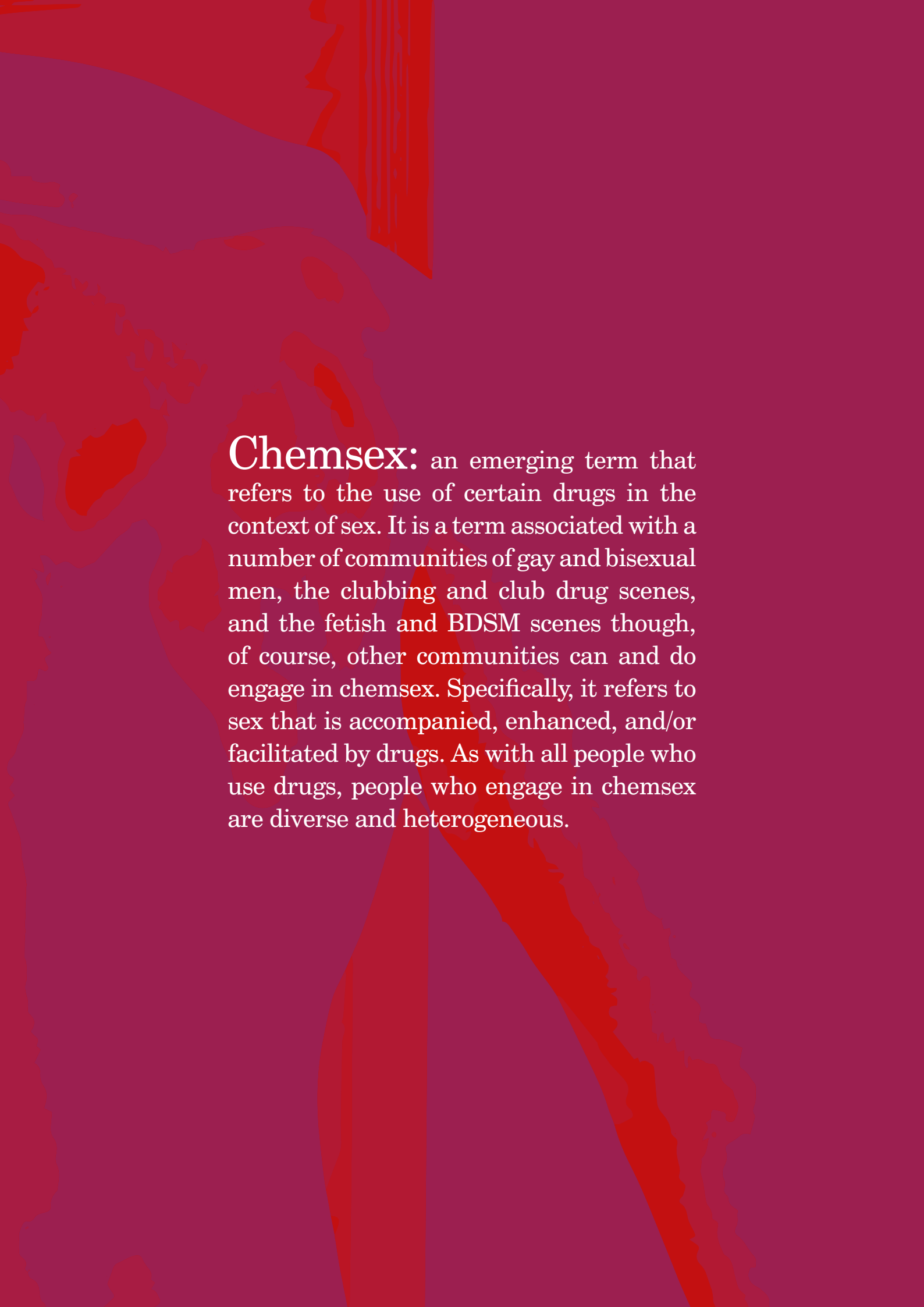


Chemsex

A Case Study of Drug-Userphobia

A close-up, profile view of a person's face, looking towards the right. The image is heavily stylized with a dark, textured overlay that obscures parts of the face, particularly the eyes and nose. The background is a solid, dark color. The text is positioned in the lower-left quadrant of the image.

Chemsex: an emerging term that refers to the use of certain drugs in the context of sex. It is a term associated with a number of communities of gay and bisexual men, the clubbing and club drug scenes, and the fetish and BDSM scenes though, of course, other communities can and do engage in chemsex. Specifically, it refers to sex that is accompanied, enhanced, and/or facilitated by drugs. As with all people who use drugs, people who engage in chemsex are diverse and heterogeneous.

