

A Guide for Service Providers and Professionals



*gay, bisexual men, and other men who have sex with men



Author

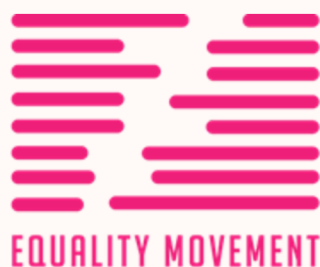


[AFEW International](#) is a Dutch non-governmental humanitarian public health organisation dedicated to giving support and a strong international voice on rights and health access to underserved populations in the Eastern Europe and Central Asia region.

Partners



Public organisation [ALLIANCE.GLOBAL](#) specialises in providing health services for men who have sex with men (MSM), consolidates LGBTIQ+ community; protects human rights and promotes the reduction of homo-, bi- and transphobia in Ukrainian society.



Non-governmental organisation [Equality Movement](#) supports women and the LGBTQ community by ensuring their access to the health care services, mobilising and supporting their social integration, and forming a supportive environment for their empowerment.



[Kyrgyz Indigo](#) is a public association that supports LGBTI community in the Kyrgyz Republic. Its activities are aimed at the formation of a healthy lifestyle, LGBTI, strengthening of psychological health, capacity development, providing shelters and protecting human rights.

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This guide for professionals and service providers working with GBMSM engaged in chemsex in the EECA region is based on the research conducted in the three countries in the region in the scope of the project “Bridging the gaps - effective sex treatment response for LGBTI communities affected by problematic chemsex”. The project was implemented by AFEW International in collaboration with local partners working with the communities of people who engage in chemsex, supported by Share-net International’s Activation Grants - Knowledge Generation.

This guide and the research study report are freely available in English and Russian languages, for use in the target countries as well as the wider EECA region. You can find them at <https://afew.org/>.

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Abbreviations

ART	Antiretroviral therapy
EECA	Eastern Europe and Central Asia
EMIS	European MSM Internet Survey
HIV	Human immunodeficiency virus
GBMSM	Gay, bisexual men, and other men who have sex with men
GHB	Gamma-Hydroxybutyrate
KR	Kyrgyz Republic
MDMA	Methylenedioxymethamphetamine
MSM	Men having sex with men
NA	Narcotics Anonymous
NGO	Non-governmental organisation
PAS	Psychoactive substances
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
PWUD	People who use drugs
STI	Sexually transmitted infections
3 MMC	3-Methylmethcathinone, Methaphedrone,
4 MMC	4-Methylmethcathinone, Mephedrone
α-PVP	A-Pyrrolidinovalerophenone



Executive Summary



- **This guide** is based on the research study conducted on gay, bisexual men, and other men who have sex with men who engage in chemsex in three EECA countries - Georgia, the Kyrgyz Republic (KR), and Ukraine.
- **Chemsex**, the intentional use of specific drugs before or during sexual activities, has become a fairly common practice among gay, bisexual, and other men who have sex with men (GBMSM) who use substances to increase sexual pleasure worldwide, including in the EECA region. Despite the numerous sexual and drug-related negative health effects associated with chemsex, such as the increased risk of HIV/STI transmission, addiction, and mental and sexual health issues, the specific needs of chemsex users on the risk reduction and behavioural shift related to substance abuse remain poorly understood.
- **The purpose** of the study was to identify current risk reduction practices and care needs, including the sexual well-being of GBMSM who use drugs in three EECA countries. Between December 2023 and April 2024, 28 semi-structured in-depth interviews were conducted with GBMSM who practice chemsex in Georgia (n=8), the Kyrgyz Republic (n=10), and Ukraine (n=10). The qualitative data from the transcripts was examined through thematic analysis.
- **It was found** that GBMSM use specific approaches to reduce the health risks associated with chemsex, including planning participation, seeking information about the risks of drug use, using PrEP/PEP, and monitoring drug use. They support each other by sharing knowledge about dosages, effects, overdose prevention and emergency care. However, there is a significant reluctance to contact emergency services in life-threatening situations due to legal concerns. The combination of drugs and alcohol, misinformation about health risks, and peer pressure often undermine adherence to harm-reduction strategies. GBMSM also emphasise the need for reliable information on safer substance use, anonymous medical support tailored to chemsex participants, psychological support for withdrawal, and accessible sex therapy to address the loss of control over sexual behaviour and intimacy issues and to enhance the enjoyment of sober sex. It also emphasises the need for safe, culturally sensitive forums for discussing chemsex experiences with peers and professionals.
- **In conclusion**, most care and support needs of GBMSM who engage in chemsex remain unmet. Establishing comprehensive care and support services for this group is essential, addressing social stigma and meeting their specific requirements. These services should include multidisciplinary teams composed of drug addiction specialists, sexologists, and community health workers.

Introduction: What is chemsex?

➤ **Chemsex** is the intentional use of certain psychoactive substances (PAS) before or during sexual intercourse to enhance, facilitate, and prolong sexual pleasure and sensations (Stuart, 2019). Chemsex has become a fairly common practice among gay, bisexual, and other men who have sex with men (MSM) who use PAS to increase sexual pleasure worldwide, including in the Eastern Europe and Central Asia (EECA) region (Rosińska et al., 2018; Tang et al., 2017; Pufall et al., 2018; EMIS 2017).

➤ Chemsex is usually associated with the use of **mephedrone**, crystal methamphetamine, gamma-hydroxybutyrate (GHB), or gamma-butyrolactone (GBL) (Stuart, 2013; McCall et al., 2015; Giorgetti et al., 2017). Several studies have found that cocaine, ecstasy, and ketamine are also widely used for chemsex practices (Bourne et al., 2014). Chemsex sessions can last several hours or even days ("marathons"), usually with multiple sexual partners (McCall et al., 2015; Theodore et al., 2014; Giorgetti et al., 2017). The use of PAS for sex is influenced by various reasons, including negative experiences of discrimination and stigmatisation, feelings of loneliness, shame, and low self-esteem (Zhang et al., 2016; Lafortune et al., 2021).

➤ The **harms** caused by chemsex practices are extensive and include drug addiction, drug overdose, and a range of mental health problems (Berg et al., 2020; Bourne et al., 2015; Íncera-Fernández et al., 2021; Li et al., 2021). Studies have shown a link between PAS-induced disorders, such as methamphetamine-induced disorder, and mental health disorders, including depression and anxiety, the risk of suicide, as well as obsessive-compulsive and antisocial personality disorders (Fletcher et al., 2018; Peck et al., 2005). For example, among MSM engaged in chemsex in Germany, the prevalence of depression is estimated at 11.9%,

and generalised anxiety disorder at 8.3% — that is higher than among the general population in Germany (Bohn et al., 2020). Some MSM who practice chemsex find it difficult to engage in so-called "sober" sex, that is, sexual relations while being sober, even after completely stopping chemsex practices (De La Mora et al., 2022).

