MAINline

Key points from Session 3, 13 December 2022[1]
People need integrated Chemsex/High Fun/PNP support services

You are welcome to use a translator. We use DeepL Translator. It's free.

You are also welcome to make comments about the key points or anything else here:
Notes from the integrated chemsex support series

Session Programme
Developing a Call for Action for integrated chemsex/high fun/PnP support services appropriate to local/regional 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?

1st Presentation from Mellissa McCracken and Brad Lamm, Breathe, Los Angeles, USA
How instincts such as FIGHT, FLIGHT & FUCK, play their roles in the power of chemsex attachment, and in frontline treatment opportunities
Mellissa (Breathe):

- We know that many chemsex users are often experiencing concurrent health and life issues (employment, housing, relationship, mental health) that only complicate matters. Our residential care model can make a critical difference.
- We work on the basis that long-term chemsex usage can have a deleterious impact on brain function. That there is observable 'brain injury' that impacts brain regulation leading to physical and lifestyle neglect. Brain injury can lead to:
- People putting themselves at serious physical risk
- Decreased physical maintenance - lack of food, water, sleep
- Decreased relationship viability
- Decreased career and income stability

[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:

- Integrated care in a residential setting can provide the space necessary to begin addressing these issues. Giving someone experiencing major destabilization a space to recover/recuperate for several days can begin a reset that can set them on a path to long-term health
- Key objectives include safety and stability
- Trauma typically serves as a gateway to misuse. Brain regulation can get 'thrown off' in the wake of trauma.

Brad (Breathe):

- My personal journey saw me go from the solidarity of 80's ActUp activism to meth addiction and ultimate recovery. A chance sighting of an old comrade from the activism days, homeless on the streets in LA, convinced me that I needed to do something to help the many others I knew who had travelled from a place of joy and release to despair and helplessness. I am convinced the impact of meth on the brain causes a brain injury that interrupts brain regulation and leads to these negative outcomes.
- 9 out of 10 patients at Breathe are injecting as opposed to snorting or smoking
- How do we help our comrades? Those we know from the community, the activism, and the partying who have experienced trauma and become trapped in a chemsex pattern that is now impacting first their brain function and now their overall ability to function
- This call to action honours the work of David Fawcett
- Breathe has seen 3000 patients since opening 9 years ago.

Melissa:

- With new, more powerful formulations and NPSs (new psychoactive substances), we see mental deterioration happening at an accelerated rate. It's not uncommon to see the effect of 1-2 months of use resemble what was previously 10 years of use.

Brad:

- In the US, conventional insurance does not cover florid psychosis. The acuity of many patients' conditions requires residential space for levelling out before actual treatment can occur. Breathe ends up subsidizing ('scholarship') several patients each year.

Jordi, (Chem-Safe Control): What is meant by brain injury/damage?

Melissa:

- Long-term use can result in long-term damage to dopamine receptors leading to 'andonia" or an inability to feel pleasure/good. It also increases the likelihood of psychosis, paranoia and suspicion.

Jordi:

- Some studies from the 70s looking at the toxicity of methamphetamine were inconclusive. Some say the issue is prohibition, not usage.

Ben:

- What unites the work at ReShape is the concept of the potentially problematic nature of chemsex, which too often includes overdoses and other negative short and long-term physical and mental impacts. Crystal meth, G, and NPSs are having major negative impacts on our communities, and without judging, there is wide agreement in this forum that chemsex can be problematic.

Jordi: 'Brain damage' doesn't feel affirming.

Mellissa:

- We don't use that term with patients, but we see myriad symptoms. We're focused on treatment which requires a certain intervention and time.

Brad:

- Traumatic brain injury can alter the brain and impact behaviour. It can be a useful way of framing situations because it moves the conversation away from a 'moral failing' to a 'physical injury.'

Rainnery (Centro de Convivência É de Lei, Brazil):

- As a drug user, I'd like to make two points:
    - People increasingly losing themselves in chemsex, losing focus, not taking meds, talking to walls, etc.
    - The upcoming Christmas period can be a major trigger for many users, how does Breathe address this issue among clients?

Ben:

- In a neurodiverse recovery group that I attend, there is a real recognition that seasonal rituals can be extremely triggering. Advice has been to:
  - Stay close to trusted friends
  - Help where you can
  - Be aware that people may be struggling

Georges, Barcelona): How do you define/measure success at Breathe?

Melissa:

- It's subjective. One thing we see is that the longer people stay engaged with Breathe, the better their chance of long-term successful recovery.

AB: Is there any possibility of a selection bias? Is it possible that those who stay engaged with Breathe, have more capacity to do so for whatever reason?

Brad:

- One way to think about success is 'more good/less bad'.
- This is a broad definition of a diverse population and set of circumstances.