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Introduction and Background

Chemsex and Drug User Rights

Chemsex has been subject to increased attention due to stigmatising and fear-based reporting. Recent newspaper coverage includes moralising articles, such as [What is chemsex and why is the UK government worried about it?](#)¹ [What is chemsex? And how worried should we be?](#)² [Gay men warned on risks of 'chemsex'](#)³ [The dark side of chemsex: A high cost to pay for temporary relief](#)⁴ and [NHS urged to respond to growing health dangers of chemsex](#).⁵ In short, chemsex is framed as a health and morality emergency.

“... these stories do not provide an objective lens through which to understand the broad range of perspectives and lived-realities ...”



Newspaper Coverage of HIV/AIDS in the 1980s and 1990s

- 1 Wilson, C., 2017, What is chemsex and why is the UK government worried about it? *New Scientist*. 14th July, available at <https://www.newscientist.com/article/2140756-what-is-chemsex-and-why-is-the-uk-government-worried-about-it/> (last accessed 16th April 2019)
- 2 Speed, B., 2016, What is chemsex? And how worried should we be? *New Statesman*. 8th April, available at <https://www.newstatesman.com/politics/health/2016/04/what-chemsex-and-how-worried-should-we-be> (last accessed 16 April 2019)
- 3 Campbell, D., 2014, Gay men warned on risks of 'chemsex'. *The Guardian*. 8th April, available at <https://www.theguardian.com/society/2014/apr/08/chemsex-gay-men-drugs-health-risk-hiv-aids> (last accessed 16th April 2019)
- 4 Neves, S., 2018, The dark side of chemsex: A high cost to pay for temporary relief. *The Gay Times*. 1st April, available at <https://www.gaytimes.co.uk/community/102698/the-dark-side-of-chemsex/> (last accessed 16th April 2019)
- 5 Halliday, J. and Godfrey, C., 2015, NHS urged to respond to growing health dangers of chemsex. *The Guardian*. 7th November, available at <https://www.theguardian.com/society/2015/nov/07/nhs-urged-to-respond-to-growing-health-dangers-of-chemsex> (last accessed 16th April 2019)

These reports are analogous to a recurring trend of misinformation regarding sexual and drug-using behaviours of gay and bisexual men, transgender people, people who use drugs, and/or people living with HIV. This has undermined meaningful public health and human rights responses over past decades (see newspaper coverage of HIV/AIDS in 1980s and 1990s). Driven by crude generalisation of worst-case scenarios, fear, and stigma, these stories do not provide an objective lens through which to understand the broad range of perspectives and lived-realities of communities that use drugs in the sexual context.

Chemsex is an emerging term that refers to the use of certain drugs in the context of sex.⁶ It is a term associated with a number of communities of gay and bisexual men, **the clubbing and club drug scenes, and the fetish and BDSM scenes though, of course, other communities can and do engage in chemsex.** Specifically, it refers to **sex that is accompanied, enhanced, and/or facilitated by drugs.**⁷ As with all people who use drugs, people who engage in chemsex are diverse and heterogeneous.

Stigma, criminalisation, and social exclusion have resulted in poor understanding of chemsex, and of people who engage in chemsex. The media, government, or health systems **rarely, if ever, engage with chemsex from the perspective of drug users' rights.** Instead, **these institutions frequently position drug use and chemsex as problematic,** as activities which are dangerous, harmful, and destructive in-and-of-themselves. In the context of chemsex, drug use is framed as threat to the community – whether the community at large or to LGBTQ communities – as this document demonstrates. From a human rights perspective, we must each reject such moral judgement of people's drug use in the context of the sex they have. Instead, the focus must be on realising drug users' rights to self-determination and bodily autonomy, as well as their right to receiving health-related information and services to navigate their drug use according to their choice. **Stigmatising, discriminating against, and criminalising drug users do not have the intended effect of reducing drug use. Instead, they drive people who use drugs and drug markets underground, which increases the vulnerability of drug users and their sexual partners.**

This report focusses on challenging the stigma and discrimination experienced by individuals who engage in chemsex, in order that they can equitably enjoy the

6 'Drug use' should be taken to refer to the non-medically sanctioned use of psychoactive drugs, including drugs that are illegal, controlled, or prescription.

7 In particular, it is associated with newer, synthetic psychoactive drugs and 'amphetamine type substances' (ATS/ stimulants), notably crystal methamphetamine, mephedrone, methylone, methcathinone, as well as depressants including GHB and GBL (sometimes referred to as 'liquid ecstasy', belying its being a depressant and not a stimulant like MDMA). The stimulants are principally used via smoking, insufflating (snorting), injecting (slamming), and, in the case of GHB and GBL, ingesting in liquid form.

