



# NAVIGATING CHEMSEX SUPPORT AND CARE LANDSCAPE IN HONG KONG

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## SUMMARY

### Lopsided on funding sources that adopt deficit paradigm:

- ★ Projects funded by the government fall under two initiatives: Beat Drugs Fund (BDF) and AIDS Trust Fund (ATF)
- ★ The BDF, backed by the Narcotics Division, Security Bureau, promotes a zero-tolerance anti-drug policy, labelling CF service users as requiring "treatment" for abstinence. Positive testing drug aspects for the MSM community are prohibited in BDF-funded projects.
- ★ Assessment tools like the contemplation ladder and drug use frequency gauge project success under BDF.
- ★ The ATF, supported by the Department of Health, utilizes local HIV data to prioritize HIV prevention, sexual risk reduction and harm reduction for injecting drug users. The study takes into account the vulnerability and autonomy of the MSM community.
- ★ Indicators like testing rates and treatment linkage measure outcomes under ATF.
- ★ Both funds adopt a deficit approach to CF, with limited emphasis on pleasure in CF practice in their projects.

### Social determinants of chemsex are addressed through NGOs' programmes:

- ★ Service providers view CF as a complex issue influenced by various social determinants like minority stress, trauma, inequity, parenting challenges, community stigma and a lack of emotional education.
- ★ They reject universal intervention programmes, preferring to tailor support to the individual pace and needs of CF users.
- ★ Casework, counselling, small group sessions and peer programmes are commonly combined to address these determinants, requiring significant effort and resources.
- ★ Providers utilize funder-mandated tools for outcome measurement, including qualitative casework records.
- ★ Project Hero employs evidence-based methods and qualitative research to understand determinants affecting CF users.
- ★ Some providers advocate for trauma-informed and narrative approaches to service design, aiming to affirm sexual and gender identities in the long term.

### Using social justice approach reshape the dominant narrative:

- ★ Midnight Blue, which supports male sex workers, takes a social justice approach by assisting MSM and transgender workers who encounter drug use during their work.
- ★ Midnight Blue prioritizes community bonding and mutual support over direct services. They manage a human library of CF sex workers to challenge stereotypes and highlight discrimination against drug users and sex workers.
- ★ Aside from Midnight Blue, Tung Wah's SACH-IV project aims to empower the gay community through various initiatives.

### Collaborative mindset and yet funding cycle silos the service design:

- ★ Interviewees collaborate with various stakeholders, including hospitals, healthcare providers, shelters and rehab centres, to refer and receive service users.
- ★ Half of the providers represent prominent social service agencies in Hong Kong, such as Hong Kong Christian Service and Tung Wah Group of Hospitals, offering self-sustaining services and internal referrals for continued support.
- ★ One provider envisions establishing a centralized service hub for CF users through partnerships with other organizations.

### Lack of funding to sustain service

- ★ **Funding Shortage:** Following COVID, services face reduced funding, affecting staff and offerings.
- ★ **Project-Based Funding:** The majority of services are funded in the short term, which has an impact on sustainability and staff retention.
- ★ **Limitations:** Funding constraints prevent investment in a centralized service hub.

### Passively reaching out to chemsex users

- ★ **Passive Approach to Reaching Users:** Service providers struggle to connect with CF users and often wait for them to seek assistance.
- ★ **Complex Cases:** Actively seeking assistance frequently involves cases of severe cognitive and mental impairment due to drug use.
- ★ **Basic Healthcare Focus:** Intensive management focuses on immediate healthcare needs rather than underlying issues.
- ★ **Balancing Act:** While providers value community culture and user autonomy, they struggle to strike a balance between proactive outreach and passive user-initiated help-seeking.

### Confusing anti-drug messages and policies may deter chemsex users from seeking help

- ★ **Stakeholder Discrepancy:** Conflicting attitudes among key stakeholders and government departments impede the implementation of effective harm reduction strategies for CF users.
- ★ **Emergency Room Avoidance:** CF users are hesitant to seek help in emergency rooms due to uncertainty about the hospital's position on the issue and fear of being arrested.

