CHEMSEX
A GUIDE FOR HEALTHCARE PROVIDERS
## TABLE OF CONTENTS

### Introduction
- Why this toolkit? What does it do? ................................................................. 4
- Why do you need this toolkit as a service provider? ........................................ 4

### Concepts to be aware of
- Chemsex .............................................................................................................. 5
- Sexual Orientation, Gender Identity and Expression: SOGIE ............................ 5
- Harm Reduction .................................................................................................. 5
- Recreational Drug Use ......................................................................................... 5

### Addressing Beneficiaries ................................................................................ 6

### Chems/Drugs ................................................................................................... 8

### Chemsex Effects and Interventions
- The body ............................................................................................................. 8
- The mind ............................................................................................................. 12
- Social life ........................................................................................................... 12
- Legal issues ....................................................................................................... 13

### Harm reduction: a step further ..................................................................... 14

### Prep & Pep ...................................................................................................... 19

### Seeking services
- Referrals ........................................................................................................... 20
- Self-help ............................................................................................................
- Emergencies ....................................................................................................

### Annexes .......................................................................................................... 22
- Annex 1: SOGIE .................................................................................................. 23
- Annex 2: Drugs .................................................................................................. 25
- Annex 3: Risks of interactions between recreational drugs and medications .... 30
- Annex 5: Self-evaluation form for service providers ......................................... 34

### References ..................................................................................................... 35
Introduction

ChemSex, the recreational use of drugs for sexual purposes, has been identified as an emerging trend that is lately gaining attention in the Middle East and North Africa (MENA) region. Although first observed among MSM (Men who have Sex with Men), there are signs of ChemSex engagement among other populations. However, this practice remains most popular among gay men, trans-women, and trans-MSM.

In the MENA region, there is little information regarding ChemSex and even scarcer educational materials on awareness and service provision. In light of increased attention that ChemSex is becoming a more popular and frequent practice in this region, M-Coalition conducted a brief online survey to explore some of its aspects. The survey, which received responses from nearly 100 participants in a limited amount of time, showed that there is potential and need to address this issue more specifically in countries of the region. Of specific interest was that around 82% of the respondents fall within the age range of 35 years and younger, with more than 50% of them aging 30 and under. And with around 92% of these respondents stating that they are willing to ask for drug use advice, we found it important to start with addressing service providers that are already delivering other services to these communities.

Why this toolkit? What does it do?

Service providers within the region need to be equipped with knowledge that is comprehensive and up-to-date for a number of populations given the intersection of risk behaviors that are associated with a range of harms among MSM, People Who Use Drugs (PWUD), and Sex Workers (SW), among others.

Why do you need this toolkit as a service provider?

As a service provider, you have probably encountered many instances in which beneficiaries have presented to you with emerging issues for which you might not have been armed with enough information for educated counseling and response. This toolkit was developed to serve as a resource for your use if you receive beneficiaries that engage in ChemSex. Given the scarcity of materials on ChemSex in the region, we have detailed as much information as possible in a concise manner to facilitate its use. You will also find additional annexes that can serve as tools that can be used in a daily manner during your work.

As service providers working with communities that are often discriminated against and judged, this toolkit was written based on the harm reduction approach. We are not here to ask people to quit using drugs, or refrain from ChemSex, or judge any behavior or practice. We are here to provide counseling, support, services, and advocate for the rights of beneficiaries.

This toolkit explains what ChemSex is, associated harms and methods to reduce them, as well as recommended interventions and services. It also arms service providers with motivational interviewing techniques, to enhance their engagement with beneficiaries.

The aim of this toolkit is to improve quality of ChemSex and harm reduction services by helping service providers better understand the context of ChemSex and what is involved in addressing emerging needs related to it.
Concepts to be aware of

**ChemSex**

ChemSex is the recreational use of drugs to enhance sexual experiences. The use of certain drugs prior to/or during sex increases energy, enhances sexual arousal and stamina, decreases inhibitions, and induces euphoria; making it a popular practice to enhance sexual pleasure. However, the pleasure that is brought by disinhibiting and abandonment of boundaries is also often associated with negative consequences such as the abandonment of self-care. This leads to risky health behaviors - that include the mixing of multiple drugs, barebacking, and the sexualization of injecting practices – that may lead to increased risks of STIs and impaired judgments.

**Barebacking:**

having anal intercourse without a condom

**Common terms to used refer to ChemSex**

Party & Play (PnP)

High & Horny

**Transactional sex:**

sex in exchange for drugs

**Parties!**

ChemSex parties or sex sessions are often organized and can extend over a period of multiple days and include multiple sexual partners and encounters. These parties involve an increased risk of overdose due to the consumption of numerous drugs over an extended period of time, as well as physical fatigue, as party goers do not focus on maintaining nourishment, hydration, and rest.

**Sexual Orientation, Gender Identity and Expression:**

**SOGIE**

SOGIE is an inclusive term that represents all individuals regardless of sexual orientation, gender identity, or gender expression. Specific definitions are used to differentiate between the two terms and help define the different nuances among populations that may visit your center for services. These definitions and terms are often subject to discussion and debate, even amongst the LGBTI community itself, which is a reflection of the diversity of people and the fluidity of gender and sexuality issues. A comprehensive list of terminologies can be found in the annexes of this toolkit. Familiarity with their meanings and connotations is important to ensure inclusive and respectful interactions with your beneficiaries.

**Harm Reduction**

Harm Reduction* is a general term defined as policies, programs and interventions that are designed to reduce or minimize harms that are associated with certain behaviors, including those that are risky and illegal. It is a strategy, based on human rights and justice values, which aims at reducing the negative health, social, legal, and economic impacts associated with drug use and drug policies.

Harm Reduction interventions include a wide range of health and social services that are cost-effective, evidence-based, and life-saving. These include needle and syringe programs, opiate substitution therapy, overdose prevention, Hepatitis B vaccination, psychosocial support, HIV and STI counseling and testing, as well as many other medical health and legal services.
Recently, and with emerging drug trends, harm reduction interventions have evolved to include a wider range of services and supporting materials. Harm reduction relating to ChemSex includes traditional harm reduction interventions mentioned above, as well as more targeted interventions for safer sex and drug consumption within the same context. These interventions will be discussed in detail within this toolkit, and further description of traditional harm reduction interventions can be found in the annexes.

**Recreational Drug Use**

Recreational substance use is the use of drugs, both licit and illicit, to modify emotions, perceptions, and experiences of consumers for pleasure and recreational purposes. People who use drugs recreationally believe that their occasional use will not lead to addiction or ongoing habits. In some countries worldwide, recreational drug use is socially acceptable; however, the use of heavy drugs, even if recreationally is still socially stigmatized.

Drugs that are being used recreationally - whether legal or illegal depending on the country in which they are consumed - include alcohol, hashish, cannabis, cocaine, prescription drugs, methamphetamines, LSD, MDMA and heroin among others.

**Addressing Beneficiaries**

A very important aspect of engaging with beneficiaries in health centers is making sure that they feel respected and comfortable requesting and seeking specific services. This is especially critical in centers that provide services to LGBTI communities, as well as PWUD and people who engage in sex work. These communities are often marginalized and stigmatized against and therefore often refrain from seeking accessible health services due to these reasons.