2nd Presentation from Maha See, Eileena Lee and Chuanfei Chin

Maha (SF):

- Regarding trauma-informed responses to chemsex, circumstances and contexts can differ in different locations - Singapore, SF, Burma, London
- SF is a liberal enclave, yet outside the city limits can feel very unsafe for LGBTQ+ people
- Harm reduction is promoted in SF (within limits)
- PNP continued throughout the Covid pandemic/lockdowns
- Isolation is a trigger
- Training for healthcare workers and public messaging around chemsex in SF is recent
- There is some level of integrated response in SF, it's not perfect, but users can typically get multiple needs met

Chuanfei (London):

- The fragmentation of services is substantial, it can take substantial wherewithal to access multiple services (domestic violence, housing, mental health, etc.)
- Fragmentation is similar in Singapore
- People can be on multiple waiting lists for services at the same time
- Meeting requirements for different services can be an obstacle

Eileena (Singapore):

- Singapore recently repealed the law criminalising gay sex.
- The Green House is the only location providing integrated services for gay men in Singapore
- Exacerbating fragmentation is that patients aren't always totally truthful with doctors and/or don't want their doctors and other service providers to communicate
- This can be due to shame or fear of family / legal reprisals
- There can be an 'intersectionality of stigma'

Maha:

- In Burma, the 2021 coup changed everything
- Prior to the coup, civil society was flourishing, and LGBTQ+ organisations of all stripes were emerging
- Most of these organisations have disappeared or gone underground since the coup
- HIV infection is increasing even as PrEP is available. Doctors Without Borders estimates that only 20% of eligible gay men in Burma are on PrEP. Many MSM won't take PrEP or, more likely, won't go to the healthcare authorities to access it.
- Doctors without Borders is the only organisation providing services for LGBTQ+
- All the development of civil society of the last decade has been swept away
- Twitter is the primary avenue for hooking up and arranging high fun
- Crystal meth is produced locally and, therefore is cheap

- PrEP access and harm reduction is inhibited because of the coup and repression

Chuanfei:

- A reminder that there is a great deal of variation in circumstance and context across Asia.
- There are often legal restrictions to harm reduction in Asia but there are also typically 'grey areas' where informal action can occur.
- Regarding silos, we often speak of silos among state service providers and how that can be an obstacle to access for users, we should also be aware of our own silos and the silos in our own understanding and outreach to users.
- These silos can be self-reinforcing and make it difficult to build trust among and collaborate between service providers, activists and those looking to help
- Many of those looking to respond to this issue are still dealing with the residue of their own trauma (wounded healers) and this trauma can sometimes block their ability to see situations clearly
- We need to adopt a trauma informed approach to responding to the silos within the responder community
- Some wounded healers can experience 'trauma re-enactment'

Maha:

- The trauma-informed approach creates an environment based on six principles
    - Safety
    - Trustworthiness/transparency
    - Peer support
    - Collaboration
    - Empowerment (voice & choice)
    - Respect for cultural/historical / gender context
- Responders/healers need to maintain boundaries and prioritise to better serve patients
- 90% of patients at Greenhouse in Singapore report trauma (family, religious, etc.)
- Mental health (anxiety, bipolar, PTSD) and substance abuse can be co-occurring disorders.

Luis: How are chemsex users involved in decision-making around their own treatment?

Maha:

- At the Greenhouse in Singapore, peer support is emphasised. This is obviously consensual and patient centred.

Ben: Greenhouse feels grounded in a community with lived experience. Wounded healers. But there's also the point that Jules James (ESWA). There can be a difference between community-based and key population-based. We need to ask how much key populations are involved in decisions about the services, policies and laws that impact their lives.

Sjef (Mainline, Netherlands): It's important to recognise that the 'community' often includes active users.

Rainnery (Brazil):

- This is an important point when it comes to harm reduction. Active users can be offered harm reduction. You can want to change and be a user at the same time.

Benjamin (Alleviate, Malaysia):

- There is merit in peer support.
- People in recovery often feel that giving back is part of their recovery.
- How do we ensure that 'friends in recovery' that want to support are also not triggered into using again?
- Another case of risk for 'wounded healers'
- PrEP is being offered for free in Malaysia from Jan 2023, initially for mixed-status couples and then for MSM. This is courtesy of the Global Fund.
- There has been a rise in HIV transmission in Malaysia

3rd discussion: Developing a Call to Action for Integrated Chemsex/High Fun/PNP support services

Ben:

Later thought: It would have been very helpful if we had clarified what we meant by a Call to Action. Here is a definition of a Call to Action. Here is an example of a Call to Action from HRI, Harm Reduction

International. Comments on this are welcome here. Does that make it clear to you? You can make comments here: Notes from the integrated chemsex support series

- The idea is to move from these sessions to the next steps
- The Call to Action for Integrated Chemsex/High Fun/PNP support services should include:
    - Statement of the problem
    - Statement of Hopes
    - Statement of who we're looking to target (Users? Healers? Providers? Doctors? Government?)
    - What are the key elements of a call?

Georges:

- We need to clarify who we want to respond to this call. Community groups? Global groups? Individual activists?
- We need to clarify who we're looking to ultimately target. Users? Doctors? Activists?
- What are we looking to accomplish?

Ben:

- Issues that need addressing include stigma, family relationships, criminalisation, intersectionality of identity and trauma/conditions.