## COMMON CHALLENGES

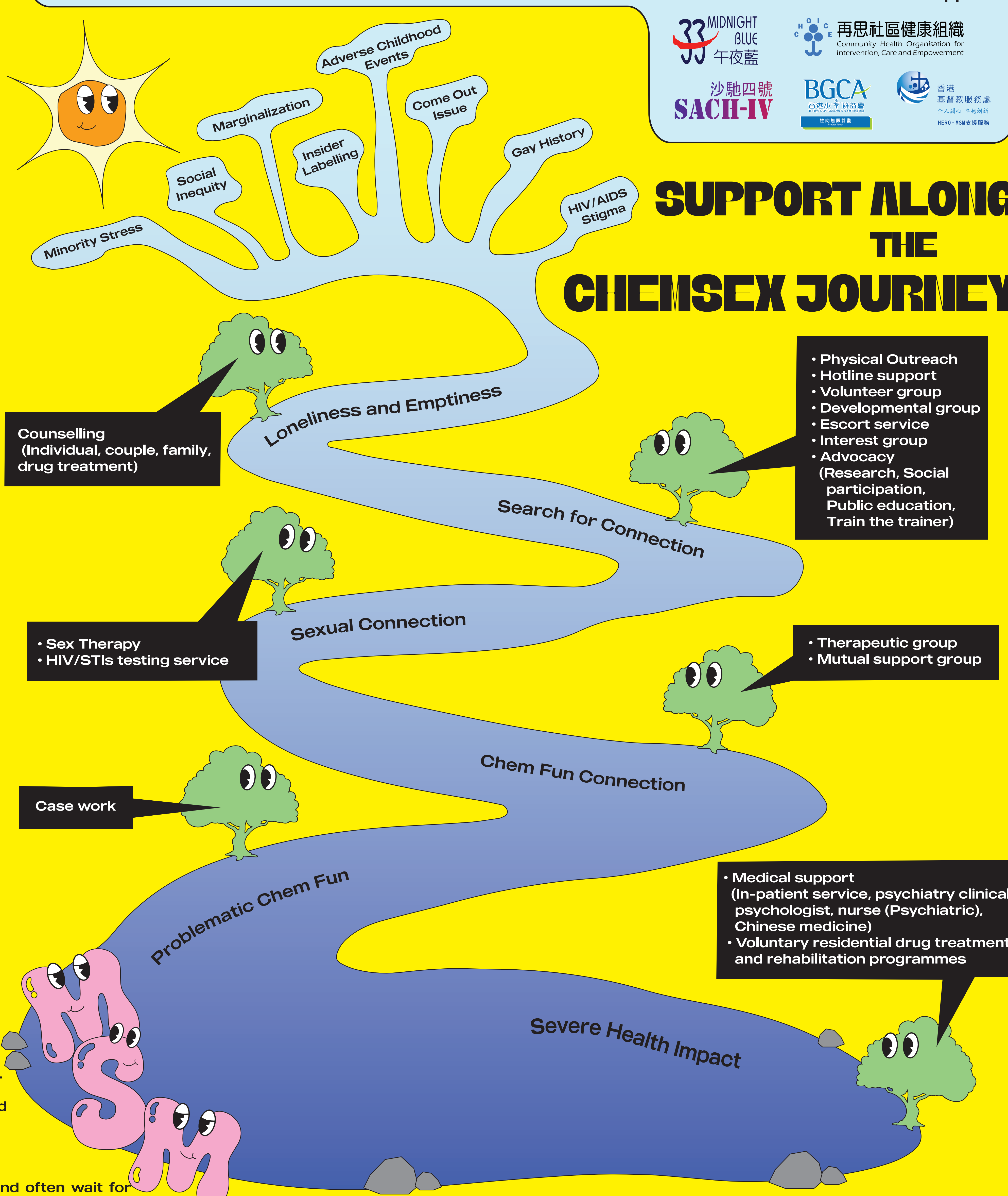
Since the late 1990s, sexualized drug use (SDU), also known as chemsex or "chemfun" (CF), has existed as a subculture within Hong Kong's gay, bisexual, and men who have sex with me (GBMSM) community. A local scholar suggested that the term "chemfun" in Hong Kong has specific meanings because the practice encompasses more than just SDU. It also includes intimate social relationships that are not sexual.

CF has manifested itself in various forms over time. For example, the setting has shifted from rave parties to private parties, and the type and manner in which drugs are used have also changed. For example, ecstasy and ketamine were popular in the beginning, whereas crystal methamphetamine and GHB are now common. Crystal meth is now being injected rather than snorted or smoked (Lau, 2014). These changes can have serious negative consequences due to the chain reaction of normalization, accessibility, hiddenness and drug dependence.

According to PRiSM TG 2022, 9% of participants (N=2057) had substance use within the previous six months of the report period. In Hong Kong, there are primarily five NGOs (C.H.O.I.C.E., Midnight Blue, Project Hero by the Hong Kong Christian Service, Project Touch by The Boys' & Girls' Clubs Association of Hong Kong and SACH-IV by the Tung Wah Group of Hospital) that provide CF-specific community-based projects. To better understand the CF support and care landscape in Hong Kong, AIDS Concern interviewed each of them in person.

## INTRODUCTION

According to our data analysis, different NGOs use a variety of approaches to support the CF community, including affirmative approaches, narrative approaches, harm reduction approaches, social justice approaches and the biopsychosocial functioning model. They have relevant interventions to meet the needs of the community at any point along the CF journey. Given limited resources and divergent focus areas, some collaboration/referrals will be made between NGOs and the healthcare system to improve the practice of holistic care support.



## SUPPORT ALONG THE CHEMSEX JOURNEY

## WISHES OF CHEMSEX SERVICE PROVIDERS

- ★ **Professional Training:** Prepare social workers and healthcare providers to effectively address LGBTQ+ issues and integrate CF support services into their practice.
- ★ **Establish a sexual health hub** to provide trauma-informed care for the community, including CF users.
- ★ **Provide comprehensive sexuality education** to help individuals manage intimate relationships, affirm sexual/gender identities, boost self-esteem and address CF-related challenges.

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