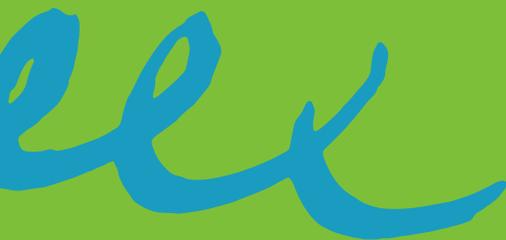


# CHEMSEX RESOURCE GUIDE



youth coalition

working internationally for sexual  
and reproductive rights



# AUTHOR'S NOTE

I am an MPH student from Western University completing a practicum placement. The opportunity with Youth Coalition drew my attention not only because of my interest in youth health, but also the topic of Chemsex could be a great learning opportunity for me. Through conducting the literature search and review, Chemsex research and resources remain insufficient compare to other 2SLGBTQI+ topics. The following resource guide aims to fill the existing literature gap and to better understand the realities of Chemsex related services. During the interviews with services providers, we see the passion and effort they have contributed to the users' population. However, funding issues and social stigma remain the major challenges they are facing. We strongly believe the community-based and youth-led approach are beneficial for service provision and would be the major area of focus in related policies. As a future public health professional and youth researcher, more importantly, we hope the resource guide would educate and raise awareness on the topic of Chemsex among our younger generation. Chemsex from various cultures and the experience of Chemsex users also need to be better understand in the future. From the research, it was surprised to me that Chemsex has been practiced for over 40/50 years but it only gains people's attention recently. From the interviews, I have learned to respect and take into consideration of diverse perspectives.

**Lorraine Lu (she/her)**

**MPH Practicum Student**

I joined the Youth Coalition for Sexual and Reproductive Rights with a strong interest in bridging queer issues and rights with our organisation's mandate of advocating for sexual and reproductive health and rights from a youth-centred perspective. Based on my lived experiences and involvement with community-led organisations in Montreal, a common concern raised has been the lack of information, materials and resources related to Chemsex that do not solely argue for an abstinence-only approach. This led to the idea of creating a non-academic, youth-friendly informative resource guide on Chemsex with a focus on harm reduction and community-led approaches given the challenges and realities faced by our communities. As the first step in carrying out more substantive advocacy and outreach on the subject, I hope that this resource guide highlights the complexities of providing community-led Chemsex services and sheds light on the realities faced by service providers and service users. We hope that this guide will raise a more comprehensive awareness of Chemsex beyond stereotyped, televised depictions. Given challenges in securing funding for organisations, we support a collaborative and open knowledge framework and sincerely hope that this will spark further discussions amongst individuals, communities and organisations.

**Ryan David Yevcak Antillón (he, him / they, them)**

**Youth Coalition for Sexual and Reproductive Rights**

# ABSTRACT

Chemsex (also known as Party and Play or 'PnP') is an emerging public health matter among gay, bisexual, and men who have sex with men (gbMSM), with attention to the subject matter increasing over the past decade. Chemsex brings impacts and concerns to the physical, sexual, and mental health of those who engage in the practice. There is an increasing amount of research in the academic literature which correlates to more attention on the matter from public health professionals. However, current drug policies, limited funding opportunities, systemic barriers and harm reduction services remain inadequate and limit access and availability of services for Chemsex users.

The primary goal of the Youth Coalition's Chemsex research project is to develop an initial resource guide on Chemsex for young people and the community at large, community service providers, health service providers, and other decision-making stakeholders. The current resource guide will inform the public and young people about Chemsex, existing harm reduction policies, and recommendations for best practices. The first section will discuss the history and origin of the term Chemsex and highlight the importance and possible outcomes Chemsex can have on users. The second section will examine the existing drug and harm reduction policies related to Chemsex and their limitations. Finally, the guide will review insights and responses from community-led organizations on the challenges they face and recommendations on best practices for Chemsex programming and services. More recognition and resources are needed to make services and support accessible to users. In conclusion, a community-led and youth-centred perspective in harm reduction policies and practices are recommended to provide holistic support and community engagement with individuals engaging in Chemsex.



# INTRODUCTION / BACKGROUND

## WHAT IS CHEMSEX?

### Definition

Chemsex, also known as “Party and Play” (PnP) or “High & Horny” (H&H), is a cultural phenomenon among gay and bisexual men and men who have sex with men (gbMSM). Chemsex defines the use of any combination of specific drugs with sex among gbMSM<sup>1</sup>. Drugs that are considered to fall within Chemsex involve using any or all of the following: crystal methamphetamine, mephedrone (and other cathenones) and/or GHB/GBL [1]. Amyl nitrates (‘poppers’) and viagra are also commonly used during sessions. As well, in addition to the above, many individuals may consume any combination of the following drugs which are common within the chemsex scene: alcohol, cocaine, ecstasy, ketamine, mephedrone, methedrone and/or MDMA. Users who engage in Chemsex consume these drugs as they provide the desired pleasure/stimulation and reduce sexual inhibition [2]. Chemsex mostly occurs at parties with groups and sessions can commonly last for multiple days, however, it can and will occur in smaller groups and/or between two individuals [2].

