risk of HIV use dating apps to socialize and find partners. HIV programs can reach out to these dating apps to understand their potential audience size on the apps, popular times of app usage, and general user characteristics to better plan outreach on the apps. These data are best used to optimize ads on the apps. HIV programs can contact the apps directly through their advertising/marketing department or social/health liaison. The level of data that dating apps provide depends on security of that data and the value offered to the app by the HIV program, such as the social cause, relevance for users, or commercial value. While the apps would never share individual user data, they may provide simple aggregate user data or suggestions on popular times of app usage. Programs may also reach out to dating apps to collaborate on an in-app survey of users to learn more about their specific interests.

A key aspect of EpiC's approach to identifying potential clients via online platforms has been building trust and protecting service users and providers by providing a secure online environment for confidential access to HIV information and services. Programs should carefully consider with affected communities whether the risk of online outreach outweighs the possible benefits. Programs will need to consider community-specific risks by engaging community members and tailoring this vision and framework to the country and audience context. Another method to circumvent some vulnerabilities is to design an online outreach brand and service delivery strategy that are broad and do not require people to disclose their status as a member of a criminalized or vulnerable population (see more through the link in the section for developing an online brand and content).

<https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-vision-going-online.pdf>



## Chemsex and Consent

Consent means giving your agreement or saying “yes” to something, in this case sex and drug use. Consent is active. It means freely choosing to say “yes.” If you don’t say “yes,” then you don’t give your consent. If someone is threatened, frightened, coerced, or asleep, or has taken drugs to such a degree that they can’t make their own decisions, they can’t give consent freely (<https://theconversation.com/chemsex-exemplifies-much-wider-issues-with-drugs-and-sexual-consent-92689>).

Sometimes, we’re not sure whether the other person is saying “yes.” We may misunderstand each other, misread the signs, or feel awkward about dealing with consent in the heat of the moment. If we’re taking drugs, it can be difficult to make good judgments for ourselves, never mind work out whether someone else is able to make decisions.

It’s crucial to critically examine whether a “yes” in the moment is always enough, especially when people are using recreational substances that alter their capacity to make decisions.

People, in general, struggle to define “sexual consent,” and understandings of what constitutes consent vary widely. Given that these questions of definition exist among experts—whether in popular culture, the academy, or the criminal justice system—it’s hardly surprising that some people who voluntarily have sex under the influence of drugs consider consent to be unclear in these situations.

In chemsex situations or any situation where drugs or alcohol are present, it is easy for people to lose the capacity to consent. If someone is asleep, unconscious, or so “out of it” that they cannot make a decision for themselves, then they cannot consent. If someone has sex with you while you’re unable to consent, it is a form of violence and in some contexts is legally classified as sexual assault (<https://galop.org.uk/resource/chemsex-and-consent-what-the-law-says/>).

Most sexual assault in a chemsex context happens because one person does not pay attention to the fact that the other person is not in a state to give consent—or disregards the other person’s wishes.

Consent is not just about the law but about the quality of relationships between people. It is about respect for each person’s right to have choice and control over their body and their sexual life. It is about having positive sexual experiences that all parties want.

Issues of consent may not come to the fore until the person has left the chemsex event, has stopped taking substances, and is “coming down.” “Coming down” may leave the individual feeling drained and tired as well as anxious and concerned about activities they were involved in when under the influence of chems. They may question whether they freely gave consent to activities or asked for consent from others. This may be one or two days later so may have implications for pre-exposure prophylaxis (PEP), counseling, etc.

Program planners should be ready to provide psychological first aid and referrals to those who report being sexually assaulted. It is important not to blame someone who engaged in chemsex for sexual violence they experienced. Everyone, including those who use substances, has the right to live free of violence.

*In developing interventions for chemsex, program planners need to understand the implications that consent may have on chemsex participants, especially if a participant did not consent to an activity that may have increased their risk of HIV, STIs, or other blood-borne illnesses.*