Ford:

- Would this be better approached via 'need'? As in 'what are the needs of the user? How can we better meet the needs of people in acute dysfunction? How can meet the needs of users before they get to that stage?
- A call might start by exploring what people lack, including:
    - Safe space to use/clean paraphernalia
    - Healthy relationships
    - Mental health support
- Danger of taking on all the services that should be provided by the state. This was a problem early in the AIDS crisis. Organic charities were set up for a focused purpose but ended up offering a full spectrum of services to anyone who showed up.
- How do we persuade the state to do a better job meeting the needs of our chemsex brothers and sisters?

Percy:

- A structured approach might:
- Identify the needs of targeted users before offering services
- Identify obstacles to getting needs met
- Does anyone currently offer these services, if so, find out who's using them? Are they welcoming LGBTQ+ users? Centralisation of services can turn off some LGBTQ+ who prefer a tailored response from people who come from/understand our world.
- Too much centralisation of services could end up alienating LGBT+ people. Community needs to be considered when crafting an effective response.
- Scientific research community should be included in the crafting of any Call. (Even though some of the most effective services offered are often around emotions and not actual, provable hard science.
- How will services be offered and evaluated?
- Silos need to be overcome
- We need to define 'chemsex' amongst ourselves before we move ahead.
- Services need to be designed for the affected populations.

Georges:

- A call should draw from and encourage:
    - Best practice
    - Knowledge exchange
    - Research support
    - Broad support from LGBT & non-LGBT organisations

    - What kind of funding is needed?

Alejandro (Asociación Stop Sida, **Sevilla):** Another key factor has gone unmentioned - sexual lifestyle/sex addiction without chems.

Yasir (HIV Buddies Network, Pakistan, ReShape):

- The ultimate call must speak to:
    - Chemsex
    - HIV / STDs
    - Harm reduction
    - Training
    - Integration
    - Peer support

Ben:

- Important to restate Tatyana's (Lebanon) points:
    - 'No one wants to have this conversation. It's not enough to create new services for the affected population, Existing services must open and begin serving the affected population.'

Sjef:

- Training for counsellors is needed
- How do we make existing services holistic and inclusive?
- Services must take an 'intersectional' approach and consider trauma, mental health, sex addiction, substance abuse, etc.
- In Amsterdam they have successfully integrated services so that any provider in the network can refer for appropriate services to any other provider

Ben:

- Key pillars of Amsterdam plan include:
    - Safety
    - Harm reduction
    - Mental health
    - Physical health
- Any successfully integrated solution must include the police
- Harm reduction best practice has for years meant engagement with the police and ambulance services in emergency situations
- We recognise that different cultural contexts require additional sensitivity around these issues but there's no escaping that the police have a role to play.

Jordi: In Catalonia, police are playing a new role, and the mood is less about prohibition.

Ford (UK):

- Police have a role to play as the chemsex scene invariably attracts criminality
    - Using is the least of it
    - There is substantial sexual abuse, theft, grooming, violence and even homicide on the scene and currently, users have very little recourse without police engagement
    - The number of gay men incarcerated for chemsex crimes - that don't include 'using' - is increasing
    - Many on the scene are both victims and perpetrators at the same time

Ben:

- There have been reports of people on the scene not following up on homicide because of fear of the police
- We don't have to love the police, but we must engage with them in some circumstances. Best that they are informed of the issues and trained appropriately
- Lousy police in certain contexts are not an argument for eschewing the police altogether. Instead, it's an argument for more effective engagement
- In the chemsex forum, we sometimes hear, 'Don't call the ambulance, don't go to the A&E' but it's important to remember that the harm reduction movement has grappled with this issue for years and come out strongly and said the priority must be on saving lives, however, that works. If other

people need to escape first, so be it, but we need to save the lives of our comrades and get people the critical care they need in emergency situations.

Ben: Later thought: I think it was clear from this discussion that people had various beliefs, attitudes and relationships with police and the power structure based on their location, the history of police oppression and the social response to that oppression in their location, and their lived experiences. Any *Call to Action for Integrated services* will need to speak clearly to these different experiences with police by region and locale as they are directly related to criminalisation, homophobia, stigmatisation, chemsex response and people who are engaging in chemsex. Ultimately we need to support and learn from each other.

Maha:

- A similarly uncomfortable engagement must take place with religious actors in some contexts. We cannot deny the impact and importance of the religious sector in some communities. Singapore and Burma are just two examples
- In some cases, religion-based conversion therapy is still happening
- We need to find allies in religious communities to engage with – like we need to do with the police.

Brad:

- In the past, there was a sequential approach – treat immediate physical needs and then treat mental health needs.
- At Breathe, we take a holistic approach and treat both together from the start.
- At Breathe, our client demographic is (in order):
    - Cis MSM
    - Cis women
    - Trans & nonbinary
    - Lesbians

Percy:

- Drug addiction and mental health are closely related
- Psychological/emotional trauma could be at the root of substance abuse

Ben:

- We've identified some of the key topics and strategies that must inform the ultimate call.
- There is more to uncover and include.
- Please continue to feed into the conversation.
- Thank you for your continued participation.