# CHEMSEX AND HARM REDUCTION

## A Guide for Trainers

November 2025

# CONTENTS

# ACKNOWLEDGEMENTS

**Chemsex and Harm Reduction: A Guide for Trainers** was developed to support in-country cascade workshops that followed the *Training of Trainers on Drug Use in Sexualized Settings* held in Malaysia and Sri Lanka in 2025. The original trainings were conceptualized and led by Palani Narayanan (Health Equity Matters) and implemented by partners from the Family Planning Association of Sri Lanka (FPA-SL) and the Malaysian AIDS Council / Malaysian AIDS Foundation (MAC/MAF), with support from APCOM, the Mainline Foundation, and the Centre for Supporting Community Development Initiatives (SCDI), Vietnam.

The curriculum and accompanying materials were developed and written by Nicky Suwandi (APCOM Foundation), Jayanthi Kuru-Utumpala (Family Planning Association of Sri Lanka), Palani Narayanan (Health Equity Matters), and Philips Loh (Health Equity Matters), building on inputs and coordination across partner organizations. Annie Bleeker contributed to content development, while Bo Justin Xiao (ACON), Harison Sarasola (Health Equity Matters), Mathew Kusen (Health Equity Matters), and Felicity Young (Health Equity Matters) provided technical input and review.

We would also like to thank Simon Williams, Vu Thi Hien and Trần Thu Hằng (SCDI), Nadika Fernandopulle, Ranaka Siriwardana, and Mihitha Basnayake (FPA-SL), Jake Oorloff, Abhina Aher, Midnight Poonkasetwatana (APCOM), and Brandon Goh and Yusral Yusoff (Malaysian AIDS Council / Malaysian AIDS Foundation) for their valuable insights, feedback, and collaboration in shaping this guide.

This curriculum was made possible through the SKPA-2 Program, a multi-country grant funded by The Global Fund and implemented by Health Equity Matters as Principal Recipient.

# ACRONYMS

| | |
|---|---|
| **1,4-BD** | 1,4-Butanediol |
| **AFAO** | Australian Federation of AIDS Organisations |
| **ACHIEVE** | Action for Health Initiatives |
| **ATS** | Amphetamine-Type Substances |
| **ART** | Antiretroviral Therapy |
| **GHB** | Gamma-Hydroxybutyrate |
| **GBL** | Gamma-Butyrolactone |
| **GLOBAL FUND** | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| **HEM** | Health Equity Matters |
| **ICWAP** | International Community of Women Living with HIV Asia & Pacific |
| **MSM** | Men having Sex with Men |
| **PrEP** | Pre-Exposure Prophylaxis |
| **SKPA** | Sustainability of HIV Services for Key Populations in Asia |
| **WHO** | World Health Organization |
| **UNODC** | United Nations Office on Drugs and Crime |

# INTRODUCTION

**Chemsex and Harm Reduction: A Guide for Trainers** is designed to equip peer educators and outreach workers with the tools, knowledge, and confidence to deliver inclusive, effective, and community-centered workshops on chemsex and harm reduction. The 2.5-day curriculum will help participants understand  the complex realities of sexualized drug use within key and vulnerable populations, using non-judgmental, harm reduction-based approaches rooted in community experience.

Participants will explore a wide range of topics grounded in both evidence-based practices and the lived realities of affected communities. A key strength of the curriculum is its participatory design – trainers will lead engaging activities, guided reflections and real-world scenario exercises, creating a learning environment where participants not only gain new knowledge but also learn from each other's insights and community expertise.

## WHY THIS GUIDE FOR TRAINERS?

Chemsex is fast becoming a widespread phenomenon in many countries, with far-reaching public health consequences. More recently this trend has seen a spike across Asia, where an increasing number of gay, bisexual and other men who have sex with men (MSM), transgender women, sex workers and other key and vulnerable communities are engaging in chemsex, often in settings shaped by criminalization, stigma and limited access to health and harm reduction services.

Most existing chemsex training manuals and resources have been developed in and for high-income countries such as the UK, the Netherlands and Australia. While valuable, they often assume service availability, cultural practices and norms, and legal protections that differ substantially from many countries in Asia.

This Guide was developed to fill this gap and address the urgent need for culturally relevant chemsex and harm reduction programming. In contexts where key populations and the use of substances are often criminalized, this Guide aims to provide locally adaptable harm reduction interventions that are appropriate in Asia.

# WHO IS THIS GUIDE FOR?

This Guide, designed by the community for the community – is for peer educators and outreach workers who support key and vulnerable communities engaged in chemsex. It can also be used by other professionals working in HIV service delivery, harm reduction and sexual health programming.

No prior knowledge of or expertise in chemsex is required. However, given that chemsex and the people who engage in chemsex are often stigmatized and criminalized, what is required is a deliberate willingness to create safe, respectful and inclusive spaces for learning. If you are a novice trainer or learning about chemsex and harm reduction approaches for the first time, the E-Course on 'Chemsex' by the Mainline Harm Reduction School is a resource offering interactive quizzes and self-learning tools to increase your knowledge. This is suggested as a self-learning tool, prior to using this Guide for Trainers to conduct a workshop.

Before using this guide, trainers must familiarize themselves with the legal and policy environment in their country (for example, criminalization of drug use, same-sex relations, sex work, and HIV disclosure laws), as these strongly shape both risks and responses.

# HOW TO USE THIS GUIDE

The Guide is structured around **nine core sessions**, designed to be delivered over **2.5 days**. Each session has been designed to take around **90 minutes** and includes learning objectives, suggested activities, facilitator notes and a corresponding PPT slide deck.

Facilitators are encouraged to adapt the training structure as needed. Sessions and activities can be rearranged, condensed or expanded depending on participants' background, time constraints, and learning priorities. The aim is to create an inclusive, empowering learning space that helps participants grow as leaders in their communities and equips them to lead effective, stigma-free responses to chemsex and sexualized drug use.

Trainers should adapt sessions to fit local contexts, for example, by facilitating group discussions on country-specific data, using local terms or slang for substances, and referring to platforms used to engage in chemsex and locally trusted referral pathways.

The Guide is accompanied by a **Companion Guide on Facilitation Skills** which includes ready-to-use tools and tips on facilitation skills (for example, energizers and icebreakers, tips for how to develop a concept note and session plan, tips on presentation skills, and a range of other key facilitation skills which can support trainers of all levels).

# PROPOSED WORKSHOP OUTCOMES

- Participants will be equipped with contextualized knowledge and skills on chemsex and harm reduction interventions.
- Promotion of non-judgmental, harm reduction approaches when addressing chemsex-related health and social issues amongst key and vulnerable populations.
- Strengthened community capacity to support stigma-free, culturally responsive and inclusive chemsex interventions and advocacy efforts.

# TRAINING METHODOLOGY AND TOOLS

The training employs a mix of interactive learning methods, including short PowerPoint presentations, group discussions, collaborative exercises, guided reflections and quizzes. These methods are designed to accommodate diverse learning styles and encourage active participation.

The training strongly encourages the use of reflection and lived experience. Participants are viewed as co-creators of knowledge, contributing their unique insights from community contexts to enrich the learning environment. Discussions are designed to challenge assumptions, reduce stigma, and promote inclusive, community-centered approaches.

This Guide includes the following core tools:

- PowerPoint (PPT) presentation slides to introduce concepts, support visual learning, and provide step-by-step instructions for activities.
- Facilitator notes and facilitation steps for each session to guide delivery, manage timing, and offer insights on adapting content to participants' needs.
- Interactive exercises and activities are designed to promote participation, engagement, and real-world application of harm reduction interventions.

# MATERIALS REQUIRED

Listed below are some of the key materials required to conduct the workshop.

- Whiteboard and whiteboard markers
- Flip chart and permanent markers
- PPT slides for each session (adapted and translated as needed)
- Printed copies of the agenda
- Tape and scissors
- Blu-tack
- Sticky notes
- Notebooks and pens for participants (optional)

Some of the activities require more specific materials and these are listed under each activity in the detailed session outlines.

# SESSION OUTLINES

## Session 1

### Welcome and Introductions

**1.1** Introductions

**1.2** Participant expectations

**1.3** Workshop objectives

**1.4** Pre-workshop assessment

**1.5** Ground rules

**1.6** Handling trauma disclosures safely

## Session 2

### Drugs, Drug Use and HIV in the World

**2.1** Global drugs and drug use situation

## Session 2

### What is Chemsex?

**3.1** What is Chemsex?

**3.2** Chemsex definition

**3.3** Understanding chemsex in your own setting

## Session 4

### How and Why do People Engage in Chemsex?

**4.1** How and Why do people engage in chemsex?

## Session 5

### Understanding Drugs and their Effects

**5.1** Types of drugs

**5.2** Drugs used during chemsex

**5.3** Overdose response for GHB/GBL

**5.4** Polydrug use – reasons and risks

**5.5** Examples of polydrug use in chemsex settings

## Session 6

### Impact and Harms of Chemsex

**6.1** Physical, psychological and sexual impact of chemsex

**6.2** Is Chemsex always problematic?

**6.3** Drug use dependency

## Session 7

### Harm Reduction Interventions

**7.1** What is harm reduction?

**7.2** Harm reduction interventions (for communities)

**7.3** Harm reduction interventions (for individuals)

**7.4** Importance of building trust

## Session 8

### Debunking Chemsex Myths

## Session 9

### Refresher and Participant Feedback

# SAMPLE AGENDA (FOR TRAINERS)

| Time | Duration | Session Title |
|---|---|---|
| **Day 1** | | |
| 8:30am – 9:00am | 30 minutes | Participant Registration |
| 9:00am – 10:30am | 90 minutes | **Session 1: Welcome and Introductions** |
| 10:30am – 11:00am | 30 minutes | Tea Break |
| 11:00am – 12.30pm | 90 minutes | **Session 2: Drugs, Drug Use and HIV in the World** |
| 12:30pm – 1:30pm | 60 minutes | Lunch |
| 1:30pm – 3:00pm | 90 minutes | **Session 3: What is Chemsex?** |
| 3:00pm – 3:30pm | 30 minutes | Tea Break |
| 3:30pm – 5:00pm | 90 minutes | **Session 4: How and Why do People Engage in Chemsex?** |
| **Day 2** | | |
| 9:00am – 10:30am | 90 minutes | **Session 5: Understanding Drugs and their Effects** |
| 10:30am – 11:00am | 30 minutes | Tea Break |
| 11:00am – 12.30pm | 90 minutes | **Session 6: Impact and Harms of Chemsex** |
| 12:30pm – 1:30pm | 60 minutes | Lunch |
| 1:30pm – 3:00pm | 90 minutes | **Session 7: Harm Reduction Interventions** |
| 3:00pm – 3:30pm | 30 minutes | Tea Break |
| 3:30pm – 5:00pm | 90 minutes | **Session 7: Harm Reduction Interventions (cont'd)** |
| **Day 3** | | |
| 9:00am – 10:30am | 90 minutes | **Session 8: Quiz – Debunking Chemsex Myths** |
| 10:30am – 11:00am | 30 minutes | Tea Break |
| 11:00am – 12:30pm | 90 minutes | **Session 9: Refresher and Participant Feedback** |
| 12:30pm – 1:30pm | 60 minutes | Lunch |

# TRAINING SESSIONS

## SESSION 1: WELCOME AND INTRODUCTIONS

**Session Objectives**

- Build connections with fellow participants and facilitators.
- Understand the overall objectives of the workshop and have a clear idea about the agenda and workshop sessions.
- Understand the purpose of the pre-workshop assessment as a tool to measure baseline knowledge and track learning progress throughout the workshop.
- Understand basic ground rules and shared learning principles.

**Duration: 90 minutes**

**PPT Slide: 1 – 4**

### Session 1.1 Introductions

Begin the session by welcoming participants and thanking them for attending the workshop. Spend about two minutes briefly introducing yourself and invite your co-facilitators (if applicable) to also briefly introduce themselves. When introducing yourself, make sure to mention the name of the organization you represent, your relevant experience as a trainer, the sessions that you will be leading, and what you hope to accomplish during the workshop.

**Pro Tip!**

By using a fun, friendly and approachable tone, you will be able to put participants at ease.

Once you and your co-facilitators have introduced yourselves, invite the participants to introduce themselves. This can be done in a light and informal manner, especially for larger groups. Encourage participants to share their name, their preferred pronouns, the organization or community they represent and something fun or personal—such as a hobby or favourite food.

Depending on the number of participants, and how much time you have, you could make this segment more interactive, by incorporating a simple icebreaker (for examples, refer to Chapter 7 in the Companion Guide for Facilitation Skills) to help foster a relaxed and fun atmosphere to begin building connections from the outset:

## Session 1.2 Participant Expectations

After introductions, invite participants to share their expectations of the workshop. You can do this either by asking participants to verbally share their expectations or by asking them to write their expectations on sticky notes and stick them up on a flip chart. Whichever method you use, make sure to document all responses on a flip chart. Sticky notes can be grouped into different categories of responses. Make sure to read some of the responses aloud and highlight common themes. This will help participants feel acknowledged, reinforce the fact that their expectations matter and highlight issues they have in common.

**Pro Tip!**

By using a flip chart for this activity, you can tear off the sheet and put it up in a visible area of the room. At the end of the workshop, participant expectations can be revisited as part of the final reflection. This provides an opportunity to highlight which expectations were met and which require further knowledge, action or follow-up.

## Session 1.3 Workshop Objectives

This is a key moment to align participants with the overall objectives of the workshop and help them understand how each session will contribute to the intended learning outcomes. Explain clearly what participants can expect to learn, apply, and take away by the end of the workshop.

**Workshop objectives**

- To equip participants with contextualized knowledge and skills on chemsex and harm reduction interventions.
- To promote non-judgmental, harm reduction approaches when addressing chemsex-related health and social issues amongst key and vulnerable populations.
- To strengthen community capacity to lead stigma-free, culturally responsive and inclusive chemsex interventions and advocacy efforts.

Next, go through the workshop agenda with the participants. It is helpful to display the full agenda visually - either printed or projected digitally - so that participants can see the structure of the days ahead. Highlight major sessions, scheduled breaks, and any important logistical details. This is also a good time to confirm daily start and end times, and to mention any evening activities or special events, if applicable.