"From a human rights perspective, we must each reject such moral judgement of people's drug use in the context of the sex they have."

“... the law and the understandings that justify it continue to problematise drug use ...”

full range of human rights afforded to all people. As with all of INPUD’s community-driven documents, **it discusses and documents the human rights, health, wellbeing, and lived realities and experiences of people who use drugs**, in this case, people who engage in chemsex.⁸ As INPUD’s first document focussing on this community, it draws illustratively from a **chemsex consultation undertaken in South Africa** by INPUD.⁹ Though the focus on one context is a limitation of this consultation and document, the community of people who engage in chemsex in Cape Town has been thriving for well over a decade; the document also supplements relevant perspectives from consultations with communities of people who use drugs in other regions and contexts in order to ground discussions in a global setting.

INPUD hopes that this report is of particular interest to communities who engage in chemsex around the world. It will also be of interest and relevance to a broad range of service providers and health professionals who cater to the unique needs of people who engage in chemsex, people who use and inject drugs, including gay and bisexual men, queer people, trans people, and other communities who engage in chemsex.

8 This document explores chemsex in the context of drug users’ human rights and health. Though it does not explore chemsex in the context of the rights of other marginalised communities to which people who engage in chemsex can belong (for example, the rights of gay men, queer people, people who are into the fetish and kink scenes), these are imperative and crucial discussions that are yet outside the scope of this document’s focus.

9 The consultation took place during the formation of a new Capetonian network of people who use drugs in Cape Town where there has been a thriving chemsex community for well over a decade. This consultation, and document, serve to highlight the issues faced by some people who engage in chemsex, using this South African community as a key community case study to explore pressing issues impacting the community. The selection of participants who contributed to our consultation was driven by whether or not the individual in question identified as a person who uses drugs and engages in chemsex, and **all participants were contacted and accessed by the local drug user community, through the Coordinator of the Capetonian drug user network**. The focus group of ten participants was a diverse group representing individuals with diverse gender and sexual identities and sexualities, having the fact that they had chemsex in common.

Diversity: Who Has Chemsex?

"I'm a sex worker, for 14 years. I have tried all sort of chemsex and stuff like that... sex, and drugs, it's incredibly blown away [...] drugs and sex, it depends on what kind of drugs you use, when you have sex, in terms of outside places [...] How we use drugs and how we sex. Yes. So it's for me a privilege to be, and to discuss with it, with you guys [other participants in the consultation]."

(Participant 9; Chemsex Consultation in Cape Town)

"... people who engage in chemsex ... come from diverse communities with distinct lived experiences and realities..."

As per the newspaper articles in this document's introduction, people who engage in chemsex **are commonly and incorrectly assumed and generalised to be cisgender gay men**. In addition, it is assumed that the drugs they use are limited to certain stimulants and depressants that are specific to certain contexts, especially in the Global North. However, people who engage in chemsex not only come from diverse communities with distinct lived experiences and realities, but additionally **do not conform to media representation** of this community. Similarly, motivations to engage in chemsex are just as diverse as the people who engage themselves.¹⁰ In short, automatic assumptions about people who engage in chemsex, the chemsex they have, or their motivations for engaging in chemsex should be avoided, as per the below quotation:

"the community [...] assume automatically when they hear about chemsex, it's about you having wild sex and weird things happen, and fetishes and vixens, and all of those things. They don't realise that you could just be having the same missionary position for the whole time, but just that you've had a substance that makes you feel comfortable. Some of us, we use it for, like some people say, crystal meth, some females, it causes them to, they reach orgasm easier. So that is why they use it. Other people say it enhances their feelings or their libido."

(Participant 6; Chemsex Consultation in Cape Town)

¹⁰ Motivations for why people have chemsex fall outside the remit of this document, but it is very important to emphasise that motivations for engaging are just as variable as those who engage; intimacy, pleasure, connection and adventure, group sex, kink, fetish, exploring sexual adventure, are all important themes that can come up for communities in the context of chemsex.

Stigma and Discrimination

“People who use drugs have the right to non-discrimination”

“People who use drugs must not be assumed to be sick, deviant, or criminal”

(INPUD’s Consensus Statement on Drug Use Under Prohibition)

Criminalisation, Demonisation, and Pathologisation

The drug-userphobia and stigmatisation experienced by people who engage in chemsex are no different from the stigmatisation of people who use drugs in general or, indeed, those stigmatisations of other marginalised communities who may engage in chemsex, which include homophobia towards gay and bisexual men, and other men who have sex with men, and transphobia towards trans people. Hatred and fear of people who use drugs is rife and endemic globally. Due to criminalisation of people who use drugs, negative media reporting, and poor societal understanding of drug use issues in almost every country in the world, people who use drugs are perceived as **dangerous, deviant, and disruptive**. In addition, people who use drugs are **pathologised as sick, incapable of exercising agency, and acting in their own interest objectively**, and are therefore relegated to needing professional help and treatment, regardless of personal choice. These misconceptions have resulted in compulsory ‘treatment’ and medicalised detention of people who use drugs in many geographies:

“In Vietnam the government has declared that drug users are patients, and as patients they need treatment.”