## SPECIFIC CHARACTERISTICS TO CONSIDER



- ▶ Chemsex participants who are specifically seeking to engage in chemsex with other users largely meet in private homes/hotels rather than public venues.<sup>12</sup> There is a subgroup who will meet in saunas/sex-on-premises venues; in this case, chems are typically used to give the chemsex participant the confidence to engage in sex and the question of whether the partner is also using chems is often immaterial.<sup>13</sup>
- ▶ In the party context, many participants may come and go from the events, increasing the range of exposure to HIV and STIs.
- ▶ The drugs involved are disinhibitors, thus chemsex participants may be involved in sexual activities that they would not do when sober. This may include:
  - Condomless anal intercourse
  - Use and sharing of toys
  - Multiple partners
  - Long sessions of sexual activity that may result in unnoticed abrasions
- ▶ Methods of using the drugs, especially Ice, will affect risk of HIV. Educational content delivered as part of outreach and other engagement activities needs to be tailored to speak to these diverse risks.
  - Injecting or slamming is the riskiest method of injection in terms of HIV and other blood-borne conditions
    - When chems are injected intravenously, the effect is almost instant and is the most intense. This is because the chem enters the bloodstream immediately, with no waste.
    - Chemsex participants typically learn how to slam from other people and sexual partners in the chemsex scene. Therefore, chemsex participants often pick up bad injecting habits, increasing health risks. (<https://english.mainline.nl/posts/show/8360/Chemsex>).
    - Health risks of slamming include transmission of infections such as HIV and hepatitis C, vein collapse, abscesses, bruising, needle-stick injuries, and increased risk of overdose.
  - Chemsex participants do not usually share injecting equipment, and unlike opioid users, participants don't seem to have an injection culture where the act of injecting and sharing is part of the experience. However, sharing may occur inadvertently or if no clean injection equipment is available.

<sup>12</sup> Chemsex and harm reduction for gay men and other men who have sex with men. Harm Reduction International. APCOM. July 2021. [https://www.hri.global/files/2021/07/12/HRI\\_Briefing\\_Chemsex\\_July\\_2021\\_Final.pdf](https://www.hri.global/files/2021/07/12/HRI_Briefing_Chemsex_July_2021_Final.pdf)

<sup>13</sup> MSM, transgender women and drug use in sexual contexts in Asia: a qualitative scoping review to inform HIV and harm reduction and programmatic responses in the region. APCOM March 2021. <https://www.apcom.org/msm-transgender-women-and-drug-use-in-sexual-contexts-in-asia/>

- Chemsex participants who prefer injection usually inject themselves or have a trusted buddy do it for them. Learning injection techniques through observation and practice with a buddy teacher can lead to poor injecting practices, which may increase the risk of blood-borne illness, vein damage, and abscesses.<sup>14</sup>
  - Smoking is the other common method of using Ice. Sharing pipes and smoking equipment poses a small risk for HIV, but there is an associated risk of hepatitis C virus.
  - G is usually mixed with juice so does not present a direct risk of HIV; however, dosing is critical with G, and a few milliliters can make the difference between being high and passing out. Apart from the potential health issues related more vulnerable to sexual assault and non-consensual sex.
- ▶ Some chemsex participants may already employ strategies to prevent HIV infection or onward transmission, including PrEP (among HIV-negative individuals) and ART (among those living with HIV). However, under the influence of drugs, participants may take risks or engage in risky behaviors that they normally wouldn't because of the disinhibiting effects of the drugs.<sup>15</sup> Being under the influence can make it difficult to stick to a treatment regimen, and chemsex participants on PrEP or ART may require assistance with strategies to manage adherence (which are discussed elsewhere in this guidance).

**REACH CHEMSEX PARTICIPANTS WITH PROGRAMMING AND INTERVENTIONS TO REDUCE OR ELIMINATE RISK**



- ▶ In general, programs should plan to offer chemsex participants access to tailored counseling and support from trained providers who are familiar with chemsex practices, substances, and risks in the local context. Ideally, these counseling and support services will be integrated into other HIV services and delivered by staff with training in motivational counseling. Where necessary, programs can and should support clients in connecting to other external drug-related support services.
- The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) to support identification of substance-use-related health risks and substance use disorders and to deliver brief cognitive interventions aimed at helping manage substance use and related problems. This toolkit has been adapted to a variety of settings, including by the Institute of HIV Research and Innovations in Thailand, which adapted ASSIST to conduct client-centered, motivational counseling with individuals at moderate or high risk of problematic substance use. This adaptation was shown to be an effective method to encourage clients to adopt risk reduction strategies and be retained in care. More information is available at: <https://www.who.int/publications/i/item/978924159938-2>

<sup>14</sup> Chemsex project. Mainline. 2021. <https://english.mainline.nl/posts/show/8360/chemsex>