## Session 1.4 Pre-Workshop Assessment

Following the agenda review, introduce the Pre Workshop Evaluation (See Annex 3 for Sample Evaluation). Explain that this multiple-choice quiz is designed to assess participants' baseline knowledge of the workshop topics. Explain also that the same assessment will be used again at the end of the workshop as a Post Workshop Evaluation, which will allow both facilitators and participants to measure how much learning has taken place. Emphasize that these assessments are not formal exams but a tool to help understand the group's starting point and adjust the facilitation accordingly. Assure participants that the results are anonymous and are used only to support learning.

## Session 1.5 Ground Rules

To conclude the session, facilitate a collaborative discussion to establish basic ground rules and shared learning principles. This process should actively involve participants. You could begin by suggesting a few commonly used ground rules (as below), then invite participants to suggest additional ones. The goal is to reach agreement on a set of principles that will guide everyone's participation throughout the workshop. Once finalized, these ground rules should be displayed in the workshop space as a reminder.

**Examples of ground rules**

- Respecting all opinions
- Being punctual
- Minimizing distractions from phones or devices
- Step Up and Step Back (don't dominate the space)
- Confidentiality (what's said in the room, stays in the room)
- Agree to Disagree
- Challenge the idea, not the person

This opening session sets the tone for the entire workshop. Make sure that confidentiality and respecting each other are key elements of the ground rules discussed. Also make it clear that sharing personal experiences is always a voluntary exercise. As a facilitator, your goal is to foster a welcoming, inclusive environment where participants feel safe, respected, and motivated to learn and engage throughout the workshop.

# Session 1.6 Handling Trauma Disclosures Safely

During discussions about chemsex, drugs, and sexual health, some participants may choose to share personal experiences of trauma (such as violence, abuse, or deep emotional pain). As a facilitator, your role is not to act as a therapist, but to respond in a way that is safe, respectful, and supportive. To do this:

1. **Acknowledge, don't probe**
   - Thank the person for sharing.
   - Avoid asking for details — this can feel intrusive or re-traumatizing.
   - Simple responses like "Thank you for trusting the group with that" are enough.
2. **Validate feelings**
   - Affirm that their emotions are valid and understandable.
   - Use neutral, supportive language: "That sounds very difficult."
3. **Maintain safety in the group**
   - Gently remind participants about confidentiality and respect.
   - If the disclosure is very detailed or heavy, offer to check in with the person privately after the session.
4. **Know your boundaries**
   - You are not expected to provide counselling.
   - If someone is in distress, pause the session if needed, and provide calm reassurance.
5. **Offer referral pathways**
   - Share information on trusted mental health services, hotlines, or peer support groups available in the local context.
   - Encourage the participant to connect with professional support if they wish.
6. **Self-care as facilitator**
   - Hearing trauma can also affect you. Take time after the session to debrief with a co-facilitator or practice your own self-care.

# **SESSION 2:** DRUGS, DRUG USE AND HIV IN THE WORLD

**Session Objectives**

- Understand the global, regional and local situation of drugs and drug use, including patterns of usage by region and gender, especially in the context of chemsex.
- Understand how stigma, discrimination and emotional stress can lead people to use drugs.
- Promote empathy and encourage a non-judgmental approach to harm reduction by understanding who uses drugs and why.

**Duration: 90 minutes**

**PPT Slides: 5 - 13**

## Session 2.1 Global Situation of Drugs & Drug Use

### Facilitator Notes

**PPT Slides 5 – 13**

Begin the session by sharing key findings from the 2025 UNODC World Drug Report (or later version, if available). Explain that this report gives a clear picture of global drug use trends, related health risks, and how certain groups - such as people engaged in chemsex - are affected. Explain that the report also highlights the link between drug use, unsafe sex, and HIV transmission.

By starting with current data, the discussion is grounded in real-life evidence. These facts can help reduce stigma, correct misunderstandings, and support an open and respectful conversation. This sets the tone for the session, showing why evidence-based and compassionate responses are urgently needed.

One major trend from the report is that drug use and related disorders continue to rise each year. This increase is not only linked to crime but also to personal and social struggles such as trauma, poverty, or mental health issues. In chemsex situations, many use drugs not just for pleasure but to cope with loneliness, anxiety, or rejection. When seen this way, drug use becomes a public health issue, not a moral failure. This understanding helps shift focus toward care, harm reduction, and support—not punishment or shame. A health-based approach encourages empathy and improves outcomes for those affected.

When we understand the emotional and social reasons behind drug use, more caring and effective interventions can be developed. Approaches that focus on mental health, community support, and human dignity work better than those based on fear or blame. This way of thinking helps participants look beyond surface behaviours and understand the real-life experiences of those involved.

The drug trade can also be explained by the idea of supply and demand. Traffickers often target areas where they see growing demand. They may use tools like social media, free samples or low prices to attract new users. Although illegal, the drug market behaves like a business, expanding through technology and global trade. As long as demand exists, supply will find a way to reach people. That's why it's important not only to reduce supply, but to address the root causes that lead people to start using drugs, such as  stress, trauma, poverty, or lack of support systems.

### Example questions for participants to keep the session interactive:

- In your country or community, do you think more people are using drugs each year?
  - If yes, what could be causing this increase?
- What are the most popular drugs used in your community / country?
- In your community / country what are some of the reasons for people to use drugs?

The World Drug Report groups global drug use into five main types: cannabis, opioids, cocaine, ecstasy-type substances, and amphetamine-type substances (ATS). These are the most widely used drugs worldwide. Data in the report show that ATS seizures have risen sharply since 2010, while cocaine and opioid seizures remain steady. This suggests that ATS is the fastest-growing drug type globally. The rapid rise of ATS highlights the need to better understand where and why these drugs are spreading, especially because of the serious health and social risks they can cause.

Use of ATS is especially high in the Asia region. This may be connected to regional production hubs such as Myanmar, Lao PDR, Pakistan, and China. While ATS is sold globally, nearby countries are often easier targets due to location and transport routes. Local markets may also be shaped by logistics and marketing strategies. In contrast, South America, in particular, Colombia, Bolivia, and Venezuela, is linked to cocaine production, while opioids are mostly produced in Afghanistan. Knowing where drugs come from can help communities understand how and why certain substances are more available in their regions.

The World Drug Report also shows drug use patterns by sex. For most drug types -cannabis, opioids, cocaine, and ecstasy-type drugs - about 75% of users are men. But ATS use shows a slightly different pattern, with men accounting for 61% of users and women for 29%. This suggests that ATS may be used for different reasons than other drugs. Understanding this can help in designing gender-sensitive harm reduction services that respond to gender differences.

**In chemsex, drug use is often tied to stress, identity, or stigma. Harm reduction must consider these needs to be effective**. By understanding the motivations behind drug use, we can offer better support based on care, not judgment.

# **SESSION 3:** WHAT IS CHEMSEX?

**Session Objectives**

- Define the key characteristics of chemsex and recognize its role in the local / country context.
- Reflect on and discuss the origins of chemsex, including its association with risky behaviors and health challenges.
- Identify local factors, such as platforms, networks and stigma, that influence how chemsex is practised and viewed in your community / context.

**Duration: 90 minutes**

**PPT Slides: 14 - 18**

## Session 3.1 What is Chemsex?

### Activity – Chemsex Opinion Flags

**Materials needed:** Red paper, green paper, scissors, pens

**Duration:** 10 minutes

---

Cut the red and green paper into small pieces and distribute one piece of each colour to every participant. Tell the participants that their red paper represents 'NO', and that their green paper represents 'YES'.

Display the following statements, one by one, on separate slides of a PPT presentation:

- Are substances such as alcohol and marijuana (ganja) chemsex substances?
- Is all sexualized drug use considered chemsex?
- Can masturbation also be considered as chemsex?
- Does chemsex happen amongst people of all genders?
- Does chemsex happen amongst people of all sexual orientations?

After displaying each statement, ask participants to raise either their red or green pieces of paper, depending on their opinion. Ask them to raise both colours if they are not sure of the answer. Use the opinions of the participants as starting points for a discussion.

# Session 3.2 Chemsex Definition

### Activity – Chemsex Definition: Think – Pair – Share

**Materials needed:** Sticky notes, paper, pens

**Duration:** 15 minutes

---

**THINK:** Distribute a piece of paper to each participant and ask them to think of a definition of chemsex, based only on what they already know about the topic.

**PAIR:** Group participants into pairs and distribute paper or post-it notes to each pair. Now ask each pair to discuss their individual answers and merge the best elements of both of their answers to create one uniform answer. For extra interaction, ask each pair to stick their answer on the wall.

**SHARE:** Ask each pair to read out their definition or, if pasted on the wall, read them out and ask which pair a particular answer belongs to. Ask each pair to justify their answers.

After this activity, you can present the following two definitions of chemsex and ask participants for their reflections on these definitions by sharing **PPT Slides 15 – 17**.

- **Definition A: The intentional use of specific drugs (or combinations) to enhance sexual activities.**
- **Definition B (from the community in Vietnam): The intentional use of chemicals/substances before or during sexual activities, regardless of gender or sexual identity.**

Encourage participants to share their own understanding of chemsex and how they would define it, particularly in their own country context. Since there is no single, internationally standardized definition of chemsex, this discussion will help participants form a shared understanding of the term. It's important that participants arrive at a mutual understanding of chemsex for the discussion to be meaningful.

In summary, explain to participants that while there is no single standardized definition of chemsex, it is often the case that chemsex includes scenarios with multiple drugs, multiple partners, over multiple hours.

**Pro Tip!**

As a trainer it is important for you to keep in mind that chemsex can also involve just one drug, with multiple partners, and prolonged hours.

**David Stuart and the term 'Chemsex'**

**PPT Slide 18**

- It's important to introduce the origin of the term 'Chemsex,' which was coined by David Stuart, a British HIV activist and researcher.
- Stuart introduced the term in the mid-2000s to describe the growing phenomenon, particularly among gay and bisexual men, where illicit substances were used during sex, often leading to risky behaviours, drug dependence, and negative health outcomes like HIV transmission and mental health challenges.
- His aim was to provide a framework for understanding the intersection of drug use and sex, with a focus on harm reduction and the need for community-specific support services.

## Session 3.3 Understanding Chemsex in your own setting

After explaining the origin of the term chemsex, guide the discussion towards a localized understanding of chemsex.

Facilitate an open discussion with participants, by asking them to share insights about chemsex in their own local contexts, either from a personal or professional perspective. Since some stories may be sensitive, it's important to remind the group that sharing is voluntary and that the space should remain safe and respectful.

This discussion helps participants to learn from each other and gain a clearer understanding of how chemsex is viewed and practised in different areas, including within the same country.

### Sample questions to guide the discussion:

- What are some of the slang terms for chemsex in your setting?
- What are some of the emojis related to chemsex that are commonly used locally via online platforms?
- Which online platforms or apps are commonly used to facilitate chemsex activities in your country?
- How does chemsex typically occur in your setting?
- How is chemsex facilitated in your community? (e.g., direct referrals, online platforms, traditional hotspots)
- How do community members in your setting typically access substances used in chemsex? Are there any common networks or systems in place?
- What role does stigma play in how chemsex is viewed and discussed in your community?
- How do health professionals or support services address the needs of individuals engaging in chemsex in your community? Are they effective? Why? Why not?
- What are some common misconceptions about chemsex in your local area, and how can these be challenged or addressed?

## Facilitator Notes

When discussing commonly used emojis, keep in mind that non-verbal symbols are constantly evolving, and can differ from region to region. For example, in Asia 'Ice' is a common street name for methamphetamine, and symbols like ❄️, 🍦, and 🧊 are often used to represent this. Similarly, emojis like 🚀 or ✈️ or ☁️ symbolize the sensation of 'flying high' on drugs, while 🥶 represents the 'icy' effects of meth.

# **SESSION 4:** HOW AND WHY DO PEOPLE ENGAGE IN CHEMSEX?

## Session 4.1 How and Why do People Engage in chemsex?

**Session Objectives**

- Develop an awareness of chemsex practices and motivations for chemsex so that harm reduction interventions and support services can be empathetic and non-judgemental.

**Duration: 90 minutes**

**PPT Slides: 19 - 23**

### Facilitator Notes

It is important to understand why people use drugs. When we understand the motivations behind drug use, we can offer better support based on care, not judgement.

For example, ATS and ecstasy are often used in nightlife, party or sexual settings - places where people seek energy, confidence, or enhanced sexual performance. These substances are also highly accessible in these social settings.

In chemsex, stimulants like methamphetamine (a stronger form of ATS) are used to increase connection and reduce inhibitions, as well as to cope with emotional stress, or escape feelings of stigma or isolation. These behaviors are shaped by deeper needs, not just a desire for fun. Harm reduction must consider these needs to be effective. For example:

- Women and gender-diverse individuals often face risks that are ignored.
- Female sex workers may use ATS to stay alert during long work hours or to cope with pressure. Their drug use has been linked more to survival than choice.
- Transgender women, especially those involved in sex work, may use ATS to deal with trauma, violence, or the stress of transitioning.
- Gay, bisexual and other men who have sex with men may use ATS to reduce shame, anxiety or social fears tied to their identity. In such cases, ATS acts like a 'social lubricant', helping people to feel less judged.
- Young people may experiment with ATS as a result of curiosity or peer influence, or to enhance social confidence. Their reasons can be different from those of adults and may require age-appropriate interventions.

Viewed from this perspective, drug use is a public health issue, not a moral failure. And when we understand the emotional and social reasons behind drug use, more caring and effective interventions can be developed and the focus shifts towards harm reduction and support, rather than punishment or shame.

Approaches that focus on mental health, community support, connection and human dignity work better than those based on fear or blame. A public health-based approach also encourages empathy and improves outcomes for those affected by removing the shame, societal pressure and judgement that prevents open and honest dialog – which is needed to support people to feel empowered and informed about decisions they are making about their health.

### Activity – Getting to Chemsex: How and Why Lucky Draw

**Materials needed:** Blank sheets of paper

**Duration:** 30 minutes

---

Prepare small pieces of paper, making sure you have one piece of paper for each participant. On half the pieces, write the word 'HOW'. On the other half, write 'WHY'. Fold the papers in such a way that the writing cannot be seen. Then mix all of the papers together and place them in a bowl or small container. Ask participants to pick one paper from the container. When everyone has got a piece of paper, ask the HOWs and WHYs to stand on opposite sides of the room.

