

People who engage in chemsex need integrated systems of support

Sessions 1 and 2 of *Where's the Hope? Dialogues for Solidarity – 2022-2023*

Please join [ReShape](#) and [Mainline](#) in developing this project.

If you have questions, want to participate, or have comments please contact info@ihp.hiv.

The current situation

Today, most world regions report some form of sexualised psychoactive substance use (chemsex/party 'n play/PnP/high fun/wired fun) among gbMSM¹ and trans women. The drugs of choice include methamphetamine, mephedrone, GHB/GBL, and a wide range of stimulant-, downer- or tripper-type NPS.²

For most people who engage in chemsex, the experience is seen as a life-enhancing response to stigma and high-level stress associated with daily life; worries about HIV, HCV and STIs; stigma about gay, bi, trans or nonbinary identification; or intraminority stress.³

Chemsex is associated with HIV and HCV infections. A disproportionate number of gbMSM and trans women who engage in chemsex are HIV+ and/or HCV+.

In some locations, the aggressive criminalization of drug use and/or criminalisation of being gay, trans and/or a sex worker complicates chemsex use. In some regions, researchers and activists are documenting chemsex-related human rights abuses⁴, including government harassment.

For some people, existing mental health and stigma issues can complicate their use of these drugs in sexualised settings. For others, the use of these drugs in sexualised settings can lead to mental health and stigma issues.

A sizable minority of people engaged in chemsex struggle with obsessive thoughts and compulsive behaviours, substance dependency, injecting, related job loss, trauma, violence among partners, and overdoses. It is a cohort marked by deaths.

Note: We also hear of increased methamphetamine use among women in precarious situations and increased NPS use among youth. While we would not necessarily classify these as chemsex, we recognise the similar marginalised experiences among people who engage in

¹ gay, bisexual, and all men who have sex with men

² NPS = new psychoactive substances <https://www.drugwise.org.uk/new-psychoactive-substances/>

³ John Pachankis' data: <https://bit.ly/3hSulQb>, <https://bit.ly/3ChCF3j> and <https://bit.ly/3hG8A5A>

⁴ From [HPLGBT](#) in Ukraine

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." - Margaret Mead, cultural anthropologist and researcher



chemsex and these populations, and the similar gaps in services experienced by these populations. We're also in discussion with women who have been tracking these changes. For these reasons, we want to include references to women-and-meth use and youth-and-NPS use in this short integrated chemsex support series.

Harm reduction, abstinence programmes, group and one-to-one therapy, drug testing and other community initiatives provide some benefits in some locations. When surveyed⁵, however, people who engage in chemsex and chemsex responders have indicated there is a large unmet need for comprehensive integrated support systems, particularly for those who want to reduce or quit their drug use and/or change their sexual practices.

At the recent European Harm Reduction [Conference](#) in Prague, [ReShape/IHP](#) collaborated with Leon Knoops ([Mainline, the Netherlands](#)), Jasper Janssens ([Free Clinic, Belgium](#)) and Igor Medvid ([HPLGBT, Ukraine](#)) for the [session](#), *Chemsex challenges: slamming, community stigma, and human rights abuses*. Leon reported that a growing number of gbMSM are losing control of their drug use; more slammers are using alone; people feel there are too many barriers to quitting and are afraid of social isolation. They perceived a lack of expertise among health care professionals, and they felt their underlying issues weren't recognized. They identified a need for collaboration among healthcare disciplines, a need for a multidisciplinary approach in health care, and a need for aftercare programs for former users.

Since that session, we have received requests from several organisations for a chemsex update and questions about integrated support.

Proposal for an Integrated Chemsex Support project

In response, ReShape, Mainline and partners are distributing a modest cross-regional update [survey](#) to identify current local chemsex conditions and support services, via the Chemsex Forum (formerly the European Chemsex Forum) online platform and other networks. Special efforts will be made to reach African and South American chemsex locations and chemsex responders.

ReShape and Mainline will co-host a short series of Zoom sessions, with other leading harm reduction, HIV, HCV, sexual health, mental health, and LGBTQ+ organisations, researchers, and health and service providers to highlight what support services are currently available, what gaps exist, and realistic approaches for ICS.

