

Legacy Brief

CHEMSEX AND HARM REDUCTION IN ASIA: FROM SILENCE TO SYSTEMATIC CHANGE

Documenting Our Approach, Achievements
and Lessons Learned (2022-2025)

This document is one of a series of legacy briefs capturing key learnings, achievements, and approaches from the SKPA-2 program. This brief focuses on chemsex and harm reduction programming for key populations in Sri Lanka and Malaysia, and regionally.

1. Accelerate financial sustainability
2. Improve strategic information availability and use
3. Promote programmatic sustainability
4. Remove human rights and gender related barriers to services

Chemsex - the use of psychoactive substances in sexual contexts - has become an emerging public-health issue across Asia, particularly among men who have sex with men and transgender people. It is often linked to HIV and STI risk, mental health concerns, and legal and social vulnerabilities. However, most countries in the region have lacked structured, evidence-based approaches and few organizations and program implementers had the mandate, expertise and experience to address chemsex in ways that affirm rights and are culturally appropriate.

In every SKPA-2 country before the program commenced support, chemsex was rarely spoken about openly in health or community settings as it was seen as too sensitive, complex and risky to address. Yet communities and service providers knew the reality: people were struggling in silence.



OUR APPROACH

SKPA-2 has enabled and spearheaded regional capacity and leadership on chemsex through community-led, evidence-based approaches that can be replicated across Asia and the Pacific.

Drawing on our combined international and Australian expertise in harm reduction, community health and HIV service integration, we adapted our approach to the social, cultural, legal and religious context, ensuring relevance and sensitivity to local realities. This approach combines technical expertise, community leadership and systems engagement using the following key strategies:

1 Building knowledge and technical leadership

SKPA-2 developed a comprehensive Chemsex and Harm Reduction Training Package that integrates harm reduction, HIV prevention, and mental health components, which can be adapted for both community and clinical settings.

2 Contextually relevant and multilingual training

SKPA-2 designed and piloted training in English, Sinhala and Tamil, using culturally appropriate examples and non-judgmental language to ensure accessibility and resonance with local communities.

3 Working with communities and healthcare providers

SKPA-2 co-created materials with people with lived experience, clinical staff, and peer educators/outreach workers.

4 Government engagement

The approach also involved partnership with national HIV programs, including the National STD/AIDS Control Programme (NSACP) in Sri Lanka and the Ministry of Health in Malaysia, to frame chemsex as a legitimate public health and human rights issue and secure formal recognition and endorsement.

5 Chemsex and Harm Reduction Technical Resources

Given that chemsex and people who engage in chemsex are often stigmatized and criminalized in the Asian context, SKPA-2 produced a suite of standardized tools to support consistent implementation and scale up across countries, including:

- **Chemsex and Harm Reduction: A Guide for Trainers**, integrating Chemsex 101, harm reduction approaches, HIV prevention, and mental health components tailored to community contexts.
- **Chemsex and Harm Reduction: Companion Guide on Facilitation Skills**, detailing facilitation methods, adult learning principles, session planning and presentation skills.
- **Chemsex and Harm Reduction: PowerPoint slide deck**, complementing the Guide for Trainers, enabling consistent delivery and replication.
- **Chemsex 101 interactive self-learning e-Course**, via Mainline Foundation, available free of charge in English, Sinhala and Tamil (translated and contextualized to a Sri Lankan context by community members). This was the first time such content has been accessible in local languages, helping to strengthen community understanding of chemsex, harm reduction and HIV prevention.



ACHIEVEMENTS AND IMPACT

Sri Lanka: From Taboo to Open Dialogue

Health Equity Matters' SKPA-2 program in-country partners - the Family Planning Association of Sri Lanka (FPASL), APCOM, the Mainline Foundation, Centre for Supporting Community Development Initiatives (SCDI) Vietnam, and the National STD/AIDS Control Programme (NSACP) of Sri Lanka - joined forces to address chemsex in the context of the growing Sri Lankan HIV epidemic for the first time, while ensuring strong linkages with mental health, and harm reduction services.

In January 2024, a two-day workshop on chemsex was held for public health officials and medical professionals. This workshop covered a broad spectrum of topics related to chemsex, including global and local perspectives, drug use demographics, public health versus public security, HIV prevention interventions among men who have sex with men and transgender individuals, and the human rights and legal context of drug use.

In February 2024, another two-day workshop on chemsex and harm reduction was conducted, this time for community and peer outreach workers. The workshop highlighted interventions to support clients involved in chemsex. The focus was on promoting self-care, PrEP education, and strategies to decrease chemsex activity. Discussions also explored the effects of chemsex on mental and physical health, its link to higher HIV risk, the need for specialized training in sexualized drug use support and HIV prevention, the importance of understanding PrEP and PEP, and the need for further research on sexualized drug use.

In January 2025, as a follow up to these two workshops, the SKPA-2 program, in collaboration with Mainline Foundation, APCOM and FPASL, consulted with community members who engage in chemsex to adapt the Mainline Foundation's chemsex training manual to better suit the Sri Lankan context. Adaptation included translating the manual into Sinhalese and Tamil and making it an online resource accessible to health professionals and community members.