<sup>15</sup> Chemsex in Asia: a community manual on sexualised substance use among MSM. Asia Catalyst. 2021. [https://communityharmreduction.com/wp-content/uploads/2021/06/Final-draft\\_community-manual\\_CLEAN.pdf](https://communityharmreduction.com/wp-content/uploads/2021/06/Final-draft_community-manual_CLEAN.pdf)

- ▶ Chemsex participants may have knowledge of HIV and safer sex but may need advice on how to incorporate prevention into their chemsex activities.
- ▶ Chemsex participants will need access to harm reduction services and clean injecting equipment, particularly if involved with injecting.
- ▶ Chemsex participants may need information or access to postexposure prophylaxis (PEP) if they are negative and believe they have put themselves at risk of HIV.
- ▶ Chemsex participants may need advice on whether to take PrEP and how to access PrEP.
- ▶ PLHIV may need advice and support to maintain treatment while participating in chemsex and to consider drug interactions.
- ▶ Chemsex participants may need referral to HIV/STI testing centers.

**VIRTUAL  
INTERVENTIONS TO  
CONSIDER**



**Individual outreach**

- Use dating apps to provide information via legitimate profiles identified as offering HIV or safe sex advice.
- Cold call by directly responding to profiles that may indicate an interest in chemsex to check how they are, check if they have questions, and provide links to sites where safe partying and related topics are discussed.
- Use check-in services such as KITE in Australia where chemsex participants can receive calls about where they are and whether they are safe.
- Download apps or programs onto phones that remind participants when it is okay to re-dose with chems and how to have safer sex, and that provide links/calls with information and referrals.
- Check that online outreach workers have correct information to respond to the questions clients are likely to ask about chemsex and managing their risks. See a list of common questions from APCOM below.

**Advertising**

- Work with app providers to place safe sex and related ads/pop-ups in the feed.
- Have pop-ups in the chat with links to service providers.

**Passive outreach**

- Outreach workers or organizations can create a social media presence by posting content that is relevant and interesting to the target audience of chemsex users. Members of the target audience are then more likely to follow these individual and organizational profiles and reach out by direct message when they have a question, service access issue, or emergency.

**Influencers**

- Many MSM will follow Instagram/Twitter feeds of drag queens, MSM porn actors, and related individuals. It may be possible to work with these influencers to allow access to their sites to place ads/pop-ups, appropriate messaging to encourage safe behavior, and links to other sites with information.
- To identify potential influencers, programs may conduct focus group discussions with known chemsex participants to learn who they follow on social media or monitor social media feeds for keywords known to be associated with chemsex in the local context.
- Engaging effectively with influencers requires building a trusting and collaborative relationship. Explain the purpose and goals of the program, intervention, or campaign; actively involve influencers in planning content that fits with their individual “brands”; and meet regularly to review progress and solicit feedback.
- Influencers may in some cases be paid to post; in this case, establish a contract outlining expected results and a process for reviewing content that the influencers post on behalf of the program.

#### OFFLINE INTERVENTIONS TO CONSIDER



- ▶ Chemsex participants already known to the program are a critical resource. Peer-driven recruitment models complement more traditional peer outreach by asking existing program clients (sometimes referred to as “seeds”) to engage members of their social and sexual networks for HIV prevention and testing. Programs looking to target networks of chemsex users may wish to prioritize or incentivize recruitment of seeds who self-report engaging in chemsex and encourage them to refer others who practice the same behaviors. FHI 360 provides guidance for doing this under their Enhanced Peer Outreach Approach guidance: <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-enhanced-peer-outreach.PDF>
- ▶ Support groups/networks where chemsex participants can provide advice and support through facilitated sessions and linkages to services for problematic users, such as [davidstuart.org](http://davidstuart.org), which has an online self-assessment tool
- ▶ Phone messaging where participants receive check-in messages or reminders about safe sex, such as <https://www.testbkk.org>
- ▶ Checks with service providers to see that all programming is chemsex aware
- ▶ Party packs of condoms, lube, and related items sent to chemsex participants at their homes or to an anonymous pick-up venue; these packs may include self-test kits for HIV <https://www.testbkk.org/party-pack/>
- ▶ Outreach to saunas or other accessible venues where chemsex may take place; while programs may not be able to access private venues, explore opportunities to engage establishment owners and provide on-site party packs and testing options. Incentives or opportunities for social recognition may motivate establishment owners to participate, though programs should take care that such collaboration does not stigmatize the establishment or create legal risks for the owner or their employees and patrons.
- ▶ Providers at HIV service delivery sites (for instance, HIV testing centers) should be trained to screen for and recognize potential substance use issues and have the appropriate knowledge and resources to help clients integrate HIV risk reduction approaches into their chemsex activities and to provide other holistic support and referral as needed.