So, how should beneficiaries be addressed? There are main elements that all service providers need to demonstrate to ensure that their beneficiaries are comfortable and motivated to return for additional services and/or follow-up and these involve:

- Showing respect
- Demonstrating non-judgment
- Maintaining an open mindset
- Showing empathy

**Be aware of the kind of questions you ask.**

"Why" can be very judgmental using "What" or "How" is better when possible

These elements are also crucial to the motivational interviewing technique, a beneficial skill that all service providers should acquire. Why? Because beneficiaries may present to health centers with issues regarding their lifestyles and choices and confusion on how to deal with them and proceed. Service providers should be ready to provide counseling and assistance in these cases.
The five principles of motivational interviewing to keep in mind while speaking with a beneficiary:

**Pillars of Motivational Interviewing:**
- **Cooperation** - in motivational interviewing, there is no desk between the service provider and the beneficiary. The desk signifies the presence of a professional and a person seeking advice. Usually, two chairs facing each other are used to signify equality and cooperation between both entities.

- **Expression** – the main purpose of motivational interviewing is to encourage the expression of feelings and thoughts.

- **Independence** – beneficiaries have the liberty of deciding and making their own choices without being diverted by the service provider. The service provider does not suggest solutions to their problems; instead, they ask them what they want to do to solve their problems.

**Traps!**
- **Question/answer** – starts to sound like an investigation instead of a conversation
- **Taking sides** – often will lead the other person to take the opposite side and become defensive
- **Prescriptions and labels** – “prescribing” to a person what they “ought” to do gives the impression that you are the “professional” and they are the “patient”. Avoid labeling at all costs (Ex: you are an addict).
- **Early concentration** – concentrating on the first idea or problem they state. The underlying problem might not be there, it might not have been expressed yet.
- **Placing blame** – Avoid blaming at all costs, it will only lead the other person to become defensive.

**Remember to EDAAM:**
- Educate / Empower
- Do not discriminate
- Avoid judgment
- Accept
- Maintain an open mind
Watch your non-verbals!

Your non-verbal communication or “body language” is even more important than the words coming out of your mouth! Saying the right thing but with the wrong body language is counteractive. It will make the beneficiary feel like you are lying and cause mistrust.

Avoid:
• Crossing your arms – this is very unwelcoming
• Speaking in technical language (it makes people feel that you are looking down on them)
• Making noises (ex: tsks) in reaction to something being said
• Facial expressions in reaction to something being said (try to keep a poker face especially when discussing sensitive issues)
• Checking your watch or phone (it makes a person feel unimportant)
• Looking elsewhere (maintaining eye contact is important)

Chems/Drugs

“Chems” or drugs used during ChemSex are not limited to certain types and are often used in combination with each other. However, the emergence of this trend was first identified with the use of certain drugs that have become popularly associated with sex and these include: Crystal meth, ketamine, mephedrone, poppers, cocaine, GHB, speed, and erectile dysfunction drugs. Through a pilot online survey conducted by M-Coalition, it was found that the most commonly used drugs related to ChemSex among those that responded are:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Usage Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>70.8%</td>
</tr>
<tr>
<td>Poppers</td>
<td>57.3%</td>
</tr>
<tr>
<td>Hashish</td>
<td>55.2%</td>
</tr>
<tr>
<td>Ecstasy/MDMA/Speed</td>
<td>42.7%</td>
</tr>
<tr>
<td>Weed</td>
<td>41.7%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>39.6%</td>
</tr>
<tr>
<td>Viagra</td>
<td>34.4%</td>
</tr>
<tr>
<td>GBL-GHB</td>
<td>29.2%</td>
</tr>
<tr>
<td>Crystal Meth</td>
<td>23.9%</td>
</tr>
<tr>
<td>Ketamine</td>
<td>20.8%</td>
</tr>
<tr>
<td>Mephedrone</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

It is important to understand the effects and side effects of drugs in order to provide proper counseling and harm reduction tips and interventions to beneficiaries, so that they can practice safer drug use and party in a safer manner. It is also especially important to remain up to date with constantly emerging drug trends in order to be able to provide proper awareness. Annex 2 – “Drugs” - focuses on introducing the drugs mentioned above, as well as many others, in a detailed manner. The annex compiles all the information in one place and may be photocopied for distribution to beneficiaries if needed.

Chemsex Harms & Interventions

ChemSex is linked to harmful effects that are different from those presented in other recreational drug use. This is due to the types of recreational drugs that are mixed, as well as their methods and frequency of use. This section will highlight the health and physical, mental, and social issues that are associated with ChemSex.

The body

The recreational use of multiple drugs and their effects are described in the section above, however these are only a part of the harms that might affect individuals engaging regularly in ChemSex. Other harms that are less apparent include physical fatigue, increased risks of contracting Sexually Transmitted Infections (STIs), violence, rectal trauma, social exclusion, psychological problems, and many more.

Physical fatigue

Recreational drugs increase energy and might delay tiredness and exhaustion. This creates an issue when “coming down”, especially after ChemSex parties. The recurring use of stimulant type recreational drugs to maintain energy during ChemSex parties increases risks of dehydration as well as sudden onset of fatigue and exhaustion after the effects of the drugs wear off.
Suggested Interventions:
• Awareness raising and preparation of educational and informational materials on the importance of issues that may seem less apparent like hydration, nutrition, and rest, with tips on how to remember these issues

• Basic health services that may be needed if a person presents with fatigue to a center such as provision of oral rehydration solutions for dehydration or referral to other services in more severe cases that may need intravenous fluid therapy

Violence

The use of dating apps for blind ChemSex dates and/or engaging in ChemSex parties with new people may pose a certain health risk related to physical and sexual violence. A number of the recreational drugs discussed may cause agitation, aggression, and feelings of anxiety, which may translate into violence. In addition, other drugs—such as ketamine and GHB—may decrease sense of self-control, facilitating sexual abuse and other potentially unwanted hard sexual practices. It is important to note that consent can be a major issue within the chemsex scene, and a challenge to address, as there is a lot of shame and guilt around consent (chemsex participants often say “it’s part of the game”).

Suggested Interventions:
• Information and Communication Technology (ICT) outreach on online dating apps and other social media platforms that involves the provision of advice and counseling, with possible service referrals to beneficiaries

• Counseling and support if subjected to violence once

• Counseling towards reassessment of partners and drug use if encountering violence frequently in order to provide proper follow up and support services

• Referral to legal aid and safe housing services in severe cases

Unsafe sexual practices

A number of unsafe sexual practices may take place when drugs are used prior to, or during, sex. The risks often increase as the number of sexual partners and the variety and amount of drugs used increases. Effects of recreational drugs include a decrease in inhibitions and increased euphoria, sometimes making safe sexual practices a lesser priority than sexual pleasure.

• Barebacking (Anal sex without a condom) increases the risk of contracting STIs such as HIV, Hepatitis B & C, syphilis, gonorrhea, and many other infections. Moreover, barebacking coupled with the use of drugs may lead to rectal trauma or bleeding in the long run.

• Having multiple sexual partners and/or engaging in multiple sexual positions, without the appropriate safety tools, increases risks of spreading STIs among a number of individuals, especially if these multiple sexual encounters take place in close periods of time, such as in ChemSex parties.

• Sharing sex toys and rectal douches with multiple partners and without proper disinfection methods, increases the risks of contracting STIs.

• Fisting without the use of gloves, in presence of cuts or sores on the hands, or in the presence of multiple sexual partners highly increases risks of transmission of STI. In addition, if not done properly and without lubricants, fisting can cause bleeding and trauma to the anus.
**Unsafe drug use**

A number of unsafe drug use practices may lead to long term harms and health issues, even if used recreationally.

- **Back-loading** increases risks of vein damage and bacterial infections from the water.

- **Booty bumping** may cause irritation, bleeding and/or inflammation of the anal lining and rectum. This increases risks of contracting STIs and other types of infections, and may cause lasting damage to the rectum.

- **Slamming** drugs in an unsafe manner increases risks of STIs such as HIV and Hepatitis C, vein damage, bacterial infections, and overdose. Unsafe slamming practices include the sharing of needles and/or injection equipment; using non-sterile water and injecting materials such as sterile cups or spoons, filters, and tourniquets; and not properly cleaning or disinfecting the injection site.