Ask the **HOWs** (what methods) to discuss with each other and write down potential ways in which people might engage in chemsex. Answers could include (but are not limited to) through:

- Dating apps, such as Grindr and Tinder
- Hi-Fun Parties
- Sex work culture
- Sexual partners
- Social media platforms such as Facebook, Instagram, WhatsApp and other platforms used to find partners for sex or chemsex.
- Peer pressure

Ask the **WHYs** (what reasons) to discuss with each other and write down potential reasons why people might engage in chemsex. Answers could include but are not limited to:

- Curiosity
- A means of sourcing cheap or free drugs
- Peer pressure
- Sexual performance pressure
- Online trolling
- Anxiety about being rejected
- Homophobia, biphobia, transphobia within society
- Internalised homophobia, biphobia, transphobia
- Experiencing HIV-related stigma (external and internal)

After 5-7 minutes, ask each group to share their responses. As a facilitator, your role will be to ask a few follow-up questions to facilitate further debate and discussion.

At the end of the activity, share the **PPT Slides 19 – 23** to reinforce the points discussed during the activity.

# SESSION 5: UNDERSTANDING DRUGS AND THEIR EFFECTS

**Session Objectives**

- Identify and categorize common drugs used in chemsex (stimulants, depressants, and hallucinogens).
- Explain the short-term and long-term effects of key drugs commonly used in chemsex settings, especially methamphetamine.
- Understand the risks of polydrug use and its potential consequences for health and safety.

**Duration: 90 minutes**

**PPT Slides: 24 - 64**

## Session 5.1 Categories of Drugs

### Facilitator Notes

**PPT Slide 25**

When we talk about categories of drugs, one simple approach is to group them by the kind of effect they usually have on the mind and body:

| 'Uppers' (Stimulants) | 'Downers' (Depressants) | 'All-Arounders' (Hallucinogens) |
|---|---|---|
| • Speeds up the body and mind.<br>• Can make people feel energetic, awake, talkative, or confident.<br>• ***Eg: methamphetamine ('meth,' 'ice,' 'tina'), cocaine, ecstasy / MDMA, khat.*** | • Slows the body and mind down.<br>• Can make people feel relaxed, sleepy, or calm, but also can affect coordination and memory.<br>• ***Eg: alcohol, GHB/GBL, benzodiazepines (like Valium, Xanax), opioids (like heroin, codeine).*** | • Changes the way people experience reality.<br>• Can affect vision, sound, thoughts, and emotions, sometimes in unpredictable ways.<br>• ***Eg: cannabis, ketamine, LSD / acid, mushrooms, poppers (nitrites).*** |

1. **Stimulants ('Uppers')** speed up the function of the central nervous system.
2. **Depressants ('Downers')** slow down the function of the central nervous system.
3. **Hallucinogens ('All-Arounders')** affect the senses and change the way people see, hear, taste, smell or feel things.

Some drugs affect the body in many ways and can fall into more than one category. For example, cannabis (marijuana) can act as an all-arounder, though it can also have depressant or stimulant effects.

1. **Stimulants ('Uppers')**
    - These speed up the messages between the brain and the body. This can cause the heart to beat faster, blood pressure to go up, body temperature to go up – leading to heat exhaustion or even heat stroke, reduced appetite, agitation and sleeplessness.
    - Small doses can make people feel more awake, alert, confident or energetic.
    - Larger doses can cause anxiety, panic, seizures, stomach cramps and paranoia.
    - Examples: methamphetamine (`meth,' `ice,' `tik'), cocaine, ecstasy / MDMA, khat.
2. **Depressants ('Downers')**
    - These slow down the messages between the brain and body – they don't make you feel depressed. The slower messages affect concentration and coordination and the ability to respond to what's happening.
    - Small doses of depressants can make people feel relaxed, calm and less inhibited.
    - Larger doses can cause sleepiness, vomiting and nausea, unconsciousness and even death.
    - Examples: alcohol, GHB/GBL, benzodiazepines (like Valium, Xanax), opioids (like heroin, codeine).
3. **Hallucinogens ('All-Arounders')**
    - Hallucinogens change the sense of reality – the senses are distorted and the way you see, hear, taste, smell or feel things is different. For example, you may see or hear things that are not really there, or you may have unusual thoughts or feelings.
    - Small doses can cause a feeling of floating, numbness, confusion, disorientation, or dizziness.
    - Larger doses may cause hallucinations, memory loss, distress, anxiety, increased heart rate, paranoia, panic and aggression.
    - Examples: LSD, ketamine, psilocybin (magic mushrooms), mescaline (from peyote cactus), and poppers (nitrites).
        - Note: Except for poppers and ketamine, most of these hallucinogens are not typically central to chemsex and are less associated with multiple / risky sexual behaviors. Their effects are more about altered perception than libido / disinhibition.

# Session 5.2 Drugs used during Chemsex

Begin the session by asking participants to share the names of drugs they know of or have heard being used in chemsex settings in their own country. Share **PPT Slides 26 - 28**.

Draw a 3-column table on the whiteboard (or flip chart) and write down the names of the drugs being shared by participants under the relevant category as follows:

| Stimulants (Uppers) | Depressants (Downers) | Hallucinogens (All-Arounders) |
|---|---|---|
| Methamphetamine | GHB (Gamma-Hydroxybutyrate) | Psilocybin (magic Mushrooms) |
| Cocaine | GBL (Gamma-Butyrolactone) | LSD (acid) |
| MDMA (Ecstasy / Molly) | 1,4-BD (1,4-Butanediol) | Ketamine |
| Mephedrone | Alcohol | Cannabis |
| Cannabis | Benzodiazepines (e.g., Valium, Xanax) | Poppers |
| | Cannabis | |

## Facilitator Notes

- Chems and sex can be an everyday part of life for some people, especially gay, bisexual and other men who have sex with men and trans people.
- An understanding of the short-term and long-term effects of the substances used during chemsex will enable outreach workers, health workers and professionals to offer more effective services and give more relevant advice.
- Most chemsex participants do not use just one drug or way of usage - they might use several or even all of them, even during one session.
- With that in mind, it is important to know exactly what drugs are used and how they are used, as each drug and usage technique needs a specific harm reduction response.

| 1 | Alcohol | PPT Slides 29 - 30 |
|---|---|---|
| | **Other Names** | Booze, Drink, Liquor, Beer, Spirits, Wine |
| | **General Info** | Alcohol is the most widely used psychoactive substance worldwide. In chemsex settings, it is often consumed alongside other drugs to reduce anxiety, increase confidence, and make it easier to socialize. While alcohol is legal in most places, it can be very harmful when combined with other chemsex substances, especially GHB, benzodiazepines, and opioids, because it slows breathing and increases the risk of overdose. Mixing alcohol and GHB/GBL can directly lead to death caused by overdose. |
| | **Usage Methods** | Drinking (beer, wine, spirits, cocktails, mixed drinks) |
| | **Short-Term Effects** | • Increased sociability and lowered inhibitions<br>• Relaxation and a sense of well-being<br>• Impaired coordination and slower reflexes<br>• Blurred judgment and reduced ability to consent<br>• Slurred speech, nausea, and vomiting (at higher doses)<br>• Blackouts or memory gaps from heavy drinking |
| | **Long-Term Effects** | • Dependence and withdrawal symptoms (shaking, anxiety, seizures)<br>• Liver damage (hepatitis, cirrhosis)<br>• Increased risk of cancers (mouth, throat, liver, breast)<br>• Heart disease and high blood pressure<br>• Mental health impacts (depression, anxiety, cognitive decline)<br>• Social impacts (violence, accidents, relationship strain) |
| **2** | **Benzodiazepines** | **PPT Slides 32 - 33** |
| | **Trainer's Note:**<br>• Ask participants: **"Have you heard of benzos being used to 'come down' after a party or session?"** This helps start a conversation about polydrug use (mixing stimulants with downers) and the risks of overdose.<br>• Emphasize: **Never mix benzos with alcohol, GHB, or opioids.** | |
| | **Other Names** | Benzos, Vallies, Xanax, Diazepam, Valium, Ativan, Klonopin, Sleeping pills, Downers |
| | **General Info** | Benzodiazepines are medicines usually prescribed for anxiety, sleep problems, or seizures. In chemsex settings, they are sometimes used to calm down, `come down' from stimulants, reduce anxiety, or help with sleep after long sessions. However, benzos are highly addictive and dangerous when combined with alcohol, GHB, or opioids, as this can slow breathing to the point of overdose. |
| | **Usage Methods** | Swallowing (pills or tablets), snorting (less common) |

| | | |
|---|---|---|
| | **Short-Term Effects** | • Relaxation and calmness<br>• Sleepiness and muscle relaxation<br>• Reduced anxiety<br>• Impaired coordination, balance, and memory<br>• Slowed breathing and heart rate |
| | **Long-Term Effects** | • Dependence and strong withdrawal symptoms (can be life-threatening if stopped suddenly)<br>• Memory loss and cognitive impairment<br>• Depression and mood swings<br>• Increased risk of accidents and injuries<br>• Tolerance (needing higher doses over time for the same effect) |
| **3** | **Cannabis** | **PPT Slides 33 - 35** |
| | **Other Names** | • Marijuana, Hashish, Weed, Pot, Ganja, Herb, Grass, THC, Dope, Mary Jane |
| | **General Info** | • Cannabis is a drug made from the cannabis plant that changes a person's mood and perception. It is used for fun or medical purposes and can help people relax and enjoy their surroundings more. In chemsex, it is often used to enhance the feeling of relaxation and pleasure during sexual activity. |
| | **Usage Methods** | • Smoking, vaping, swallowing (edibles), oils and tinctures, concentrates (dabbing) |
| | **Short-Term Effects** | • Euphoria and relaxation<br>• Altered sensory perception<br>• Increased sociability and laughter<br>• Heightened appetite (the `munchies')<br>• Dry mouth |
| | **Long-Term Effects** | • Memory impairment and cognitive decline<br>• Slower reflexes and reaction times<br>• Anxiety and paranoia in some users<br>• Increased heart rate<br>• Respiratory issues (especially from smoking) |

| 4 | Cocaine | PPT Slides 36 - 37 |
|---|---|---|
| | **Other Names** | Coke, C, Snow, Charlie, Blow, Crack (smokable form) |
| | **General Info** | Cocaine is a powerful stimulant drug made from coca leaves. In chemsex settings, it is sometimes used to boost energy, confidence, and sexual arousal. The high is usually short-lasting, which can lead to repeated use in one session. Cocaine can strain the heart and increase the risk of stroke or heart attack, especially when mixed with alcohol or other stimulants like meth. |
| | **Usage Methods** | Snorting (most common), smoking (crack cocaine), injecting (less common in Asia but possible) |
| | **Short-Term Effects** | • Euphoria and intense energy<br>• Increased confidence and talkativeness<br>• Heightened sexual arousal<br>• Reduced appetite and need for sleep<br>• Increased heart rate, blood pressure, and body temperature<br>• Dilated pupils |
| | **Long-Term Effects** | • Dependence and cravings<br>• Anxiety, paranoia, or psychosis<br>• Nose damage (from frequent snorting)<br>• Heart problems (arrhythmia, stroke, heart attack)<br>• Weight loss and malnutrition<br>• Depression and exhaustion during 'crash' periods |

| 5 | **GHB (Gamma-Hydroxybutyrate), GBL (Gamma-Butyrolactone), and 1,4-BD (1,4-Butanediol)** | **PPT Slides 38 - 39** |
|---|---|---|
| | **Trainer's Note:**<br>• GHB (gamma-hydroxybutyrate) is an odourless, oily liquid, with a slightly salty taste, usually sold in small bottles or capsules. The effects usually occur within 15-20 minutes and last up to 3-4 hours.<br>• GBL (gamma butyrolactone) and 1,4-BD (1,4-butanediol) are chemicals that are closely related to GHB. Once GBL or 1,4-BD enter the body, they convert to GHB almost immediately.<br>• GBL is a liquid with a chemical smell and taste. GBL is a precursor to GHB and is often more potent – so a smaller dose is required to have the same effect. For example, if a person usually takes 2ml of GHB, they may experience an overdose if they take 2ml of GBL.<br>• It is often impossible to determine the exact substances individuals receive from their dealers, as the dealers themselves often lack this information. This uncertainty continues to pose a significant challenge to harm reduction efforts related to GHB/GBL/1,4-BD.<br>• **GHB/GBL/1,4-BD overdoses are common in chemsex** because the difference between a 'party dose' and a dangerous dose is very small. Risks increase when GHB/GBL/1,4-BD is mixed with alcohol, benzos, or opioids.<br>• Reinforce that **time is critical**—call emergency services early. Many people delay because of stigma or fear of the police.<br>• Encourage participants to **discuss local strategies** for seeking help safely (e.g., trusted clinics, community hotlines, 'safe words' when calling an ambulance).<br>• See boxed text below – **GHB/GBL/1,4-BD Overdose Response** - on how to recognize a GHB/GBL/1,4-BD overdose and a step-by-step response for overdose.<br>• See boxed text below – 'What's the difference between GHB/GBL/1,4-BD' – for more details about each of these substances and the relationship between them. | |
| | **Other Names** | G, Gina, Liquid E, Liquid Ecstasy |
| | **General Info** | GHB/GBL/1,4-BD is a drug that slows down messages travelling between the brain and the body, making people feel calm and happy. It is sometimes used in chemsex because it lowers inhibitions and increases sexual pleasure. However, GHB/GBL is very dangerous because there is a small difference between a safe and dangerous dose. Additionally, even small amounts of alcohol taken with GHB/GBL can sharply increase toxicity and the risk of life-threatening overdose. |
| | **Usage Methods** | Swallowing, booty bumping |