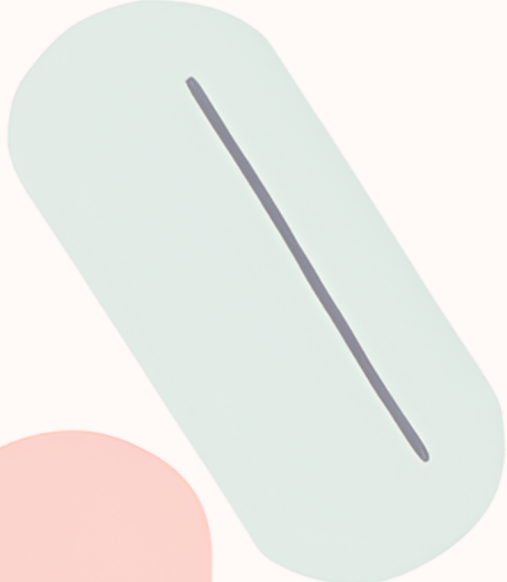




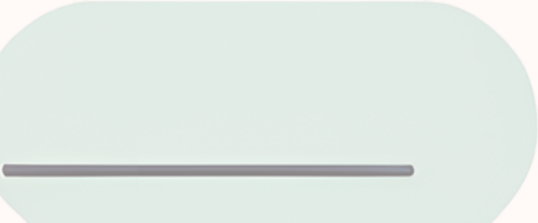
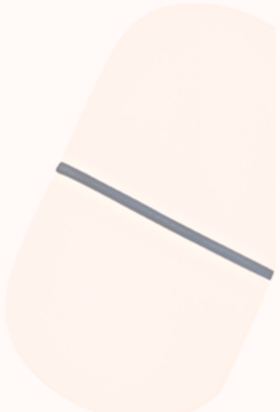
In the EECA region, the practice of chemsex among the gay community has also ceased to be a new phenomenon. Chemsex has **spread** in the region due to its acceptance within the gay community and the active dissemination of new psychoactive substances (mephedrone, amphetamines, butyrates, and ketamines). Compared to economically developed countries, the EECA region remains under-researched in terms of chemsex practices, with few studies conducted on the prevalence of chemsex, behavioral patterns among MSM, and their needs.



According to a study conducted in 2017 in Kyiv, Ukraine, MSM most often encountered the following **consequences** of PAS use during chemsex: spatial and/or temporal disorientation (46%), episodes of excessive arousal (41%), episodes of aggression (31%), and unprotected sex (29%). Among the psychological problems associated with the use of chemicals during or after sex, which 77% of respondents faced, the most common were apathy (58%), depression (47%), anxiety (44%), aggression (27%), and paranoia (27%). Physical manifestations associated with the use of PAS for sex were experienced by 88% of respondents. Among them, 38% experienced dry mouth, 34% - hypertension, 19% - loss of consciousness, 16% - shortness of breath.



Nearly half of the respondents had experienced PAS **overdose**, resulting from simultaneous use of several drugs, mixing them with alcohol, or taking them with legal sexual stimulants, as well as low awareness of the PAS being used and its quality and ignorance of the maximum dosage (Analytical report, Ukraine, 2017).





According to the European Internet Survey among MSM (EMIS), conducted in 2017, about 10% of MSM in Ukraine used PAS to prolong sex or make it more intense at least once in their lifetime, and 7% engaged in chemsex in the last 12 months (EMIS, 2017). This large-scale quantitative study was limited to the European region and did not include many EECA countries, including Georgia (Caucasus region) and the Kyrgyz Republic (Central Asia), which, along with Ukraine, are the focus of this study. Since the behavioral patterns of MSM during chemsex, as well as the services provided to them and their needs, strongly depend on the countries and political context, our study focuses on obtaining data on chemsex practices in three EECA countries.



Moreover, to our knowledge, this is one of the first qualitative studies devoted to risk reduction practices used by MSM involved in chemsex in Georgia, the Kyrgyz Republic, and Ukraine, and their needs, as well as the needs of service providers - professionals involved in providing assistance to this population group. Our study helps to better understand the behavior of MSM practicing chemsex in three EECA countries and identify their needs for organising an effective system of help and support in the future.





The **Objective** of the study was to improve the quality of support and assistance provided to gay, bisexual men, and other men who have sex with men (MSM) involved in chemsex practices in three countries of the Eastern Europe and Central Asia (EECA) region (Georgia, the Kyrgyz Republic, and Ukraine).



The **Goals** of the study were:

- To identify and describe the experiences and primary needs for support and treatment (including sex therapy) of GBMSM involved in chemsex and those in the recovery process in three EECA countries;
- To identify and describe the experiences and primary needs of specialists providing support and assistance to GBMSM practicing chemsex and/or in the recovery process in three EECA countries;
- Based on the obtained results, to formulate recommendations for providing support and assistance to people involved in chemsex in three EECA countries.





Key findings: Engagement in chemsex

Positive aspects of engagement in chemsex

- Improving the quality of sex
- Improving self-esteem
- Chemsex as a means of socialisation
- Chemsex as a means of coping with internal and external homophobia and escaping problems

Negative aspects of engagement in chemsex

- Negative impact of PAS on physical health, including:
 - Risk of contracting STIs, including HIV
 - Risk of death and other consequences of PAS overdose
- Negative impact on mental health and suicidal ideation
- Negative impact on finance and employment
- Negative impact on social connections and decrease in empathy

Q Sources of information on practices ×

- **Internet**
 - Social networks
 - Specialised organisations' websites
 - Forums
- **Friends / Acquaintances**
- **Personal experience**
- **Specialised non-profit organisations**

Q Before the chemsex sessions ×

- **Scheduling chemsex sessions** (Friday/weekends)
- **Discussing preferences** (group size, types of drugs)
- **Sex-related practices** (preparing own materials, e.g. condoms)
- **Drug-related practices**
 - Looking for information about use of certain drugs
 - Checking PAS composition
 - Preparing own materials
 - Eating and drinking enough

Q During the chemsex sessions ×

- **Sex-related practices** (PreP, provision of lubricants and condoms)
- **Drug-related practices**
 - Dosed drug use
 - Choosing PAS, avoiding simultaneous intake of different PAS and alcohol
 - Sufficient hydration
 - Injection drug use (trusting those with more experience and knowledge)
 - Personal habits (vitamin/electrolyte intake)
- **Mutual help**
 - Informing each other about doses and effects
 - Help with condoms and lubricants
 - First aid for overdose
 - Seeking help from a competent person

Q After the chemsex sessions ×

- **Reducing harm after unprotected sex**
 - PEP, testing or HIV/STIs
 - Taking STI-preventing meds (antibiotics)
- **Reducing harm after drug use**
 - Taking vitamins/supplements
 - Taking medicines to help reduce withdrawal symptoms
 - Use of other drugs (e.g. marijuana)
- **Personal habits**
 - Getting enough sleep and exercise and
 - Consuming specific foods and drinks
 - Other (meditation, limiting communication)

**Key findings:
Risk reduction
practices**

Key findings: Seeking help - Experiences

Seeking medical assistance

Most GBMSM reached out to **private medical institutions and clinics** for psychological support, and STI testing.