### What is the origin of the term?

The term Chemsex was first found to be used in the UK. The word “Chems” has been used to represent methamphetamine and GHB/GBL by gay men when communicating by phone or text with their drug dealers since the 90s [1]. Specifically, people who use methamphetamine had moved their sexual environment and network from clubs to sauna/bathhouses [1]. They named themselves the “Chemsex Club,” which is the first time the words “chem” and “sex” combine. The wide use of the word Chemsex is also due to the rise of Gaydar (a sexual networking and dating site for gay men) and other online hook-up apps [1].

### Where do we find Chemsex?

According to a literature search, the term originated in the UK, so the topic is most studied in the UK (London). But Chemsex also regularly occurs elsewhere, including but not limited to other European countries (Belgium, France, Germany, Spain), North America (USA, Canada), Asia (Hong Kong, Japan, Singapore, Taiwan, Thailand) [3], Australia, New Zealand, etc. It is important to note that its popularity is increasing among younger generations of gbMSM. A recent Singapore study found a trend of an earlier age of exposure to sexualized use of drugs among gbMSM [4]. Chemsex engagement is also not exclusively associated with large urban centres. Data showed that engagement in Chemsex was prevalent among gbMSM living outside major cities [5] and less urban areas [6].

# WHY IS IT IMPORTANT TO TALK ABOUT CHEMSEX?

With substance use, individuals may be less aware of the effects of these substances on themselves and/or others when engaging in sexual practices [7]. Condomless and/or uninhibited sex can increase the transmission rate of sexually transmitted and blood borne infections (STBBIs) [1,7]. Certain risks and/or possible outcomes have been found to be heightened for younger users [4]. Studies have found that engagement in Chemsex is associated with decreased mental health, including depression and anxiety [8,9] as well as negative impacts on individuals' social network (i.e., loss of friends and partners) [10]. Individuals are often found to have a higher chance of substance misuse and/or substance abuse [10]. Overdoses are also another possible effect that can cause physical exhaustion, paranoia, dependency, depression, emotional trauma, as well as coma or death [1]. Given that other individuals may not be able to respond to an overdose, this can delay medical attention/response to an overdose incident.

Previous data continuously found gbMSM around the age of 30 to 40 as the mean or median age of Chemsex user engagement. However, young people (30 years and younger) are often under-represented in this issue [11]. Young gbMSM can be more easily exposed to diverse sexual networks, which leads to their initial engagement of Chemsex leading to being vulnerable to the risks associated with Chemsex [4]. Therefore, it is important to place more attention on young gbMSM Chemsex users. Many countries have reduced sexual and reproductive health and rights (SRHR) to only reproduction health [12]. Other SRHR issues like Chemsex that are outside of reproduction health need to be inclusively addressed along with the intersections to other sexual health and practices.

Many people who engage in Chemsex are misunderstood and wrongly identified when seeking support services. People who engage in Chemsex need accessible, supportive services with inclusive policies that address the gay cultural root of Chemsex. Culturally appropriate resources on harm reduction information and skills also respond to individuals' SRHR and overall well-being.

# HARM REDUCTION POLICIES & CHEMSEX

## WHAT IS HARM REDUCTION?

Harm reduction refers to any set of policies, programmes and services that aim to reduce harm to individuals and communities. In the context of Chemsex, this would be related to substance use, related health effects and STI infections with a goal to improve overall health [13]. Studies have proven that harm reduction can successfully mitigate the adverse effects of substance use and is effective in controlling sexually transmitted and blood borne infections [14]. Successful harm reduction strategies also reduce stigma and less safe practices, increase access to supportive health services, and increase knowledge of safer substance use and safer sex practices [15]. Harm reduction principles emphasize acceptance, non-judgemental services, and understanding that drug use is a complex, multi-faceted phenomenon rather than promoting complete abstinence, which is rarely a long-term practical solution [16]. These principles behind harm reduction protect human rights and sexual and reproductive health and rights (SRHR) at the same time with the well-being of the individual as the focal point.

## THE ROLE OF POLICIES IN CHEMSEX

Global and national policies continue to influence Chemsex practices, the levels of harm users are exposed to, and the availability and accessibility of health-related services. Policies that adopt harm reduction approaches, which promote harm reduction services, are apt to create a safer and more inclusive environment for Chemsex users. In the context of Chemsex, harm reduction strategies like needle and syringe programs (NSPs), take-home kits, outreach and support programs help to prevent harm from substance use and HIV/STIs transmissions during Chemsex.