We propose the series include:

- A presentation of Mainline's latest research on chemsex trends in The Netherlands with Sjef Pelsser
- A round table discussion of methamphetamine trends in women (with Aura, Metzineres and Eliza Kurcevic, EHRA) and NPS trends in Youth (with a representative from AFEW)
- A presentation on the [Chemsex in Asia community manual](#) by Đoàn Thanh Tùng from the Lighthouse in Hanoi
- Chemsex feedback from other regions, and,

⁵ Mainline, [Slamming in the Netherlands](#), Injecting drugs in a sexual setting; Leon Knoop's [presentation](#) in English

- A training and exchange on data gathering and suitable forms of research to encourage documentation.

Participants will develop a unified *Call for Integrated Chemsex Support* to enhance sexual health, mental health, social well-being, and pleasure, and reduce problematic use and harms.

A tool kit, including the survey report, meeting report, session videos and the Call will be made available to encourage decentralised advocacy for integrated chemsex support locally.

ReShape, Mainline and partners will measure the impact and propose the next steps.

To encourage the best outreach to potential participants, especially as people emerge from Covid and with the Russian war in Ukraine, one of the conditions of co-hosting will be a commitment to promote the sessions and the Call in the co-hosts' networks.

ReShape proposes this be a short, stand-alone project. However, we hope the experience will inspire further collaborations and mutually supportive activities to improve outcomes in chemsex and related sexual health, mental health, and social wellbeing.

Key dates

- Mid May to Mid-June: Promote the ICS project and draft a Call for ICS
- 25 May to 10 June: Conduct the [survey](#)
- 20 June: [BASHH annual conference](#), Sheffield, UK. ReShape and Mainline provide European chemsex update
- Week of 27 June: First online session
- Early July: Second online session
- Mid-July: Finalise the Call
- 28 July: ReShape to participate in a pre-IAS meet on chemsex research (hosted by [Tradis Research Chair](#)) in Montréal
- August: Distribute the toolkit and conduct an evaluation

Please join ReShape and Mainline in developing this project. Please share this proposal with other chemsex responders. If you have questions or comments or want to participate, please contact info@ihp.hiv

Thank you for your consideration, Ben Collins and Nia Dunbar, ReShape with Mainline

This short series on Integrated Chemsex Support will also launch *Where's the Hope? Dialogues for Solidarity* (see details below), an ongoing ReShape mutual-mentoring and movement-building initiative, to encourage training & exchange among organiser/activists, especially emerging organisers. Our goal is to increase attention to and understanding of the day's important issues.

For help on this survey, we want to thank: Anjula Weeranayake (IT Contractor, ReShape, Anuradhapura, Sri Lanka); Ashley Barratt (ReShape and Chemsex Forum and Positive 21, Frankfurt and London); Dane Griffiths (Gay Men's Sexual Health Alliance of Ontario, Toronto, Canada); Đoàn Thanh Tùng (Lighthouse, Hanoi, Vietnam); Magdalena Ankiersztejn-Bartczak, (Foundation for Social Education, Warsaw, Poland); Peggy Flynn (Geriatric care consultant, spiritual director, writer, teacher, Milwaukee, USA); Pietro Vinti (HIV and STIs Consultant, Milano, Italy); Rayner Kay Jin Tan (Project China, Institute for Global Health & Infectious Diseases, University of North Carolina at Chapel Hill);

Sjef Pelsser (Mainline, Amsterdam, The Netherlands) and Yasir Ali Khan (ReShape and HIV Buddies, Lahore, Pakistan).

Where's the Hope? Dialogues for Solidarity

Reconvening ReShape's programme for knowledge exchange, mutual mentoring, collaboration and movement building

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."⁶ – ReShape's slogan

"We aim to inspire hope and change through mutual mentoring, open-source sharing, collaboration, participatory project development, networking and movement building with a particular focus on emerging activists." – From ReShape/IHP's mission statement⁷

Where's the Hope? Dialogues for Solidarity will be a mutual-mentoring and movement-building programme to encourage knowledge exchange, language clarification, forward-focused discussion and debate, and collaborative planning for projects among organisers, activists (especially emerging activists), and concerned individuals from a wide variety of campaigns. By encouraging mutual trust and hope, Where's the Hope? aims to improve the understanding of, and response to, complicated and interrelated issues facing marginalised communities, and indeed, all people, today.