- **Sharing snorting** (straws, paper, rolled money) and grinding materials for drugs to be snorted, such as cocaine, increases risks of infection with HIV and Hepatitis C.

- **Muscling & skin popping** is very painful and increase risks of developing scar tissue. In addition, the drugs are poorly absorbed when injected into the muscles or under the skin. This practice is common when taking ketamine.

---

**Suggested Interventions:**

- Safer sex counseling supported by condom and lubricant distribution programs
- HIV, Hepatitis, and other STI counseling and testing services
- Medical check-ups by an infectious disease doctor
- Assembly and distribution of “ChemSex” kits that include materials to facilitate safer party and play (please refer to section below for more details)
- Capacity building of peers on safer playing who can possibly conduct outreach and awareness in an informal manner when needed during ChemSex parties
- Information and Communication Technology (ICT) outreach on online dating apps and other social media platforms that involves the provision of advice and counseling with beneficiaries
- Organization of group awareness sessions

---

**Suggested Interventions:**

- Counseling and support services for drugs that do not require the beneficiary to stop using
- Provision of needle/syringe distribution programs that include distribution of safer injecting equipment such as cookers, sterile water, and citric acid
- Nursing interventions for safer injecting awareness
- Development and distribution of educational and informational materials and brochures that speak directly to the beneficiaries and provide them with important tips on how to party and play safely
Some people that are HIV positive tend to “sero-sort”, or have bareback sex with other partners that are also HIV positive, whether on medication or not, on the basis that they have already contracted HIV. However, it is advised to always use condoms, as sero-sorting does not protect against other STIs, such as Hepatitis B and syphilis, among others.

It is important to remember that Undetectable=Untransmittable (U=U). People that are positive for HIV but are regularly taking their medication and have continuously had an undetectable viral load will not transmit HIV to their sexual partners. Therefore, if preference is towards bareback sex, prior discussions regarding sero-positivity, medication use, and viral load are encouraged.

Recurrent engagement in ChemSex has also been linked in some studies with poor adherence to antiretroviral (ARV) medications, which has negative health consequences on People Living with HIV (PLHIV) and increases risk of spread among their sexual partners.

Drug interactions may occur between ARVs and most of the recreational drugs used in ChemSex. The interaction may cause an increase in the effect of the recreational drug to a dangerous level and may increase the rare and serious side effects of these drugs.

Refer to Annex 3 for more information.

**U=U**

Undetectable = Un-transmittable this suggests that an if HIV positive person is taking medication and has had an undetectable viral load on a continuous basis, then they cannot transmit the virus

Suggested Interventions:

- Information and awareness regarding Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP), and distribution through the center if possible
- Referral to HIV support groups
- Provision of social and psychological counseling, support, and follow up services
The mind

Recurrent engagement in ChemSex does not only have physical health impacts, but may also affect mental health, leading to issues such as dependency and addiction, as well as deeper mental conductions such as psychosis and chronic depression.

- Compulsive use of recreational drugs, or "benders", which may last up to 2 to 4 days, is one consequence of the frequent engagement in ChemSex or ChemSex parties. This compulsive use may lead to addiction, therefore it requires mental health follow-up.
- Dependency on the use of drugs for sexual purposes may be developed, causing an inability to have or enjoy sober sex. In this case, what may start as an attempt to enhance a sexual experience develops into a mandatory condition for pleasurable sex.
- Regular engagement in ChemSex may lead to psychosis, the impairment of thoughts and emotions leading to a loss of contact with external reality. This condition requires immediate medical attention.
- Low self-esteem and self-loathing may be experienced following engagement in ChemSex, and both are important factors in mental disorders such as chronic depression and paranoia.

Participants may experience a ChemSex "overload", after which they crash. These individuals are in need of mental health advice and services in parallel to any other recovery or additional services.

Suggested Interventions:
- Psychological and psychotherapeutic support and follow-up services
- Development and distribution of self-help materials for those who do not wish to engage in support services at any center

Social life

Even more dangerous and less apparent than physical health and mental issues, are social problems that may arise following recurrent and habitual engagement in ChemSex. The social life of some individuals may drastically change to exhibit selective asociality, social exclusion, self-stigma, and societal stigma.

- Asociality, or the lack of motivation to engage in social interactions, may be developed on a selective basis, among recurrent ChemSex engagers. That is to say that many individuals tend to develop a disinterest in non-sexual social activities, following habitual ChemSex practices.
- Estrangement from family and/or support networks is another problem that may be encountered. Whether individuals socially exclude themselves or are socially excluded by their support systems, this issue may lead to or further exacerbate mental health problems such as depression.

Remember to EDAAM:
- Educate / Empower
- Do not discriminate
- Avoid judgment
- Accept
- Maintain an open mind
Drug possession and drug use is criminalized by the law in many countries of the region. Offenses are punishable through imprisonment. Moreover, some countries may also have laws that are manipulated to incarcerate gay men and other members of the LGBTI community. Some beneficiaries may present with legal issues to your centers, and it is important to be attentive to their issues and provide support (if applicable), or refer them to legal aid services.

**Suggested Interventions:**
- Awareness raising regarding legal issues that may arise from drug possession and engaging in sex with other males
- Development of informational and educational materials on human rights, possible legal issues, and referrals to legal aid
- Legal aid for outstanding violations, human rights violations, and any other legal issues that may arise due to discriminatory laws and policies

**Stigma associated with HIV, shame around sex, as well as internalized homophobia** is also common among people who engage in ChemSex. The different stigmatized issues, by society and by the individual themselves, compound to further marginalize certain populations. For instance, MSM that are HIV-positive and engaging in ChemSex have triple stigma factors and may sometimes be stigmatized by the LGBTI community itself.

**Homophobia:**
an unreasonable fear of homosexuals consisting of negative attitudes and feelings towards LGBTI persons which can lead to discrimination and violence.

**Suggested Interventions:**
- Support groups for beneficiaries who are considering to stop engaging in ChemSex or are seeking advise
- Organization of ChemSex support groups if possible
- Development and distribution of self-help materials for those who do not wish to engage in support services at any center
- Provision of social and psychological counseling, support, and follow up services
Harm Reduction...a step further

New harm reduction interventions have recently been developed in response to the emerging needs of people who engage in ChemSex. In concurrence with the principles of harm reduction, these interventions focus on improving the health consequences, whether physical or mental, of recreational drug use for sexual purposes. Harm reduction materials can be provided to beneficiaries that engage in ChemSex and ChemSex parties. Possible materials for inclusion are detailed in the figure below. The images provided illustrate an example of a harm reduction kit that is prepared and distributed by Soa Aids organization in the Netherlands.

https://nomorec.nl/en/order-no-more-c-toolbox

- Nitrile gloves (for latex allergies) – often used in fisting
- Sharps container
- Condoms
- Lubricants
- Sterile needles
- Disinfectant wipes
- Spray bottle for cleaning solution
- Hand sanitizer container
- Hepatitis C self-testing kit
- Educational materials – information and harm reduction

Engaging in ChemSex, or attending a party, is an event that may take place spontaneously. In such cases, people are usually not prepared or armed with any drugs or protection to party and play safely. Therefore, it is important that beneficiaries, and especially party organizers, are given a number of tips to help organize a safe ChemSex party. Although many tips may be considered unpractical, they need to be repeated in order to push for an increased awareness with the eventual aim of creating a safe party and play culture.

The spontaneity in which a chemsex date or party can come up is a regular occurrence that is facilitated by the availability of dating apps.