## **REACH** – Online resources for chemsex participants

Health and safety risks are difficult to avoid when you combine sexual activity with recreational drugs. Many websites offer advice to chemsex participants.

TestBKK has advice on questions that chemsex participants typically ask:

- [IF I'M HOSTING A SESSION, WHOM CAN I INVITE?](#)
- [HOW CAN I ESTABLISH CONSENT WITH PEOPLE IN MY SESSION?](#)
- [HOW MUCH OF THE DRUGS CAN I TAKE WITHIN A SESSION?](#)
- [CAN I MIX MY DRUGS?](#)
- [HOW LONG CAN I ENGAGE IN A SESSION?](#)
- [WHAT IS MY RISK OF CONTRACTING HIV AND OTHER STIS?](#)
- [HOW CAN I REDUCE THE RISKS OF CONTRACTING HIV AND OTHER STIS?](#)
- [WHAT SHOULD I DO IF I THINK I'M EXPOSED TO HIV DURING THE SESSION?](#)
- [I'M ON PREP; WHAT IF I MISS MY DAILY DOSAGE?](#)
- [I'M ON HIV MEDICATION; WHAT IF I MISS MY DAILY DOSAGE?](#)
- [WHAT SHOULD I DO IF SOMEONE BECOMES UNCONSCIOUS?](#)
- [WHAT CAN I DO WHEN I'M HAVING THE COMEDOWN?](#)
- [I FINISH MY SESSION, AND I CAN'T SLEEP. CAN I TAKE SLEEPING PILLS?](#)
- [SHOULD I REGULARLY GET A SEXUAL HEALTH CHECK-UP?](#)

<https://www.testbkk.org/en/chemsex->

[%e0%b9%84%e0%b8%ae%e0%b8%9f%e0%b8%b1%e0%b8%99-2/](https://www.testbkk.org/en/chemsex-%e0%b9%84%e0%b8%ae%e0%b8%9f%e0%b8%b1%e0%b8%99-2/)

Other websites to check include:

<https://www.fridaymonday.org.uk/>

<http://www.howhard.com.au/>



### SPECIFIC CHARACTERISTICS TO CONSIDER



- ▶ Chemsex participants may be reluctant to come forward for testing for fear of disclosing their involvement in chemsex.
- ▶ Participants may be concerned that a blood test may reveal their drug usage.
- ▶ Chemsex participants may be at increased risk for STIs and hepatitis B and C<sup>16,17</sup> so referral for testing of these should be considered.
- ▶ PLHIV are also at increased risk of STIs and hepatitis B and C and may need referral to services.
- ▶ Chemsex participants may need access to PEP and baseline testing.

### PROGRAMMING TO ENABLE AND ENCOURAGE TESTING



- ▶ Rather than having specific testing services aimed at chemsex participants, all testing providers should have testing services that are chemsex aware and non-discriminatory.
- ▶ Find ways to bring testing services to chemsex users, rather than the other way around. These include the use of mobile and HIV self-testing strategies. Both mobile and HIV self-testing access can be facilitated in many settings by peers to support appropriate targeting and to remove barriers to access.

### VIRTUAL INTERVENTIONS TO CONSIDER



#### Individual outreach

- Online outreach and marketing approaches (mentioned under the reach section) can be used to create demand and links to HIV/STI testing, PrEP, and treatment services.
- The Online Reservation Application (ORA) <https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-ora-technical-brief.pdf> and QuickRes <https://quickres.org/063>, the EpiC user interface for ORA, are approaches that programs can consider to encourage chemsex participants to access information on testing/treatment/PrEP/PEP and to book appointments with civil society organizations (CSOs) for in-person access to services if they wish.
- Online approaches may also be considered to expand the ORA model to include the ordering and delivery of HIV self-testing kits.

<sup>16</sup> Maxwell S, Shahmanesh M, Gafos M. Chemsex behaviours among men who have sex with men: a systematic review of the literature. *International Journal of Drug Policy*. 2019;63:74-89.