Main advantages include free assistance, more trust than public institutions, privacy, no registration or turning over data to police.

Main disadvantages include instances of subpar quality of care, occasional stigmatisation and discrimination.

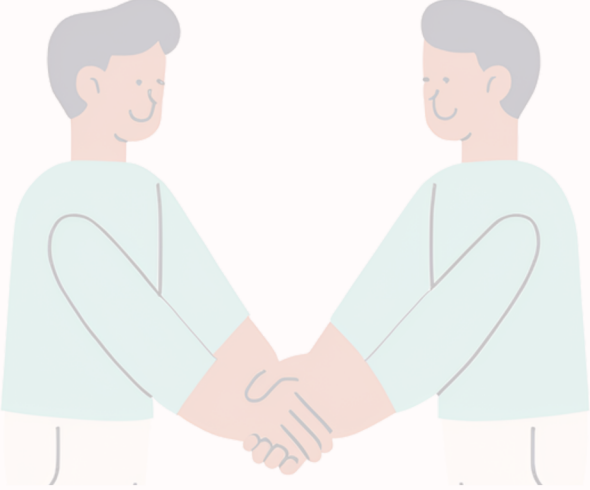
Some GBMSM reached out to **specialised non-governmental organisations**, mainly for preventative materials and referrals to friendly doctors.

A few attended educational events and group therapy.

Seeking addiction treatment: one success case

Most GBMSM did not seek medical or psychological help for PAS use as they do not deem it necessary.

However, **one respondent** admitted to seeking professional addiction treatment: he underwent inpatient treatment in **private rehabilitation centers**, received **peer consultations**, and was a member of **Narcotics Anonymous (NA)**. At the time of the study, this participant had not used PAS or participated in chemsex sessions for more than three years.



Key findings: Seeking help - Barriers

Stigmatisation of LGBTI/GBMSM and PWUD by society

Lack of anonymous help

Self-stigmatisation and internalised stigma

Stigmatisation of LGBTI individuals among PWUD

Financial constraints

Fear of unqualified help

Stigmatisation of people with mental disorders by society

Lack of knowledge about specialised NGOs and their services

Duration of inpatient treatment in public institutions

Inability to get immediate help or consultation upon request

Lack of necessary documents

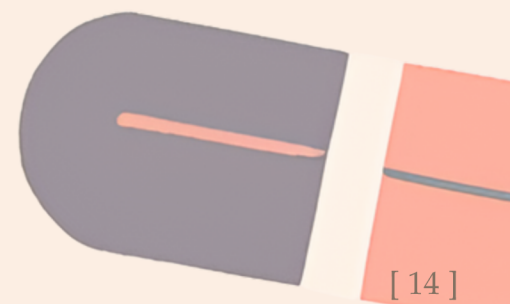
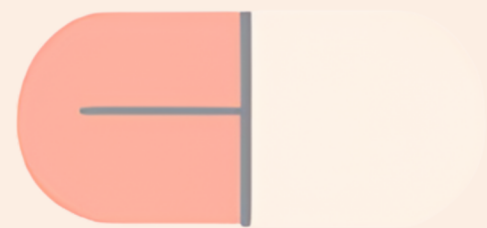
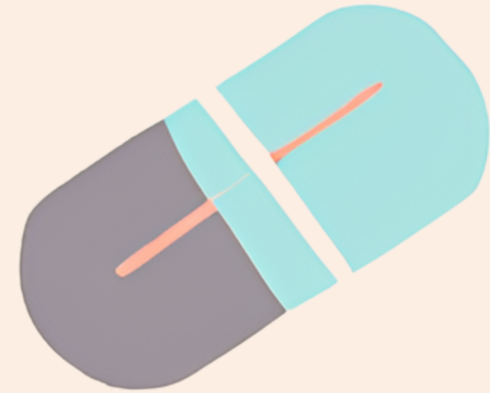
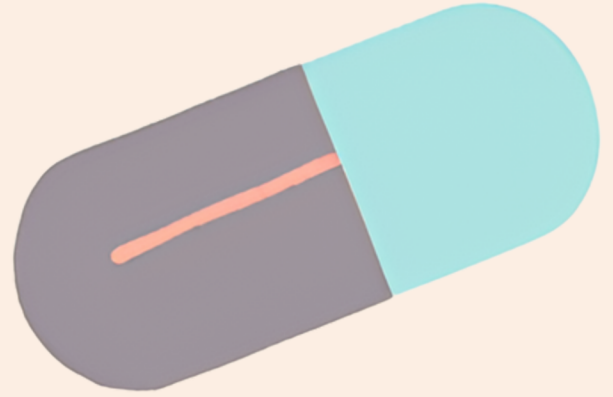
Key findings: Control of PAS use

1 Attitude towards PAS and chemsex

- The majority of respondents **do not recognise or admit their dependency** on PAS and chemsex.
- Some **do not see significant harmful effects** of PAS and chemsex on their lives. They enjoy their current lifestyle and do not want to give up chemsex.
- There are also a few respondents who **would like to quit** PAS use and participation in chemsex practices because they have seen undesirable consequences from PAS use.
- Some respondents have acknowledged their dependency on PAS and/or sex under the influence of PAS: among them were those who **had not used PAS for one month to three years** and did not wish to return to chemsex and their previous lifestyle.
- There are also respondents who understand their dependency and have experience reducing their PAS dose but **do not want to completely give up chemsex** practices.

