

CHEMSEX

STARTING A CONVERSATION



Chemsex is defined as “the use of specific drugs (“Chems”) in modern, smartphone-age sexual contexts by gay, bisexual and other men who have sex with men, and trans persons”. Problematic ChemSex – not drug use and sex per se - are associated with various harms such as a rise in HIV, hepatitis and STI transmissions as well as addictive practices, depression, psychosis, criminal activity and death from overdose or suicide, particularly when involving the use of crystal meth and the injecting of substances.

Data gathered in a few Western countries shows that sexualized substance use is higher among gay men compared to heterosexual men. This is associated with a greater number of partners and condom-less anal sex. There is also some evidence that the use of methamphetamine is associated with an increase in HIV acquisition.

The Second European ChemSex Forum held in spring 2018, highlighted the importance of not just learning that there is an ever increasing phenomenon among gay and bi men, men who have sex with men and trans (GMT) persons, but about understanding the environment in which ChemSex is becoming common place. This is not simply an issue of combating HIV and other STIs but also a matter of sexual health and sexual wellbeing with more focus on self-stigma, self-acceptance and self-care. Discussions should take place with regards to sex addiction, compulsion and loneliness. Loneliness, boredom, alienation within the community have been recognized as key propelling forces behind problematic Chemsex. This is a cyclical model similar and reminiscent of the HIV life cycle response.

GMT communities face the same issues now just like decades earlier, and just like HIV, now Chemsex is an underlying issue linked strongly with loneliness, difficulty of creating and maintaining a sense of community, the facilities created by digital spaces and technology which leads to fragmented social networks, normalisation of drug use and non-consensual sex in the gay community and so on.[i]The Forum highlighted the challenges that GMT communities face particularly or even more acutely in Eastern Europe, such as criminalisation of drug use and sex work, HIV stigma, peer pressure, poorer responses from existing organisations and the public health sector etc. All these factors influence behaviour of individuals and have a negative impact on the implementation of efficient public health policy.

Keeping in mind how prohibitionist drugs policies have failed, and the availability of toxic and harmful substances has increased, has led to the GMT community gaining access to very powerful synthetic drugs with high potential for abuse, addiction and mental disorders and other health problems.

It can be argued that in the context of the Western Balkans a link could be placed between the increased prevalence of new HIV infections and the increased practice of ChemSex a phenomenon which remains widely and largely out of public sight and as GMT persons struggle in silence. This however, should not serve to stigmatize GMT communities even further, but instead to look for responses from within the community itself, starting with discussions around safe drug use and dominant images of gay identity, creating new narratives where intimacy and sexuality become new references.

It is high time that organisations and the public health sector in the region start looking deeper into the phenomenon. The following steps are suggested and recommended.

Recommendations

- Organisations operating in the Western Balkans need to utilize the existing networks (especially in the absence of practical data and evidence base), do a joint analysis and service provision and work together to ease care pathways through various agencies;
- Studies should be conducted in the Western Balkans region to understand the magnitude of Chemsex among GMT communities;
- Organisations working with GMT communities are very well placed to start working on providing information and other services to the community and providing help when people want to quit use of drugs in a sex context, receive peer support, addressing loneliness and boredom etc. More needs to be done to address the issues of intimacy and sexuality within the GMT communities.
- Harm reduction is important to minimise impact of Chemsex with regards to HIV and Hepatitis C. This should focus not just on safe injecting but also on safer online behaviour, safer drug use, and so on. Harm reduction should also focus on supporting a person towards abstinence should that be the person's goal;
- Public health officials need to receive trainings and deeper knowledge. Particular attention should be paid not to further stigmatise GMT communities, but to understand the complexities of this lifestyle and keeping in mind the low self-acceptance, living in hiding and shame, belonging to very small and self-isolated communities and so on; Special attention should be paid to training HIV/Sexual health care professionals as GMT persons have more regular contact with them;
- The public health sector needs to be encouraged to provide help to GMT persons also in relation to Chemsex. ChemSex assessments of gay and bi men should become a routine part of clinical care. In addition, gay and bi men should be provided with information about PrEP, access to regular testing and early treatment to provide onwards transmission; Hepatitis C is an important issue in the Chemsex scene;
- A lot more work needs to be done on changing laws around drug use. Criminalisation itself inhibits access to services and reporting to the police when individuals face challenges or needs. Criminalisation of drugs is preventing a lot of people from seeking help and has also created barriers in terms of reporting sexual abuse under the influence of drugs as people are unsure of the legal consequences should they report to the police. Internationally there is a growing movement trying to change drug policies at UN level and the LGBTI community needs to join this discourse, be represented and drive the message home;