<sup>17</sup> Tomkins A, George R, Kliner M. Sexualised drug taking among men who have sex with men: a systematic review. *Perspectives in Public Health*. 2019;139(1):23-33.

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## Advertising

- Pop-ups in the chat with links to testing service providers

## Influencers

- Influencers include chemsex-appropriate messaging in their feeds to encourage testing and links to other sites to provide information

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### OFFLINE INTERVENTIONS TO CONSIDER



- ▶ Create a party pack with testing information and referrals
- ▶ Offer “service packages”; as noted above, chemsex participants are at increased risk of other infections or health issues, and in some cases, these other issues may be a more salient concern. Consider including and promoting HIV testing as part of a package of services with testing and treatment for other STIs, availability of harm reduction services, etc.
- ▶ Consider venue-based mobile testing services—whether at saunas and sites in which chemsex may occur, or in offline events designed to appeal to and attract chemsex users, which may include circuit parties and other popular events.
- ▶ HIV self-testing is an additional option for chemsex participants who, for the reasons cited above, are reluctant to access facility-based or other professional testing services:
  - Where possible, programs should offer assisted and unassisted self-testing options; clients who are unfamiliar with self-testing may want assistance with conducting and interpreting the test.
  - Self-testing can be integrated in multiple “reach” models, including secondary distribution via peer-driven recruitment, venue-based testing, and online services (as discussed above).
  - HIV self-test kits typically have a wider “window” before showing a positive result compared to laboratory testing, meaning that someone who has been recently infected may still have a negative result. Care should be taken if self-testing is used in settings of immediate risk (for instance, during PnP sessions) to stress that a non-reactive result is not a substitute for HIV prevention.
  - Programs implementing HIV self-testing in the context of chemsex should consider issues of consent and coercion in the testing process.
- ▶ Additional details on HIV self-testing are available in the EpiC project’s HIV Self-Testing Operational Guide:

<https://www.fhi360.org/sites/default/files/media/documents/epic-hiv-self-testing-guide.pdf>



## Stigma and Discrimination by Providers

Across SE Asia, use of illicit drugs is treated as a punitive legal issue rather than from a public health perspective.

The drug-user phobia and stigmatization experienced by people who engage in chemsex are no different from the stigmatization of people who use drugs in general; homophobia toward gay men, bisexual men, and other MSM; and transphobia toward trans people. Hatred and fear of people who use drugs is rife and endemic globally. Due to criminalization of people who use drugs, negative media reporting, and poor societal understanding of drug use issues in almost every country, people who use drugs are perceived as **dangerous, deviant, and disruptive**. In addition, people who use drugs are **pathologized as sick and incapable of exercising agency and acting in their own interest** and are therefore relegated to needing professional help and treatment, regardless of personal choice. These misconceptions have resulted in compulsory “treatment” and medicalized detention of people who use drugs in many places (<http://www.inpud.net>).

NGOs and service providers for MSM may unintentionally reflect some of these views and beliefs as their staff and volunteers have been influenced by the drug user dialogue and common perceptions that the community holds. At the same time, limitations on the scope of their funding or concern of running afoul of local laws by providing chemsex services may lead to hesitancy to provide services.

*Organizations can approach this in two ways:*

1. Provide direct services and programs for chemsex participants.

*This may require developing specialized knowledge, skills, and programming; understanding the law and legality of providing such services and developing policies and approaches that protect clients, staff, and volunteers; and understanding how to counsel and provide support in a non-stigmatizing way. It may also involve creating a referral network for services that the CSO does not directly provide.*

2. Do not provide direct services.

*Organizations should still work with MSM who participate in chemsex and check that general programming is not discriminatory toward chemsex participants. Develop a service directory and provide appropriate referrals and linkages as necessary.*

*This may require a review of programming to see that it is chemsex “friendly” and developing links to more specialist service providers.*

Before deciding, it is important for the organization to examine its views and feelings toward chemsex, understand the local legal context, and potentially develop or provide chemsex and harm reduction sensitization for its staff and volunteers.