These apps can be used to raise awareness and provide support and tips to users that may need urgent information:
- By running tips and information as ads within dating apps
- By setting up a profile to conduct online outreach by peers which can be contacted at any time for advice

The following are issues to be highlighted when providing beneficiaries with information on how to party and play safely:

**Consensual sex**

Always make sure sex is consensual between both partners. The use of recreational drugs sometimes makes this difficult

**Tips for chemsex users:**
- Discuss positions and preferences prior to engaging in sexual activity with your partner
- Visit a health center for medical services in cases of blackouts or rape
Hydration & Nutrition

• Stress the importance of drinking water or other non-alcoholic fluids, especially if uppers such as MDMA are being used.
• A number of recreational drugs suppress appetite so it is important to discuss the importance of remembering to eat with beneficiaries engaged in ChemSex parties that extend over a prolonged period of time.

Tips for chemsex users:
• Keep bottles of water in sight during ChemSex parties for easy access.
• Drink a glass of water in-between alcoholic drinks.
• Keep your water bottle labeled to avoid drinking water that might be laced with GHB.
• Prepare easy and quick to consume protein shakes and snacks for use during ChemSex parties.

Exhaustion

Resting in between taking different drugs and additional doses is important. Many people forget to rest due to their increased energy levels (from drugs). Some people may become exhausted after long days of partying, and fainting may occur.

Tips for chemsex users:
• Take a break to eat or drink and have a short conversation.
• Eat, drink, and rest after long parties so help the body recover from exhaustion.
• Give salt – not sugar – to someone that has fainted from exhaustion. Fruits like bananas or protein bars can be given after recovering.
• Try to avoid inserting ice cubes in the anus and/or cold showers as ways to wake up someone who has fainted.
• Give green or herbal tea to someone that is feeling faint, and try to avoid giving them caffeine or coffee.

Safe Sex

• Highlight the need to change condoms between partners.
• Discuss condoms in conjunction with using sex toys.

• Provide information relating to safer sex that does not involve condom use through discussing PrEP and U=U.

Tips for chemsex users:
• Make different types and sizes of condoms available to facilitate use.
• Don't forget to use condoms with your sex toys.
• Try discussing HIV status before coming to the party – if you are on PrEP or undetectable and whether you like to play with condoms or not.
• Distribute wristbands to distinguish between people that like to play with condoms and those that do not.

Lubricants

Lubricant use in conjunction with recreational drugs and repeated sex is important to avoid rectal bleeding. It is important to discuss differences between water and silicone based lubes and oil based lubes. There is a higher chance of contracting STIs with an oil based lubricant.

Tips for chemsex users:
• Use plenty of lube that is water or silicone based to avoid chaffing and soreness that might lead to bleeding.
• Use plenty of lube even if using Ketamine, GHB, or Poppers to relax your anal muscles.
• If using an oil-based lubricant, take care not to mix it with water-based lube.
• In case of bleeding, immediately stop further anal sex and if the problem persists, seek medical help.

Sex Toys

Cleaning sexual toys using soap and water is crucial. It is recommended that sex toys are cleaned before sharing. In addition, toys should also be cleaned when changing sexual partners and/or positions.

Tips for chemsex users:
• Remember to clean any toys before using or sharing them.
• Keep disinfectant wipes nearby.
**Rectal douches**

It is recommended that douching is avoided as it may irritate the rectal lining and increase risk of STI transmission. It is important to stress the importance of disinfecting shared douches or douche pumps.

When sharing a douche or shower head, clean it well before using with soap and water. If you choose to disinfect, use 1 tablespoon of chloride per one liter of water. If using a douche pump, try to keep your own and label it – and use clean water without any additives.

**Tips for chemsex users:**
- Clean off any oil or residue from the douche, shower head, or douche pumps and then disinfect in chloride before use
- Use clean water without any additives for douche pumps and label your own pump
- Keep a bucket with chloride and water aside for easy access to disinfection solution

**Shower**

Showering frequently is highly recommended. Make sure that all lubricants and oils are washed off with soap and use a separate clean towel when finished.

**Tips for chemsex users:**
- Try to provide different colors of towels available to differentiate who they belong to
- Shower and rinse off every hour with soap and water to refresh yourself

**Drug dosage and composition**

Drug potency and the presence of adulterants cannot be determined without the presence of drug checking services, which are not available in the MENA region. For instance, cocaine may be mistaken for ketamine, and joints that contain weed or salvia look the same. Some drugs are more potent than others therefore, it is important to stress on drug sampling, dividing doses, potential interactions, and quick response to reactions that may occur.

**Tips for chemsex users:**
- Bring your own drugs if possible so you can be sure of what you are taking
- Ask what you are taking, especially if you are handed a joint. Do not automatically assume that it is weed, as it might be salvia.
- Sample the drug and start with a small dose/hit and wait a half hour before taking more
- Sampling in small doses is very important when changing suppliers, especially with cocaine and ketamine
- If using heroin to come down from your high, use small hits to avoid overdose
- Regulate K doses to avoid overdose and the K-hole experience
- Put people who are feeling uncomfortable due to excessive intake of Ketamin in a position that avoids choking on their puke
- Use poppers when sitting down or reclining to avoid falling in case they cause headaches, dizziness and/or nausea
- Try not to give lemon or orange juice to someone experiencing a bad trip on “shrooms” (mushrooms). The acidity of these juices, or any other acidic medium, will increase conversion of psilocybin to psilocin – making the trip an even worse experience.

**Chemical burns & flames**

- Poppers can cause chemical burns to the skin if spilled. If that happens they should be directly flushed away with water. Immediate medical attention is needed if poppers come in contact with eyes or are swallowed.
- Poppers are flammable and present a fire hazard. Make sure there are no open flames when using them.
- Using any type of lighter for Tina pipes may cause charring

**Tips for chemsex users:**
- Make sure the bottle cap is properly replaced when using poppers
- Use poppers away from cigarettes and open flames
- Use lighters with blue flames for Tina pipes so the chemicals dissolve properly and are not charred
Slamming

• Identify less risky veins for use and safer directions for slamming
• Try to avoid sharing any slamming equipment – these include syringes, needles, cookers, filters, tourniquets, and alcohol pads.
• Slamming equipment should be properly disposed of, most importantly syringes and needles – to avoid accidental cuts.
• Water in which drugs are dissolved can contain bacteria. Therefore, distilled water is always recommended for use.
• Back-loading increases risks of vein damage and bacterial infections. It is recommended to always dissolve drugs by heating to avoid these risks.

Tips for chemsex users:
• Try to inject in the forearms and in the direction pointing away from your heart
• Try to avoid small veins in the hands and feet. If necessary, then remove any rings from your fingers
• Try to avoid injecting in the groin, genitals and neck areas
• Sharing is not caring – keep your equipment separate or make sure disinfection materials are available. If possible, acquire colored syringes to differentiate between owners
• Clean syringes with chloride then rinse them with water if sterile syringes are not available
• Keep a sharp container accessible while slamming, especially in a group setting
• Keep sterile water ampoules handy and do not share them. If unavailable, make sure to boil the water to be used in a kettle to kill all bacteria
• Always heat drugs in cookers or spoons to keep veins safe

Taking meds

HIV medication and any other medications for chronic conditions (diabetes, blood pressure, etc...) should be taken regularly. It is also important to research possible interactions with other types of drugs prior to any planned use.

Tips for chemsex users:
• Set an alarm for medications during ChemSex parties

• Keep track of, and try to limit use of other recreational drugs in conjunction with medication

Regular counseling and testing for STIs is important, especially if individuals engaged have a preference towards bare-backing.

