MAINline

Key points from Session 2, 6 December 2022[1]
What might integrated Chemsex/High fun/PnP support look like in your locale/region?

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Ben Collins (ReShape) welcomes all participants, reviews the agenda and restates the project goal: to craft and promote a written *Call for integrated chemsex services* that will be relevant to regional and local situations.

Ben restates some of what surfaced in the last meeting:

- At least in some regions, chemsex and slamsex activity is increasing
- Even in the best situations, people are still facing challenges in finding support
- Service providers are regularly uninformed or insensitive to the needs of the chemsex community
- Stigma continues to be an issue
- Legal barriers can make it difficult for chemsex users to seek support, for example, gbMSM, migrants, trans people, sex workers
- The quality of drugs is variable and dangerous
- 'Transactional' use – sex for drugs or even basic provisions is endemic
- Services that do exist rarely take a holistic approach to address the web of conditions that underly or accompany chemsex, often 'treating' chemsex without first addressing concurrent issues (housing, income support, safety etc) is futile

Presentation 1: Integrating HIV and substance use services: a person-centred approach grounded in human rights, Ashley Barrett, Positive 21, UK.

Reports on Lancet article: Integrating HIV and substance misuse services: a person-centred approach grounded in human rights

The paper's key messages:

- People with substance use disorder are rendered especially vulnerable by prevailing policies, structural inequalities, and stigmatisation
- There is too often a failure to consider human rights when incorporating the perspectives of people living with HIV and people who use drugs, and
- a failure to reflect critically on key contributing factors that determine risk, vulnerability, healthcare seeking, and health equity.

[1] Thanks to David Mills, the project's rapporteur

People need integrated Chemsex/High fun/PNP support services: ICS project

Three online sessions – on 29 November, 6 December and 13 December 2022 at 15:00/3 pm GMT to identify chemsex support options and produce and promote a call for integrated chemsex support services appropriate for your region.

Thanks to our funders:

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- A successful integration requires a person-centred approach, which is grounded in human rights, treats both concerns holistically, and reconnects with underlying social, economic, and political inequalities.

Comment: Ben Collins (ReShape) reiterates that integrated chemsex responses need to be relevant and customised to their local surroundings. There is no effective solution that's 'one size fits all.'

Presentation 2: David Nel, OUT LGBT Well-Being, South Africa

David's presentation focused on OUT's work in Soweto, a township in Johannesburg with a population of primarily black, unemployed and poor residents with no access to social media. In these ways, the chemsex situation is very different from the situation in Western Europe.

OUT is the second oldest LGBT organisation in SA and provides harm reduction to injection drug users and the general population, among other services, including HIV prevention and testing.

Initial chemsex messaging focused on middle-class, white, employed gbMSM and resulted in a decrease in social media followers. This target audience reacted negatively to the messaging.

A subsequent approach focused on the 'sex houses' of Soweto primarily patronised by poor, black gbMSM. Characteristics of sex houses:

- Owned by a gay man
- 2 or 3 residents
- A group of other men swing by regularly to engage in chemsex
- Sex is, at times, transactional
- There are often different spaces for different substances, including sheds outside the main house
- To attend, one requires an invitation or a contact inside

OUT has focused its outreach on sex houses with the following results

- 1,700 patrons have been tested in 2022
- Just over 800 patrons have begun Prep
- 17% of patrons have HIV
- Working with WHO on harm reduction for sex house patrons

David emphasised that it took OUT a long time to build the relationships and gain the confidence of the sex house owners/patrons before being allowed inside to provide services. The community is very 'underground' and generally untrusting of outside organisations. OUT needed to meet people where they were, build trust over a long period and ensure messaging and services met the specific need of the population being served. (An example of a chemsex response tailored to local circumstances and needs.)

