

Key points from Session 1, 29 November 2022¹

Why do we need integrated Chemsex/High Fun/PnP support services?

“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.”

– Tatyana Sleiman, [Skoun Addiction Center](#), Beirut



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We use [DeepL Translator](#). It’s free.

Presentation: Latest research on chemsex trends in The Netherlands, Sjef Pelsser from [Mainline](#), Amsterdam, The Netherlands

- What is chemsex? The combined use of drugs with sex, especially among men who have sex with men.
- What is slamsex? A subcategory of chemsex. Involves injecting (‘slamming’ or “practising slamsex’ drugs before or during sex.
- Recent data shows
 - o An increase in explicit communication around chemsex on the dating apps
 - o An increased normalisation of chemsex, slamming, crystal meth, etc., among gbMSM
 - o An increase in slamming and smoking in the same situations
 - o An increase in users losing control of their usage
 - o An increase in slamming at home and alone
 - o An increase in significant vein damage
- Conclusions
 - o Significant shame among users inhibits seeking medical care
 - o Users’ underlying issues are rarely addressed
 - o Lack of expertise among healthcare providers
 - o Little collaboration among healthcare providers to address the issue
 - o Strong need to address the combination of drug AND sex addiction
 - o Little aftercare – What happens to users when they successfully stop using?
 - o Where is the support?
- Sjef then presented a video from a Mainline chemsex informational campaign.

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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Question (Justin, ACON, Australia): Were the cast actual people with lived experience?

Sjef: Yes, the cast were people with lived experience and issues with substance use.

Question (Yasir, Pakistan): 'What's been the campaign's outcome?'

Sjef: Response to the video has been positive, particularly the appearance of LGBTQ+-friendly police. Some anecdotal evidence has shown an increase in people accessing services.

Question (Rohit, New Delhi): Is the use of alcohol or marijuana included under the umbrella of 'chemsex?'

How frequently do users move from alcohol and/or marijuana to harder drugs?

Sjef: While alcohol can be a co-factor and is often used in chemsex situations, neither alcohol nor marijuana is generally considered in the same category as crystal meth, mephedrone, GHB or any of the other drugs that are typically used in chemsex.

Question (Benjamin, Alleviate Malaysia): Can hook-up apps be brought into a collaboration to address issues around chemsex?

Sjef: There has been no direct collaboration between Mainline and social media apps. The challenge is that the apps restrict any mention of chems and chemsex. This makes it difficult to build a forum for discussion, education, treatment information or support.

Question (Georges from Barcelona). What services does Mainline offer to address the social consequences of chemsex?

Sjef: To mitigate social isolation, Mainline offers peer support groups regularly, 1-to-1 peer support daily and exposure to a support network. While other more formal support organisations exist, there is a widespread feeling that they are ineffective and only reinforce harmful stigma.

Presentation: Chemsex in Beirut: A Situational Overview, Tatyana Sleiman, Skoun Lebanese Addictions Centre, Beirut, Lebanon

- Skoun is the first organisation to address chemsex in Beirut
- Chemsex is doubly criminalised – both drugs and homosexuality are illegal in Lebanon
- Skoun offers
 - o Support
 - o Harm reduction
 - o Full spectrum of support for drug users
- In Beirut, they're facing a triple crisis that exacerbates the situation around chemsex
 - o Covid19
 - o Beirut port explosion
 - o Fundamental institutional collapse
- Skoun is observing the growth in chemsex and led a series of group discussions to ascertain the dimensions of the problem and hear the lived experience of those on the scene
- Discussions centred primarily on cis-gay men, transwomen, and MSM who don't identify as gay
- Findings include
 - o Increase in crystal meth use
 - It's locally made
 - It's a cheaper alternative to cocaine
 - o Other substances used include cocaine, MDMA and "ecstasy" (Now it's hard to know the active ingredient in available ecstasy)
 - o A strong link between drugs and sex work/transactional sex and drug use
 - o Increase in slamming
- Areas of concern
 - o 70% of Beirut residents are now living below the poverty level
 - o Drug quality – it's difficult to know what you're taking
 - o Little knowledge of how to take drugs effectively can lead to overdoses
 - o Misinformation in every sphere
 - o Risky sexual behaviours

- o Overall living situation, desperation pushing people to do things they normally wouldn't
- o The illegal nature of drugs and homosexuality means that when there is an episode, people don't want to go to the police or the hospital for fear of legal consequences
- o Income/status differential – those organising the events have money, those attending are often younger, refugees, poor and are simply there to get food or shelter
- Conclusions
 - o Lack of knowledge among service providers
 - o Need for more awareness of drug use and chemsex issues among service providers
 - o Need for non-judgemental support services
 - o Need for safe spaces where users can come for support
 - o Need to address language barriers. (It can be challenging to find the words in Arabic for many of the key concepts in LGBTQ+, drug and harm reduction messaging.)
 - o Chemsex response must be holistic and address healthcare, livelihood, and basic needs such as food, shelter, and a stable living situation.