(VNPUD, Vietnam, translation, Bangkok consultation)

“In my case I was ambushed by my own family and they gave me an injection, and when I woke up I was in a rehab [centre]. And it was against my consent [...] They just stuck in this one line of thinking, that you are sick, you’re a criminal, and you’re dangerous. And it’s really bad.”

(TaNPUD, Tanzania, Dar es Salaam consultation)

“Hatred and fear of people who use drugs is rife and endemic globally”

As with all people who use drugs, **people who engage in chemsex are also stigmatised and discriminated against by the wider community at large**. This stigmatisation is driven by drug-userphobia, homophobia, transphobia, and phobias and hatred towards communities who engage in – and are most often linked with – chemsex:

Chemsex: A Case Study of Drug-Userphobia Stigma and Discrimination

“To an extent we have been kind of marginalised. So the [drug] users knows the users, and normally we don’t discriminate amongst each other [...] But to the larger community we are being, I think, marginalised as people that are just not worth it, you know. Just not worth it. And I think stigmatised as well, from society in general.”
(Participant 10; Chemsex Consultation in Cape Town)

“The way drug users or chemsex populations are viewed is that they are put in a bracket [...] It’s all the negatives.”
(Participant 1; Chemsex Consultation in Cape Town)

Stigmatisation results in **discrimination, social exclusion, and violence**. Such discrimination can take the form of **victim blaming** of people who engage in chemsex: when people who engage in chemsex experience difficulties as a result of criminalisation and stigmatisation, these are instead attributed to and blamed on the individual. Essentially, the problems that these communities face are reduced to their individual circumstances, choices, and ‘fault’, eclipsing the ways in which social and structural problems shape their lives and experiences:

“I find that generally, amongst the people, it’s more the opinion of, the stigma that if you are using drugs, or you’ve picked up an STDI [sexually transmitted disease/infection], or AIDS, or whatever, from either a needle or from using drugs, [it is thought] that you deserve it, that, so if you’ve done it, you deserve it. So that’s pretty much where they wash their hands of you.”
(Participant 5; Chemsex Consultation in Cape Town)

Internalised Stigma and Stigma Distancing

Such is the power of stigma that people can come to believe the damaging and demonising narratives that are held by others about them: people who use drugs can **come to believe that they are of lesser worth** than their non-drug using peers. Internalised stigma – sometimes referred to as self-stigma – can be compounded. Stereotypes regarding drug use, LGBTQ status, sex work, and so forth, all add to compromised feelings of self-worth.

“I think there’s a lot of internalised stigma, I think people, I think chemsex is considered as dirty as well. It’s considered as underground, as kind of, like, it’s not like the norm, mainstream. So when you do it, you’re not going to go out there and announce it.”
(Participant 1; Chemsex Consultation in Cape Town)

Internalised stigma results in people who engage in chemsex being **unwilling to adopt identities linked to their drug use, or linked to other stigmatised identities, including their sexuality. Internalised stigma is therefore a great barrier**

“Such is the power of stigma that people can come to believe the damaging and demonising narratives that are held by others about them...”

Chemsex: A Case Study of Drug-Userphobia Stigma and Discrimination

*“... stigmatisation
can be at the hands
of other members
of one’s own
community.”*

to activism and community mobilisation, since these require community members to unite and come out as community members in their activism.

“I think they [many people who engage in chemsex] will probably say they are recreational drug users. I think the term ‘drug users’ carries a lot of stigma, so they won’t kind of admit to being drug users.”

(Participant 1; Chemsex Consultation in Cape Town)

As well as being internalised, stigmatisation can be at the hands of other members of one’s own community. People can stigmatise those who use drugs as a means with which to **distance themselves from the stigmas** of drug use. Specific example was given of people who use alcohol stigmatising their peers who use drugs and engage in chemsex, a result of the widespread legality and acceptability of alcohol use.