| | | |
|---|---|---|
| | **Short-Term Effects** | • Intense euphoria and pleasure<br>• Calming and anxiety-reducing effects<br>• Increased sociability<br>• Sedation (may lead to unconsciousness)<br>• Impaired motor skills and coordination |
| | **Long-Term Effects** | • Tolerance (requires higher doses over time)<br>• Dependence and withdrawal symptoms<br>• Memory impairment<br>• Mood swings, including depression<br>• Potential liver damage<br>• Gastrointestinal issues (due to the high acidity) |
| **6** | **Ketamine** | **PPT Slides 40 - 41** |
| | Other Names | Special K, K, Kit Kat, Kitty |
| | General Info | Ketamine is a drug (often used in veterinary medicine as a tranquilizer) that makes people feel disconnected from their body and reality. It is used medically as an anaesthetic, but it is also used for its hallucinogenic effects. In chemsex, ketamine can make people feel less inhibited or detached, which for some makes sex more intense. However, it can also impair coordination, memory, and the ability to give or recognize consent. |
| | Usage Methods | Swallowing, snorting, or injecting. |
| | Short-Term Effects | • Hallucinations and altered perception of reality<br>• Dissociation or feeling detached from the body<br>• Euphoria and emotional highs<br>• Impaired motor coordination and balance<br>• Increased heart rate and blood pressure<br>• Numbness and analgesia (reduced sensitivity to pain)<br>• Slurred speech and confusion |
| | Long-Term Effects | • Bladder issues<br>• Cognitive impairment<br>• Dependence and tolerance<br>• Urinary tract damage |

| 7 | Methamphetamines | PPT Slides 42 - 45 |
|---|---|---|
| | **Trainer's Note:**<br>• Since methamphetamine is the most used drug in chemsex settings in Asia, allocate extra time to discuss this substance in detail. After explaining methamphetamine, invite participants (who feel comfortable) to share their personal experiences. Firsthand accounts will enrich the discussion and provide real-world insight, bridging theory with practice. | |
| | **Other Names** | Ice, Meth, Crystal Meth, Tina, Shabu, Yaba |
| | **General Info** | Methamphetamine is a strong drug that makes the brain work faster, giving users a burst of energy and excitement. It comes in different forms, like powder, crystals, or pills. In chemsex, it is often used to make sexual activities last longer and feel more intense.<br><br>While it does not produce severe physical withdrawal like alcohol or opioids, it can create strong psychological dependence and compulsive use patterns. |
| | **Usage Methods** | • Smoking: Smoking meth is one of the fastest methods, with effects felt almost immediately. The high lasts 4 to 12 hours.<br>• Snorting: Snorting meth leads to a slower onset, with effects felt in 3-5 minutes. The high lasts around 4 to 6 hours.<br>• Injecting: Injecting meth causes an intense rush within 30 seconds, with effects lasting 4 to 8 hours.<br>• Booty Bumping: Meth dissolved in water is absorbed through the rectum. The onset is faster than snorting but slower than injection, with effects lasting around 4 to 6 hours. |
| | **Short-Term Effects** | • Increased alertness and decreased fatigue<br>• Heightened energy and activity levels<br>• Decreased appetite<br>• Euphoria and a rush of excitement<br>• Increased heart rate and respiration, possible hyperthermia |
| | Long-Term Effects | • Addiction and dependence*<br>• Psychosis, including paranoia and hallucinations<br>• Cognitive impairments (e.g., memory loss)<br>• Severe dental issues (`meth mouth')<br>• Significant weight loss<br>• Anxiety and depression<br><br>* Addiction is when a person feels a strong need or compulsion to keep using a drug or repeating a behavior, even when it causes problems in their life. They may feel they have lost control or can't stop, even if they want to.<br><br>* Dependence is when the body adapts to a drug and comes to rely on it to feel normal. If the person stops using it, they may experience physical or emotional discomfort known as withdrawal. |

| 8 | MDMA (Ecstasy) | PPT Slides 46 - 47 |
|---|---|---|
| | Other Names | Ecstasy, Molly, E, X, MD |
| | General Info | MDMA is a drug that has both energizing and mood-boosting effects. It increases the levels of chemicals in the brain that make people feel happy, loving, and more connected to others. People often use MDMA in parties or clubs, and in chemsex settings it can make people feel closer to their partners and enhance sexual pleasure. |
| | Usage Methods | Swallowing, snorting, booty bumping |
| | Short-Term Effects | • Intense euphoria<br>• Enhanced energy and stamina<br>• Heightened sensory perception<br>• Increased emotional connection and empathy<br>• Dehydration and hyperthermia |
| | Long-Term Effects | • Memory impairment<br>• Mood disturbances, including depression and anxiety<br>• Serotonin depletion leading to emotional instability<br>• Sleep issues and insomnia<br>• Potential for dependence and increased tolerance |
| **9** | **Poppers** | **PPT Slides 48 - 49** |
| | Other Names | Amyl Nitrite, Rush, Liquid Gold |
| | General Info | Poppers are a type of inhalant, often amyl nitrite, that makes muscles relax quickly and gives a feeling of euphoria. They can make sexual experiences feel more intense, especially by relaxing muscles in the body (e.g., anal sphincter muscles). However, poppers are very flammable and should be handled carefully. |
| | Usage Methods | Snorting |
| | Short-Term Effects | • Immediate rush of euphoria<br>• Increased heart rate and dizziness<br>• Warm rush, tingling sensations<br>• Heightened sexual pleasure<br>• Muscle relaxation (particularly in the anal and vaginal sphincters) |
| | Long-Term Effects | • Mild allergic reactions in some users<br>• Frequent use may lead to rashes around the mouth, nose, or eyes |

# Session 5.3 Overdose Response for GHB/GBL/1,4-BD PPT Slides 50 - 53

| Overdose Response: GHB/GBL/1,4-BD | | |
|---|---|---|
| **Why it matters** | | |
| GHB/GBL/1,4-BD overdoses are common in chemsex because the difference between a 'party dose' and a dangerous dose is very small. Risks increase when GHB is mixed with alcohol, benzos, or opioids. | | |
| **Recognising a GHB/GBL/1,4-BD Overdose** | | |
| • Person is very drowsy or suddenly falls asleep<br>• Slow or irregular breathing<br>• Unable to wake them with voice or gentle shaking<br>• Confusion, agitation, or seizures<br>• Vomiting while unconscious<br>• Blue lips, nails, or very pale skin | | |
| **Step-by-Step Response** | | |
| Step 1 | Don't leave them alone | • Stay with the person and monitor their breathing and responsiveness. |
| Step 2 | Check responsiveness | • Gently shake their shoulder and call their name.<br>• If no response, call emergency services immediately. |
| Step 3 | Call for help | • Dial local emergency services (know the number in your country).<br>• Say clearly: "Possible GHB overdose, the person is unconscious and has trouble breathing." |
| Step 4 | Keep airway clear | • Place them in the **recovery position** (on their side, head tilted back, mouth open) to prevent choking if they vomit.<br>• Never try to give food, drink, or more drugs to "wake them up". |
| Step 5 | Monitor breathing | • If breathing stops or is very slow (<8 breaths per minute), start basic CPR if trained.<br>• Continue until help arrives. |
| Step 6 | Do not… | • Do not put them in a cold shower, slap them, or force them to walk around.<br>• Do not give them stimulants (like meth or caffeine) to "wake them up". These won't reverse the overdose and may make it worse. |

| What's the difference between GHB, GBL and 1,4-BD? | |
|---|---|
| **1** | **GHB (Gamma-Hydroxybutyrate)** |
| | • **What it is:** A central nervous system depressant originally developed as an anaesthetic.<br>• **Common names:** G, Liquid ecstasy, fantasy.<br>• **Form:** Usually a clear, salty liquid, sometimes a powder.<br>• **Effects:** Euphoria, relaxation, increased sociability, loss of inhibitions - similar to alcohol or benzodiazepines.<br>• **Risks:** Small dose differences can cause overdose. High doses lead to drowsiness, vomiting, confusion, respiratory depression, seizures, coma, or death.<br>• **Onset/duration:** Effects begin within 10–30 minutes and last about 2–4 hours. |
| **2** | **GBL (Gamma-Butyrolactone)** |
| | • **What it is:** A precursor to GHB. Once ingested, it's rapidly converted to GHB in the body.<br>• **Common uses:** Industrial solvent (for cleaning metals, removing paint, etc.).<br>• **Potency:** Stronger and faster-acting than GHB; doses are smaller and harder to measure accurately.<br>• **Risks:** Very narrow margin between a 'high' and an overdose.<br>• **Legality:** In many countries (including Australia), it's a controlled substance or regulated precursor under similar laws to GHB. |
| **3** | **1,4-Butanediol (1,4-BD)** |
| | • **What it is:** Another industrial solvent and chemical precursor that also converts to GHB in the body after ingestion.<br>• **Conversion:** The body breaks it down in the liver using certain enzymes, turning it into GHB.<br>• **Potency:** Slower onset (30–60 minutes) and longer duration than GBL or GHB.<br>• **Risks:** Similar to GBL and GHB - unpredictable dosing, potential for respiratory arrest, and dangerous when mixed with alcohol or other depressants. |
| **4** | **Relationship Between Them** |
| | • **GBL** and **1,4-BD** are both less active forms of drugs that the body converts into **GHB**.<br>• Users may not realize differences in potency or onset, leading to accidental overdoses.<br>• All three (GHB, GBL and 1,4-BD) are central nervous system depressants and carry high overdose risk, especially in combination with alcohol, benzodiazepines, or opioids. |

# Session 5.4 Polydrug Use

PPT Slides 54 - 64

## Polydrug Use - Reasons and Risks

### Background

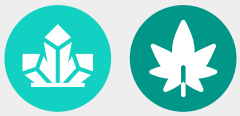
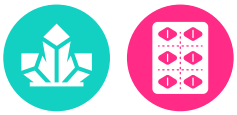
- 'Polydrug Use' is a term which refers to the use of more than one drug at a time or one after another.
- This practice is common in chemsex settings and can involve combinations of stimulants, depressants, and / or hallucinogens.
- Polydrug use is risky because of unpredictable drug interactions that can lead to increased toxicity, overdose, severe side effects, and death.

### Why do people engage in polydrug use?

- Despite the risks, polydrug use continues because many people want to make their 'high' stronger.
- Some prefer to mix drugs to balance the effects of different drugs, for example, using cannabis to 'take the edge off' ATS / cocaine.
- Some users may feel pressured by friends or believe that mixing drugs will make the experience more enjoyable.
- The immediate pleasure people feel can sometimes make them ignore the risks that can happen later.
- ATS can reduce erection – people use viagra to overcome this and so sometimes it is also for sexual functioning purposes.

### What are the most common risks of polydrug use?

- Combining stimulants with depressants can mask the effects of one drug, prompting users to take larger doses, increasing the risk of overdose.
- Some combinations, like methamphetamine and alcohol, can overwhelm the body, leading to dangerous health consequences.
- Drugs may amplify or distort each other's effects, leading to confusion, severe physical reactions, or lasting health issues.

| Examples of Polydrug Use in Chemsex Settings | | | |
|---|---|---|---|
| **No.** | **Common Mix** | **Why Mixed?** | **Key Risks** |
| **1** |  Meth and Alcohol | • Meth is a stimulant that increases energy, alertness and stamina.<br>• Alcohol is a depressant that slows the nervous system resulting in lower inhibitions and anxiety.<br>• Together, they can make people feel more confident and social. | • Meth can mask alcohol's sedative effects, leading to heavier drinking and a higher risk of alcohol poisoning, dehydration, and impaired sexual decision-making. |
| **2** |  MDMA and Cannabis | • MDMA creates euphoria, empathy and physical closeness, while cannabis can intensify sensory experiences and deepen relaxation.<br>• Some use the mix to enhance emotional or sexual intimacy. | • This combination can increase anxiety, confusion, poor coordination and dehydration, making it harder to manage consent or safer sex practices. |
| **3** |  Meth and GHB | • Meth provides energy and sexual stamina, while GHB increases euphoria, lowers inhibitions and enhances touch and physical pleasure.<br>• Together, they may be used to balance stimulation with relaxation. | • Meth masks GHB's sedative effects, leading to repeated dosing.<br>• Because GHB has a very narrow safety margin, this greatly increases the risk of overdose, loss of consciousness, and respiratory depression. |
| **4** |  Meth and Cannabis | • Some use cannabis with meth to soften meth's intense stimulating effects, ease anxiety, or help with sexual relaxation. | • Instead of balancing each other, this mix can heighten paranoia, anxiety or confusion, and may worsen underlying mental health conditions. |
| **5** |  Meth and Viagra (and similar erection-support medicines, called PDE-5 inhibitors) | • Meth can cause erectile difficulties during prolonged sex.<br>• Viagra (and similar drugs) are used to maintain erections, making the combination appealing in chemsex. | • Both put significant strain on the cardiovascular system, increasing the risk of high blood pressure, irregular heartbeat, and serious cardiac events. |
| **6** |  Poppers and Viagra | • Poppers (alkyl nitrites) relax smooth muscles, which can make receptive anal sex easier, while Viagra supports erectile function. | • Both dilate blood vessels, and when combined they can cause a rapid and dangerous drop in blood pressure, leading to fainting, heart attack or stroke. |
| **7** |  Ketamine, GHB and MDMA | • Some combine these to mix ketamine's dissociation, GHB's euphoria and relaxation, and MDMA's stimulation and empathy, seeking an intense physical and emotional experience. | • This mix is highly unpredictable and risky.<br>• It can cause respiratory depression, memory loss, confusion, unconsciousness, and a greatly increased risk of overdose. |

# **SESSION 6:** IMPACT AND HARMS OF CHEMSEX

**Session Objectives**

- Develop an awareness of the physical, psychological and sexual health impacts related to chemsex, and how these affect a person's overall well-being.
- Understand and recognize the complexity of chemsex in order to consider non-judgemental approaches that support the principles of harm reduction.

**Duration: 90 minutes**

**PPT Slides: 65 - 75**

## Session 6.1 Physical, Psychological and Sexual Impact of Chemsex

### Facilitator Notes

- Discussing the impacts of chemsex—especially the physical, psychological, and sexual consequences—is an essential part of this workshop. It helps participants see the full picture of how chemsex affects individuals and communities.
- Physical risks such as overdose, sexually transmitted infections (STIs), and long-term health problems need to be clearly explained, as many participants may see these issues in their own work or communities.
- Just as important are the psychological and sexual impacts, which are often harder to talk about. Chemsex can be linked to mental health issues like anxiety, depression, shame, or trauma. These psychological challenges can also affect a person's ability to build or maintain healthy sexual and psychological relationships.
- When participants understand these issues, they are better prepared to support people without judgment and with a more complete view of what someone may be experiencing and can develop empathy and a more compassionate response. Discussing these issues can also help break down stigma, support harm reduction, and encourage safer, healthier choices for those involved.
- It is also important to explore how physical, mental and sexual health impacts are connected. For example, the physical effects of drug use - like lack of sleep, fatigue, or STIs - can make mental health worse. Poor mental health can lead to riskier sexual behaviours or more drug use. Seeing these connections helps participants understand chemsex as a complex issue, not just a series of isolated problems. A holistic view allows for more supportive, respectful, and effective responses.