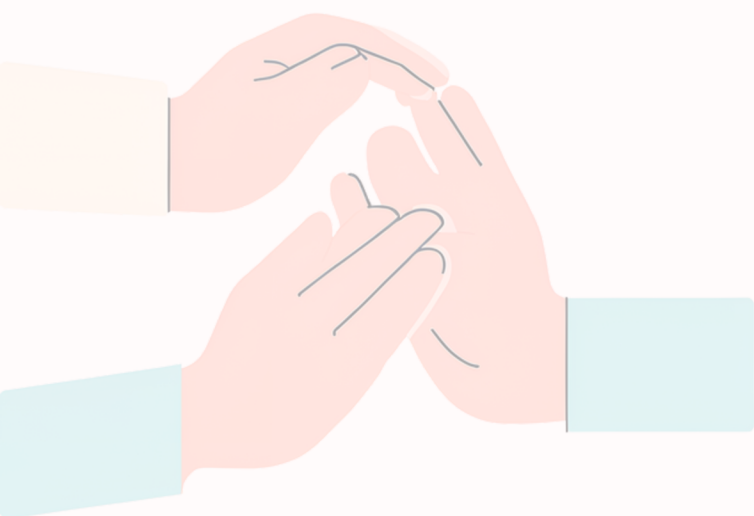
2 Attitude towards sober sex

- Most respondents who discussed sober sex versus sex under the influence of substances **consider it impossible to engage in sex without PAS**. For them, sober sex has lost its appeal, has become uninteresting, and they can no longer imagine having just sober sex.
- However, there are respondents who, while periodically engaging in chemsex, **continue to practice sober sex**.
- Some undergo a reevaluation of sober sex while quitting PAS. One respondent described **how difficult it was to establish sober sex** after stopping PAS.



Key findings: Reasons for quitting PAS and chemsex

- 1 Dependency of all aspects of life on PAS
- 2 Emergence of serious health problems
- 3 Experiencing a traumatic drug-related event
- 4 Development of tolerance to PAS



“Sooner or later, consciousness narrows, and all interest narrows down to drugs. The joy of life is lost. I tried to take breaks many times; I had three rehab stints. I’m currently in Narcotics Anonymous. After the first two rehabs, I didn’t manage to stay sober for long. After the third one, I accumulated a significant amount of clean time—over three years. (...) Even when I used between rehabs, I understood something was wrong with me. My life was going downhill, and something had to be done. So, it was much easier for me to accept help the third time.”
(Respondent 6, Ukraine, more than three years sober).

1. Support from friends and relatives

2. Positive experience of others quitting PAS

3. Support groups

4. Positive changes in life

5. Work therapy and focusing on work

6. Seeking professional psychological help

7. Not purchasing PAS independently (to cease temporarily)

8. Changing social circles / residences

What helps to stay sober?



Key findings: Needs of people practicing chemsex

Reliable and accessible information:

- Information on organisations providing services to GBMSM
- Information on PAS and chemsex practices, such as:
 - Effects of PAS, their dosage, and combinations
 - Interactions with ART and other medications
- Substance composition testing services / Drug testers



Accessible healthcare:

- Specialised assistance and care
 - Specialised medical care
 - Specialised substance abuse treatment
 - Specialised psychological assistance
 - Sexologist services
- Medical services without stigma and discrimination
- Anonymous help
- Emergency hotline



Social assistance:

- Providing temporary housing and food
- Financial assistance

Pleasurable sober sex practices and case studies

Chemsex in Georgia: Multi-service and multidisciplinary approach to outreach and support

The first, and at the moment the only organisation that works on Chemsex issues in Georgia is the LGBTQ+ community organisation **Equality Movement**. The pilot program on Chemsex in Georgia, launched in 2022 on the basis of the Equality Movement in partnership and support of MDM-F, aimed to create a package of services and interventions aimed at combining harm reduction and prevention of HIV/AIDS and other STIs, along with supporting the psychosocial well-being and sexual health of beneficiaries. The combination approach includes:

- ✦ **The Chemsex Kit.** This kit includes tools for reducing harm from the injection and non-injection use of substances, such as: disposable tubes, foil, syringes, etc. Additionally, condoms and lubricants, HIV self-testing, and infection prevention and control materials are available.
- ✦ **Testing and Prevention Package.** Free testing for HIV, syphilis, hepatitis B and C, as well as the aforementioned condoms and lubricants are available on the basis of the Equality Movement. The beneficiary can also order HIV self-testing, as well as condoms and lubricants on the [Selftest.ge](https://selftest.ge) web platform.
- ✦ **PrEP and PEP.** The Equality Movement, together with the AIDS Center, are working on a free PrEP program, which is available both on the basis of the AIDS Center and the Equality Movement community center. The PEP service is also free of charge and the organisation informs, consults and, if necessary, redirects beneficiaries to the AIDS center to receive this service.

- ✦ **Multidisciplinary Team Services.** The service of a social worker, lawyer, psychologist, psychiatrist, addictologist and, if necessary, a specialist in another field. A social worker is the central and connecting link in the work of a multidisciplinary group that deals with case management. The social worker assesses the beneficiary and, based on this, redirects him to the appropriate services, performing subsequent monitoring on the condition and inclusion of the beneficiary.
- ✦ **Information interventions: booklets, leaflets and posters.** Information materials combine information about substances, their effects and risks, as well as recommendations for harm reduction. These materials are available both on the basis of the organisation and at queer parties. Accordingly, this model of support for people who practice chemsex tries to cover the needs associated with a safe sex life, in combination with harm reduction, and also has an important component of psycho-social support and informational interventions.

Good practice from the United Kingdom: London Friend

London Friend is a UK-based LGBT charity supporting the health and mental wellbeing of the LGBT community in and around London. The organisation offers individual and group support to LGBTQ+ people concerned about drug or alcohol use. Customers can access the organisation's services for two weeks, where the organisation will conduct an assessment and create an initial assistance plan. Individual work usually involves setting goals and supporting the client in achieving those goals. This work includes understanding the process of change, managing triggers and cravings, work on relapse prevention, and often also includes a discussion of sexual health. This may include support in setting boundaries/limits on behaviour and drug/alcohol use. London Friend currently offers the following groups:

- ✦ **ChemCheck:** A 6-week gay and bisexual program focused on chemsex. It is an early intervention that includes harm reduction and change management.
- ✦ **Reclaim:** A 6-week program for all LGBTQ+ people who use drugs or alcohol. It is an early intervention that includes harm reduction and change management.
- ✦ **Mindfulness-based relapse prevention:** A 6-week group supporting LGBTQ+ people in achieving their goals in the fight against drugs and alcohol.
- ✦ **Sunday Session:** A monthly group for gay and bisexual men transitioning from problematic chemsex. Each group takes place on a weekend and contains a 90-minute workshop as part of a three-hour session, giving men time to build supportive relationships with other participants. The workshops are part of the Real Chemistry programme, consisting of 14 workshops in total, and are freely available [here](#).