**SPECIFIC CHARACTERISTICS TO CONSIDER**



- ▶ In countries where PrEP is not available, PrEP awareness is limited due to the lack of proper information in local languages.
- ▶ In countries where PrEP is available, access channels can vary considerably and are often not yet fully aligned to client preferences. Available channels may include public sector, private sector, and community-based providers. There is an expanding array of decentralized PrEP distribution approaches that may be attractive to chemsex participants and other individuals facing elevated HIV infection risks. These include pharmacy dispensing and home delivery.
- ▶ Due to the disinhibition effects of drugs, chemsex participants may be less likely to discuss or negotiate condom use or know their partner’s HIV serostatus.
- ▶ Chemsex participants may be hesitant to disclose drug use.
- ▶ Chemsex participants are more likely to report non-consensual sex, and services to respond to this should be in place: <https://www.lambeth.gov.uk/sites/default/files/ssh-chemsex-study-final-main-report.pdf>. Counseling staff should be trained in:
  - Appropriate screening for sexual violence
  - Empathetic, client-centered, first-line response (following WHO LIVES standards or a similar model) to meet the client’s emotional, physical, safety, and support needs
  - Referral to appropriate services including additional health service providers, social services, and legal and justice services
- ▶ Chemsex participants may have concerns about how PrEP will interact with the drugs they are taking, though there are no known or expected clinically significant drug-drug interactions between the drugs used for oral PrEP and chems: [https://liverpool-hiv-hep.s3.amazonaws.com/prescribing\\_resources/pdfs/000/000/033/original/TS\\_Recreational\\_2019\\_Oct.pdf?1571043606](https://liverpool-hiv-hep.s3.amazonaws.com/prescribing_resources/pdfs/000/000/033/original/TS_Recreational_2019_Oct.pdf?1571043606).
- ▶ Chemsex participants who are on PrEP may have challenges taking PrEP effectively and may need additional support to find effective ways to avoid missing doses.
- ▶ Harm reduction services to address the risk of HIV transmission associated with injecting drug use may be available, but traditionally, these services have not targeted those populations most likely to engage in chemsex and may not be prepared to meet the needs and preferences of chemsex participants who inject.

**PROGRAMMING AND PATHWAYS FOR TREATMENT**

- ▶ Informational materials should answer common questions chemsex participants may have prior to starting PrEP use. While chemsex participants and prospective PrEP users may have a certain level of knowledge of PrEP and safer sex, they may need more information about medical aspects relevant to them.

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## CARE AND SUPPORT



- ▶ Providers should be trained how to provide targeted counseling for chemsex participants, including having knowledge of substance use and abuse and resources for addiction, violence, and sexual abuse. Providers should be able to speak with chemsex participants in a nonjudgmental way about their chemsex experiences, their potential exposures when participating in chemsex, and explore whether PrEP might help the client stay HIV negative. Providers should also be prepared to speak with clients and provide support if clients feel their drug use creates problems for them. For chemsex participants who start PrEP, supports should be in place to help clients think through how they can use PrEP effectively.
  - Programs may also consider how to build effective linkages between MSM service providers and harm reduction services (and vice versa) as well as check that providers of harm reduction services have appropriate training and resources to meet the needs of chemsex participants who inject.
- ▶ PrEP should be promoted as a combination prevention strategy that can be used alongside other prevention methods.
- ▶ Innovative and targeted outreach strategies must be implemented. In some settings, chemsex participants have been engaged as peer support to attend chemsex events where they don't participate but act as support to prevent or respond to overdose and support safer drug use and consensual and safer sexual practices.
- ▶ Engage community organizations and health care providers who interact with chemsex participants in PrEP promotion efforts—integrated with online digital campaigns.
- ▶ Encourage peer-led approaches because recommendation and word-of-mouth plays an important role in the promotion of PrEP. This is evident in the increasing demand for PrEP in countries where it is not part of the national HIV prevention program.

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## VIRTUAL INTERVENTIONS TO CONSIDER



- ▶ Webinars or discussions on online platforms (for both community and health care providers, especially on how to promote and communicate PrEP)
- ▶ Peer recommendations from PrEP users or other key opinion leaders
- ▶ Health care providers as influencers and ambassadors to help generate demand, adapted from #HotDoctorsPH and #HotNursesPH implemented by LoveYourself, Inc. in the Philippines
- ▶ Refer to the WHO Global PrEP Webinar where campaigners from several countries share their experiences in generating demand for PrEP
- ▶ Targeted virtual case management by providers trained in substance use and abuse issues may also be appropriate for chemsex participants. Under this model, trained community staff like peer navigators follow a cohort of clients who had been initiated on PrEP, track their clients' PrEP service access virtually, and call them regularly to provide adherence support and schedule refills.