People who engage in chemsex frequently belong to more than one marginalised and stigmatised community. As such, stigmas that pertain to these communities intersect and compound one another. Compounded stigmas form double, triple, and quadruple stigmas in the cases of drug use, gay, bisexual, trans and/or queer status, chemsex, sex work, HIV status, and so forth. **People who engage in chemsex and use drugs can therefore stigmatise one another.** Again, this is driven by wishes to distance oneself from what are perceived to be more problematic and/or stigmatised types or patterns of drug use. These desires intersect with concerns regarding class, sexuality, identity, and assumptions and associations of certain drugs and certain ways of using drugs:

“I think it’s unfair, because a lot of times as [name redacted] mentioned, alcohol which is a legal substance, or whatever they can use, a lot of times, people go out, whatever, they have a drink or two, before they have sex. Or they even have a drink or two while they’re having sex. But now, just because it’s something different, you know, and they have a totally different opinion about it, they start stigmatising, and which I think is totally, totally not right.”

(Participant 10; Chemsex Consultation in Cape Town)

“you go to parties organised by a fashion designer: coke [cocaine] is in, but you wouldn’t mention crystal meth, because it’s tacky – even though if you gave it him on the side, they would ask for more. But in front of the friends, it’s tacky. And it’s a different class that does it. And then you would go to crystal meth smokers, and they would look at coke smokers in a different way as well [...] That is for upper-class, that is for a certain income bracket, it’s for whatever other terminology they use to describe ‘the other’.”

(Participant 1; Chemsex Consultation in Cape Town)

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Stigma and Discrimination

People can **distance themselves from other members of their own community who they perceive to be more or differently stigmatised** due to these compound stigmas. Again, this is in order to distance oneself from additional stigma. As INPUD and the Global Network of Sex Work Projects have noted, “members of stigmatised groups can stigmatise other members of their communities”:¹¹

“... most frequently harassed by the police are those who are most disenfranchised...”

“stigmatisation amongst key populations themselves, as well [is an issue] [...] the peers would actually frown upon us. And I think that is just another problem. It’s very seldom that you’ll find people saying “I’m a drug user” [...] It’s an issue we have to look at – about populations stigmatising each other [...] people that are sex workers won’t put their hands up and say “I’m a drug user” and they would definitely not say “I do chemsex”. We might speak amongst ourselves, or you might identify with one or two individuals, but yeah, it’s about how is the rest of the world going to view me? How are they going to treat me? And what are they going to kind of, yeah it’s all these moral issues that they have.”

(Participant 1; Chemsex Consultation in Cape Town)

¹¹ INPUD and NSWP, 2015, *Briefing Paper: Sex Workers who Use Drugs: Experiences, Perspectives, Needs and Rights*, available at https://www.inpud.net/sex_workers_who_use_drugs_nswp_inpud_oct_2015.pdf

Police Violence

“In almost every context in the world, people who use drugs are criminalised ...”

Police-perpetrated violence experienced by people who engage in chemsex is **driven by the compound stigmatisation and criminalisation** of this community. Knowledge and assumption of status as a drug user, as someone who engages in chemsex, as a member of LGBTQ communities, as living with HIV, and/or their membership of other marginalised and criminalised communities, can engender violence, arrests, and abuse. In almost every context in the world, people who use drugs are criminalised and – along with gay men and other men who have sex with men and all LGBTQ people – are also heavily stigmatised. Police attention and harassment, then, are legally sanctioned and endorsed:

“[Violence] would mostly come from the cops, the police [...] If you’ve been profiled [...] you are known to the police force, ok, then, I’m gay and I’m a drug user. So [...] I’m way beneath the apparent social acceptance level, so [the police feel that] I’m not entitled to the same degree of respect and dignity applied to the rest, of others. And definitely my own personal safety, that is jeopardised from second one, when I see a cop car, I know for a fact, if they start looking at [me], or they’ve circled me more than twice, I know to get the hell away, otherwise I know I’m going to get more shit than what I can handle.”

(Participant 5; Chemsex Consultation in Cape Town)

“I got arrested last week, for the possession of drugs, and at the police station, because I tried to swallow it, obviously, but because the way it was put away, I had to do it in front of the police officers, and they ended up beating me up, and trying to get it out of my mouth.”

(Participant 6; Chemsex Consultation in Cape Town)

In addition, people who use drugs and who engage in chemsex **experience difficulties in reporting issues** to the police, in being taken seriously, and in having their rights respected. The fact that they use drugs, are criminalised, and belong to marginalised communities contributes to the treatment of people who engage in chemsex as second-class citizens:

“when you go and say to the policeman, “I have the right to remain silent, and I would like to be taken down to the police station to be searched there, and as a female I don’t want to be, or as a transgender woman, I don’t want to be searched by a man”, they’ll give you one smack. And that is it.”