Following adaptation, SKPA-2 developed and piloted the first Training of Trainers on Drug Use in Sexualised Settings, which served as both a learning platform and a testing ground for the draft **Chemsex and Harm Reduction Training Package** with simultaneous translations in Sinhala and Tamil. This five-day training brought together outreach workers, peer educators and civil society leaders representing men who have sex with men, transgender people, people who use drugs, sex workers and people living with HIV. For many, it was their first opportunity to discuss chemsex without fear or stigma.

Pre- and post-training assessments showed significant improvements in knowledge and understanding. Participants demonstrated a 54% increase in knowledge of harm reduction approaches, a 40% improvement in understanding chemsex-related risks, and a 47% rise in confidence to facilitate sensitive discussions using adult learning methods. Qualitative feedback also showed that participants valued the non-judgmental framing of the issue and practical guidance on integrating chemsex discussions into existing outreach. Based on participants' expertise and insights, the materials were refined to:

- Simplify translations and vocabulary
- Remove or rephrase technical terms to improve accessibility
- Add country and contextual examples throughout to reflect the cultural and legal environment

The process also catalyzed dialogue with government stakeholders, including the NSACP, on messaging and use of language, in a context where messaging that works in western countries was at times inappropriate due to the criminalization of drugs and people who use drugs.



SCALING AND ADAPTING IN MALAYSIA: THE MYINCLUSION INITIATIVE

Building on lessons from Sri Lanka, SKPA-2 supported the Malaysian Initiative on Community-Led Drug and Sex Intervention (MyINCLUSION), led by the Malaysia AIDS Council (MAC) and Malaysia AIDS Foundation (MAF). SKPA-2's contribution focused on building the capacity of a core team of trainers through Chemsex Training of Trainers (ToT), Mental Health First Aid, and Paralegal Skills courses.

SKPA-2's investment in training this core team led to subsequent workshops rolled out in six stages, which engaged 133 participants working as community healthcare workers or PrEP peer navigators¹, with more than half being active or former chemsex users. Trainings combined harm-reduction education, peer-led counselling, and service linkage to PrEP and mental-health support bridging community and clinical systems in a way that had not previously been done.

The workshops also distributed harm-reduction kits containing condoms, lubricants, sterile needles and syringes, and referral information. These activities created entry points for community dialogue on stigma, consent, and mental-health support.

The Malaysian experience confirmed the adaptability of the training model at the same time as highlighting follow-up trainings desired by the community, including on mental health first aid and paralegal skills to strengthen community-based care and ensure a multisectoral and intersectional response.

FROM LEARNING TO LEGACY

SKPA-2 approach on chemsex and harm reduction has demonstrated that communities, governments and technical partners can collaborate on challenging and sensitive issues and deliver interventions that are both evidence-based and compassionate while affirming public health and human rights principles.

Providing an opportunity for dialogue through open and honest conversations, developing locally relevant technical resources and building meaningful and inclusive multi-sectoral partnerships are the recipe for success, and lessons learned from SKPA-2 will continue to shape the way in which harm reduction, mental health, and sexual health are understood and services are delivered across Asia and the Pacific.

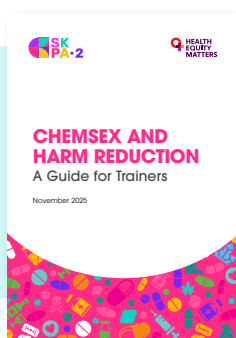


¹ In Malaysia, community healthcare workers conduct outreach to engage the community and provide testing and prevention services. If a client tests negative but is at risk, they are referred to PrEP navigators. PrEP navigators support individuals to initiate and stay on PrEP as long as they remain at risk. They act as a bridge between the community and the health system, streamlining the process and making it more client friendly. Their main responsibilities include education, treatment adherence support, and harm reduction counselling.

LESSONS LEARNED

- **One Size Doesn't Fit All: Localization is a process, not just translation to local language:** Adapting harm reduction and chemsex frameworks from western to Asian contexts requires careful revision of terminology and concepts. Through iterative local translation and community review, it is feasible to replace stigmatizing or moralistic terminology with neutral, practical language that is locally relevant and acceptable. Even within Asia, language and contextualization are very different in Sri Lanka, Malaysia, and Vietnam and nuance is important.
- **Community leadership drives credibility and creates empathy:** When people with lived experience lead, facilitate and act as co-trainers, conversations shift from the technical and abstract to grounded-in-reality human and local issues. Personal stories can shift the narrative from risk to compassion, helping outreach workers and clinicians relate to chemsex as a health and well-being concern.
- **Government engagement is essential from the start:** Because chemsex is a sensitive issue and easily misunderstood, strong partnership with national HIV programs is critical. It ensures the work is framed as a public health intervention, safeguards community partners, and paves the way for policy endorsement. Identifying and supporting champions within government is especially important to navigate the complex institutional landscape and sustain a dialogue with other relevant government agencies and departments.
- **Ongoing and structured support is needed to sustain momentum:** Trainings spark enthusiasm, but long-term progress and sustainability depend on integration with government systems, ongoing mentoring and support, and continuous follow-up to sustain activities, maintain quality and institutionalize learning.

RESOURCES



Scan the QR code to view Chemsex and Harm Reduction Training Package



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