### Activity – Impact of Chemsex

**Materials needed:** Flip chart, markers, tape

**Duration:** 20 minutes

---

Divide the participants into three groups, hand out a sheet of flip chart paper and a marker to each group and assign one of the following topics:

- Group 1: Physical impacts
- Group 2: Psychological impacts
- Group 3: Sexual impacts

Ask each group to list as many possible impacts as they can related to their assigned topic. Allocate 10 minutes for the group to discuss and write down their answers. Then ask each group to present their responses to the whole room. Encourage participants from other groups to ask questions and add anything that may have been missed.

After the group activity, share **PPT Slides 66 - 70** and recap the key points - under Physical, Psychological and Sexual Impacts - which were shared during the group discussion.

# Session 6.2 Is Chemsex always problematic?

### Activity – Chemsex Impact Continuum

**Materials needed:** N/A

**Duration:** 15 minutes

---

Ask participants to stand up and to imagine that there is an invisible line drawn from one side of the room to another. One end of the line represents that chemsex is totally bad and the other end that chemsex is totally good for those who engage in it. Between both ends is a spectrum. For example, directly in the middle of the line represents that chemsex is neither good nor bad.

Ask participants to stand on the line in a place that reflects their opinions about how good or bad chemsex is. Then ask them to explain why they decided to stand where they did.

Afterwards, display some of the reasons that are reported by people who engage in chemsex, by sharing **PPT Slides 71 - 73**

- Removes social barriers
- Erotic thrills
- Instant emotional connection
- Longer erections
- Intense orgasms
- Loss of inhibitions
- Self-confidence
- Emotional release

Discuss each of these reasons, in terms of what they mean, and why a person might continue to engage in chemsex.

## Facilitator Notes

- The following reflective questions are important to encourage critical thinking and a non-judgmental approach to chemsex and to open up space to challenge personal beliefs or biases:
  - Is chemsex always problematic?
  - Who gets to decide?
  - Who often decides this?
- After inviting participants to share their thoughts, listen carefully and provide feedback if there are any misunderstandings or harmful assumptions.
- Not everyone's experience with chemsex is the same - some people may experience harm, others may not. Recognizing this supports the principles of harm reduction, which focus on safety, consent and well-being—not judgment.

# Session 6.3 Drug Use Dependency

## Facilitator Notes

As a facilitator, it is critical for you to emphasize the following:

- **Not everyone who uses drugs is addicted** - this concept is critical to avoid false assumptions and stigmatization.
- **While drug use exists on a spectrum, it is not a linear process.**
  - For some people, drug use can escalate very fast - from taking their first puff of smoke to injecting daily within a few weeks.
  - For some people, drug use may begin as an experiment and may develop over time as something they enjoy doing more socially or recreationally.
  - Some people who use drugs regularly may become dependent users while others may not.
- While drug use exists on a spectrum, it is also important to understand that it does not exist in a vacuum and to consider an individual's personal circumstances, in order to understand their drug use as a whole.
- This helps participants recognise the difference between use and problematic use, and understand why a non-judgmental, person-centred approach is necessary.

Share **PPT Slides 75** and explain the five stages of drug use:

1. **Experimental:** Tries drugs out of curiosity, usually once or occasionally, without a pattern or strong desire to continue.
2. **Recreational:** Uses drugs socially or occasionally for enjoyment, often in specific settings like parties or with friends.
3. **Habitual:** Begins using drugs more frequently and as part of a routine, often to achieve a certain effect or to cope with stress.
4. **Regular:** Drug use becomes consistent and integrated into daily or weekly life, with growing emotional or physical reliance.
5. **Dependent:** Experiences strong cravings, loss of control over use, and withdrawal symptoms when not using.

# **SESSION 7:** HARM REDUCTION INTERVENTIONS

**Session Objectives**

- Explain the concept of harm reduction and its application in drug use and chemsex contexts.
- Identify key harm reduction strategies and mental health support approaches relevant to people engaging in chemsex.
- Design community and individual-level harm reduction interventions tailored to the needs of specific key and vulnerable community members.

**Duration: 90 minutes**

**PPT Slides: 76 - 103**

## Session 7.1 What is Harm Reduction?

### Facilitator Notes

**PPT Slides 77 - 82**

- Begin the session with a simple explanation of harm reduction, using examples from daily life to help participants understand this concept.
  - For example, using egg cartons to prevent eggs from breaking; using sunscreen to protect skin damage from the sun; using masks and PPE kits during the Covid-19 pandemic; wearing a helmet to protect the head when riding a motorcycle; wearing a seatbelt in vehicles.
- These examples show that even if a risk cannot be removed completely, it can still be reduced. The concept of reducing the chance of harm rather than removing all risk is the basic meaning of harm reduction.
- Once this is understood by participants, explain the concept in the context of drug use. Harm reduction, in this context, refers to programs, policies and practices that aim to reduce health, social and legal risks connected to drug use without requiring people to stop using drugs completely.
  - This approach accepts that drug use happens and, instead of trying to prevent drug use, steps are taken to make it less harmful. For example, clean needles may be provided to prevent transmission of diseases like HIV.
- Harm reduction interventions protect health, reduce stigma, and often guide people towards treatment or recovery. The goal is to support safer choices and improve lives without judgment or punishment.

## Facilitator Notes

PPT Slide 83

- Stigma, discrimination, criminal laws and social inequality can prevent people from getting the help they need.
- For harm reduction interventions to be effective, they should be adapted to match the needs of different groups, specifically vulnerable communities who may face more risks and more barriers to care.
- Chemsex brings together issues including drug use, mental health, sexual health, and consent. Standard drug or sexual health programs may not fully address these overlapping issues and interventions need to be adapted to address the realities of chemsex and the complex risks associated with it.
- This includes providing information on safer drug use, consent, STI prevention, and access to mental health support in safe, non-judgmental spaces that reflect the needs of those involved.

## Facilitator Notes

PPT Slide 84

- The language used in harm reduction plays a powerful role.
- Words can either build community trust and understanding or increase stigma.
- Non-judgmental language, such as 'person who uses drugs' instead of 'addict' or 'drug user' helps to demonstrate respect and care,  reduces shame and makes it easier for people to seek help.
- When communication is respectful and kind, safer spaces are created. Using language that matches the culture and experiences of the people being served also helps build trust.
- In this way, language becomes a tool that supports health, dignity, and inclusion. Careful use of words helps create a supportive environment where people feel safe and accepted.

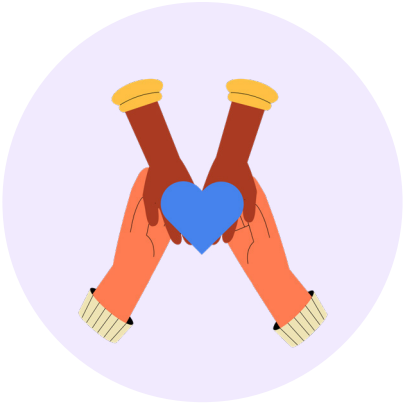
# Session 7.2 Harm Reduction Interventions (for Communities)

## Facilitator Notes

**PPT Slides 85 - 92**

- Reiterate to participants that harm reduction interventions **must** be designed to match the real-life experiences of people who use drugs. A good harm reduction approach focuses on safer use, non-judgmental support, and access to health services. **It does not force people to quit but helps them stay safe and healthy.** It builds trust and protects health without punishment.
- To provide useful support, it is important to understand the harms linked to drug use. Drugs affect the body and mind in different ways. But drug dependency, unsafe injecting, and lack of care bring the most serious risks. These include HIV, hepatitis, overdose, and mental health issues. Blaming or fearing people who use drugs does not help. Many people use quietly and are in pain.
- It is important for participants to learn about the nine essential harm reduction interventions outlined by WHO (See Annex 2). These are the foundation of any effective program. In chemsex settings, these interventions help reduce serious risks, such as HIV transmission, unsafe injecting, and sexual health problems.
- Outlined below are some key harm reduction interventions specifically relevant to chemsex. Refer to Annex 1 for more details on each example.

### 1. Community-Led Programs



These community-led interventions are designed and delivered by people with lived experience. As a result, the support is more culturally relevant, respectful, and trusted,making people more open to receiving help. Examples include:

**a.** Peer outreach programs

**b.** Peer-led counselling

**c.** Peer support groups

**d.** Drop-in centres/community-based centres

**e.** Chemsex-specific workshops

## 2. Virtual or Online Programs

Many people involved in chemsex connect through dating apps or social media, so it's crucial to reach them through these platforms. Online programs offer private, anonymous, real-time support and harm reduction, which is especially valuable where stigma or legal risks limit in-person outreach. Examples include:

**a.** Virtual outreach via dating apps or online platforms

**b.** WhatsApp or Telegram-based counselling

**c.** Social media campaigns

**d.** Web-based information and referral hubs

**e.** Online IEC (Information, Education, Communication) tools

**f.** Anonymous online support groups or forums

## 3. HIV and other STI Testing and Treatment

Chemsex can increase the risk of HIV and other STIs, especially through inconsistent condom use or sex with multiple partners while using drugs. Regular testing helps with early detection, leading to faster treatment, better health outcomes, and reduced transmission. Examples include:

**a.** HIV self-testing (HIVST)

**b.** Community-led testing sites

**c.** Pop-up or mobile testing units

**d.** Linkage to care and treatment

## 4. Pre-Exposure Prophylaxis (PrEP)


PrEP is a highly effective medication that prevents HIV when taken correctly. It is especially useful for people engaging in chemsex, where condom use may be inconsistent. Improving access to and acceptance of PrEP can significantly reduce HIV transmission. Examples include:

**a.** PrEP education and debunking myths about PrEP

**b.** PrEP referral and access support

**c.** Drop-in centres with PrEP services

**d.** PrEP buddy programs

## 5. Mental Health and Substance Use Support

Chemsex is often linked to underlying issues like trauma, stress or loneliness. Mental health challenges can lead to drug use, and vice versa. Focusing only on physical health is not enough and integrated mental health and substance use support is essential. Examples include:

**a.** Peer-based counselling and emotional support related to drug use and sex

**b.** Referral to LGBTQ+-friendly mental health professionals

**c.** Anonymous helplines or online chat services

**d.** Peer-led support groups

**e.** Crisis counselling and suicide prevention services

## 6. Emergency Services and Overdose Prevention

Drugs commonly used in chemsex, like GHB, crystal meth, or ketamine, can have unpredictable consequences, especially when mixed. Risks include overdose, unconsciousness, and severe mental distress. Community-based emergency support and overdose prevention education are vital. Examples include:

**a.** Overdose response kits (e.g., Naloxone)

**b.** Education on overdose risks and safe dosing

**c.** Post-chemsex recovery services

**d.** Emergency helplines or response networks

**e.** Basic first aid and crisis Kkits at venues

## 7. Legal Rights, Consent, and Personal Boundaries

Chemsex spaces can involve complex issues like power imbalances, impaired consent, discrimination, and legal risks, especially for marginalized groups (e.g., LGBTQ+, sex workers, people living with HIV). Legal literacy, rights education, and consent-focused programs are key to creating safer, more respectful environments. Examples include:

**a.** Know Your Rights workshops

**b.** Legal aid and support referrals

**c.** Consent and intimacy workshops

**d.** Sexual violence prevention and response

**e.** Workshops on boundaries and safe relationships

**f.** Stigma and discrimination awareness sessions

**g.** Digital safety and privacy workshop

# Session 7.3 Harm Reduction Interventions (for Individuals)

Explain that you will now talk about key harm reduction points to remember when offering support to an individual involved in chemsex.

## Facilitator Notes

**PPT Slides 93 - 99**

- The context around chemsex is often sensitive and complex. It may be linked to personal identity, emotional coping, past trauma, stigma, or loneliness.
- For this reason, outreach workers are encouraged to consider both drug-related risks and the emotional or social reasons behind chemsex practices.
- When individuals feel heard, respected and safe, they are more likely to open up, making harm reduction efforts more meaningful and effective in the long term.
- When enough forward thinking and preparation is done in advance, chemsex-related risks can be reduced, and the experience can be managed more safely. Planning may include safer drug use, sexual health protection (such as PrEP or condoms), and mental well-being strategies.
- Thinking ahead about rest, hydration, equipment, and recovery time can also make a big difference.
- Harm reduction works best when it is shared - a mix of supportive outreach and personal care. This shared responsibility can help people feel more in control, safe, and respected.

As a facilitator, make sure to clearly outline the following chemsex harm reduction tips that individuals can consider for each of the following key phases:

**1. Pre-session** (before a chemsex session) | **2. During session** | **3. Post-session** (after a chemsex session)

### 1 Pre-Session: Before chemsex

- Take prescribed medications, including PrEP or ART (HIV treatment), if applicable
- Eat a healthy and filling meal
- Get enough rest
- Stay hydrated
- Bring necessary technology (e.g., phone, charger)
- Prepare personal hygiene (e.g., mouth, body grooming)
- Know the location and how to leave safely
- Bring appropriate condoms and lube
- Prepare all needed equipment
- Set personal boundaries and know your limits
- Plan for recovery time afterward
- Inform a trusted person if possible (for safety check-in)

PrEP (Pre-Exposure Prophylaxis) is a medicine that prevents HIV. It is very effective when taken correctly. PrEP is especially important for people who engage in chemsex, where the chance of HIV transmission is higher because of condomless sex, multiple partners, or reduced capacity to make safe sex and drug use decisions. Using PrEP allows individuals to take control of their sexual health and adds an important layer of safety.