- ✦ All of London Friend's **antidote services** are **psychosocial interventions**. London Friend's antidote social events offer a monthly opportunity to attend a **sober social event**. These can include visits to museums, galleries or tourist attractions, walks, film screenings, etc. This encourages clients to establish supportive relationships with their peers.
- ✦ The organisation also provides **outreach services** at two sexual health clinics each week. It offers assessment, information and advice, brief interventions, and referrals to other antidote services.
- ✦ Once a month, the organisation organises a **sexual health service** where you can get information, undergo an STI testing, and get PrEP at one of the sessions.
- ✦ There is also **online support** offered to gay and bisexual people who have abandoned the problematic use of PAS, for whom independent workshops are available.

Proposed initiatives for MSM practicing chemsex in the Kyrgyz Republic

- ✦ It is recommended to provide **psychological support** to chemsex users as part of the prevention package, and to ensure the beneficiaries' access to information. MSM clients who have practiced chemsex express a desire to return to "sober" sex, but do not have the resources for this and, often, return to the PAS use.
- ✦ The State Institute of Mental Health and Addiction Medicine should **fund this initiative**, while a consortium of NGOs lead the process of obtaining institutional support for the community, taking into account the coverage of prevention services and wide access to service recipients.
- ✦ Chemsex users should be provided with the opportunity to receive **quality assistance from psychotherapists, sexologists, and peer counsellors**. Specialised assistance will contribute to the restoration of sexual behaviour and discouraging PAS use.
- ✦ **Peer counsellors** can serve as the initial link in providing this opportunity and attract clients to receive a package of help and support, facilitate client retention in the rehabilitation programme, accompany and support clients at all stages of receiving a package of help and prevention. Peer counsellors will be able to refer and/or accompany clients to clinical specialists (psychologists / psychotherapists / addiction therapists / social workers) to enable them to receive qualified specialist support.
- ✦ A **Telegram bot** should be offered, containing all relevant information on the classification of PAS, their impact on the central nervous system, psyche, general health. It should also contain working tools for harm reduction and stopping PAS use. The anonymity of the chat bot will be able to help confidentially and refer clients to friendly medical workers. With a function of creating private group chats between community members for quick communication and mutual help in overcoming barriers after PAS use.

Proposed Best Practices for Ukraine: Combination Services for MSM in the Context of Chemsex

Withdrawal syndrome therapy using pregabalin

- ◆ Pregabalin, also known as Lyrica, has demonstrated efficacy in the treatment of withdrawal syndrome, including withdrawal from alcohol, opioids and benzodiazepines.

Opioid abstinence

- ◆ Studies show that pregabalin can reduce opioid withdrawal symptoms such as anxiety, restlessness and physical pain. Patients who received pregabalin reported improvement compared with those who did not take the drug.

Benzodiazepine abstinence

- ◆ Pregabalin has also been used to reduce symptoms during benzodiazepine withdrawal, such as anxiety, irritability and insomnia. Research confirms that this drug may be an effective tool in complex benzodiazepine withdrawal therapy.

The 56 Dean Street Integrated Programme London, UK

- ◆ Launched in 2009, the London-based programme "56 Dean Street" is an example of a **successful, innovative approach** where NGOs and the National Healthcare Service collaborate to help MSM who are chemsex users to stop their drug use.
- ◆ The programme aims to provide comprehensive support to MSM who practice chemsex to reduce and stop drug use and improve sexual health.
- ◆ The programme uses a **comprehensive** health and social approach including infection testing, sexual health counselling, psychotherapeutic support, access to medical treatment and rehabilitation services.

Alcohol abstinence

- ◆ To ensure sustainable development of the programme, it is necessary to **integrate** medical and social services, **respond** flexibly to the individual needs of clients, and maintain active interaction between NGOs and medical institutions. Financial and organisational **support** from public and private structures, as well as continuous monitoring and evaluation of results are also important.
- ◆ **Key elements** include:
 - Creating an intersectoral network where NPO social workers act as intermediaries between clients and health care professionals.
 - Providing access to medical services, psychotherapeutic support and self-help groups.
 - Financial support for medication treatment through the issuance of certificates for the purchase of necessary medications.

- ◆ A study published in BMJ Evidence-Based Medicine, found that pregabalin may be effective in reducing alcohol withdrawal symptoms, comparable to lorazepam, but with a lower risk of side effects such as over-sedation and respiratory depression.



Recommendations for Service Providers: Improving access to information

Recommendations for the GBMSM community

- Accumulate and disseminate contact information for active profile NGOs, friendly specialists, and friendly medical organisations and private clinics where people involved in chemsex in the EECA region can seek preventive, medical, psychological, and other types of assistance (including emergency services).
- Create a unified resource (website/closed social media channel/etc.) in the primary languages of the EECA countries for GBMSM practicing chemsex, aimed at providing quick and anonymous information about chemsex: PAS used in chemsex, their effects on the body and side effects, safe PAS dosages, risk reduction techniques during chemsex, interactions between PAS and with the most common medications, first aid for overdoses, organisations where help and support can be obtained in the EECA countries, etc.
- Chemsex as a means of coping with internal and external homophobia and escaping problems.