Countries like Canada [17] and Switzerland [18] started to adopt harm reduction as one of the major pillars in their drug policies responses. Other pillars that go along with harm reduction include prevention, treatment/therapy, and enforcement [17,18]. But under the current legal system, drugs used during Chemsex are almost exclusively prohibited in all jurisdictions\*. Drug policies and laws that move from prohibition towards harm reduction would help mitigate the historical criminalization and stigmatization that drug users face [20].

\*Almost all countries classify the substances used in Chemsex as illegal and will identify them as a Class A or Schedule A substance. For example, In the UK, mephedrone and crystal methamphetamines are considered illegal if found in a person's possession<sup>19</sup>.

With years of experience in motivating drug decriminalization in Portugal, they found that harm reduction helps to provide supportive intervention and to protect the human rights of individuals who use drugs recreationally [20]. Future research is needed to understand better the effect of the harm reduction approach within drug policies on Chemsex users. In addition, homosexuality is another identifier that marginalizes Chemsex users. In addition, gbMSM is either criminalized and/or strongly ostracized from health policies and services in many countries around the world. As of 2018, 72 countries in the world continue to criminalize homosexuality [18].

Another limitation in national-level drug policies related to Chemsex is the neglect of key population groups. The term key population (or vulnerable group) is used to describe populations that are disproportionately affected by HIV as a result of social and structural factors [21]. They are the marginalized population that is often misunderstood, stigmatized, and discriminated against by some healthcare workers when seeking services [21].

Sometimes, with the fear of criminalization, they are less likely to open up and reach out. Key populations represented across Chemsex users include gay men and other men who have sex with men, people who use drugs, ethnocultural communities, transgender people, people living with or affected by HIV, people engaged in the sale, trade or purchase of sex, etc [21]. These populations and LGBTQI+ issues are often neglected during the policymaking process. Policies need to consider and tailor the regional characteristic of Chemsex practices and users. Key populations also need to be heard and included during the discussion of drug policymaking. Creating policies that the targeted population group has consulted shall better respond to their needs and concerns and, ultimately, be more successful.

## COMMUNITY-LED, HARM REDUCTION APPROACH

A community-led framework is recommended to maximize the benefits to be gained from a harm reduction policy approach. A community-led approach to services refers to the key populations taking the lead in interventions design, delivery, and monitoring for the same key population group [22]. It is often seen in HIV prevention and intervention; for example, HIV intervention for sex workers is led by sex workers when delivering outreach and overseeing an HIV prevention programme [22]. Types of community-led services include community-led outreach, safer space available for users (e.g., drop-in centre), and community committees and advisory groups (which provide a channel for community feedback) [22].



Service providers and frontline workers are individuals that identify or belong to the community and/or with lived experience. Therefore, it enables the community to address structural barriers and empower themselves against social stigma [22]. It creates a more permissive, supportive environment and community empowerment [22]. It allows for more efficient and effective programmes and services delivery [22]. A community-led approach can also be seen and translated to other areas, such as immigrant services, substance use services or care, mothers and children services, etc.

A community-led service in Chemsex better understands the needs of Chemsex users and is more likely to offer culturally appropriate, non-discriminatory, and non-judgemental support to users. A study from Australia demonstrated that the community-led harm reduction approach to Chemsex by and for LGBTI people [23]. It offers LGBTQI+ and gay and bisexual men (GBM)-specific services, which include direct client service support, health promotion activities that support peer education, engage networks of men, distribution of safe sex packs and conducting outreach [23]. Results in the research demonstrated an increase in service uptake, stronger community engagement and research partnerships, and the recognition and better inclusion of key population groups [23].