### Ways to use PrEP

(Ask your doctor for the most appropriate regimen for your needs)

- Daily PrEP: Take one pill at the same time every day
- On-Demand PrEP - The 2-1-1 Method:
  - Take 2 pills between 2-24 hours before sex
  - Take 1 pill 24 hours after the first dose
  - Take 1 more pill 24 hours after the second dose


## 2 During chemsex session

- Avoid mixing too many substances at once
  - Start with a small amount - test first. Don't take large doses all at once. Be extra careful with combinations like GHB and alcohol (which can make you pass out or have fatal consequences).
- Don't take unknown pills or drinks from others
- Stick to personal boundaries and limits
  - Decide on your own limits and stick to them (e.g., no filming, no sharing needles). Respect what others are okay with too.
- Keep communication open and check for consent
  - Always ask before touching or doing anything sexual. If someone is too high to speak clearly, they can't give consent. Keep checking in with them.
- Know what to do in case of an unsafe situation
  - Have a safety plan. Save emergency numbers. Know where the exits are. If something feels unsafe or someone passes out, know where or how to get help quickly.
- Support a culture of care among all participants
  - Care and look out for others. Offer water or help if someone is feeling bad. Don't leave anyone alone if they're too high.
- Take regular breaks to rest, eat, and drink water. This will help you stay in control and feel better.
- Keep the space clean and safe
  - Use clean needles only - don't share. Label your stuff, including water bottle or glass for your drinks. Throw used needles in a closed bottle or sharps bin. Clean surfaces and keep condoms and lube nearby.

### 3 Post-Session: After chemsex

- Eat, rest, drink, and repeat to help the body recover
- Use vitamins or supplements if helpful
- Remind yourself that the comedown feeling is temporary
- Reduce or avoid further drug use to help healing
- Practice self-care or self-soothing activities (e.g., music, warm shower)
- Let someone you trust know how you're doing, if possible

Psychosocial support can be offered during any of these three phases.

## Facilitator Notes

- Explain to participants that psychosocial support is a very important aspect of chemsex harm reduction interventions.
- Many individuals may engage in chemsex to manage emotional pain, trauma, loneliness, or feelings of shame—especially within LGBTQ+ communities. The mix of drug use and sexual activity during chemsex can temporarily hide mental health struggles but often makes them worse over time. This can lead to a harmful cycle of emotional dependence, isolation and low self-esteem.
- By including psychosocial support along with physical and sexual health services, a more complete form of care can be offered. The following five practical mental health strategies can help individuals become more emotionally strong, understand their feelings better, and use healthier ways to cope, making recovery and long-term well-being more possible:

1. **Mindfulness:** Practicing awareness of the present moment can help individuals notice emotions and body signals more clearly, reducing impulsive actions.
2. **Grounding techniques:** Simple actions like deep breathing or naming items in the room can help calm anxiety and bring focus back during distress.
3. **Gratitude exercises:** Thinking about small, positive parts of the day can improve mood and reduce negative thoughts.
4. **Changing your mindset:** Learning to challenge harmful or unhelpful thoughts can help reduce feelings of shame or self-blame.
5. **Physical activity:** Moving the body, like going for a walk, doing yoga, swimming, or running, can boost mood, reduce stress and release tension. Even gentle movement outdoors can help clear the mind and improve emotional balance.

# Session 7.4 Importance of Building Trust

## Facilitator Notes

**PPT Slides 100 - 103**

- Building a trusting relationship between outreach workers and people who engage in chemsex is essential. Many individuals may feel deep shame, fear, or stigma about their drug use, sexual behaviour, or identity.
- Trust allows clients to feel respected and safe enough to speak openly. When trust is lacking, people may avoid services, hide important information, or stop seeking help altogether.
- A relationship built on respect and understanding helps clients stay involved in harm reduction programs and move forward at their own pace. This trust forms the base for care that is both compassionate and effective, especially for those in vulnerable situations.
- Explain that you will share a few slides which outline some of the essential qualities that could help build trust:

### 1. Personal Characteristics / Experiences

- Connections within drug-using communities help build credibility
- Knowing local slang and culture shows respect
- Being non-judgmental creates a safe space for sharing
- Patience and persistence are important when trust is slow to build
- Personal experience with drug use can support empathy (though not required)
- Shared gender identity may help build trust
- Openness to learning helps outreach stay effective
- Confidence allows for respectful and clear communication

### 2. Knowledge and Skills

- Basic HIV/AIDS understanding supports clear education
- Knowing how PrEP works helps guide prevention choices
- Familiarity with safer drug use tips supports practical advice
- Awareness of STI symptoms helps guide testing and treatment

### 3. Communication Skills

- Maintaining eye contact shows attention
- Body posture (like leaning slightly forward) signals engagement
- Allowing silence (5–10 seconds) gives space for reflection
- Summarizing client statements shows active listening
- Avoiding direct advice respects personal choice
- Asking open-ended questions supports sharing
- Matching language and tone helps build connection
- Gently checking in (e.g., "Is this okay to talk about?") respects comfort

# **SESSION 8:** DEBUNKING CHEMSEX MYTHS

**Session Objectives**

- Identify and challenge common myths and misconceptions related to chemsex.
- Apply critical thinking to assess real-life chemsex-related scenarios.
- Engage in informed discussions using knowledge gained throughout the workshop.

**Duration: 90 minutes**

This session offers a lively and interactive group quiz activity that aims to deepen participants' understanding of chemsex-related issues and debunk common myths and misconceptions.

To prepare for the session, it is helpful to have a simple score sheet to record points scored throughout the game. This can either be managed by the facilitator or by someone assigned to assist. If possible, consider arranging a small prize for the winning team to add a bit of friendly competition and motivation.

## Facilitation Steps

1. Group division
   - **a.** Divide participants into two or three groups, depending on the group size.
2. Quiz mechanics
   - **a.** Explain that the session will be conducted as a quiz.
   - **b.** In each round, the facilitator will read a statement or scenario aloud.
   - **c.** Teams will quickly discuss and decide whether they **agree** or **disagree** with the statement, and **why**.
3. Answering system
   - **a.** The first team to signal (e.g., raise a hand or use a buzzer) gets to answer first.
   - **b.** Encourage diverse participation - rotate team members answering to avoid the same person answering repeatedly.
4. Scoring

   Points are awarded based on the quality of the response:
   - **a.** 3 points: Highly accurate and well-explained answer
   - **b.** 2 points: Moderately accurate and well-explained answer
   - **c.** 1 point: Partially correct or vague answer
   - **d.** -1 point: Incorrect or misleading answer

   If the first team doesn't get the full 3 points, other teams can also respond for a chance to earn points.

5. Facilitator's role
   a. The facilitator serves as the judge and has the final say on scoring.
   b. After each round, clarify misconceptions and provide the correct explanation to ensure participants understand the reasoning behind it.
   c. Emphasize learning, not just winning and use the answers to prompt discussion.
6. Wrap-up
   a. Calculate total points and announce the winning team.
   b. Highlight key learnings and invite participants to reflect on how this knowledge can be applied in real-life scenarios.

### Activity – The Quiz: Scenarios and Statements

**Materials needed:** Quiz statements and responses, whiteboard / flip chart and markers

**Duration:** 60 minutes

---

The following are examples of scenarios and statements to be used during the quiz. These scenarios are drawn from real-life situations or commonly heard myths within communities and are designed to spark critical thinking and discussion. They are intended to encourage deeper reflection, highlight diverse perspectives, and promote informed, non-judgmental discussion among participants.

As the facilitator you may use all or a selection of these examples depending on the available time and the flow of the session. Do not reveal the answers ahead of time. Each statement should be read out loud one at a time during the activity.

1. **Your friend told you, "I met someone cute at a club last night. We went to his place around midnight and had chemsex. He had some cocaine, which he shared with me. We had sex and I left around 2 a.m.."**

   **Correct answer:** Disagree

   **Why:** Chemsex is the intentional use of specific psychoactive substances (commonly methamphetamine, GHB/GBL, mephedrone, cocaine, ketamine) immediately before or during sexual activity, often to facilitate, enhance, or prolong sexual experiences. This could mean sex with multiple drugs, over multiple days, with multiple partners.

---

2. **You overhear someone say, "Methamphetamine only comes in crystal form, and the only way to use it is by smoking it."**

   **Correct answer:** Disagree

   **Why:** Methamphetamine comes in **different forms**: crystal (commonly called ice), powder, tablets (e.g., yaba in Southeast Asia), and sometimes capsules. People use it in **different ways**, including:

   - Smoking (especially crystal/ice)
   - Snorting (powder)
   - Swallowing (pills/tablets)
   - Injecting (dissolved powder or crystal)

**3** In a counselling session, a client says, "In my opinion, it's not chemsex if you're just using the drugs by yourself in a private room, with no one else involved."

**Correct answer:** Agree

**Why:** Chemsex specifically refers to the intentional use of drugs in a sexual context with one or more partners. If someone is taking drugs alone without sexual activity, it may be recreational drug use, but it is not chemsex.

---

**4** You hear a rumour that eating during a chemsex session will make the drugs stop working.

**Correct answer:** Disagree

**Why:** Eating food does not cancel out or stop drugs from working. What food helps to do is:

- Slow down the absorption of some drugs (especially when swallowed), which may delay the effects.
- Reduce stomach irritation or nausea from stimulants like meth or cocaine.

Once the drug is in your bloodstream, eating won't stop its effects. In fact, during long chemsex sessions, not eating or drinking water can be harmful, leading to dehydration, low electrolytes, and exhaustion.

---

**5** During a conversation, your friend insists that PrEP doesn't work as effectively for people who do chemsex.

**Correct answer:** Disagree

**Why:** PrEP (Pre-Exposure Prophylaxis) works by maintaining protective levels of medication in the body to prevent HIV from taking hold if someone is exposed. Its effectiveness does **not decrease because of chemsex itself**. The challenge is that during chemsex, some people may:

- **Forget doses** due to being 'high' or awake for long periods.
- **Miss doses** if routines are disrupted by extended sessions.

Studies (e.g., in Europe and Australia) have shown PrEP to be highly **effective among men who have sex with men who engage in chemsex**, provided it is taken correctly.

**6** **Your friend, who regularly uses crystal meth, says, "Meth may cause paranoia or hallucinations during sessions, but it won't affect your brain or memory in the long term."**

**Correct answer:** Disagree

**Why:** Meth can affect your brain or memory as follows:

- **Short-term effects:** Meth can cause paranoia, anxiety, hallucinations, and agitation during or after use.
- **Long-term effects:** Regular methamphetamine use has been shown to cause:
  - Changes in brain structure and function, particularly in areas linked to **memory, learning, and decision-making**.
  - Increased risk of long-lasting **cognitive impairment**, including poor concentration and memory problems.
  - Higher likelihood of **mental health issues** such as chronic anxiety, depression, or psychosis.
  - Sleep disruption and nutritional deficiencies, which worsen memory and brain health.
  - Research using brain imaging shows that meth can **damage dopamine and serotonin systems**, which are essential for mood and cognition.

---

**7** **A peer says, "It's not really polydrug use if all the substances are taken at different times during the same night."**

**Correct answer:** Disagree

**Why:** Polydrug use means using more than one drug in the same general period of time, regardless of whether they're taken simultaneously or sequentially. Even if substances are taken hours apart, their effects can **overlap in the body**, interact, and increase risks. For example:

- Taking meth earlier in the night and GHB later is still polydrug use, because meth remains active and may interact with GHB.

The health risks often come from **unpredictable interactions**, which don't depend on whether drugs are taken at the exact same time.

---

**8** **Someone much younger than you, who is part of the community, says, "Taking GHB in small amounts every few hours is completely safe - it's not addictive like other drugs."**

**Correct answer:** Disagree

**Why:** GHB **can be addictive**. With frequent use (especially daily or every few hours), people can develop **tolerance** (needing more to feel the same effects) and **dependence** (withdrawal symptoms if they stop suddenly).

**9** A guy you met online tells you, "Slamming crystal meth is safe. Safer for your lungs, and you can save money because you're not wasting any of it when it's injected."

**Correct answer:** Disagree

**Why:** Injecting ("slamming") meth carries serious risks, including:

- Transmission of **HIV, hepatitis B/C**, and other infections if needles / equipment are shared or not sterile.
- **Collapsed veins, abscesses, endocarditis** (heart infection), and other injection-site damage.
- Increased risk of **overdose** because all of the drug enters the bloodstream at once, with no gradual onset.

---

**10** Your Executive Director tells the team that the organization will launch a harm reduction program, with a goal to help 50% of the community who use drugs in the district quit and be drug-free within two years.

**Correct answer:** Disagree

**Why:** Harm reduction is not the same as abstinence:

- Harm reduction is about reducing the negative health and social consequences of drug use (e.g., HIV, hepatitis, overdose, stigma, unsafe injecting), and does not require people to stop.
- While some people may eventually choose to stop, that is not the primary goal of harm reduction.

---

**11** You saw TikTok content made by a doctor where he states, "Chemsex is only a problem if it harms someone's physical health. There's no impact on other areas of health."

**Correct answer:** Disagree

**Why:** Chemsex can impact multiple aspects of health, not just physical health:

- **Mental health:** Chemsex is linked to anxiety, depression, paranoia, psychosis, and low self-esteem.
- **Social health:** Chemsex can strain friendships, relationships, and family connections due to secrecy, stigma, or conflict.
- **Sexual health:** Chemsex can increase risk of STIs, HIV, hepatitis, and challenges with consent.
- **Cognitive health:** Meth, GHB, and other substances can impair memory, judgment, and decision-making.

**12** Your friend jokingly says, "Only Millennial gays and older gay men are involved in chemsex - young people like Gen Z aren't into that."

**Correct answer:** Disagree

**Why:**

- **Chemsex is not age specific.** Research and community reports show people from different age groups - including Gen Z - may engage in chemsex.
- **Patterns differ by age:**
  - Older gay men may have been exposed earlier when chemsex scenes were more visible in certain cities.
  - Younger people, including Gen Z, may encounter chemsex through dating apps, parties, or peer networks.
- **Risks affect all ages.** Regardless of age, chemsex can affect sexual health, mental health, and social well-being.
- Assuming it's "only an older gay thing" risks **ignoring younger people's needs**, leaving them without accurate information or harm reduction support.

---

**13** You read an article online that says, in chemsex settings, PrEP only works for people who take it daily.

**Correct answer:** Disagree

**Why:** PrEP can be taken daily or on-demand (event-based dosing).

- **Daily PrEP** is recommended for people who have frequent or unpredictable exposures.
- **On-Demand (2-1-1) PrEP** (two pills 2–24 hours before sex, one pill 24 hours later, and one pill 48 hours later) has been proven effective in preventing HIV among men who have sex with men, including those in chemsex contexts.
- The key is **adherence** to whichever regimen is chosen. In chemsex settings, long sessions, disrupted sleep, or altered memory can make it harder to keep to a schedule, which is why daily PrEP is often recommended for practicality.