(Participant 1; Chemsex Consultation in Cape Town)

Healthcare and Harm Reduction

Services for People who Have Chemsex

“for drug users, basically to have a platform like this, where we can actually open up and the more we open up, and the more we talk about it, hopefully the more services we’ll get, and hopefully the stigma will disappear, and community will be educated.”
(Participant 3; Chemsex Consultation in Cape Town)

Some people who engage in chemsex may seek health-related information and services to reduce the avoidable risks that can be associated with their drug use and their sex. **The delivery of information and services for people who use drugs and those who engage in chemsex in such situations must be comprehensive and of high quality. Services must address their holistic and unique needs, be relevant, appropriate, and accessible. Such services must be non-judgemental,** taking into account their diverse realities and needs. People who engage in chemsex use drugs in numerous and variable ways (and have sex in numerous and variable ways) – including via slamming/injecting, smoking, and snorting – all of which require specific paraphernalia and accurate health-related information. Similarly, in the context of poly-drug use, overdose can be a significant risk depending on the drug of choice. For example, this risk is significantly increased with GHB and GBL if dosing is not properly administered or when they are used in combination with alcohol. **The use of numerous drugs, drugs in combination, and the use of drugs in different ways, therefore, point to the need for health professionals to be better informed and trained in the delivery of comprehensive and holistic approaches that meet these unique and individual needs.** Respondents in INPUD’s consultation stressed the importance of this, emphasising that services must be more inclusive for people who engage in chemsex and, indeed, for people with intersectional identities across the key populations:

“I’m a sex worker, I’m also using chemicals, or, as we say, drugs. I think the services that we actually need to concentrate on is more information on harm reduction [...] like some of use glass pipe, some of us use oil, some of us use, there’s a whole range of stuff.”
(Participant 10; Chemsex Consultation in Cape Town)

“because we have a lot of key populations that are cross-sectional, so you have MSM [men who have sex with men], or WSW [women who have sex with women], or sex

“Services must address their holistic and unique needs, be relevant, appropriate, and accessible.”

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*“... only one service
... provided holistic
and non-judgemental
care ... other
services were noted
to be discriminatory,
judgemental, and
inadequate.”*

workers, that are also people who inject drugs, and so there’s a lot of areas. So, when they go to the doctor for whatever, and then they also mention that they need a script for methadone [for example].”

(Participant 1; Chemsex Consultation in Cape Town)

Notwithstanding the diverse needs of this diverse community, services focussing on providing sexual health services to gay men and other men who have sex with men may well not provide services and harm reduction for people who use drugs and/or engage in chemsex, for example. In many contexts there are no services that acknowledge the intersecting realities of people who engage in chemsex and the resultant need for comprehensive services. As respondents stressed, **“there is no such place, where we can get everything”**:

“organisations like, for example [name of service redacted], it’s only for sex workers. So, some drug users are not sex workers, so then it’s limited to what I can get. Limited as to what we can get, and at what times you can get [...] there is no such place, where we can get everything, we have to shop around, takes time, and after a while that where the risk becomes greater [...] So there is a very great need for the services required, and for there to be housed in one specific place.”

(Participant 6; Chemsex Consultation in Cape Town)

“if you were to get a government [service], they wouldn’t know what slamming [injecting] is. Next, getting syringes is out of the question.”

(Participant 1; Chemsex Consultation in Cape Town)

Barriers to Service Provision and Harm Reduction: Stigma and Judgement

Despite requiring holistic, comprehensive, and non-judgemental services, people who engage in chemsex are often **seen by service and healthcare providers as not being entitled to the same quality of care and service as their non-drug-using equivalents**. Respondents were aware of only one service that provided holistic and non-judgemental care. All other services were noted to be discriminatory, judgemental, and inadequate.

“it’s ridiculous, the primary function [health problem] that you’re going there for, the primary reason, gets overlooked because you are a drug user [...] that’s why I honestly refuse to go to them [...] Clinics are] very conservative, very closed-minded, and actually kind of turn their back on you. They’re very rude [...] they check on your record, “Ok, you’re a drug user” [...] the look that gets passed [...] And at the end of this, you are already so hateful, you just fuck off. Just like it’s not worth my time. Because I know at the end of the thing, I’m being made a fool

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of [...] Fuck them! I'm a hell of a lot better than them, and I never will stand down for them"

(Participant 5; Chemsex Consultation in Cape Town)

"Negative experiences and problems encountered by these communities are seen to be their own fault"

People who use drugs and engage in chemsex experience **breaches in medical confidentiality**, driven by discrimination and knowledge of drug use and status as someone who engages in chemsex. Since people who engage in chemsex are criminalised and stigmatised, **outing** them **serves to heighten risks of social exclusion and violence**.