Tips for chemsex users:
• Make counseling and testing a regular occurrence
• Keep contact information for testing and counseling centers available at parties for those who are not accustomed to it
Recognizing the signs and symptoms of a drug overdose

It’s important to raise awareness of the symptoms of an overdose to our beneficiaries and encourage them to speak about it with their partners (chemsexers) because it can potentially save their lives and avoid fatal consequences. The symptoms of overdose will vary depending on the substance(s) used, the person who has overdosed and the time that’s elapsed since they last ingested any substance. Some of the most common signs that someone has overdosed include:

- Unconsciousness or unable to speak
- Drastic changes to vital signs (a high or low temperature, weakened or rapid pulse, etc.)
- A change in skin temperature; cold and sweaty OR warm and dry including color of the lips
- Nausea, vomiting, diarrhea or complaints of abdominal pain
- Constricted or dilated pupils
- A general sense of sleepiness, anxiety, confusion or restlessness
- Rapid breathing, shortness of breath or shallow breathing
- Seizures and hallucinations

If someone is exhibiting any of these symptoms, they should be taken to a hospital, you can help by preparing a list of hospitals that have policies to provide support and care for drug users without legal punitive consequences of notifying authorities. In the meantime, make sure they are in a safe and comfortable position to avoid further complications. Avoid putting ice in the anus, showering, drinking, or feeding the overdosed person especially if they are not fully awake or unconscious as they might choke or have other complications. There’s a lot of myths on remedies for overdose, be cautious of what is given to them as it might be useless or even harmful in some cases (e.g using other drugs to subsidise the effect of a certain drug, consuming dairy, over drinking water etc...)

Video Demonstrations:

Steps for putting someone unconscious in a recovery position
https://www.youtube.com/watch?v=P-jAl4axxgg

Steps to perform a CPR for an unconscious person
https://www.youtube.com/watch?v=j2YbkbkZwZI
PrEP and PEP

Pre-Exposure Prophylaxis – or PrEP – is a course of HIV drugs taken to prevent HIV infection. PrEP can lower the risk of getting infected for HIV-negative people if it is taken in a consistent and proper manner. However, PrEP provides NO protection against Hepatitis C and other STIs. PrEP is available in some pharmacies in some countries of the region, however not on a large scale.

Post-Exposure Prophylaxis – or PEP – is a course of ARVs taken to prevent infection after being potentially exposed to HIV. PEP is usually given in emergency situations and must be started within the first 72 hours of potential exposure.

PEP is usually available in emergency rooms in most countries and in some NGOs and is commonly administered for cases of rape.

In a study on HIV testing in the Middle East and North Africa conducted by M-coalition in 2018, it was found that PrEP and PEP are mostly missing from available health services to the community. The study surveyed 155 testing and service centers from Algeria, Jordan, Lebanon, Morocco, Tunisia, and Yemen and found that only 11% provided PrEP and 8% provided PEP for free.

PrEP and PEP can be bought online and used, however they are expensive and it is important to have medical follow-up and counseling in parallel.

It is important to discuss the following with beneficiaries seeking PrEP or PEP:
- Condom use and prevention of other STIs
- Proper dosage and use for PrEP or PEP
- Encouragement of routine counseling and testing for HIV and other STIs

Guiding questions to assess risks linked to ChemSex* (Stuart, Dean St):
- Do you use party drugs before/during sex?
- (If yes) – which party drugs are you using?
- How often do you take these drugs?
- How do you usually use your drugs of choice?
- Are you slamming? Do you know how to access clean needles? (If relevant)
- Do regret any choice that you made when high?
- Have you had any bad experiences?
- Were there any times that you might have had sex that was not consensual?
- Have you ever had trouble remembering whether or not you had sex after partying?
- What is your non-sexual social life like?
- Do you enjoy social events that do not include drugs?
- Do you enjoy having sober sex?
- When did you last have sober sex?
- Are you aware of STI risks from shared equipment (needles, toys, douches, razors, etc…)?
- Are you aware of STI risks related to barebacking?
- Might you be at risk of having contracted HIV in the past 72 hours? (for PEP assessment)
- Do you want to talk to someone about playing more safely with drugs?
- Do you know where to access services related to drugs and STIs?

Remember that questions like these should be asked throughout the course of a conversation/discussion. Do not make the beneficiary feel like they are being interrogated!
Seeking Services

Different types of services may be identified by the service provider and the beneficiary. Some of these might be available at the same center, while other may need referrals. In other instances, some beneficiaries might not want to seek these services at a specific place and may opt to try self-help techniques. In all instances, the service provider should be ready to provide tips and advice.

Referrals

As a service provider, you may not be able to provide all required services, and an integral part of any healthcare service center is a proper referrals system.

It is preferable that all centers keep an updated list of referrals to centers providing different types of services, and maintaining a working relationship with these centers.

It is crucial to make sure that the centers that you are referring to provide services in a non-discriminatory and private manner, and that the services they are providing are of good quality.

Self-help

Beneficiaries that may recognize a problem but prefer not to seek counseling services within a center should be provided with information on self-help and emergency contacts. A number of self-help books, brochures, and online materials – for ChemSex, as well as other issues that may be encountered – can be found. It is important to keep a list or reference of these materials that often provide day-to-day inspiration/advice for their readers.

- Encouraging beneficiaries to confide in a trusted person of their choice on their plans to quit a certain behavior through self-help is also advisable in order to ensure that they have some sort of support system.
- Providing a list of hotline numbers to call to support self-help as well as emergency support is also beneficial. If your center has a hotline number, make sure to provide it.

How can you help with self-help?

Beneficiaries will have number of obstacles that they will encounter when they decide to quit a certain behavior or practice. Quitting ChemSex is a difficult process and they need to be informed on what to expect during this time. Highlighted here are a couple of issues to remain attentive to, and to counsel on when someone expresses their interest in stopping.

Beneficiary fears related to sober sex:

- That they will become boring
- That they will gain weight and become less pleasing to look at
- That they will never have sex again

Try to give them tips on how to overcome these fears throughout your conversation and provide them with a step by step self-help booklet such as “Staying Off Crystal” that was prepared by the AIDS committee of Toronto (ACT – www.actoronto.org)

Four important measures to be taken when quitting ChemSex:

- Stay away from situations that may increase cravings such as going to certain websites or chat rooms that are dedicated to ChemSex, watching porn, or going to events that you know may involve ChemSex
- Rethink your values about sex and try to focus on the pros of linking sex with feelings
• Get a medical check-up and get tested to determine your health status if you had not previously done so
• Consider safer sex through a number of methods including condoms, PrEP, PEP, and HIV status

Tell beneficiaries what to expect when returning to sober sex so that they can be more prepared:
• You might feel self-conscious the first few times but that is normal, it is because you are more aware of what is going on without drugs
• Sober sex will feel different from ChemSex and it is supposed to
• Sober sex might be less intense, but it also comes with less anxiety
• Sober sex might move slowly, but it is calmer and less rushed
• It is okay to take a break or stop if you feel uncomfortable – talk to you partner about how you feel prior to engaging in sober sex

Emergencies

Providing a list of known medical centers and hospitals in your country that are friendly towards people who use drugs and the LGBTI community is also beneficial. If possible, conduct a quick survey to document which hospitals report overdoses to the police as a standard practice and prepare a list of those who do not to share it with beneficiaries. If a beneficiary is scared of facing legal issues, they might not be as supportive when witnessing an overdose.

For instance, in Lebanon, a survey of private and public hospitals was conducted by Skoun to document which hospitals are abiding by a new circular from the Ministry of Public Health requesting hospitals and medical personnel to refrain from reporting overdose cases to the police and the results are as per the image below.

It is important to document and share such information because as is the case in Lebanon, new policies might not be implemented by all and it is important for people who use drugs to feel assured that they will not be reporting to be comfortable in accessing life-saving services.