Recommendations for service providers

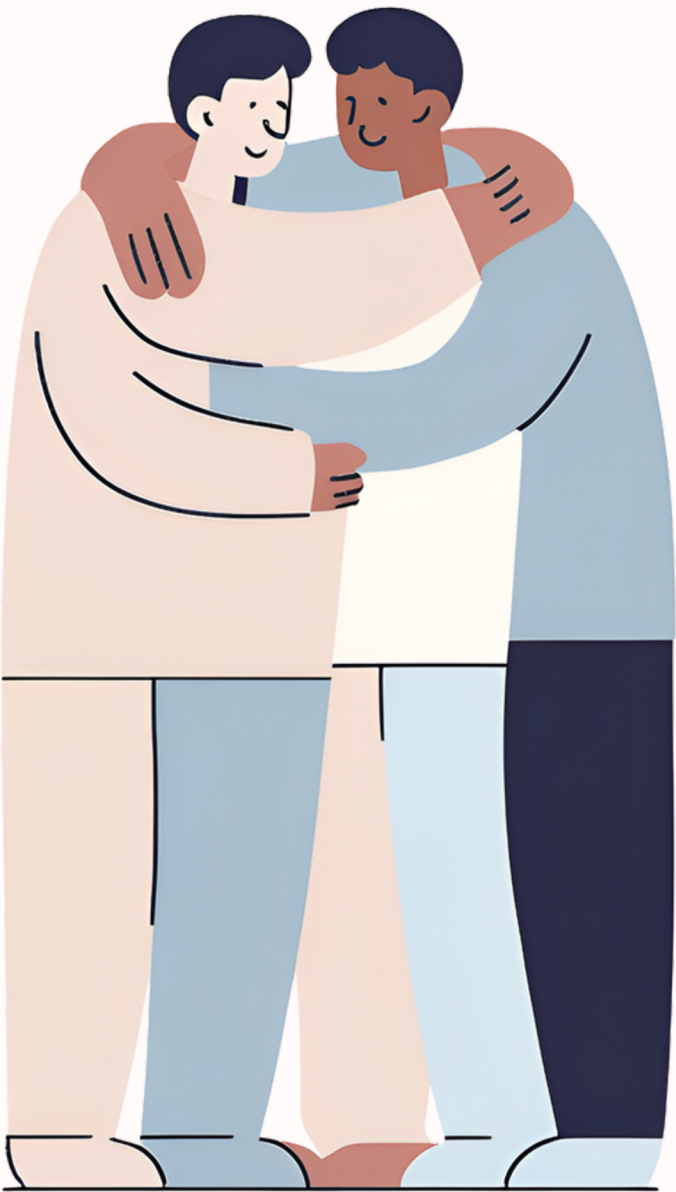
- Develop and conduct training events in both offline and online formats for specialists from profile NGOs and friendly medical organisations, aimed at providing basic and up-to-date information about chemsex and the PAS used; behavior patterns and needs of MSM practicing chemsex.
- Initiate and periodically conduct conferences/ forums for medical institution specialists and profile non-profit organisations involved in providing assistance to people practicing chemsex in the EECA region to share current information, exchange experiences, and successful practices.



I didn't seek help. I didn't know that there were such NGOs, what they do, and what help they provide. I know some clinics and hospitals, and I know what help they offer, but you can't get the help I need without being registered"
(Respondent 2, Kyrgyz Republic)



Recommendations for Service Providers: Improving the quality of medical, addiction, psychological and other support



Develop and promote relevant protocols and guidelines

for providing medical and psychological assistance to chemsex practitioners at the national/ regional/ organisational level. This task should be undertaken by both profile NGOs and friendly medical institutions.

Develop and conduct training events

for medical specialists in friendly institutions (both public and private) on the specifics of interacting with the LGBT community in general and GBMSM practicing chemsex in particular, considering their behavior patterns.

Train staff from profile NGOs

who provide assistance and support to chemsex practitioners, as well as friendly medical specialists, in effective counseling methods (including motivational interviewing) successfully used in working with chemical and behavioral addictions.

“

“I never call an ambulance [assistance], because the police may come with the ambulance. One of my friends was fined 10,000 lari for using drugs. The information was passed on by the ambulance.”
(Respondent 3, Georgia)

”



Encourage the adoption and development of a multidisciplinary approach

in the work of profile NGOs when working with chemsex practitioners (peer counselor, social worker, psychiatrist-addiction specialist, psychologist, psychologist-sexologist) to provide high-quality and effective assistance to chemsex practitioners and implement it in the activities of profile NGOs. A multidisciplinary approach will help address the pressing issues faced by chemsex practitioners, thus increasing motivation and commitment to receiving help, support, and treatment if necessary.



Include a sexologist in the multidisciplinary team

to provide assistance and support to GBMSM in organising a sexual life without PAS and in enjoying sober sex.



Promote the development of a peer counseling and mentoring support system

within profile NGOs and friendly medical institutions providing assistance to GBMSM practicing chemsex, in both offline and online formats.

Recommendations for Service Providers: Improving the quality of medical, addiction, psychological and other support



*“People see that they are not alone in this problem, they get emotional relief, they understand that they will not be hated here. The psychologist is trying to help me, but he is not my equal. And in group therapy everyone is equal. Many clients want to see mirroring oneself: “Here, you understand me!”
(Respondent 5, Ukraine).*





"There should be some place, safe, queer-friendly, where there will be many people wanting to give up this practice [chemsex], working with a specialist or in a group, so we can change something in ourselves and in each other" (Respondent 5, Georgia).



 **Facilitate the creation of support groups**

within the structure of Narcotics Anonymous for GBMSM practicing chemsex.

 **Organise and conduct group meetings**

for GBMSM who want to quit chemsex practices or take a temporary break for mutual support and experience sharing in both offline and/or online formats.

 **Organise and conduct group meetings**

for GBMSM practicing chemsex for experience sharing and mutual support in both offline and/or online formats.

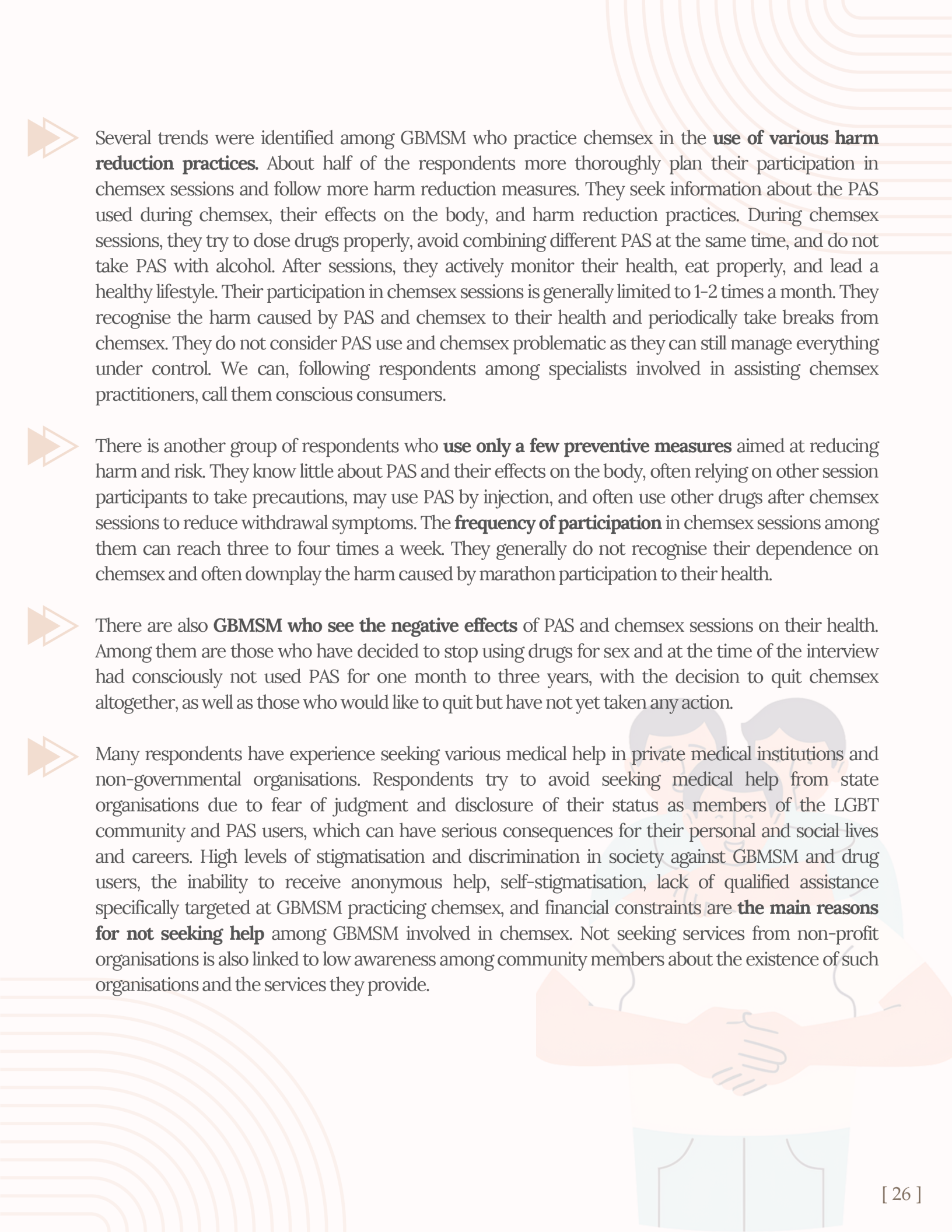
 **Develop friendly relationships and contacts with rehabilitation centers**