"[The nurses] call each other, the nurses will say "Oh, come and have a look here" [...] Let's say you're speaking to a patient and they, their prejudice comes through, and they will call all the other nurses around, and they'll discuss the person, the patient, in front of them [...] a lot of people have cultural bias, have religious bias, and they actually forget about their work ethic, why they're actually signed up as nurses or doctors"

(Participant 1; Chemsex Consultation in Cape Town)

"when you disclose your habit to them, then it's like you got treated differently from all the other people, they have a different look at you, and it's like they start gossiping, it's going from the one to the other."

(Participant; Chemsex Consultation in Cape Town)

Again due to stigma, medical issues experienced by people who engage in chemsex are assumed to result from their drug use: these people are reduced to their drug use, chemsex, and criminalisation. **Negative experiences and problems encountered by these communities are seen to be their own fault**. This is despite the fact that many harms experienced by people who engage in chemsex are driven by criminalisation and stigma, not by drug use in-and-of-itself.

"[Knowledge of my drug use] hinders the service, definitely. Because they will say that I'm using drugs [...] So now [service providers think that] it's because of your own stupid actions that you have the results, [the] consequences. [It is thought] that these consequences are brought onto you by your own stupidity."

(Participant 5; Chemsex Consultation in Cape Town)

People who engage in chemsex are therefore disincentivised from seeking service and healthcare provision: due to stigmatisation and discriminatory interactions, people choose not to access services for fear of experiencing stigmatisation and social exclusion perpetrated by service providers.

"They don't [go to service and healthcare providers], they are reluctant to go, and I think a lot of lives has been lost, because of this. Because of not going to get an

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important service that you are basically supposed to get. Just like any other person.”
(Participant 10; Chemsex Consultation in Cape Town)

Further to discouraging people from accessing services, a concern of being stigmatised by service and healthcare providers results in people who engage in chemsex being **unable to be open about their identities when accessing services**:

“I think it is important for people to identify as [people who have] chemsex, to identify as drug users, because then they can also access the services, and also in that way their health, human rights, and legal rights are then also accommodated. And then also that doesn’t open the floodgates for violations and abuse.”
(Participant 1; Chemsex Consultation in Cape Town)

“I won’t be honest, I’ll say I need it for something else, for someone else, because I don’t want them to look at me in a different way, or stigmatisation [...] the attitude that they give us, as we are lesser and we are doing something that is wrong, and they will make you feel so unwelcome, and so unhuman, that you don’t want to go back [...] personally, I would rather lie and say it’s for something else or someone else”
(Participant 6; Chemsex Consultation in Cape Town)

People who engage in chemsex may be concerned not only of stigmatisation and discriminatory interactions, but of services actively being withheld or delayed as a result of disclosure that they use drugs and/or engage in chemsex.

“the stigmatisation is so bad that [...] the service that you actually really need, you’re not going to get anyway. What they also do is that they, they delay, when they actually pick up that you’re either a [drug] user or that you, or even they might just pick up that you’re a sex worker, what happens is that they delay your service [...] at the end of the day you go out and you just go and do the very same thing that you didn’t want to do - you take the risk.”
(Participant 3; Chemsex Consultation in Cape Town)

As a result of being unable to disclose one’s identity for fear of experiencing discrimination, members of this community are therefore **unable to access the services they need** to reduce the avoidable harms and difficulties that can be associated with chemsex.

“... results in people who engage in chemsex being unable to be open about their identities ...”

The Need for Safe Spaces

Some **spaces and venues that allow for sexual encounters turn a blind eye to drug use** and chemsex on the premises. These spaces are important places for people to cruise, interact, have sex, and use drugs:

“In the gay world, quite the opposite [of stigma]. Quite the opposite. The gay world, all kinds of drugs are welcome. There’s been places set up [...] they get cleaned about three times a night, there’s porn rooms, there’s – you name it, it’s there. A bar, and all the rest of it, but also, if you want to go and use drugs in the cubicle, you’re more than welcome.”

(Participant 5; Chemsex Consultation in Cape Town)

However, despite the fact that some spaces may overlook drug use and chemsex on their premises, there are no venues that officially, overtly, and safely provide environments for chemsex and drug use to take place. **Spaces where people engage in chemsex are not spaces where one can use drugs safely**, and the fact that people who use drugs are criminalised and heavily stigmatised means that **venues cannot be overt in a promotion of safer drug use**. Venues and saunas for gay men, queer people, and people involved in the kink and fetish scenes frequently expressly do not tolerate drug use on the premises, let alone provide services and harm reduction for their clients who use drugs.