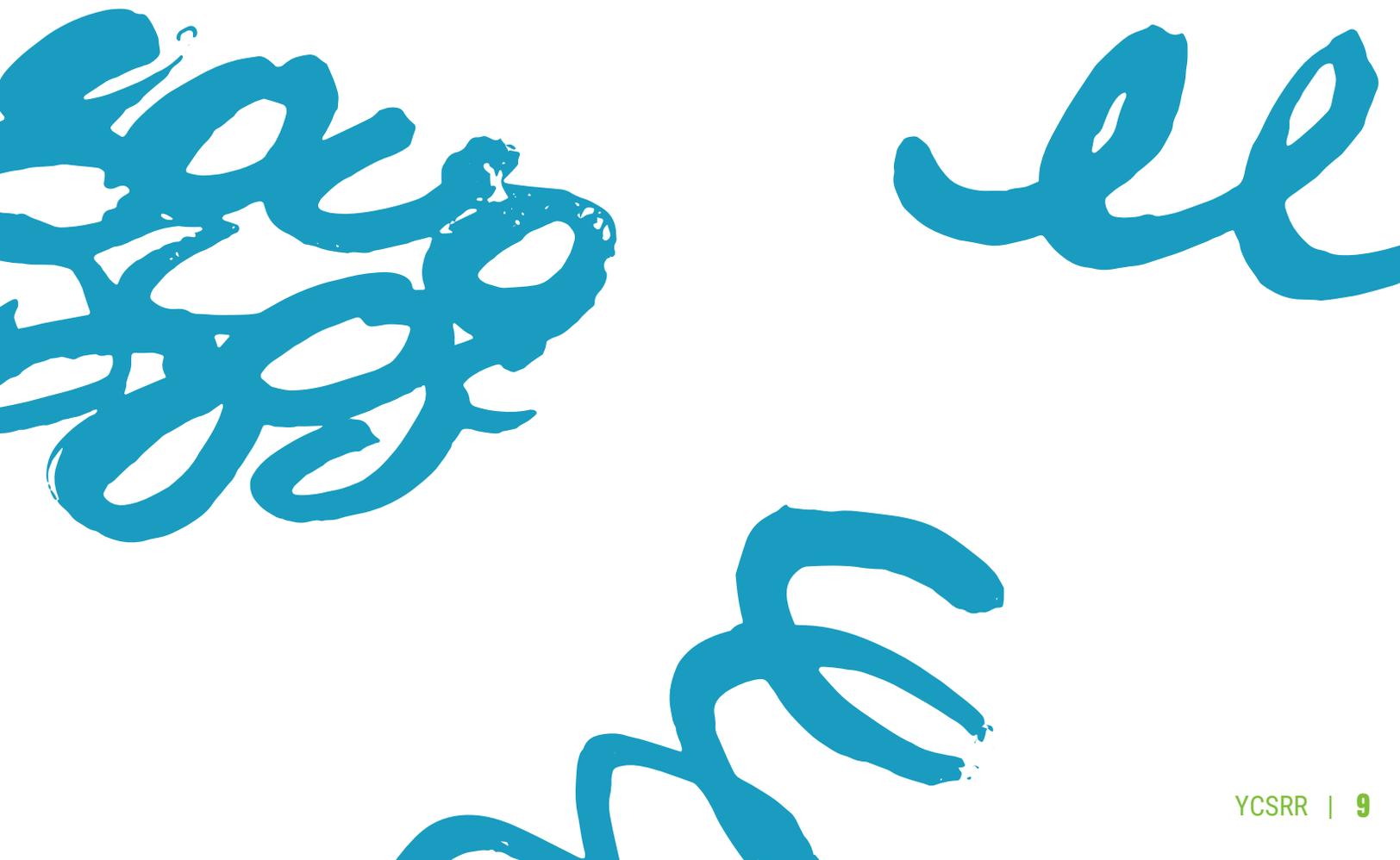
There are several policies and financial challenges faced by many community service providers. Stevens and Forrest suggested the current funding and policy structures focus on disease, while at the same time exclude key populations groups in allocating resources [24]. In a global policies approach, Chemsex is often discussed within the context of a global HIV response, rather than a harm reduction approach [24]. Even though the HIV/AIDS movement has raised awareness towards Chemsex and presents an advocacy opportunity, resources directly to Chemsex community services are necessary to ensure quality delivery. Funding resources for Chemsex are also restricted and oftentimes limited specifically to HIV-related health issues. HIV movements have shielded the light on other Chemsex-related harm, for example, drug-related mortality and mental and social health issues [24]. The discussion of Chemsex is broader than merely HIV prevention and intervention. Therefore, policy framework and global funding should focus beyond HIV intervention or disease-centred; instead, these policies should adopt a people-centred, harm reduction approach that considers the holistic needs of Chemsex users [24]. Chemsex-related morbidity and mortality are also suggested to consider as indicators in policy evaluation.

## YOUTH-FOCUSED APPROACH

Although previous research found Chemsex was focused on men in their 30s to 40s, more young individuals are found to engage in Chemsex. Research has shown a decreasing trend in the age of exposure to Chemsex and the age of users [4,18]. A study from Moscow, Russia, found that Chemsex users are majority young men aged 21 to 30 [18]. Young gbMSM and young Chemsex users are particularly vulnerable and experience extra barriers when seeking support.

They continue to face stigma, hate incidents and were more likely to experience mental health issues [18]. Because of their age, they may have limited access to testing services and support services. Resources, information, and knowledge need to be adapted to a younger perspective, in reflecting this reality and change in demographics. Moreover, services also need to better cater to youth, to have better response and service uptake by youth. For instance, online outreach and education, and texting services are more likely to engage youth and provide youth-friendly and accessible information.