and promote the creation and dissemination of an assistance and support approach in friendly rehabilitation centers oriented towards the problems and requests of people previously involved in chemsex practices.

Conclusions

- Psychoactive substances (PAS) play a very important role in the sexual and social lives of many gay, bisexual, and other men who have sex with men (GBMSM). **These substances not only prolong sexual contact and enhance sexual pleasure but also help in coping with internal and external homophobia, low self-esteem, and various life problems.** GBMSM living in Ukraine are in a particularly challenging situation: the use of PAS and chemsex helps them cope with the heightened stress caused by the full-scale military actions. However, for most study participants, chemsex negatively impacts their physical health (contracting STIs/HIV, disorientation, seizures and coma due to PAS overdose, tooth loss, various injuries) and mental health (anxiety, psychosis, paranoia, depression). It also adversely affects employment (job loss) and social connections (narrowing social circles and reducing empathy).
- **Most chemsex users employ various harm reduction methods** before, during, and after chemsex sessions. They carefully plan their participation in chemsex sessions to ensure they have enough time for physical and emotional recovery afterward to minimise the impact of chemsex on different aspects of their lives, primarily work. Pre- and post-exposure prophylaxis (PrEP/PEP) for HIV is also a fairly common practice. Mutual help during chemsex sessions is quite common: participants help each other or seek help from acquaintances or competent persons in clubs.
- **Officially seeking medical help during sessions is generally taboo** – participants try to avoid notifying emergency services about urgent situations during chemsex due to the fear of arrest as the acquisition, possession, and use of PAS are prosecuted by law in all the countries surveyed. For injecting drug use, they rely on more experienced participants who prepare the solutions and can help with proper injection. After chemsex sessions, GBMSM give themselves time to recover both physically and emotionally, eat and drink plenty to replenish lost fluids during the marathons, and take various vitamins, supplements, and medications to alleviate the physical symptoms of withdrawal (aches, headaches, diarrhea, etc.).
- Despite the wide range of harm reduction practices mentioned, **strict adherence is complicated** by the effects of PAS and pressure from other chemsex participants. Under the influence of substances, GBMSM often forget to use condoms and to check for STIs in partners.





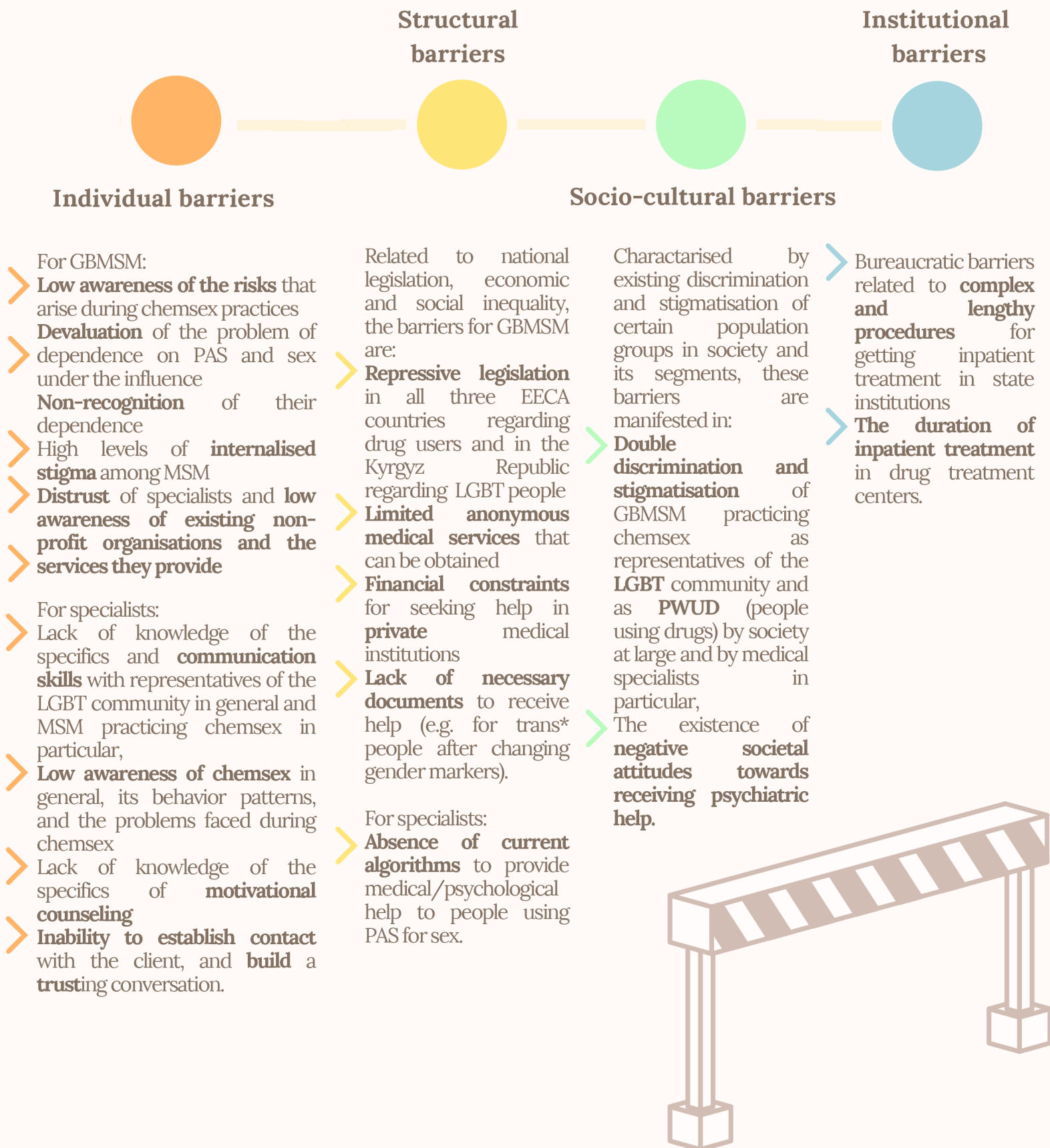
Several trends were identified among GBMSM who practice chemsex in the **use of various harm reduction practices**. About half of the respondents more thoroughly plan their participation in chemsex sessions and follow more harm reduction measures. They seek information about the PAS used during chemsex, their effects on the body, and harm reduction practices. During chemsex sessions, they try to dose drugs properly, avoid combining different PAS at the same time, and do not take PAS with alcohol. After sessions, they actively monitor their health, eat properly, and lead a healthy lifestyle. Their participation in chemsex sessions is generally limited to 1-2 times a month. They recognise the harm caused by PAS and chemsex to their health and periodically take breaks from chemsex. They do not consider PAS use and chemsex problematic as they can still manage everything under control. We can, following respondents among specialists involved in assisting chemsex practitioners, call them conscious consumers.