Comment (Georges): There are so many crises in Beirut that drug support/harm reduction is at the bottom of the list. Skoun needs both domestic and international support.

Comment (Tatyana): No one in Beirut 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.

Technical difficulties prohibited Karin and Rainnery from É de Lei Drop-in centre, São Paulo, Brasil, from presenting. This presentation will happen at the next meeting.

Presentation: Sex workers and chemsex, Maxime Maes, sex worker and chemsex user in Belgium, presents findings from 11 interviews with gbMSM sex workers and trans women

Key points

- In Belgium, drugs are illegal however sex work is legal
- Maxime found three overlapping categories of sex workers
 - o Sex workers who use in their personal lives and w/ clients
 - o Sex workers who only use w/ clients
 - o Sex workers who don't use
- Clients often ask sex workers to bring the drugs
- Clients have been known to inject sex workers first to test for drug quality/safety
- Issues
 - Significant pressure from clients, if sex workers want to earn, they often feel pressure to use
 - Increasing evidence of addiction in the work context
 - Consent is compromised in a work context. If it's 'part of the job' where is personal consent?
 - Often people don't identify as sex workers even when they participate in sex work. Equally, some people would say they've never done chemsex, even as they're doing it. This is a challenge in getting sexual health and drug information to refugees and culturally excluded groups.
- Sex workers may become dealers with potential legal consequences

Conclusions

- Sex workers need to be at the centre of building an enduring and effective response to the crisis
- Sex workers need more peer support and networking
- Harm reduction content needs more effective distribution among sex workers (self-identified and otherwise)
- Saunas are a primary location to reach culturally excluded sex workers who often identify as straight
- Some formal guidelines for sex work and chemsex should be developed with input from sex workers and distributed widely

Question (Maurice, Manchester): When were the interviews completed?

Maxime: Data was collected from 2017-2019. Some were long-time sex workers, and some were new.

Question (Benjamin, Malaysia): What is the status of HIV prevention messaging among sex workers?

Maxime: Many sex workers will be on Prep however, there is a population of refugee and immigrant sex workers who don't identify as gay, and they are less likely to be on Prep.

Comment/Presentation (Rainnery QueerCore, É de Lei Drop-in centre, São Paulo, Brasil)

Key points

- Rainnery agrees with Maxime that many people who engage in chemsex are difficult to reach, in that they are very fearful of police, they are suspicious of services, they don't want to be tested, they have very low expectations
- Rainnery makes mention of gbMSM's frustration with the contemporary trend toward the impermanence of queer relationships (and everything else) as both a cause and a side effect of chemsex use. He references 'liquid sexuality' (as opposed to 'solid sexuality'), a concept derived from the work of Zygmunt Bauman. ('In essence, our aim is not the object of our longing but the action of longing itself, and the worst peril is reaching complete satisfaction.') Rainnery also distinguished between those who engage in chemsex as part of connecting with others and those connected to the act of slamming. (A similar distinction can be made between those who seek partners online to connect and those who connect to the process of being online.)
- Providing grassroots harm reduction via apps has been challenging as users perceive that the messages come from the police
- Collecting data at chemsex sessions was difficult as other participants thought Rainnery was police
- Difficult to find safe spaces free of stigma to discuss or get support for chemsex behaviours
- Few professionals are willing to discuss or listen to the needs of users
- Low drug quality is an issue
- The illegality of drug use inhibits effective response

Summation (Ben Collins)