Presentation 3: Karin Di Monteiro, Centro de Convivencia e de Lei, Brasil

Technical problems made this presentation challenging. In the end, only the key points were delivered:

- There is a significant lack of knowledge/understanding of chemsex issues and the community's needs amongst health professionals.
- There is a considerable legal risk for users and substance risk due to variable drug quality.
- Mental health is a major co-factor and often needs to be addressed concurrently.
- Access to harm reduction is low for most users.
- The 'hook-up apps' play a critical role in the scene.
- There needs to be more participation from informed civil society in policymaking.

Presentation 4: Đoàn Thanh Tùng, Lighthouse Social Enterprise, Hanoi, Vietnam

Lighthouse offers:

- chemsex peer support
- community social events
- mental health counselling

- advocacy
- training of service providers

A 2019 Lighthouse study showed multiple barriers to accessing chemsex harm reduction. Key among them were:

- stigma – both internal and external
- legal/criminal barriers

In Vietnam, there are different terms for chemsex, including 'high fun'. Most Chemsex contacts are made through Grindr, Twitter, Freechat and Facebook. These sites can also be an effective entry point for outreach.

The Lighthouse fan page has been an effective outreach tool and provides:

- Basic information about high fun
- Harm reduction messaging
- Tips on safe usage

Lighthouse graphic material focus on:

- STI prevention information
- Prep
- Mental health
- High fun

Lighthouse strives to 'treat the person', not the disease. This means meeting each person's immediate needs and addressing their addictive behaviours. It also means delivering messages in a way the intended target audience can best receive them. Examples include:

- Using social media as outreach and high fun messaging
- Graphic packaging for condoms needed a redesign to appeal more effectively to the target audience as the original packaging was ineffective
- Mobile service at community events
- High fun peer-to-peer support meetings
- Prep and testing mailed directly to users
- Mapping with ratings to encourage use of harm reduction services

Question (George): Are there any legal challenges? How do you receive feedback from service users and the community?

Comment (Ben, ReShape): Tung will continue to be active in the Asian Chemsex platform which has already had a successful track record of information sharing and creative problem solving.

Question for David Nel of Out in South Africa (from Sterling, USA): How does race intersect with meth use, stigma and HIV transmission? In my experience and location, there are chemsex parties where identities are hidden. How are things racialised in Soweto?

Comment (David, Out): The key to reaching the target population is having a longstanding and non-judgemental presence over time. This builds trust and gains access to the networks necessary to reach those most at risk. This world stays very underground for safety reasons and building trust takes one to two years before gaining access. Crystal meth is very cheap and so its use is widespread.

Comment (Ben, ReShape): There is a vast difference in terms of Internet access between Soweto and Hanoi.

Comment (David, Out): Online engagement in Soweto is limited to texting.

Comment (Ben, ReShape): As we heard in the last session, in some cases, such as migrants, especially migrant sex workers who identify as straight, their situation makes them resistant to outreach. They resist messages targeting 'gay' or 'bisexual' men and messages that use terms such as 'chemsex' as they don't identify with those terms. They are anxious about contact with health services and the police.

Comment (Benjamin, Malaysia): One common theme is the lack of knowledge/understanding among healthcare providers, especially regarding more deep-rooted issues. How are the learnings from these sessions going to be shared with policymakers?

Comment (Ben, ReShape): The plan is to share learnings in a decentralised way and to stress that any responses or solutions should be tailored to the local culture and circumstances.

Comment (Karin, Brasil): We are increasingly beginning to engage with and train healthcare providers.

Question (Yasir, Pakistan): For Tùng in Vietnam, are there any legal issues? How does the threat of arrest factor into your work? How do you get information to users?

Tùng (Lighthouse, Hanoi): Our Lighthouse helpline has been a safe way to distribute information, especially when it comes to overdose prevention. This information is also available on our website and fan page. The police *have* engaged in some cases and when they do, the Lighthouse turns to the National AIDS Agency which can intervene and clear any issues.

Comment (George, Barcelona): It is critical that police, and emergency services are educated about the issues because the criminalization of chemsex is the *main* obstacle to harm reduction, blocking users from reaching out for support.

Comment (Ben, ReShape): One goal of this process might be to promote a dialogue with law enforcement, so they better understand the objectives of harm reduction and an integrated response to chemsex.