While current policies again neglected the needs and challenges for young people who engage in Chemsex, youth are often not consulted nor considered during decision-making and policymaking steps. Engaging young people in decision-making helps foster co-leadership and co-ownership: not only include the voice and representation in decision-making, but also allowing youth to co-create the process and space that will contribute to meaningful involvement and reduce ageist attitudes or barriers [25]. Co-leadership and co-ownership in Chemsex-related policymaking help create an open space and accessible services for young Chemsex users. The idea of transformative design and leadership refers to sustainable change and addressing the root cause of inequality [25]. Incorporating transformative design in Chemsex policies and services empowers youth to dismantle structural bias and social stigma towards Chemsex users. Thus, future policies on Chemsex should focus on young users in filling the existing gaps.



# THE CURRENT REALITY OF COMMUNITY-BASED AND COMMUNITY-LED SERVICES

When people who engage in Chemsex experience any related concerns or issues (for example: social, health, emotional, stigma-related and/or any others), they are likely to seek support from community-based or community-led services in addition to traditional clinical services. It is important to mention the involvement and contribution of the community service providers when we talk about Chemsex. Due to the intersectionality of Chemsex in substance use, sexual health, and mental health, amongst other concerns, community service providers include advocacy, community organizations, sexual health clinics, harm reduction services, addiction services, etc. To provide direct support to people who engage in Chemsex, local community service providers offer a wide range of services, such as:

- STI and HIV testing
- Counselling services
- Specialists' appointment, e.g., psychiatrist, drug addiction, CSE
- Safety kits distribution, including free condoms, lube, and clean needles
- Peer support and support group workshops
- Harm reduction education
- Outreach team and online support team
- Legal advice
- Training professionals and community members

These services are often free of charge, appropriate for all age groups, and respect the anonymity of people seeking services. Some of them are community-led, for which their staff also identified as members of key population groups or have previous experience of drug use or Chemsex. A lot of the community-led services also foster a sense of community and provide accessible information and education. Compared to clinical services, community-based and community-led services are more accessible and can provide more timely and holistic support to individuals.

In July 2021, Youth Coalition surveyed ten community service providers and their sub-groups\* to understand better the situation, needs, and recommendations towards improving services.

\*APCOM, Edmonton Mens Health Collective, EMHC peerNpeer Program, Gay Men's Sexual Health Alliance, LGBT Foundation, Max Ottawa, RÉZO, The Andrey Rylkov Foundation, Yorkshire MESMAC, and Yorkshire MESMAC in Hull (in alphabetical order).

These organizations are from Canada, the UK, Russia, and Asia Pacific (Thailand). Interviewees and individuals who responded to the survey are either community development workers, sexual health coordinators, campaign officers, and program coordinators from the organization. The following section will incorporate the responses received from the participants.

## WHAT ARE SOME CHALLENGES FACED? FOR COMMUNITY SERVICE PROVIDERS



The major challenge for community service providers is the overall lack of funding, from public or private sources; the limited funding that is provided is generally allocated for a specific concern related to Chemsex rather than overall community-led Chemsex programming. Without sufficient funding and financial support, community service providers cannot provide continuous services or supplies for harm reduction programs nor offer extended hours for their services to users. Harm Reduction International found that the funding gap for harm reduction is widening and funding availability does not align with needs [26]. Particularly in low- and middle-income countries, harm reduction funding is only 5% of the level required [26]. The increase in shorter project-based and short-term funding (one year or two years) is problematic.

*“Even if we do get funding for a short time. It needs to be on the long run, not on the short run, because we put people in danger instead of helping them, so it needs to be thought out and done well.”*

The drug use and recovery journey are both continuous and slow. Short-term funding will not allow providers to provide continued support services to these individuals who have already received services and possibly endanger them. Thus, there is a need for continued, long-term funding in Chemsex.

*“Because a lot of money is put aside for HIV prevention, there isn't money, that we've got access to overdose prevention and drug testing, learning about legal and legal harm is a huge area when it comes to substance use, we don't have the space to talk about.”*

*“I'm paid only to talk about HIV prevention, but prevention is one of the lowest ranked concerns, but because of my funding, I have to.”*

Receiving specific government funding limits their work scope: they must include an HIV prevention lens in all their work and program. However, harm reduction always extends beyond sole HIV prevention and considers the holistic well-being of individuals. Funding that is unrestricted and provided on longer-term scales is therefore required from the perspective of service providers.