## **PREVENT** – What is harm reduction?

Harm reduction refers to policies, programs, and practices to minimize negative health, social, and legal impacts associated with drug use, drug policies, and drug laws.

Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgment, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. Non-abstinence-based harm reduction services include, but are not limited to, drug consumption rooms, needle and syringe programs, drug checking, overdose prevention and reversal, psychosocial support, and the provision of information on safer drug use. Harm reduction sits at the intersection of movements and programs seeking comprehensive social support for active drug users. Harm reduction efforts should consider access to non-abstinence-based services and initiatives in areas such as housing, employment, and health care services.

<https://www.hri.global/what-is-harm-reduction>



### SPECIFIC CHARACTERISTICS TO CONSIDER



- ▶ Chemsex participants may be hesitant to disclose drug use.
- ▶ Continuing to participate in chemsex may have an impact on treatment.
- ▶ Continuing to participate in chemsex may lead to increased exposure to STIs and may compromise the immune system.
- ▶ Specific drugs, especially protease inhibitors, may have an effect on Ice and other chems, increasing the risk of overdose.
- ▶ Problematic drug use may affect the ability to maintain treatment regimes.

### PROGRAMMING AND PATHWAYS FOR TREATMENT CARE AND SUPPORT



- ▶ Treatment services must be chemsex aware and should integrate opportunities for clients to receive counseling and other relevant intervention support from counselors and other providers specifically trained to respond to the needs and issues of chemsex participants. Where integration is resource constrained, links should be made to CSO or public sector providers who can provide these services.
- ▶ Within these treatment services, chemsex participants may require targeted, ongoing case management conducted by trained counselors who provide in-person as well as virtual consultation and counseling to support treatment initiation and treatment continuity toward the goal of viral load suppression. To effectively support chemsex participants, case managers should have:
  - Knowledge of chemsex substances and behaviors
  - Specialized training in drug use, abuse, and addiction as well as violence and sexual abuse
  - Awareness of and ability to assist clients in navigating additional resources available in their community to address challenges associated with problematic substance use
- ▶ Consider other entry points to testing: Chemsex participants may be interested in PrEP and need advice about STIs, issues of non-consensual sex, or problematic use, all of which could be gateways to testing.
- ▶ Links to websites that can provide information on interactions between chems and ART, such as <https://www.fridaymonday.org.uk/>
- ▶ Links to mental health and other community support services for problematic drug use, such as <https://www.davidstuart.org/care-plan>

### VIRTUAL INTERVENTIONS TO CONSIDER

- ▶ Develop online booking to access treatment services
- ▶ Online reminders for clients to attend clinic and other services



- ▶ Remote counseling and support (or virtual case management) via messaging apps<sup>18</sup> or other online platforms
- ▶ In addition to the provision of integrated in-person or clinic-based services, virtual case management can enhance the individual relationship between a trained case manager and client through regular reminders, counseling, and, sometimes, consultation via online platforms. Together, these efforts can help clients achieve goals along the HIV service cascade, including treatment initiation and continuity of treatment, viral load suppression, or effective use of PrEP.
- ▶ The principles and tools of virtual case management can be adopted to support beneficiaries, for example, in routine prevention programming for regular HIV and STI testing, condom and lubricant access, and video-observed opioid substitution therapy.
- ▶ Outreach workers and case managers may also consider using a client management system for tracking and support. Some systems have a security feature that protects client privacy and personal identifying information (for example, the QuickRes global online reservation and case management app developed by FHI 360).



### **TREATMENT** – Creating a safe environment for chemsex users

Hope Clinic Taiwan – To address uncontrolled STI infections from drug dependence among MSM that was higher than the general population, Min-Sheng Hospital decided to provide an integrative one-stop service for chemsex users. The integrated health service model aims to improve MSM disease prevention and quality of life, particularly of chemsex participants, through organized and user-friendly health service management. This enables the client to be more open about their drug use and risk behaviors, which can increase client attendance. When a client is identified as an SDU practitioner, they receive substance use evaluation and counseling. Afterward, subsequent services such as a chemsex recovery group, PrEP counseling, and STI screening and treatment are provided. The model enables clients to view their blood test results, individually complete their psychological and chemsex assessment, and check in on their service utilization record. Health care providers can manage client membership systems, summarize health service statistics, and manage test results and survey data.