With both a European and international scope, we believe Where's the Hope? will fill an unmet need for this type of exchange and collaboration. We think that ReShape and our partners, with our multifaceted history of international work and diverse partnerships, are well placed to lead on this programme.

ReShape launched Where's the Hope? in 2017 as a four-part, face-to-face discussion series with experienced and prominent UK organiser/activists – including Memory Sachikonye, Sophie Strachan, Marc Thompson, Longret Kwardem, Sean Strub (USA), Jane Anderson, Garry Brough and Bernard Kelly. The series focussed on the presenters' past and present HIV work and experience to demonstrate ongoing changes in the NHS service delivery, community engagement and outcomes. ReShape distributed the [session reports and videos](#) to a broader mailing list.

It was ReShape's first public effort at what we now call mutual mentoring. The format was a prototype for ReShape's current training and exchanges which provide training in the format of mutual exchange, data sharing and storytelling among presenters and participants to combine knowledge exchange and leadership skills development. We're pleased to report it was well-received critically and succeeded as a networking tool, but it didn't achieve broad engagement. In contrast, since Covid, ReShape's online activities have been more successful because people are Zoom friendly, the sessions reinforce community, and ReShape's training and exchange format – with active engagement by peer participants as presenters – is in tune with participants' needs and wants as activists.

The title Where's the Hope? came from a comment at the initial [European Chemsex Forum](#) hosted by ReShape and David Stuart in 2016, relatively early days in chemsex response. The details of chemsex practices were little known by many Forum participants. In a session describing slamming (injecting) practices and sexual/physical harm among people who engage in chemsex, a participant stood and called out, "People! People! Where's *the hope*?" In response, [Sheena McCormack](#), then at [56 Dean Street](#), explained that *the hope* lay in developing low threshold, integrated support services, like those provided by 56 Dean Street, for marginalised people at risk of, or living with, sexual and mental health problems.

⁶ Quote from Margaret Mead, cultural anthropologist and researcher

⁷ [Entire ReShape mission statement](#)

Where's the Hope? Dialogues for Solidarity

(Think of this as a first draft, ReShape's wish list as convenors. We expect and encourage revisions and refinements as people engage with this proposal.)

Immediate focus:

- Clarifying language amongst us to better address obstacles thwarting collaborations
- How do we collaborate better and more broadly to build solidarity and increase impact?
- Centring marginalised communities
- Reclaiming attention and funding for essential HCV, HIV, STI, prevention treatment and care, sexual and mental health services, along *with* Covid response
- Attention to current and future crises

Broader focus:

- Movement renewal /Movement building in the period of neoliberalism and increasing authoritarianism, social media saturation, social loneliness, siloing⁸ in health systems and in our community organisations

Proposed subject areas for the series of online work sessions in 2022 and 2023

- **People engaging in chemsex need integrated support**
Harm reduction, abstinence programmes, group and one-to-one therapy, drug testing and other community initiatives provide some benefits in some locations. When surveyed⁹, however, people who engage in chemsex and chemsex responders have indicated there is a large unmet need for comprehensive integrated support systems, particularly for those who want to reduce or quit their drug use and/or change their sexual practices.
With [Mainline](#), accompanied by a modest cross-regional “chemsex today” update [survey](#) to identify current local chemsex conditions and support services worldwide, via the Chemsex Forum (formerly the European Chemsex Forum) online platform and other networks.
- **How do we promote PrEP and innovative PrEP access, combined with other effective and appropriate prevention tools, to maximise HIV prevention and improve sexual health?**
For populations at risk of HIV, including women, drug users, sex workers, prisoners, trans people, and gbMSM. With the PrEP/Combination Prevention Collaborative including Will Nutland and Marc Thompson ([Prepster](#) and [The Love Tank](#), UK), Magdalena Ankiersztejn-Bartczak (FES, Poland), AVAC, EuroTEST, EACS' WAVE, Fast Track Cities Initiative and Claudia Estcourt (Scotland)?
- **Clarifying language – Interrogating and disarming stigma**
Is stigma a tool to facilitate othering? Is othering a common human psychological process? Can cancel culture be a form of othering? What are community- and movement-enhancing ways to address and move beyond stigma? Inspired by the work of [Loretta Ross](#). With [Ford Hickson](#)?
- **Putting intersectionality to work:**
Promoting synergy and collaboration among marginalised people and populations for greater impact
What do we know about the syndemic and intersectional nature of issues confronted by marginalised people – including social determinants of health, racism, sexism, homophobia,