Reference: https://www.skoun.org/sites/default/files/OD%20Report%202018_0.pdf
ANNEXES
Annex 1: SOGIE

Sexual Orientation: Sexual Orientation is an enduring emotional, romantic, sexual or affectional attraction or non-attraction to other people. Sexual orientation can be fluid and people use a variety of labels to describe their sexual orientation.

- **Homosexual**: an outdated term to describe a sexual orientation in which a person feels physically and emotionally attracted to people of the same gender. Historically, it was a term used to pathologize gay and lesbian people.
- **Lesbian**: a woman whose primary sexual and affectional orientation is toward people of the same gender.
- **Gay**: a sexual and affectional orientation toward people of the same gender.

- **Bisexual**: A person whose primary sexual and affectional orientation is toward people of the same and other genders, or towards people regardless of their gender.

- **Heterosexual/Straight**: a sexual orientation in which a person feels physically and emotionally attracted to people of a gender other than their own.

Gender Identity: A sense of one’s self as trans*, genderqueer, woman, man, or some other identity, which may or may not correspond with the sex and gender one is assigned at birth.

- **Transgender**: Adjective used most often as an umbrella term, and frequently abbreviated to “trans.” This adjective describes a wide range of identities and experiences of people whose gender identity and/or expression differs from conventional expectations based on their assigned sex at birth. Not all trans people undergo medical transition (surgery or hormones). Some commonly held definitions:
  1. Someone whose determination of their sex and/or gender is not validated by dominant societal expectations; someone whose behavior or expression does not “match” their assigned sex according to society.
  2. A gender outside of the man/woman binary.
  3. Having no gender or multiple genders.

- **Transsexual**: A person who lives full-time in a gender different than their assigned birth sex and gender. Many pursue hormones and/or surgery. Sometimes used to specifically refer to trans* people pursuing gender or sex confirmation.

- **Genderqueer**: A person whose gender identity and/or gender expression falls outside of the dominant societal norm for their assigned sex, is beyond genders, or is some combination of them.

- **Cisgender**: a gender identity, or performance in a gender role, that society deems to match the person’s assigned sex at birth. The prefix cis- means "on this side of" or "not across." A term used to call attention to the privilege of people who are not transgender.

Gender Expression: how one expresses oneself, in terms of dress and/or behaviors. Society, and people that make up society, characterize these expressions as "masculine," “feminine,” or “androgynous.” Individuals may embody their gender in a multitude of ways and have terms beyond these to name their gender expression(s).

- **Cross dresser**: a word to describe a person who dresses, at least partially, as a member of a gender other than their assigned sex; carries no implications of sexual orientation. Has replaced “Transvestite”.

- **Drag Queen**: a person (often a man) who appears as a woman. Generally in reference to an act or performance. This has no implications regarding gender identity.
• **Heteronormativity:** a set of lifestyle norms, practices, and institutions that promote binary alignment of biological sex, gender identity, and gender roles; assume heterosexuality as a fundamental and natural norm; and privilege monogamous, committed relationships and reproductive sex above all other sexual practices.

• **Transvestite:** This is an outdated and problematic term due to its historical use as a diagnosis for medical/mental health disorders. Cross Dresser has replaced transvestite, see above definition.

**Asexual:** a sexual orientation generally characterized by not feeling sexual attraction or a desire for partnered sexuality. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity. Some asexual people do have sex. There are many diverse ways of being asexual.

**Gender Fluid:** A person whose gender identification and presentation shifts, whether within or outside of societal, gender-based expectations. Being fluid in motion between two or more genders.

**Heterosexism:** the assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual and queer people while it gives advantages to heterosexual people. It is often a subtle form of oppression, which reinforces realities of silence and erasure.

**Homophobia:** See Heterosexism above.

Certain organizations have been intentionally moving away from using words like “transphobic,” “homophobic,” and “biphobic” because (1) they inaccurately describe systems of oppression as irrational fears, and (2) for some people, phobias are a very distressing part of their lived experience and co-opting this language is disrespectful to their experiences and perpetuates ableism.

**Intersex:** adjective used to describe the experience of naturally (that is, without any medical intervention) developing primary or secondary sex characteristics that do not fit neatly into society’s definitions of male or female. Intersex is an umbrella term and there are around 20 variations of intersex that are included in this umbrella term. Hermaphrodite is an outdated and inaccurate term that has been used to describe intersex people in the past.

**LGBTI:** an acronym for Lesbian, Gay, Bisexual, Transgender, and Intersex

**MSM:** an abbreviation for men who have sex with men; they may or may not identify as gay.

**Queer:** This can include, but is not limited to, gay, lesbian, bisexual, transgender, intersex and asexual people. This term has different meanings to different people. Can also be used as an umbrella term like LGBT, as in “the queer community.”

*Terms and definitions are retrieved from the LGBTQIA Resource Center at the University of California, Davis (https://lgbtqia.ucdavis.edu/educated/glossary) and the LGBT Resource Center at the University of California San Francisco (https://lgbt.ucsf.edu/glossary-terms)*
**Annex 2: Drugs**

**ALCOHOL**

**Chemical class:** stimulant in small doses and depressant in large doses  
**Appearance:** liquid  
**Common use:** swallowing  
**Effects:**  
• Lowers inhibitions  
• Feelings of relaxation  
• People tend to become more social and outgoing  
**Side effects:** increases anxiety, depression, and sleep problems  
**Mixing drugs:**  
- When “drunk”, most people have decreased motor control which increases risks of car accidents if driving under the influence  
- Mixing alcohol with drugs increases the effects of both:  
  - With cocaine – creates a toxic effect therefore mixing should be limited to very small doses  
  - With ketamine, GHB, and opiates it increases the risks of overdose  
  - With E/MDMA – it deadens their effect

**BENZODIAZEPINES**

**Chemical class:** tranquilizer often used as medication for anxiety and panic disorders  
**Appearance:** pills  
**Common use:** swallowing, injecting  
**Effects:**  
• Relieve anxiety and tension  
• Increase feelings of relaxation  
• Mild to moderate sense of euphoria

Side effects: drowsiness, impaired coordination, confusion, fatigue, loss of libido  
**Important facts:**  
- As with alcohol, it is very dangerous to drive under the influence of benzodiazepines due to the loss of coordination and drowsiness side effects  
- Crushing the pills and mixing with a solution is dangerous as they usually contain chalk which can cause veins to collapse  
- Benzodiazepines should not be stopped suddenly if taken over a long period of time  
**Street names:** Benzos

**CANNABIS**

**Chemical class:** stimulant, depressant or hallucinogen – effects vary from person to person  
**Appearance:** dried herbs or block of greenish/brown resin  
**Common use:** smoking, inhaling, ingesting, vaping  
**Effects:**  
• Become more sociable and talkative  
• Increase in creativeness  
• Increase in feelings of relaxation and “chilling out”  
• Increase in feelings of happiness – become giggly  
**Side effects:** increased appetite, dulled pain, coordination difficulties, slowed reflexes  
**Important facts:**  
- Cannabis can be used for its medicinal purposes for pain and seizure management, appetite stimulation, and to decrease nausea for cancer patients  
- Overdose on cannabis can have the following effects: nausea, anxiety, paranoia or panic  
**Street names:** Hashish, marijuana, weed, hash, marie (مـاري), saroukh (صاروخ), sob7i (صـبئي), bizre (بـزرة)
**COCaine**