[https://communityharmreduction.com/wp-content/uploads/2021/06/Final-draft\\_community-](https://communityharmreduction.com/wp-content/uploads/2021/06/Final-draft_community-)

<sup>18</sup> Going online to accelerate the impact of HIV programs. FHI 360. EpiC 2021. <https://www.fhi360.org/resource/going-online-accelerate-impact-hiv-programs>



## **TREATMENT** – Chems and their effect on ART

Key messages for chemsex participants should acknowledge that there are examples of antiretrovirals affecting the potency of recreational drugs in ways that could lead to overdose or other long-term side effects; that drug use can affect a person's ability to adhere to treatment, which could affect overall treatment effectiveness; and that—depending on substances used and use patterns—long-term use of recreational drugs could affect overall functioning of the immune system, which could affect HIV disease progression.

Chemsex users living with HIV should be encouraged to seek consultation with an experienced provider, if possible, to discuss potential issues with ART and the chems they use. Service providers need to have this knowledge on hand as necessary, and if not, should provide linkages to services or providers where such advice can be given. The link below provides additional detailed information.

<https://www.fridaymonday.org.uk/taking-drugs/hiv-medication-drugs/>

## **Next Steps—Supporting Continuous Quality Improvement of HIV Programming for Chemsex Participants**

Better, richer, and more representative data are essential to improve the quality of HIV programming for chemsex participants. As practitioners expand their efforts to provide HIV services for chemsex participants, they may be optimally positioned to enhance the knowledge base needed to drive more impactful, client-centered programming.

An immediate priority is safe, routine collection of client data about chemsex participation. Keeping in mind that involuntary disclosure of information about drug use can put clients at risk of social and legal harms, it is critical to ask clients about potential chemsex participation to provide these individuals with relevant support and service linkages. With the informed, voluntary consent of clients, it is also important to safely and confidentially record this information to generate insights to drive program improvement. By facilitating safe inquiry about chemsex participation, programs can open doors to serve existing clients better while characterizing additional client populations facing potential risks.

As programs generate larger and more representative datasets to characterize chemsex use among client populations, these resources can be applied to identify and respond to potential unmet service needs. For example, there may be client subpopulations that face elevated

chemsex-related risks but have not historically been the focus of chemsex interventions. In some settings, differentiated program approaches may need to be tried and tested to reduce chemsex-related HIV risks among transgender or sex worker populations. The motivations and practices associated with chemsex within and across subpopulations are likely far more diverse and complex than have been historically documented, and practitioners have a unique opportunity and responsibility to better understand and respond to these in the service of their clients.

By safely collecting routine program data about chemsex use and the provision of chemsex-related services, programs can pursue additional analyses through strategies like [client risk segmentation](#). These approaches can help characterize the extent to which chemsex participants face specific challenges to service access and retention across the entire HIV cascade, from prevention and PrEP services, to HIV testing access, to treatment services and achievement of sustained viral load suppression. Programs can then offer these clients—and others like them—additional context-relevant services, personalized support through ongoing [motivational counseling](#), and case management to reduce their risks and improve overall program outcomes. Programs should also explore opportunities to encourage the voluntary participation of chemsex participants in confidential client feedback and community-led monitoring activities. These efforts can help programs become more responsive to the service preferences of chemsex participants and to address previously unidentified or unaddressed barriers to service access.

In the process of expanding the local collection and use of routine program data to improve the quality of HIV programming for chemsex participants, there exists an enormous opportunity to inform and advance regional and global practice. Accordingly, programs should pursue a knowledge management agenda that continuously exchanges findings and lessons learned with other programs nationally and internationally. This can include informal exchanges with counterparts from other settings and programs, participation in national or global webinars, and formal international conference participation and contributions to peer-reviewed literature.

Thanks to the support of USAID, the EpiC project has some regional resources in Asia to help facilitate regional exchange and documentation. While these regional resources are insufficient to support country-level implementation at scale, countries with substantial populations of chemsex participants and sufficient PEPFAR or other resources may be able to advance global experience and implementation practice by establishing “centers of excellence” that integrate chemsex programming into existing HIV services in ways that establish, evaluate, and disseminate innovative approaches.

Ideally, through a combination of vigorous local action and regional and global exchange, clinical and community providers can play a leading role in accelerating HIV epidemic control by improving the quality and impact of services for chemsex participants.

## Resources

Documents and websites referred to in the guidance

APCOM initiative to encourage testing, staying safe, and living positively. Website established 2018, updated continuously. Available from: <https://www.testbkk.org/>

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