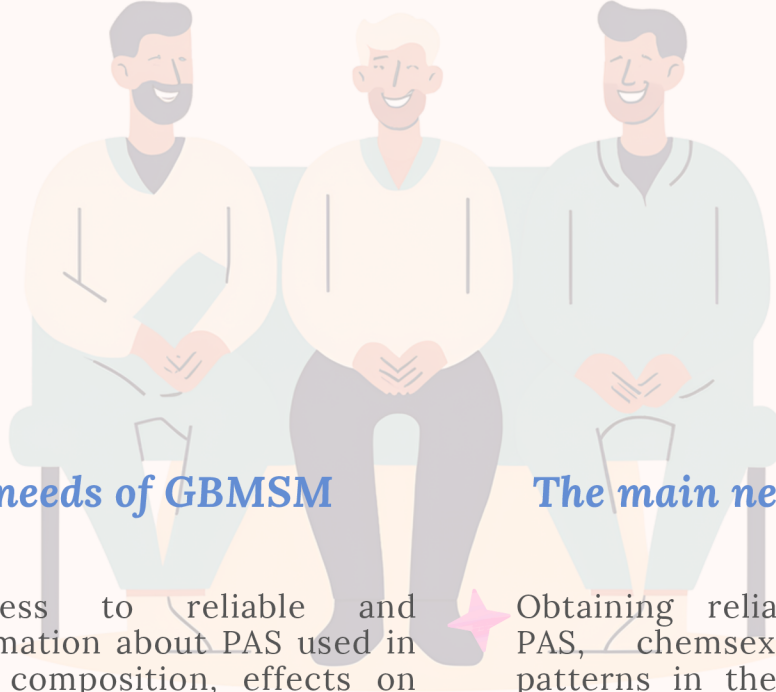
There is another group of respondents who **use only a few preventive measures** aimed at reducing harm and risk. They know little about PAS and their effects on the body, often relying on other session participants to take precautions, may use PAS by injection, and often use other drugs after chemsex sessions to reduce withdrawal symptoms. The **frequency of participation** in chemsex sessions among them can reach three to four times a week. They generally do not recognise their dependence on chemsex and often downplay the harm caused by marathon participation to their health.

There are also **GBMSM who see the negative effects** of PAS and chemsex sessions on their health. Among them are those who have decided to stop using drugs for sex and at the time of the interview had consciously not used PAS for one month to three years, with the decision to quit chemsex altogether, as well as those who would like to quit but have not yet taken any action.

Many respondents have experience seeking various medical help in private medical institutions and non-governmental organisations. Respondents try to avoid seeking medical help from state organisations due to fear of judgment and disclosure of their status as members of the LGBT community and PAS users, which can have serious consequences for their personal and social lives and careers. High levels of stigmatisation and discrimination in society against GBMSM and drug users, the inability to receive anonymous help, self-stigmatisation, lack of qualified assistance specifically targeted at GBMSM practicing chemsex, and financial constraints are **the main reasons for not seeking help** among GBMSM involved in chemsex. Not seeking services from non-profit organisations is also linked to low awareness among community members about the existence of such organisations and the services they provide.

The main difficulties faced by both GBMSM practicing chemsex when seeking help and specialists providing assistance create **barriers** to delivering quality help and support. The main ones can be divided into several groups:





The main needs of GBMSM

The main needs of specialists

- ★ Obtaining access to reliable and accessible information about PAS used in chemsex, their composition, effects on the body, side effects, interactions with each other, major medications, and alcohol.
- ★ Specialised medical, psychological, and drug treatment assistance targeted at the needs and issues of GBMSM practicing chemsex.
- ★ Unbiased and anonymous help and support from an institution of friendly doctors to receive quick consultations and help in emergency situations, possibly in the format of a hotline.
- ★ Obtaining reliable information about PAS, chemsex, GBMSM's behavior patterns in the EECA region, and the results of relevant specialised research studies.
- ★ Additional training on effective methods of providing help and support and forming a tool for sharing experiences and best practices for working with GBMSM involved in chemsex.
- ★ Development and adoption of up-to-date protocols and recommendations for managing, treating, and assisting people practicing chemsex at the country, regional, and organisational levels.

Concluding remarks

- ➔ *Most also do not recognise their dual dependence on PAS and on sex under PAS.*
- ➔ *Many GBMSM, when talking about attitudes towards sex and "sober" sex in particular, admitted that sex without substances has lost its appeal and has become uninteresting to them.*
- ➔ *Sexological help is rarely sought due to healthy sexual behaviour not being regarded as a primary need compared to the primary needs related to PAS use.*
- ➔ *It is also not embedded in the culture of the three EECA countries to discuss one's sex life with a specialist or use sexology services.*

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