“we need safe spaces. Like you get the cubicles for drug users overseas, I think that would be very well [received], because, I think that would probably only come after decrim[inalisation]. But it would be great if we could have a space like [...] I think it would be very important for us to have safe spaces, that might also have the materials that we need, that’s in there - maybe like the needle pack, for instance, and condoms and lube and all of those things. I think that would be very important.”

(Participant 6; Chemsex Consultation in Cape Town)

“... the lens of pathology continues to be used to justify unacceptable incursions into the lives of people who use drugs.”

Empowerment and Solidarity in a Context of Stigma

*“... solidarity
and peer-driven
empowerment are
critical in establishing
and building the
resilience and self-
acceptance of people
who use drugs...”*

Despite the stigmatisation of drug use and of people who use drugs, marginalised communities frequently support and encourage one another. These communities, such as communities of people who use drugs and communities of gay and queer people, do frequently accept, include, empower, and celebrate marginalised members of their community, practices, and identities through an appreciation of intersectionality and solidarity.

“the gay community has always been at the forefront of drugs. It was known, if you go to a gay bar, and it was always crowded with straight people, because they would come and use the toilets, and you wouldn’t be shocked if someone is knocking on the toilet door, and somebody opens and says “Fuck off, I’m fucking”, or “I’m having a line”. And that would never happen in a straight place [...] chemsex, yep, full-on sex. And they actually open the door, and say “Fuck off, I’m having sex!” And these people will be shocked, but life goes on, and, but you couldn’t do that in a straight place, because they’ll throw you out.”

(Participant 1; Chemsex Consultation in Cape Town)

This solidarity and peer-driven empowerment are critical in establishing and building the resilience and self-acceptance of people who use drugs and of the drug user rights movement:

“I respect each and every one in my community [...] I’ve learned a lot. I love myself, that’s why I can love other people, you see? [...] you must always try to respect the ones around you to, to get the respect also from them.”

(Participant 2; Chemsex Consultation in Cape Town)

“the [drug user] network is there to look after our [community] we try to change policies [...] We will all win if we stand together.”

(Participant 10; Chemsex Consultation in Cape Town)

Conclusions and Recommendations

People who engage in chemsex are highly stigmatised as a result of their criminalisation and the widespread moralisation and pathologisation of drug use. This stigma is compounded by layered stigma against communities who engage in chemsex, notably gay men, queer people, trans people, sex workers, and people living with HIV and other blood-borne and sexually transmitted infections. Due to compounded stigma, people who engage in chemsex experience discrimination at every level, a phenomenon further worsened by internalised stigma.

We end this report with practice and policy recommendations that stem from the experiences, perspectives, and testimony of the participants who contributed to this document. **These key messages were highlighted during the consultation process.** The recommendations are supported by consultations which INPUD has conducted with the drug user community globally in the past.

The list is not exhaustive, but should be seen as minimum necessities for service and healthcare providers and programmes which prioritise the health, wellbeing, agency, and self-determination of people who engage in chemsex.

Policy Recommendations

- Criminalisation exacerbates the harms experienced by people who engage in chemsex. All people who engage in chemsex and who use drugs must be decriminalised if their health and rights are to be promoted and respected.
- Voices and perspectives of the community have been notably silenced in mainstream discussions. The principle notion of ‘nothing about us without us’ and the right to self-determination should be first and foremost in the formation of policy, legislation, and programming related to engagement in chemsex.

Stigma and Discrimination Recommendations

- People who engage in chemsex have the right to services, healthcare provision, and harm reduction services that are respectful, confidential, and judgement-free and that cater to their diverse and holistic needs and realities.
- Health and social services specifically catering for those who engage in chemsex – including drug using communities, communities of gay men, queer people and trans* people – must be implemented.

“Due to compounded stigma, people who engage in chemsex experience discrimination at every level...”

- Staff of service and healthcare providers must be sensitised to the specific needs and rights of people who engage in chemsex.
- People who engage in chemsex have the right to do so without experiencing discrimination and social exclusion. Drug-userphobia, and all stigmatisations of communities of people who engage in chemsex, are unacceptable in the context of service and healthcare provision, and in any setting.
- Language used with, about, and for people who engage in chemsex in media, popular, medical and academic coverage and/or discussion should be respectful, neutral, and non-stigmatising.
- Services should respect the rights and self-determination of people who engage in chemsex. People who engage in chemsex should not be pressured to stop using drugs or to stop engaging in chemsex. Their drug use and/or their chemsex should not be moralised.



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The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs, and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national and regional levels. **www.inpud.net**

INPUD is part of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human rights violations and accessing much-needed HIV and health services. Go to www.hivgaps.org for more information.

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