- We see some recurring themes in São Paulo and Beirut – criminality of drug use, indeterminate drug quality, and little sensitivity or support from formal healthcare providers. But also a difficulty to reach people with services due to resistance. (This is not unlike some mobile /migrant populations resistance to testing out of fear of being identified and targeted as being illegal and/or positive for HIV, HCV or STIs.)
- We started this session by asking: Why do we need integrated chemsex support? That was prompted by Mainline's update on slamming in The Netherlands, which identified a persistent need for integrated chemsex support in a country that, I would say, has one of the best responses to chemsex in the world.
- And then we heard about the situations in Lebanon, Belgium and Brasil. This is like what we experienced doing chemsex response in Asia. Criminalisation and stigma issues are more intense in some regions, but there's a universality around the users' issues, a logic to their relationships to their broader community and society, and the need for holistic responses that address the underlying issues facing the chemsex community that intersects with larger societal issues (immigration, economic instability, housing, alienation, sexual frustration, etc.)
- But there's also an intensity of criminality issues, cultural opprobrium and in some cases, economic issues that we also see amongst sex workers in Europe
- There's also an incredible amount of cultural difference in terms of people's relationships to their families, people's access to sex education, and peoples' understanding of their own sexual identity in cultures that are less receptive to sexual diversity.
I would encourage us to try to keep focusing on the kinds of integrations that address as many challenges at once as possible. Specifically, the critical need for specific cultural integrations in different regions and to address different populations.
- One size is not going to fit all of us. The situation in relatively stable Western countries is going to be different from situations in Asia, Latin America, and Africa, which we'll be presenting next week.

- Nacho Ibayen de Inza and his team at [Controlling Chemsex](#) has found an effective way to engage on social apps directly with individuals at their level and in their region. Many people on the apps experience stigma within their own communities regarding their sexuality, their body, and their age. There is some evidence that the apps provide a good avenue to reach them. This needs more study and engagement.

Comment (Percy Fernández Dávila, Barcelona)

- A major issue is how chemsex participants perceive and describe themselves to healthcare professionals. Shame is powerful and often prevents users from honestly representing their behaviours to healthcare professionals. It can be hard to access the treatment they deserve. How do you overcome people's shame and fear of being labelled a junkie?

Comment (Sjef from The Netherlands)

- Sjef relays his experience as a chemsex participant and his struggle with shame and stigma. He reiterates the need for sensitivity training among healthcare professionals so they can deliver services and ask users questions without judgement. There is so little understanding among healthcare providers of chemsex users' issues that they are often showing judgement without even realising it. This makes it even more unlikely that users will turn to healthcare providers for support.
- We must remember that there are multiple profiles of chemsex participants – refugees/migrants from an intolerant cultural background, disconnected from the LGBTQ+ community and healthcare messaging, straight identifying, young, in economic crisis and housing instability, etc. Outreach and messaging need to be tailored to and sensitive to the range of needs of these various populations.

Comment (Maxime, Belgium)

- Many Moroccan sex workers or other MSM don't identify as gay and have little exposure to LGBTQ+ public health messaging. They are unfamiliar with the terms 'chemsex' and often deny they participate in it, even as they do. There's simply a lack of education and exposure to the language to describe their experience. These populations would never go to an LGBTQ+ clinic as it would potentially define them as queer. Many in this population are straight but only engage with gbMSM and chemsex to earn money.
- We need different messengers to carry the messages to different communities. Messengers that can build trust and aren't perceived as top-down, judgement-filled institutions.
- How do we use the apps to address chemsex when the apps close down all discussion of chemsex?

Comment (Rainnery, Brasil)

- There is some problem with users researching and then getting drawn into the culture of using. Barring users from certain queer spaces only isolates them more. Chemsex needs to be brought into the light and using needs to be brought out into less sexualised queer spaces.
- Another big problem is users posting their chemsex adventures on social media, including 'auctions' for certain chemsex experiences.

Comment (Dane Griffiths, [GMSH Ontario](#), Toronto)

- Dane (Canada) suggests that supervised substance use venues like the ones in Toronto could make a difference.

Comment (Karin Di Monteiro, [É de Lei Drop-in centre](#), São Paulo, Brasil)

- Class differences among 'hosts' and 'attendees' at chemsex events can create difficult conversations around safety, consent and exploitation. The class status differential within the gbMSM/ LGBTQ+ community can be a barrier to information sharing and support among chemsex users.

Comment (Ben Collins)

- Intracommunity class differentials and judgement can create a range of fault lines between 'users' and 'nonusers', HIV positive and negative, Prep users and those not on Prep, 'barebackers' and 'safe sex' types. How do we pursue truly integrated responses to address these fissures and the many culturally specific issues raised?

- Ben thanks all participants and presenters
- Next meeting 6 December 15:00/3 pm (GMT)
- Please register to attend
- Feel free to keep contributing via the Google Docs:
 - o Notes from the integrated chemsex support series
 - o Index of chemsex support services
- Or email Ben and/or Nia