Drug policies and laws are other factors that hinder organizations when they provide services and support. Most countries have repressive drug policies and laws that make it harder to provide Chemsex support. Abstinence is encouraged, which is rarely successful in the long term for users, and the inclusion of a harm reduction approach remains unpopular in drug policies. Sometimes, outreach workers need to provide support surreptitiously to prevent penalties and banishment.

*“They (bars and drag shows) don't want someone there with like substance use material: ‘if you're here to give out condoms, it's fine. Anything else we don't want to see it’. But after we're out, we bring brown bags and put everything in paper bags and then seal it and then give it to them, so people can't see what I'm giving out because I can't be visibly seen to be giving out something that is related.”*

There is also a restriction on what services can be provided by whom, which has led to high demand for registered staff and further need of resources.

## FOR INDIVIDUALS WHO ENGAGE IN CHEMSEX

The fear of being judged and discriminated against are the most common feelings Chemsex users have when seeking support and services. Criminalizing substances used in Chemsex makes people less likely to seek help and can inflict a sense of danger. The lack of safe(r) spaces and open conversation further discourages people from seeking support when needed.

*“We currently don't have a building which makes it very difficult to offer services, and stigma with Chems use.”*

Individuals are also disconnected from their identities. Because of stigma, they will not identify themselves as Chemsex users even they practice the same thing. That has caused them to receive inappropriate care and dependency.

*“Even if they do (Chemsex) around their sex. They don't identify as practicing PnP. And guys in PnP don't identify as guys who consume substances. Like there's this weird disconnect where they don't think of themselves as part of them; and it's probably heavily related to stigma”*

Although programs and services designed by the community or led by individuals with lived experience are more likely to attract users, it is always not easy to mobilize volunteers and peers in the Chemsex program.

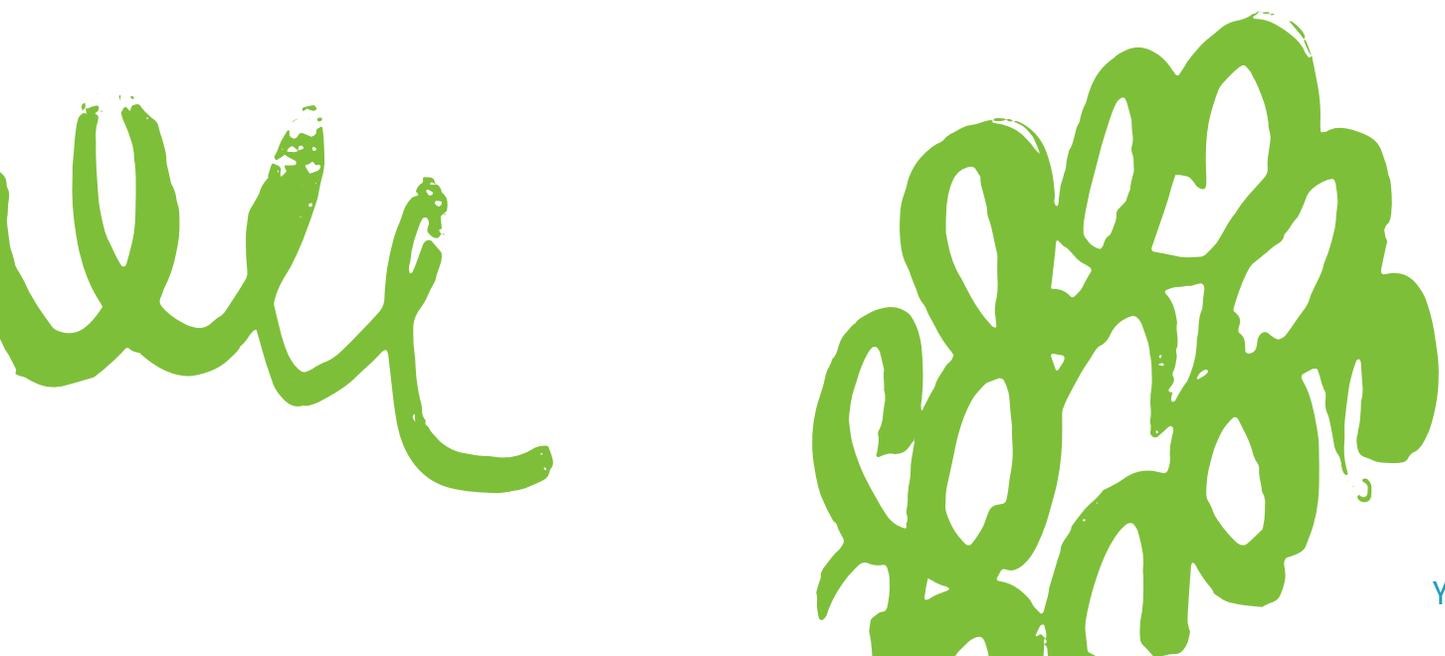
*“For any individual to come out as a crystal meth user or Chemsex user publicly, it's kind of hard because you have to calculate what the risks are: there is to lose your job, there's some risk with your job, or with your family members, with your close ones, your friends ... It's another kind of coming out.”*

Restriction on program promotion and advertisement makes Chemsex users harder to reach. In Toronto and Montreal, few bars allow Chemsex outreach through prevention materials and information pamphlets. Organizations usually have an outreach person with the profile of the organization or the program. Individuals will have to contact people directly or state in their information that they are available for any questions. Due to possible consequences, some business owners reject outreach in bars and nightclubs.