Presentation 5: (Aura Roig and Lexuri Ledesma, Metzineres, Barcelona):

Aura:

- We work primarily with cis women, nonbinary, genderfluid and transwomen
- We create shelters for our target audience and provide a person-centred approach to meet their needs, including support for substance users
- Women we serve suffer from multiple chronic mental and physical health and material issues
- No service provider was dealing with these issues in a holistic way
- Drug treatment, housing, and employment services are all currently siloed
- Women are not trusted to accurately describe their reality and what they need
- The approach removes substances from the centre of the approach to deal with the underlying, core and often more immediate issues
- Our approach derives from an intersection of human rights, feminism and neighbourhood activism
- It's cost-effective, creative, collaborative and community-focused/-based
- We maintain a commitment to being anti-prohibition
- We seek to pay attention to the causes, not the effect of drugs
- Causes often include isolation, sexism, patriarchy, trauma, etc.
- Our community includes sex workers and those engaging in 'transactional' sex
- In our community, 'chemsex/slamsex' is primarily 'survival sex'
- 390+ in the co-operative
- 30-40 visits a day in the community, this holistic approach includes nurses, food provision, mental health support, etc.
- Our priority is always to put the person at the centre of our approach, to listen to their expressed needs in a non-judgemental fashion and to address their core issues as expressed by them

Lexuri:

- Sex work is often 'survival sex'
- Methamphetamine is the most prominent drug in our locality
- Typically smoked rather than injected
- In recent years the cost of methamphetamine has decreased
- It facilitates sexual performance so is often used by sex workers

- Easier to keep focused so users don't lose control
- We don't see sex workers using G or mephedrone for fear of losing control
- There are few safe spaces for using chems
- There is limited access to smoking paraphernalia and what is available is often low quality
- Stigma for chem use remains high
- This stigma is not a new phenomenon. In the 1920's sex workers were blamed for the introduction of drugs into the community.
- We are keen to learn what works elsewhere and share tools and approaches globally.

Presentation 6: Eliza Kurcevič, Eurasian Harm Reduction Association, Lithuania

Key points:

- Presenting research on New Psychoactive Substances (NPS)
- Experienced drug users are switching to NPS
- Also, many people using NPS are using drugs for the very first time
- Three main classes:
    - Synthetic cannabinoids 'spice'
    - Synthetic cathinones 'salt'
    - Synthetic opioids - prevalent in the Baltics
- Young people are often uninformed because much of their information online is only in Russian
- Many young people have no idea what they are using
- Easy access to drugs via the dark web and hashtags
- NPS are increasingly a standard aspect of youth culture
- Most research participants admitted mental health issues
- Increased risk of HIV / STDs
- EHRA provide a safe kit, including Covolol, a locally popular natural remedy, reduces heart rate

Comment (Percy, Barcelona): Methamphetamine is also a problem in Barcelona, specifically in the Filipino community. Online peer-to-peer counselling has been very popular and has resulted in successful informal support networks. Young people use emojis as support.

Comment (Ben, ReShape): Ganna Dovbakh at EHRA was the person who alerted us to meth use increases among women in EECA. She said, "I appreciate that chemsex is something done among gay men and trans women but we need to come up with another term which describes meth use among women." And then Aura confirmed similar meth increases among women in Western Europe and Latin America. There is a need for integrated responses to meth use among cis women. Sex work is typically a way for women to take control of their lives. Meth use by sex workers is primarily work-related. Most meth outreach has been focused on men.
In the study we're conducting about current chemsex/high fun/PnP trends, we asked if respondents knew of cis women doing meth in their locale. 22% of the 400 responders answered yes. While some in Western Europe and Oceania found the use like chemsex most responders in all other regions related the use to work – either sex work, work in the home or outside the home.

Question (Massimiliano, Italy): Re: South Africa and Vietnam. Is crystal meth the primary drug being used in chemsex? It's expensive in Italy. Is it cheaper in South Africa?