⁸ For reference see the [Call to Action from May 2021's HepHIV conference](#)

⁹ Mainline, [Slamming in the Netherlands](#), Injecting drugs in a sexual setting; Leon Knoop's [presentation](#) in English

transphobia, neurodiversity, adverse childhood experiences and early trauma – on their long-term health outcomes and quality of life? Is minority stress experienced in the same way by all stigmatised minority groups? What is the impact of current everyday trauma in this era of increasing social confusion, social loneliness and social inequities? What's keeping key populations from increased collaboration around shared issues and marginalisation? With Shivani Lamba and CBRC?

How does this impact our understanding of the relationship between HIV and multi-morbidities?

With Jeff Lazarus and colleagues?

– **Centring marginalised communities**

How centred are marginalised communities in our movements today? Who is making decisions about strategy and funding? What structural factors are at play in the finance of movement building? about representation? What about the very nature of our change movements? What can we do to further centre marginalised communities in all aspects of decision making? With Gregorio Millett and key population activists?

– **Innovation in change movements**

Inspired by Black Lives Matter. Homemade human hope machines with Ben Walters, Duckie, UK; Aura Roig, Metzineres, Barcelona; Marc Thompson and Will Nutland, Love Truck, UK? Creative initiatives in other regions?

– **Making change:**

A case study in practical intersectional thinking in problem-solving: Dublin's response to homelessness during Covid

Can responses based on combining the strong points of theories of social determinants of health, harm reduction, and trauma-informed care overcome the inherent limitations in each theory? With Dr Austin O'Carroll?

A case study in implementation science: Fast Track Cities Initiative London

Using implementation science to ensure effective HIV outcomes (and the potential impact on other chronic disease groups or populations) – with Garry Brough and FTCL?

Social determinants of health meet social science, clinical care, diagnostic companies, public health, and social wellbeing

21st century HIV science is far in advance of 21st century HIV prevention and treatment realities. How do we narrow the gap? At ReShape we think a core necessity is a reinvigoration (reimagining?) of HIV community/key population activism, our roles as organisers/activists, our linkage to other HIV change-makers like clinicians, researchers, and international bodies, and our linkage to other change movements.

Please consider: What would it take to develop a key population-based, community-based, region-based, collaborative world movement for lower cost-to-free, regularised viral load testing and monitoring, which includes patient and family notification of undetectability, as appropriate; prioritises those HIV+ people who are not yet in treatment or unable to maintain undetectability; normalises U=U as a concept worldwide; and harmonises both the goals of the HIV treatment cascade and highly effective combination prevention? What would be the benefits? Is it good value to develop such a worldwide movement? What are the obstacles? What would be measurable actions toward that goal? It most likely would benefit from a community-led world call for proposals for lower-cost, highly sensitive, smarter viral load tests; cost efficiency studies of diagnostic options to perhaps spend less

money on CD4 testing and more on 1viral load testing; creative collaborations among key populations, community and regional organisations; renewed focus on funding for effective HIV outcomes. What else? With Bruce Richman, [Prevention Access Campaign](#), USA? and of course, anyone else eager to work on developing such a world campaign.

We hope you can see the benefit of developing and documenting these online exercises. We hope you could imagine engagement in these activities benefitting future project development. We hope you can see this programme could contribute to the solidarity ReShape sees as essential for truly effective solutions for HIV and related efforts for sexual health, mental health and social wellbeing.

Contact ReShape at info@ihp.hiv if you have questions or want to get involved in Where's the Hope? Dialogues for Solidarity.