*“There's also lots of liability issues. The government changed a lot in the 2000s that bar owners are responsible for, or liable for anything that happens on their property, meaning that if somebody brings like a substance or like a drug to their bar and does it there and then an overdose, or get into a fight, or anything happened; the bars are liable. So the bar is like a no conflict of zero tolerance policy.”*

Direct and public outreach across online dating apps (such as Grindr) and social media (like Facebook and Instagram) are restricted and rejected for posting. To remain anonymous, Chemsex users will prefer not to follow community service providers' pages and thus miss out on service information and support opportunities.

*“People on Instagram probably won't follow harm reduction stuff. Because if it's something substance use related, then people can see that they're following it, and then they'll be like, 'Why are you following this thing about substance use?' 'Why are you buying the thing about crystal meth?'”*



# RECOMMENDATIONS FROM COMMUNITY SERVICES

## WHAT NEEDS TO BE CHANGED?

Organizations hope to see less stigma and criminalizing across all facets of society (institutional, organizational and social/personal). This can be done through education and a better understanding of Chemsex and the benefits of harm reduction among the public. Community services that have the resources to provide broader harm reduction services, including all harm reduction commodities, as well as easy access and availability to testing, counsell and treatment.

*"I want to see a mindset when the concept of harm reduction is understood as broadly as possible. Harm reduction is not just about condoms, overdose prevention, and HIV prevention. It's about socialization, mental health, general well-being, physical wellness, gaining cultural experience, access to work and education, self-realization, etc."*

Harm reduction strategies reduce harm, health risks, stigma, and instances of overdose associated with drug use [14,15,27]. Innovative harm reduction programs like the HaRePo (harm reduction by post) demonstrated success by expanding the tools and platform used for harm reduction [27]. With the use of online communication and national postal networks (e.g., email, telephone, and post services), harm reduction materials and counselling services could be delivered to hard-to-reach people who use drugs and people who engage in Chemsex [27].

Chemsex often has a negative outlook and conversation, but the journey before, through and, after recovery is not necessarily given attention.

*"There was nothing addressing recovery. And also there was nothing, addressing, hope, and shame. Which are very important topics to be discussed about recovery."*

Changing the focus over the journey of substance use, particularly the stage of pre-use and recovery, helps to create programs for people at different stages and tailor their needs.

*"It's a map of substance use, they treat substance use journey like a man: you can take this path, and then you can branch onto a different path, and you can kind of go into one section, and come back up, and create stable use, problematic use, recovery, and the zone in between...We should have programming for all stages."*

It is also essential to support the outreach team by giving them more authority and education to ensure sustainable and quality service delivery.

## RECOMMENDED BEST PRACTICES

A community-led harm reduction approach is recommended to involve and reflect the needs of the community in question. Individuals or staff working in the team that deals with Chemsex should ideally have lived experience or identify as an LGBTQI+ community member and have been involved in Chemsex or drug use in the past.

*“(We would like to see) Individuals hired on to teams that deal with Chemsex should ideally have lived experience as a 2SLGBTQ+ community member and have been involved in Chemsex/Addictions in the past.”*

Services that are led and created from the community members’ perspective will encourage other people who also engage in Chemsex to seek support when needed and ensure services are up to date.

*“Having the community involved in it, rather than assuming the community needs, the best thing is when the community feels involved in designing services and build sense of ownership.”*

Forming a support group or informal events for Chemsex users gives people a sense of belonging and ownership, an open platform, and a more welcoming, safe(r) space.

*“The best that can be given to a person is a sense of belonging to the community. So, I do recommend creating informal events for Chemsex users, as well as support groups.”*

These services are non-judgemental and non-biased, which reduces users’ fear and possible stigma when seeking services. Organizations see the need for holistic and integrated services in Chemsex services. The current services are diverse but also separated and isolated. Creating holistic services that integrate physical health, addiction, mental health, and sexual health can better take care of users as an individual and support them through their trajectory across multiple concerns.