Comment (Ben, ReShape) because Tùng had to leave: Crystal is predominant in Vietnam. In SA it's a mix of crystal meth and local drugs. In some places where production facilities are nearby, crystal is typically cheaper. Last week, Tatyana described a similar situation in Beirut because of nearby production in Syria and elsewhere.

Question (Massimiliano): What about Mephedrone? Are others seeing an increase in usage?

Comment (Eliza, Eastern Europe): Mephedrone is popular in eastern Europe.

Comment (Yasir, Pakistan): Yes, Mephedrone is popular in Pakistan and Central Asia. Crystal Meth and GHB are also popular.

Comment (Massimiliano, Italy): In Rome and Florence Crystal and NPSs are increasing and there is almost no education for or sensitivity among health workers.

Comment (Rainnery, Brasil): There is only one place in Sao Paulo for safe usage of meth and it is controlled by the Chinese mafia. Women typically get trapped in this location and it is difficult to provide support.

Comment (Aura, Barcelona):

- Peer-based research meant going to users at assisted using centres and building a network over time. (Note: This corresponds with David's experience in South Africa.)
- Dealers didn't feel threatened because networking was taking place in a neutral space, specific to women
- This means basic services could be offered to women
- Women also shared information and solidarity in the venue, providing support, protecting each other and vouching for the safety of the services offered
- Having a safe, neutral, controlled space for users was key

Comment (Percy, Barcelona):

- Integrating services for chemsex users means overcoming several challenges, including but not limited to:
    - Mental health needs
    - Housing needs
    - Legal barriers
    - Stigma
- The community can't meet many of these needs due to lack of resources
- Users complain about the obstacles to accessing services from the public sector
- The person seeking services needs to feel respected but often must wait and navigate bureaucratic and admin obstacles.
- Public sector can rarely meet needs quickly and the most urgent needs – housing, etc – take too long to sort out. Easy for the user to slip away.
- Many public services don't work or meet actual needs. Social workers simply refer people to other services that also don't work.
- To repeat – services must be holistic and integrated if they are to be effective.

Comment (Ben, ReShape): It's worth repeating what Tatyana in Beirut said in the last session. "No one wants to have this conversation. It's not just about providing an exclusive silo of services for users. It must be about opening existing services to users and their unique needs. Making existing services truly inclusive."

Comment (Aura, Barcelona): Siloed services are not person-centred. People need to lead their own process and the system needs to support that journey. In Barcelona, we are in a privileged position because using is not criminalised, and there is a tradition of harm reduction. We have many challenges but due to our privileged position, we are obliged to support global responses. Vancouver has also pioneered a successful response model. While there is no perfect solution for everyone, effective harm reduction and the reduction of gender violence can go a long way.

Comment (Percy, Barcelona): Another challenge is staff turnover and burnout in the public sector. Too often, staff changes and it takes time for new staff to catch up and understand the landscape. In that time, institutional knowledge is lost, and services can falter and take time to build back up to previous levels.

Comment (Ben, ReShape): Thank you all for your participation today. Please join us next week at the same time for our 3rd and final session.

Register in advance for the 3rd session meeting:
https://us02web.zoom.us/meeting/register/tZ0vdOCqrjMpE9N7iuwMefb5VHgGYsI5H5tj

After registering, you will receive a confirmation email containing information about joining the meeting.

Session 3 – Tuesday, 13 December 2022 at 15:00/3 pm UK time
Title: Developing an integrated response to chemsex/high fun/PnP appropriate for local situations

- How instincts such as FIGHT, FLIGHT & FUCK, play their roles in the power of chemsex attachment, and in frontline treatment opportunities, Mellissa McCracken and Brad Lamm, Breathe, USA
- Trauma-informed approaches to chemsex support: mental health and psychotherapeutic perspectives from Singapore, Burma, San Francisco and London, Maha See, Eileena Lee and Chuanfei Chin.
- Developing and implementing a *Call for action for integrated chemsex support*
    - What are key elements of integrated chemsex support services?
    - How do we ensure the *Call* proposes activities appropriate for your region?
    - What should *a Call* look like?