**Chemical class:** stimulant  
**Appearance:** pills or powder  
**Common use:** snorting, injecting  
**Effects:**  
- intense pleasure  
- full body stimulation  
- increased self confidence  
**Side effects:** increased heart rate and blood pressure, loss of appetite, nausea, elevated body temperature  
**Important facts:**  
- Cocaine powder is often mixed with broken shards of glass when sold – this causes small cuts in the vessels of the nose and increases risk of infections  
- Snorting material – whether a straw, a piece of paper or rolled money, and any materials used for grinding can also increase risks of infections if shared  
**Street names:** Coke, C, Charlie, fa23a (فقعة)

**ECSTASY/MDMA**

**Chemical name and class:** MDMA – stimulant and hallucinogen  
**Appearance:** pills of different colors and prints  
**Common use:** swallowing, snorting, injecting  
**Effects:**  
- euphoria  
- reduced inhibition  
- increased sexual desire  
- increased sociability  
**Side effects:** hallucinations, paranoia, increased heart rate and blood pressure, chest pain, panic attacks, nausea, agitation, rapid dehydration  
**Important facts:**  
- MDMA is the primary psychoactive substance in ecstasy, however some ecstasy pills sold may not contain this chemical at all and are made of other adulterants  
- “Pure” MDMA is sold as pills or powder on the street and nicknamed “Molly”, however this is just as dangerous as ecstasy  
- Ecstasy and MDMA are often cut with cocaine, methamphetamine, ketamine, methedrone, and caffeine. The contents of an ecstasy/MDMA pill can vary immensely, leading to increased health and overdose risks  
**Street names:** E, Ecstasy, MD, parachute, ta22ish (طقش)

**CRYSTAL METH “TINA”**

**Chemical name:** crystal methamphetamine  
**Appearance:** clear crystals that look like ice or glass  
**Common use:** smoking, snorting, swallowing, injecting  
**Effects:**  
- instant and long-lasting euphoria  
- increased energy and alertness (increased libido)  
- increased confidence  
- effects can last up to 12 hours  
**Side effects (short term):** loss of appetite, elevated blood pressure, hyperthermia, unpredictable mood swings  
**Side effects (prolonged use):** loss of self-control, dependence, paranoia, and depression  
**Street names:** Tina, T Ball, ParTy, 8 ball, tweak, Ice
**Common brands:** Viagra, Cialis, Segurex, Verecta, Vega, Androskat  
**Appearance:** pills  
**Common use:** swallowing  
**Effects:** prolonged erection  
**Side effects:** headache, upset stomach, changes in vision, back pain, muscle pain, nausea, dizziness, rash  

**Drug mixing:**  
- Taking Viagra, Cialis, and/or Sejurex together will not increase effects to provide further prolonged erections. Mixing these drugs will increase rare side effects associated with these medications.  
- Mixing an ED drug with cocaine can result in heart problems, an erection that won’t go away leading to anatomical damages, and potential seizures.  
- Mixing an ED drug with poppers may cause fainting, heart attacks, strokes, and/or death because they both cause a decrease in blood pressure.  
- Mixing an ED drug with ecstasy can cause serotonin syndrome (a type of poisoning) leading to disorientation and tremors and sometimes escalating to hallucinations, seizures, loss of consciousness, and coma.

---

**GHB**

**Chemical name and class:** gamma hydroxybutyrate-depressant  
**Appearance:** liquid  
**Common use:** swallowing  
**Effects:**  
- euphoria  
- sexual arousal  
**Side effects:** breathing difficulty, insomnia, anxiety, tremors  
**Drug mixing and doses:**  
- GHB is usually mixed with water and consumed. It is also used to relax the anal muscles for anal sex.  
- GHB can make their users lose consciousness for while depending on the dosage. This is known as “G-hole”  
- Dose strength is difficult to determine by sight, making it easy to overdose on GHB. Severe cases may lead to coma and death.  

**GHB/GBL:**  
- GBL is a corrosive substance (wheel cleaner) that may be used to make GHB. However, it can also be sold separately because it is stronger than GHB and its effects last longer. Risks are greater however and can cause permanent damage to the stomach and esophagus.  
- It is important to distinguish between GHB and GBL when purchasing because both substances are referred to as “G” and have identical appearances.  

**Street names:** G, Gina, liquid ecstasy, atra ( قطرة)

---

**Heroin**

**Chemical class:** depressant  
**Common appearance:** white or brown powder  
**Common use:** snorting, injecting  
**Effects:**  
- euphoria  
- pain relief  
**Side effects:** difficulty breathing, dry mouth, drowsiness, impaired mental function  
**Important facts:**  
- Heroin is very rarely sold in pure form and the powder is often cut with other opiates and chemicals, increasing risks of overdose when changing sources from which it is procured.  
- Heroin is very addictive and withdrawal symptoms are very difficult, often described as deep pain in the bones throughout the body.  
- Heroin overdose can be treated with naloxone injections.  
- Opiate substitution therapy (buprenorphine...
and methadone) can be prescribed to support in quitting

**Street names:** H, smack, brown sugar

**KETAMINE**

Chemical name: ketamine (a classified anesthetic)
Appearance: white powder or liquid
Common use: sniffing, injecting
Effects:
- feeling of floating or detachment from body
- decreased control over motor skills
- complete sensory detachment “k-hole”
Side effects: increased heart rate, elevated blood pressure, confusion & disorientation, nausea & vomiting

**Important facts:**
- A known anesthetic, ketamine is used to in ChemSex to relax the muscles of the anus for anal sex
- It is important to regulate dose intake as ketamine may cause memory loss
- The “k-hole” is an experience in which the person feels like they are completely detached from their body. This can happen when taking ketamine and can last from a few minutes up to hours. When in a “k-hole”, it is hard to move, talk, swallow, or breathe
- Ketamine can increase effects of other sedatives, such as benzodiazepines and opiates, which may cause overdose
- Mixing Ketamine with GHB increases the risk of having a “k-hole”

**Street names:** K, Special K, Vitamin K, Fa23a

**METHEDRONE**

Chemical name and class:
mephedrone – stimulant and hallucinogen
Appearance: pills or powder
Common use: swallowing, snorting, injecting
Effects:
- euphoria
- sexual stimulation
- decreased hostility
Side effects: hallucinations, delusions, increased heart rate and blood pressure, difficulty breathing, loss of appetite, paranoia, anxiety

**Street names:** 4MMC, meow meow

**POPPERS**

Chemical name: alkyl nitrate
Appearance: clear or yellow liquid stored in small bottles
Common use: inhalation of fumes directly from bottle
Effects:
- instant high or rush that lasts few seconds
- dilation of blood vessels leading to warm sensations
- intensified sexual sensations and orgasms
- relaxation of muscles, including anus, facilitating anal sex
- increase in heartbeat
Side effects: dizziness and headaches
Drug mixing:
- Mixing poppers with other drugs that may affect blood pressure is risky. These include blood
pressure medications as well as erectile drugs such as Viagra, Cialis, and Segurex, to name a few. If taken together, both blood pressure and heart rate can be dangerously affected possibly causing heart attacks or strokes.

- Mixing poppers with stimulants such as ecstasy, speed, cocaine, or crystal meth increases risks of heart attacks and overdose.