*“(We would like to see) integrated services (public health, sexual health, mental health together), holistic services.”*

*“So, I think if there was a more joined up where can a bit more possibility, holistic services, it will probably work better for people.”*

*“(We would like to see) Holistic focus (from drug negative to drug neutral).”*

*“I think it does need to be more of a holistic focus when it comes to Chemsex care.”*

Drug use is complicated; the focus needs to change from a drug negative towards a drug neutral perspective. Certainly, increased funding and resources towards community Chemsex services are the first steps to create holistic and integrated services with a harm reduction focus across community-led organizations.



# CONCLUSION & RECOMMENDATIONS

This resource guide has highlighted the importance of the discussion on Chemsex-related topics and concerns. Because Chemsex research and resources remain inadequate and it was rarely discussed openly, the current resource guide provides a youth-focused, community-led and -based perspective to advocate for education on Chemsex-related topics. The guide aimed to identify existing studies and policies towards Chemsex, as well as their potential limitations. Also, an international survey with community service providers on Chemsex-related support was completed and reported in this guide. The survey helped us better understand the current services and realities of service provision and the challenges and recommendations these organizations have for Chemsex services' betterment.

Chemsex is a cultural phenomenon that refers to the use of any combination of specific drugs during sex among gbMSM. The guide reviews the origin and history of the term 'Chemsex', its cultural development and the potential outcomes of engaging in Chemsex. It clarified common misunderstandings people have towards Chemsex practices and users.

Drug policies play an important role in the practices and the access to services for Chemsex users. Nonetheless, existing policies and laws continue to criminalize and reinforce stigma on Chemsex users. Key population groups and youth are oftentimes excluded in the decision-making process and impact of policies. A community-led, key population-focused harm reduction approach in drug policies has been suggested as the more beneficial way to support and engage Chemsex users.

Many community organizations and service providers offer a wide range of local services and support to Chemsex users. However, they face different structural, institutional, and societal barriers when advertising and providing services.

Therefore, based on the community survey we conducted with ten organizations worldwide, along with the academic evidence identified, we believe the following recommendations are well-suited for Chemsex services and policies advancement. To design community-led, youth-friendly services, the following policies are recommended:

- Develop accessible information about Chemsex, both digitally (through social media or messaging services) and in-person;
- Increase the accessibility of services by forming an online support team, an outreach team, and distribution of safety materials (in fixed locations as well as to specific individuals) [27];

- Make sure the materials and services are user-friendly, stigma-free, and have the view of creating a safe(r) space for all service users [6];
- Encourage services or support that are designed by and for the community to ensure services best reflect the concerns and needs of service users;
- Provide sensitivity training for professionals and clinical staff to ensure service quality and a better understanding of the realities and contexts faced by Chemsex users [6];

To implement a community-led, youth-centred harm reduction policy, the following policies are also strongly encouraged:

- Ensure sufficient, unrestricted, and continuous funding and supply of resources in supporting community organizations and service providers [24]. Since short-term or project-specific funding has led to the discontinuity of services which can potentially harm users. Restricted funding has also limited the lens to HIV prevention rather than broader harm reductions perspective;
- Encourage the incorporation of a community-led approach and by-and-for model, which helps to include the voice of the community through inviting members within the community to co-design and co-lead policies, programs and services;
- Encourage youth participation and leadership (especially young Chemsex users) in decision-making and policymaking, for example allowing youth to be part of Chemsex policymaking and training<sup>25</sup>;
- Develop integrated services for Chemsex through the cooperation of different sectors and a holistic view towards Chemsex services;
- Remove bias in policies and laws, ideally the legalization of gbMSM (in some countries) and decriminalization of drugs which disproportionately affect key population groups;
- Increase acceptance and recognition of the gbMSM/LGBTQI+/Chemsex community;
- Create awareness through education, social media, and public events about harm reduction and Chemsex.



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- Yorkshire MESMAC, and
- Yorkshire MESMAC in Hull

for their support during the community organizations survey.

# RESOURCES

[David Stuart: Chemsex Definition](#)

[Chemsex Documentary](#)

[3rd European Chemsex Forum](#)

[Party and play in Canada: What is its impact on gay men's health?](#)

[Sexualized drug use \(chemsex and methamphetamine\) and men who have sex with men](#)

LGBT Foundation

[Chemsex](#)

[Tips for staying safer during COVID](#)

APCOM

- [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](#)
- [TestBKK Launches Harm Reduction Resources for Thai MSM](#)
- [APCOM harm reduction resources](#)

[Edmonton Mens Health Collective](#)

[EMHC peerNpeer Program](#)

[Gay Men's Sexual Health Alliance \(GMSH\)](#)

[InfoPNP](#)

[Max Ottawa](#)

RÉZO(French)

[Platform for crystal meth recovery](#)

[Yorkshire MESMAC](#)

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