---

**14** Someone tells you, "PrEP will affect your 'high'. You'll need to take more drugs if you're on PrEP."

**Correct answer:** Disagree

**Why:** PrEP does not change how recreational drugs affect you.

- The medicines in PrEP (tenofovir and emtricitabine) do **not interact with stimulants, depressants, or party drugs** like meth, GHB, cocaine, ketamine, or ecstasy.
- PrEP's job is to **prevent HIV**; it doesn't alter mood, brain chemistry, or the intensity of a 'high'.

**15** You hear a government representative on TV say, "People who use recreational or party drugs are all the same. They won't be able to control their drug use and will ruin their lives with no future ahead of them."

**Correct answer:** Disagree

**Why:** Not all drug use leads to dependence.

- Many people experiment or use occasionally without resulting in dependence. Research shows that while some people progress to regular or dependent use, many remain at recreational or experimental stages.
- Drug use experiences are diverse.
  - People use drugs for different reasons (pleasure, coping, social connection, sexual exploration).
  - The impacts vary widely depending on frequency, setting, support systems, and health factors.
- Stigma and stereotypes cause harm.
  - Labelling people who use drugs negatively discourages them from seeking health care or harm reduction support, and ffuels discrimination and isolation, making harms more likely.
- A future is possible.
  - Many people who use drugs live productive, healthy lives.
  - With harm reduction, treatment, or supportive environments, people can manage or stop use if they choose.

# **SESSION 9:** REFRESHER AND PARTICIPANT FEEDBACK

### Session Objectives

- To review and refresh knowledge learned over the past two days.
- To encourage participants to share overall feedback on the workshop.

**Duration: 90 minutes**

### Activity – Group Reflection and Knowledge Check

**Materials needed:** Whiteboard or flip chart, markers

**Duration:** 90 minutes

---

This activity is expected to take around 30 minutes and serves both as a review and a gentle energizer. It is not intended to be a test, but an engaging way to check what information has been absorbed, stimulate discussion, and refresh participants' memory.

A series of questions will be read aloud, covering topics from Sessions 1 to 8, ranging from factual recall to reflective prompts. Participants who feel comfortable may raise their hand to respond. Others may be invited to add thoughts, offer different perspectives or clarify ideas, encouraging a dynamic, inclusive exchange.

The setting should remain casual and respectful. There is no pressure for anyone to speak, though contributions must be warmly encouraged and appreciated. A whiteboard, flip chart, or visual aid may be used to capture key insights as they emerge. While the discussion may touch on sensitive topics such as trauma, identity or stigma, participants should not be asked to share personal experiences, and the space must remain safe, non-judgmental, and grounded in empathy. The facilitator may occasionally pause to elaborate on key points or guide the group toward deeper understanding when needed.

**Facilitation Steps:**

- A short opening explanation is offered (as written above).
- A mix of 15–20 questions is presented, allowing time for open group responses.
- Key insights are written or summarized.
- Participants are thanked for their engagement.
- A short closing question is posed to invite personal reflection:
  - One insight that was most surprising or useful today?
  - One thing that could be shared in future workshops?

**Suggested Questions**

### 1 Chemsex Basics

**a.** What is chemsex? How would you define it in your local context? Does this definition vary by country, culture, or community?

**b.** What are some local slang terms or emojis used to represent chemsex in your community?

**c.** Who coined the term "chemsex" and why? What was the purpose behind it?

---

### 2 Drugs and Effects

**a.** What are the three main drug categories? Can you give an example of each? (stimulants, depressants, hallucinogens)

**b.** Which category do most chemsex-related drugs fall into - stimulants, depressants, or hallucinogens?

**c.** What is the most commonly used chemsex drug in Asia? What are some of its street names?

**d.** What is polydrug use, and why is it risky in chemsex settings?

**e.** Give an example of a dangerous drug combination used during chemsex and explain why it's harmful.

**f.** Can you explain what "booty bumping" is and how it compares to injecting or smoking?

**g.** Why is GHB considered particularly dangerous in chemsex settings?

---

### 3 Behaviours, Motivations and Risks

**a.** Why might sex workers use drugs in a chemsex context?

**b.** Why do some gay or bisexual men engage in chemsex? What emotional or social factors play a role?

**c.** What are some reasons transgender individuals may engage in chemsex?

**d.** How can trauma and mental health struggles contribute to chemsex behavior?

**e.** How does stigma - related to sexuality, drug use, or HIV -push people toward risky chemsex practices?

**f.** How can drug use impact the ability to give or receive consent during sex?

---

### 4 Harm Reduction &and Response

**a.** What's the difference between a harm reduction approach and a punishment-based approach?

**b.** What's one simple tip for staying safer during chemsex?

**c.** Why is it important for harm reduction services to be gender-sensitive and inclusive of LGBTQ+ people?

### Activity – Participant Feedback

**Materials needed:** Whiteboard or flip chart, markers

**Duration:** 30 minutes

---

At the end of the workshop, set aside some time for a group discussion to reflect on participants' experience of the workshop. This is important to collect open, honest feedback, not only on the workshop content, but also on the workshop environment, facilitation style, energy levels, and the overall structure of the sessions. This feedback can help to adjust and improve future workshops.

Encourage participants to freely share their feedback on the following:

- What worked well?
- What did not work well?
- What could be improved or changed?

Reflections may cover the pace, content delivery, materials used, facilitation style, group interaction, or even physical and emotional energy in the room. Encourage participants to speak candidly and welcome others to respond, agree, offer contrasting views, or build on shared observations, thereby creating a space where learning happens in both directions.

**Pro Tip!**

- Make sure the tone of this discussion remains respectful and constructive.
- Assure participants that both critical and positive feedback are welcomed
- Practice active listening and make sure that your co-facilitators and organizing team are also listening with openness and care.

# ANNEXES

## ANNEX 1: KEY HARM REDUCTION INTERVENTIONS FOR CHEMSEX

### 1. Community-Led Programs

These are interventions that are created by the community, for the community. People with lived experience lead, design and deliver these services. Because of this, the support offered is more culturally relevant, respectful, and trusted. People are more likely to accept help when they feel understood and not judged. A few examples are listed below:

**a.** Peer Outreach Programs: Trained peers go to places where people gather (like clubs, saunas, private parties, or online spaces) to provide harm reduction information, safer sex kits (condoms, lube), and safe drug use supplies. For example, in Bangkok, outreach teams may visit venues on weekends to talk to men who have sex with men discreetly and share contact information for support services.

**b.** Peer-led Counselling: Support is provided by someone who has similar experiences. For instance, a person living with HIV who also understands chemsex dynamics can offer one-on-one counselling to others. This builds trust and makes it easier to talk about sensitive topics like drug use and sex.

**c.** Peer Support Groups: Safe spaces (online or offline) are created for people to share experiences and coping strategies. A group may meet weekly to talk about how to manage cravings, how to deal with stigma, or how to build healthier relationships. These groups reduce isolation and help people feel less alone.

**d.** Drop-in Centres/Community-based Centres: Community space where people can walk in and access services like HIV testing, STI screening, mental health support, or just a friendly place to talk. Staff are trained in non-judgmental approaches and understand the local community dynamics. For example, a centre in Manila might provide weekend group discussions on chemsex, led by a peer navigator.

**e.** Chemsex-Specific Workshops: These are sessions where communities can learn about the effects of different drugs, safer sex, managing consent while under the influence of drugs, and how to support friends who are struggling. These are often interactive and guided by peers with experience in both HIV and harm reduction.

## 2. Virtual or Online Programs

Many people involved in chemsex use digital platforms - such as dating apps or social media - to meet, talk, or plan gatherings. That's why it's important to meet them where they are. Online or virtual programs allow support and harm reduction information to be delivered in a private, anonymous, and real-time way. This is especially helpful in places where stigma or legal risks make in-person outreach difficult. A few examples are listed below:

**a.** Virtual Outreach via Dating Apps or Online Platforms: Peer educators or outreach workers create accounts on dating apps like Grindr, Hornet or Blued and send harm reduction messages, links to support services or friendly reminders to test for HIV/STIs. For example, in Jakarta, peer teams have used dating apps during peak weekend hours to reach app users with information about safe partying and local testing sites.

**b.** WhatsApp or Telegram-Based Counselling: Private, real-time support is offered via encrypted chat. A trained peer or counsellor responds to questions about drugs, sex, mental health, or accessing services. For example, in India, some groups run WhatsApp helplines where people can talk anonymously and get referred to LGBTQ+-friendly clinics or mental health providers.

**c.** Social Media Campaigns: Facebook, Instagram and TikTok can be used to share short videos, testimonials, infographics or livestream sessions about safer sex, safer drug use or mental wellbeing. For example, a campaign might feature a young man who has sex with men explaining how he safely navigated a chemsex situation or sought help after an overdose scare.

**d.** Web-Based Information and Referral Hubs: Websites can host clear, friendly, non-judgmental information about chemsex, how to reduce harm, where to get help and what to do in an emergency. For example, ChemsexSupport.com in the UK offers toolkits, personal stories and contact links for services. A similar regional or country-specific site could be developed for communities in Asia.

**e.** Online IEC (Information, Education, Communication) Tools: Downloadable PDFs, videos or even interactive quizzes about safer injecting, types of drugs and how drugs affect sex can be shared through messaging platforms or social media. For example, a short cartoon video in the local language showing the risks of mixing drugs with sex might be easier to understand and share among friends.

**f.** Anonymous Online Support Groups or Forums: Platforms like Telegram groups, Discord servers or even Facebook groups (with privacy settings) can allow people to share and learn from one another. Moderated by trained peers, these groups can provide round-the-clock emotional support, crisis help or just a space to vent.

## 3. HIV and other STI Testing and Treatment

In chemsex contexts, the risk of HIV and other STI transmission is higher, especially when condoms aren't used consistently or when people have multiple sexual partners while under the influence of drugs. Regular HIV and STI testing helps people know their status early. Early detection leads to faster treatment, which can prevent serious health problems and stop HIV and other STI from being passed on to others. Treatment also helps people living with HIV live long, healthy lives. A few examples are listed below:

**a.** HIV Self-Testing (HIVST): Self-testing kits allow people to test themselves privately, at home or wherever they feel safe. These are especially useful in communities where people who engage in chemsex may avoid clinics due to stigma. Kits can be given out during outreach, sent by post or made available at drop-in centres. In Thailand, some programs use vouchers or QR codes to help people order test kits online discreetly.

**b.** Community-Led Testing Sites: HIV and STI testing offered in places where people already feel comfortable, such as like LGBTQ+ centres, drop-in-centres, or clinics staffed by trained peers, can increase uptake. For example, in Vietnam and the Philippines, community-led testing services have proven successful by offering friendly, judgment-free environments and same-day results.

**c.** Pop-up or Mobile Testing Units: These units visit hotspots like bars, party districts or saunas on weekends or event nights. A mobile van could provide HIV and STI tests on-site with privacy, and offer condoms, lubes and PrEP info. Outreach teams might coordinate with event organizers for health booths during gay pride or local parties.

**d.** Linkage to Care and Treatment: Testing must be paired with easy and fast linkage to antiretroviral therapy (ART). Peer navigators can accompany someone to a clinic or help them book appointments. In Indonesia, case managers sometimes use WhatsApp to follow up with clients to make sure they start and stick to treatment.

## 4. Pre-Exposure Prophylaxis (PrEP)

PrEP is a medication taken by HIV-negative individuals to prevent HIV. It is highly effective when taken correctly. PrEP is a critical option for people engaging in chemsex, who may forget to use condoms or have higher-risk sex while on drugs. Making PrEP accessible and accepted in the community is a powerful way to reduce HIV infections. A few examples are listed below:

**a.** PrEP Education and Debunking Myths: Many people still misunderstand PrEP. Some think it's unsafe or that it encourages "risky" sex. Peer educators can lead sessions or create online content to explain that PrEP is medically approved, safe and effective. For example, Facebook or TikTok videos in local languages can show real people sharing their experiences of using PrEP.

**b.** PrEP Referral and Access Support: Peers can help link individuals to clinics or programs offering PrEP. In some countries, online forms or community navigators can help people get prescriptions and lab tests. In Nepal and Myanmar, PrEP access programs work through local LGBTQ+ groups to distribute medication and provide reminders.

**c.** Drop-in Centres with PrEP Services: A centre that offers both PrEP and HIV/STI testing creates a one-stop location for sexual health. Such a centre may also provide information on safe sex, mental health support and drug use safety. For example, a community centre in Kuala Lumpur may offer walk-in PrEP services three times a week with trained peer staff.

**d.** PrEP Buddy Programs: These match someone starting PrEP with a peer who is already using it. They provide encouragement, help manage side effects and remind them to take pills daily. This can improve adherence and comfort.

## 5. Mental Health and Substance Use Support

Chemsex is often connected to deeper issues such as stress, trauma, rejection, body image concerns or loneliness. Mental health challenges can lead to drug use, and drug use can worsen mental health. Programs that only focus on HIV or physical health may miss these issues. That is why integrated mental health and substance use support is essential for people involved in chemsex. A few examples are listed below:

**a.** Peer-Based Counselling and Emotional Support: Trained peers, who may have lived experience with chemsex, can provide basic counselling and emotional support. For example, in Vietnam, some LGBTQ+ organizations train peer supporters to talk about depression, anxiety or shame related to drug use and sex.

**b.** Referral to LGBTQ+-Friendly Mental Health Professionals: Some people may need deeper support, such as therapy or psychiatric care. Programs can create referral networks of mental health providers who understand gender, sexuality, trauma and drug use. In India, for example, some NGOs partner with psychologists who speak local languages and provide reduced fees for community members.

**c.** Anonymous Helplines or Online Chat Services: These allow people to talk about emotional stress without revealing their identity. A Telegram-based support group moderated by trained volunteers can offer a safe space to share feelings after a chemsex session or when someone feels lost or ashamed.

**d.** Peer-Led Support Groups: These groups allow people to talk openly in a non-judgmental space. Participants discuss struggles with drug use, relationships or trauma. In Hong Kong, small private groups of men who have sex with men meet twice a month to talk about chemsex experiences and recovery journeys. Peer facilitators lead sessions using basic group therapy methods.