**Chemical name and class:** salvia divinorum - hallucinogen

**Appearance:** dried herbs or fresh leaves

**Common use:** smoking, chewing

**Effects:**
- Uncontrollable laughter
- Visual distortions or hallucinations
- Synesthesia (when physical sensations become intertwined and colors can be “heard” and sounds can be “smelt”)
- Extreme dissociation or disconnectedness from reality

**Side effects:** dizziness, disorientation, physical or visual impairment, dysphoria

**Important facts:**
- The types of effects related to salvia make it very dangerous for people to drive when under the influence
- Effects of salvia last around 8 minutes, however some reports have mentioned lasting psychosis in some cases
### Annex 3: Risks of interactions between recreational drugs and medications

<table>
<thead>
<tr>
<th>Generic Drugs (single molecules and in association)</th>
<th>Class of Drug</th>
<th>Type of Drug</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana (Δ9THC + P8)</td>
<td></td>
<td>Cannabis (weed, keef, marijuana)</td>
<td>▲▲</td>
</tr>
<tr>
<td>Extasy (MDMA) + PTV(7)</td>
<td></td>
<td>Ecstasy/MDMA</td>
<td>▲▲</td>
</tr>
<tr>
<td>Vicilax (MGB + PTV(7))</td>
<td></td>
<td>GHB/GLB</td>
<td>▲</td>
</tr>
<tr>
<td>Vicilax (OGB + PTV(7))</td>
<td></td>
<td>Heroine</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ketamine (K)</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LSD (LSD, lsd, acid)</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Methylamphetamine (Tina, Crystal, meth, ice)</td>
<td>▲</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phencyclidine (Angel Dust)</td>
<td>▲</td>
</tr>
</tbody>
</table>

### Key:
- No risk of interaction
- Risk of an interaction
- The effect of the drug could be decreased, possibly decreasing the drug’s effectiveness
- The effect of the ARV and the AAD could be increased, with an increased risk of overdose
<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Class of Drug</th>
<th>Atripla® (TDF+FTC+EFV)</th>
<th>Epivir® (TDF+FTC+RPV)</th>
<th>Truvada® (TDF+FTC+RPV)</th>
<th>Stribild® (TDF+FTC+EVG+Cob)</th>
<th>Genvoya® (TAF+FTC+EVG+Cob)</th>
<th>Kaletra® (Lopinavir/ritonavir)</th>
<th>Prezista® (darunavir)</th>
<th>Reyataz® (ritonavir)</th>
<th>Norvir® (ritonavir)</th>
<th>Intelic® (etravirine)</th>
<th>Educore® (rilpivirine)</th>
<th>Sustiva® (efavirenz)</th>
<th>Viramune® (nevirapine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis (weed, keef, marijuana)</td>
<td>hallucinogen</td>
<td>▲</td>
<td></td>
<td></td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>△ ▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>stimulant</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Ecstasy/MDMA</td>
<td>stimulant</td>
<td></td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>GHB/GBL</td>
<td>sedative</td>
<td></td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Heroine</td>
<td>sedative</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Ketamine (K)</td>
<td>sedative</td>
<td>▼</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>LSD (carton, toncard, acid)</td>
<td>hallucinogen</td>
<td>▼</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Cathinones (3MMC, 4MMC, 4MEC, NRG3)</td>
<td>stimulant</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Methamphetamine Tina, Crystal, meth, ice)</td>
<td>stimulant</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Phencyclidine (Angel Dust)</td>
<td>hallucinogen</td>
<td>▼</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
</tbody>
</table>

These tables have been translated from French from a document prepared by Action Traitements (www.actions-traitements.org)
Annex 4: Self-evaluation form for beneficiaries - Party and Play

Participating in chemsex is a choice that you take. No matter your reasons, or how often you have chemsex, it is important to make informed choices and party safely.

The following questions are designed to help you reflect on your partying and assess your risks:

The last sexual encounter you had:
- [ ] involved chems
- [ ] did not involve chems

Was this a deliberate choice?
- [ ] yes
- [ ] no
- [ ] I don't remember

Did you use more than one type of chems?
- [ ] yes
- [ ] no
- [ ] I don't remember

Tick on the types of chems that you have taken while partying and playing:
- [ ] Tina
- [ ] GHB (G)
- [ ] Ketamine (K)
- [ ] Poppers
- [ ] Mephedrone
- [ ] Cocaine
- [ ] Heroin
- [ ] Viagra/ Cialis/Segurex/Verecta/Vega
- [ ] Hash/Weed
- [ ] Ecstasy/MDMA
- [ ] Benzos
- [ ] Other: _______________

Have you ever mixed any of the chems listed above or any other types of chems?
- [ ] yes
- [ ] no
- [ ] I don't remember

Are you aware of the risks involved in mixing chems?
- [ ] yes
- [ ] no

How frequently do you engage in chemsex?
- [ ] daily
- [ ] weekly
- [ ] monthly
- [ ] occasionally

What are your preferences when engaging in chemsex? (tick on all that apply):
- [ ] Bare-backing
- [ ] Booty-bumping
- [ ] Back-loading
- [ ] Sex toys
- [ ] Fisting
- [ ] Slaming
- [ ] Multiple partners
- [ ] Other: __________

Do you take any of the following precautions when engaging in any of the preferences listed above?
- [ ] Lubricants
- [ ] Condoms for sex toys
- [ ] sterile injecting/snorting equipment
- [ ] routine testing for HIV, Hep C, and other STIs
- [ ] sterile syringes & water for booty-bumping/back-loading
- [ ] Other: __________

Do you feel like chems or alcohol interfere with your ability in making informed decisions regarding any or the precautions above?
- [ ] yes
- [ ] no
- [ ] sometimes

Do you enjoy having sober sex?
- [ ] yes
- [ ] no
How much of your sex life would you say is sober?

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

How much of your sex life involves intimacy or regular partners?

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |

Do you feel like your social life has changed recently?

☐ yes  ☐ no

Do you enjoy non-sexual social events?

☐ yes  ☐ no  ☐ sometimes

If no, is this a recent change in your life?

☐ yes  ☐ no

Do you feel like you would like to speak to other people that are engaged in chemsex in a safe and confidential space?

☐ yes  ☐ no  ☐ maybe

How confident are you that your decisions around partying and playing safely are informed?

| Not confident 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very confident |

Considering your answers above, do you feel like you would benefit from speaking with someone about partying and playing safely?

☐ yes  ☐ no  ☐ maybe

If yes, would you like support in setting up a self-care plan?

☐ yes  ☐ no  ☐ maybe

If yes, please contact our center through one of the following:
[centers may add their hotline numbers, name of contact person, email address, office address and opening hours]
Annex 5: Self-evaluation form for service providers

What are the services that the beneficiary requested?
- □ Condom distribution
- □ PrEP
- □ PEP
- □ Voluntary counseling & testing
- □ Nursing services
- □ Counseling (psychological)
- □ NSP
- □ Other:__________

I feel like I have answered the beneficiary's questions adequately
- □ Agree
- □ Neutral
- □ Disagree

I am comfortable discussing details regarding the beneficiary's sexual life
- □ Agree
- □ Neutral
- □ Disagree

I am comfortable discussing details regarding the beneficiary's drug use
- □ Agree
- □ Neutral
- □ Disagree

I feel like the beneficiary was comfortable discussing details of their chemsex engagement with me
- □ Agree
- □ Neutral
- □ Disagree

I feel like some details that were discussed by the beneficiary made me feel uncomfortable
- □ Agree
- □ Neutral
- □ Disagree

I feel like my verbal and/or non-verbal communication might have portrayed that I was uncomfortable discussing some issues
- □ Agree
- □ Neutral
- □ Disagree

I feel like the beneficiary would return to our center for further services
- □ Agree
- □ Neutral
- □ Disagree
References


• AIDS Committee of Toronto (November 2016). Staying Off Crystal for a day or longer – Practical Tips from Gay and Bisexual Men. ACT.


• Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 3 Motivational Interviewing as a Counseling Style. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64964/


• GMFA - the gay men’s health project (June 2013). Messy sex and douching. Retrieved from https://www.gmfa.org.uk/messy-sex-and-douching


• Mainline Foundation (n.d.). Chemsex NL (HCV Testing and Treatment).


• Stuart & De Inza (September 2018). Chemsex First Aid. Retrieved from https://www.davidstuart.org/chemsex-first-aid