**e.** Crisis Counselling or Suicide Prevention Services: Mental health crises, including suicidal thoughts, can be triggered after chemsex sessions, especially if people feel regret or shame, or have withdrawal symptoms. Programs can include emergency support lines or crisis text messaging services staffed by trained community members.

## 6. Emergency Services and Overdose Prevention

Some drugs commonly used in chemsex (like GHB, crystal meth, or ketamine) can be unpredictable, especially when mixed. People might lose consciousness, overdose, or experience panic attacks or psychosis. Having community-based emergency services and overdose prevention education can save lives. A few examples are listed below:

**a.** Overdose Response Kits (e.g., Naloxone): If opioids are part of the drug scene, naloxone (a medicine that reverses opioid overdose) should be made available. Outreach workers, peer educators and even venue staff (such as those at saunas or clubs) can be trained to use it. For example, in some parts of Thailand and Malaysia, NGOs have started distributing naloxone kits during outreach to people who use heroin or synthetic opioids.

**b.** Education on Overdose Risks and Safe Dosing: Peer-led sessions can teach people how to recognize signs of overdose (e.g., unresponsiveness, trouble breathing, seizures) and what to do. Harm reduction materials (booklets, videos or chat-based education) can explain how to avoid mixing depressants like GHB and alcohol, or how to 'start low and go slow' with new substances.

**c.** Post-Chemsex Recovery Services: After a chemsex session, people may feel anxious, depressed or physically unwell. Drop-in centres or WhatsApp-based support services can provide hydration kits, nutrition advice, sleep recovery information, or even arrange wellness check-ins. In Singapore, some community groups offer 'chemsex recovery weekends' focused on rest, reflection, and peer support.

**d.** Emergency Helplines or Response Networks: Anonymous helplines, online chat support or emergency peer networks can help people in crisis. For example, in Jakarta or Bangkok, Telegram groups offer 24/7 crisis response where trained volunteers help manage overdose, panic attacks or bad trips by guiding someone (or their friends) step-by-step.

**e.** Basic First Aid and Crisis Kits at Venues: Places where chemsex happens - private parties, hotels, or saunas - can keep first aid supplies, contact numbers, and drug safety cards. Some outreach teams train party hosts to recognize red flags and provide emergency response.

## 7. Legal Rights, Consent, and Personal Boundaries

In chemsex spaces, power dynamics, impaired consent, discrimination and fear of the law often overlap. People may face legal risks, sexual violence, or human rights violations, especially if they belong to already marginalized groups (e.g., LGBTQ+, sex workers, people living with HIV). Programs must include legal literacy, rights education and consent-focused learning to promote safer, more respectful environments. A few examples listed below:

**a.** Know Your Rights Workshops: These workshops teach participants their basic rights when interacting with police and healthcare workers, or during drug-related incidents. For example, in the Philippines and Cambodia, community legal clinics train peers to understand rights during arrest, body searches or medical emergencies. Topics include: the right to medical help, the right to refuse forced testing, and how to handle discrimination.

**b.** Legal Aid and Support Referrals: If someone is arrested, evicted or denied services because of drug use or identity, access to friendly legal help is critical. Programs can partner with legal aid groups or pro bono lawyers. In some regions, paralegal peer educators assist with documentation or accompany clients to legal appointments.

**c.** Consent and Intimacy Workshops: These can help participants understand how consent can be affected during drug use. They teach how to recognize, give, and respect consent, even when under the influence. Workshops might use role-playing, storytelling or community theatre. In Bangkok and Hanoi, some LGBTQ+ NGOs run intimacy and trust-building workshops that focus on pleasure, safety and mutual respect.

**d.** Sexual Violence Prevention and Response: Participants should be supported to identify signs of sexual violence and know how to respond, whether it happens to them or someone else. This includes workshops on what coercion looks like, how to intervene safely and where to report incidents. Anonymous reporting systems or peer-led crisis hotlines can offer confidential help.

**e.** Workshops on Boundaries and Safe Relationships: Peer educators can lead small group sessions on setting emotional, physical and digital boundaries. These sessions may cover how to say no, how to leave uncomfortable situations and how to check in with others during group sex or drug use. Case studies or "what would you do?" games help participants think critically.

**f.** Stigma and Discrimination Awareness Sessions: Many chemsex participants fear being judged or criminalized. Sessions that challenge stereotypes about people who use drugs, people living with HIV or queer communities can create more accepting, safe spaces. Story-sharing events or panel discussions can help community members speak out and feel seen.

**g.** Digital Safety and Privacy Workshop: Since many chemsex meet ups happen online, it's important to teach safe online behaviours, such as how to protect identity, avoid blackmail and store sensitive info securely. For example, in Malaysia, digital rights NGOs collaborate with LGBTQ+ groups to teach encrypted messaging, private browsing and what to do if blackmailed after a hook up.

# **ANNEX 2:** NINE HARM REDUCTION INTERVENTIONS BASED ON WHO GUIDANCE

1. **Needle and Syringe Programs (NSPs)**
   This means giving people who inject drugs clean needles and syringes, so they don't have to share used ones. Sharing used needles and syringes can spread HIV and other infections like hepatitis. For example, a drop-in centre could provide free sterile injecting kits and collect used ones safely.

2. **Opioid Substitution Therapy (OST)**
   OST helps people who use heroin or other opioids by offering safer medicines like methadone or buprenorphine. These medicines reduce cravings and withdrawal symptoms, helping people avoid injecting drugs. A clinic might offer a daily dose of methadone to help someone stabilize their life and reduce risky injecting behaviors.

3. **HIV Testing and Counselling**
   This involves offering people regular HIV tests and support before and after testing. Knowing your HIV status is important to protect yourself and others. For example, a mobile van might visit neighbourhoods and provide free, confidential HIV testing with someone to talk to about the results.

4. **Antiretroviral Therapy (ART)**
   ART is the medicine taken by people living with HIV to stay healthy and reduce the virus in their body. Taking ART every day can also stop HIV from being passed to others. For example, a health centre may help someone start and continue their HIV treatment, even if they use drugs.

5. **Prevention and Treatment of Sexually Transmitted Infections (STIs)**
   This means checking for and treating STIs like gonorrhoea or syphilis, which can increase HIV risk. Services might include free check-ups, treatment and information about safer sex. For example, a peer educator might refer someone to a friendly clinic that offers STI testing with no judgment.

6. **Condom Programs**
   These programs give out free condoms and teach people how to use them correctly. Condoms help prevent HIV, STIs, and unplanned pregnancies. For example, condoms may be available at community centres, outreach events or even vending machines in places where people gather.

7. **Information, Education, and Communication (IEC)**
   IEC means sharing easy-to-understand facts about safer drug use, HIV, STIs, and where to get help. This can be done through posters, videos, leaflets or talks. For example, a peer-led workshop may teach safer injecting practices using pictures and simple language.

8. **Prevention, Vaccination, Diagnosis, and Treatment for Viral Hepatitis**
   Hepatitis B and C are viruses that affect the liver and can be spread by sharing needles. Services should include hepatitis testing, vaccination for hepatitis B, and treatment for those infected. For example, a harm reduction centre may test people for hepatitis and help them start free treatment.

9. **Prevention, Diagnosis, and Treatment of Tuberculosis (TB)**
   People who inject drugs are at higher risk of TB, especially if they are living with HIV. TB screening and free treatment can help stop its spread. For example, a health worker might visit shelters or clinics to test for TB and give medicine if someone tests positive.

# **ANNEX 3:** PRE AND POST WORKSHOP ASSESSMENT

1. **What advice would you give someone before a chemsex session? (Tick all that apply)**
   - **a.** Drink lots of alcohol
   - **b.** Eat a nutritious meal ✓
   - **c.** Sleep well ✓
   - **d.** Take your PrEP ✓

2. **What advice would you give someone during a chemsex session? (Tick all that apply)**
   - **a.** Know your boundaries ✓
   - **b.** Share your needle
   - **c.** Ask for consent from your sexual partner ✓
   - **d.** Know your location ✓

3. **What advice would you give someone after a chemsex session? (Tick all that apply)**
   - **a.** Have a shower ✓
   - **b.** Eat something nutritious ✓
   - **c.** Drink a little tea / water ✓
   - **d.** Ask for help by calling a close friend ✓

4. **Points below are potential risks for individuals who engage in chemsex, except:**
   - **a.** Mental health issues such as anxiety or depression
   - **b.** Long-term physical health complications, such as organ damage
   - **c.** Unregulated social interactions and risky behaviors
   - **d.** Improved decision-making and cognitive function ✓

5. **Which of the following best describes the concept of harm reduction?**
   - **a.** An intervention that targets individuals who have already experienced severe drug-related harm.
   - **b.** An approach that encourages individuals to reduce their drug use and eventually achieve abstinence.
   - **c.** A set of practices that aims to reduce the negative consequences of drug use, without requiring that individuals stop using drugs. ✓
   - **d.** A method of intervention that relies on strict regulation to prevent drug use and its associated dangers.

6. **Which of the following is a reason why men who have sex with men and transgender individuals might participate in chemsex?**
   - **a.** Curiosity
   - **b.** Peer pressure
   - **c.** Seeking emotional connection
   - **d.** All of the above ✓

7. **What is a common experience among individuals who engage in chemsex in terms of their social behavior?**
   - **a.** Heightened emotional vulnerability and openness
   - **b.** A sense of detachment or emotional numbness during and after sessions ✓
   - **c.** Increased feelings of trust and connection with others
   - **d.** Enhanced focus on social interaction and community

8. **Which of the following is NOT a common reason why individuals might engage in chemsex?**
   - **a.** To reduce stress and anxiety associated with sex
   - **b.** To enhance sexual pleasure and become more adventurous
   - **c.** To escape from emotional or personal issues
   - **d.** To improve their physical health and fitness ✓

9. **What is one of the common long-term physical health risks associated with chemsex?**
   - **a.** Increased heart rate
   - **b.** Liver damage or kidney issues ✓
   - **c.** Blood pressure
   - **d.** Muscle weakness

10. **Which of the following is a key risk associated with chemsex, particularly concerning HIV transmission?**
   - **a.** Reduced ability to make safer sexual decisions due to the effects of drugs ✓
   - **b.** Increased likelihood of condom use during sexual activities
   - **c.** Greater use of PrEP (Pre-Exposure Prophylaxis) among chemsex participants
   - **d.** Decreased prevalence of STIs and HIV transmission

11. **What is a significant barrier to accessing harm reduction services for people engaging in chemsex?**
   - **a.** Widespread societal acceptance of chemsex practices
   - **b.** The availability of effective medical treatments for drug addiction
   - **c.** High levels of awareness and understanding among the general population
   - **d.** he stigma and discrimination associated with drug use and sexual behavior ✓

12. **In a harm reduction approach, which of the following is a recommended practice to reduce the risks associated with chemsex?**
   - **a.** Encourage individuals to stop using drugs altogether
   - **b.** Educate about safer sex practices, including condom use and the role of PrEP ✓
   - **c.** Avoid discussing the negative consequences of chemsex to prevent alienation
   - **d.** Limit access to information on mental health support to avoid triggering negative emotions

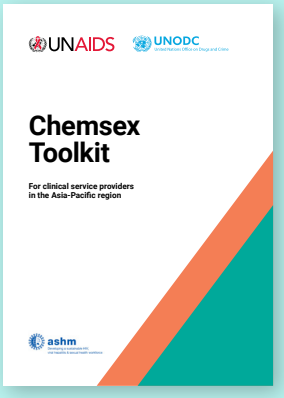
13. **Which of the following is a common mental health concern linked to chemsex?**
   - **a.** Increased sense of emotional stability
   - **b.** Reduced risk of anxiety and depression
   - **c.** Difficulty coping with stress, anxiety, depression, and loneliness ✓
   - **d.** Enhanced ability to manage emotions without external support

# **ANNEX 4:** ADDITIONAL RESOURCES ON CHEMSEX AND HARM REDUCTION

**Chemsex Toolkit: For clinical service providers in the Asia-Pacific region**

Developed by the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) on behalf of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC)

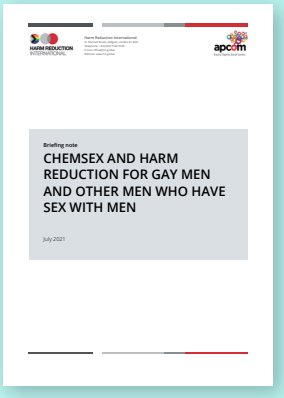
www.unaids-ap.org/wp-content/uploads/2024/11/chemsex-toolkit-for-clinical-service-providers-in-the-asia-pacific-region_05112024-1.pdf




**Chemsex and Harm Reduction for Gay Men and other Men who have Sex with Men**

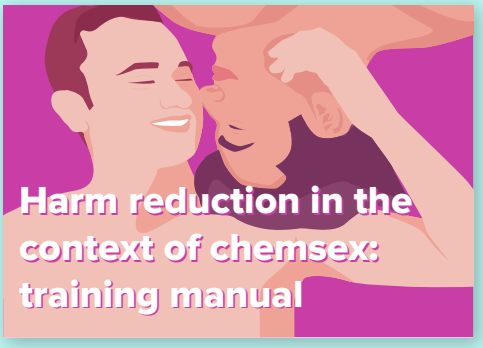
Briefing Note by Harm Reduction International, July 2021.

www.hri.global/files/2021/07/12/HRI_Briefing_Chemsex_July_2021_Final.pdf




Poulios, A. (2022). **Harm Reduction in the Context of Chemsex: Training Manual.** Berlin: AIDS Action Europe.

www.aidsactioneurope.org/sites/default/files/2023-09/Manual work 08.09 final for web.pdf



The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA-2) is a three and a half year program (1 July 2022 – 31 December 2025) funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria under Agreement No. QSA-H-AFAO and aimed at improving the sustainability of evidence-informed, prioritized HIV services for key populations in Bhutan, Malaysia, Mongolia, Philippines and Sri Lanka. The objectives of SKPA-2 are to: 1. Accelerate financial sustainability; 2. Improve strategic information availability and use; 3. Promote programmatic sustainability; and 4. Remove human rights- and gender related barriers to services.

For further information, please contact:

Ms. Felicity Young AO
**Principal Director – SKPA-2**
Felicity.young@healthequitymatters.org.au


healthequitymatters.org.au


facebook.com/healthequitymattersorg


x.com/equitymatters_