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EpiC
Meeting Targets and
Maintaining Epidemic Control

Roundtable discussions: Models of innovative integrated chemsex harm reduction services

Date: November 6, 2024 | Time: 16:10 - 17:20 hrs.

Moderator



Stephen Mills
FHI 360/Bangkok

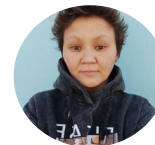
Panelists



Nguyen Minh Trang
Centre for Supporting
Community Development
Initiatives, Vietnam



Vichet Kem
Men's Health Cambodia,
Cambodia



Nazik Abylgazieva
Attika, Kyrgyzstan



Simran Sherchan
Federation of Sexual &
Gender Minorities, Nepal

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Asia-Pacific **Chemsex** Symposium

Pleasures, Policies, Possibilities

6-7 November 2024 | Bangkok, Thailand

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SCDI's approach to chemsex interventions

Trang Nguyen – Program Manager SCDI Vietnam

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CFLASH Model



Community-Field Lab for Stimulant Harm Reduction (C-FLASH):

Launched to provide harm reduction, mental health, and chemsex support for people who use stimulant drugs



Community-Based Intervention Package: Mental Health, Physical Health and Sexual Health:

Pre-Session Support:

Safe space setup, self-preparation advice, consent, and boundary setting.

During Session:

Overramping/overdose prevention, regular rests, monitoring substance use.

Post-Session:

Mental health support, sexual health guidance, community follow-ups.



Collaboration & Capacity Building:

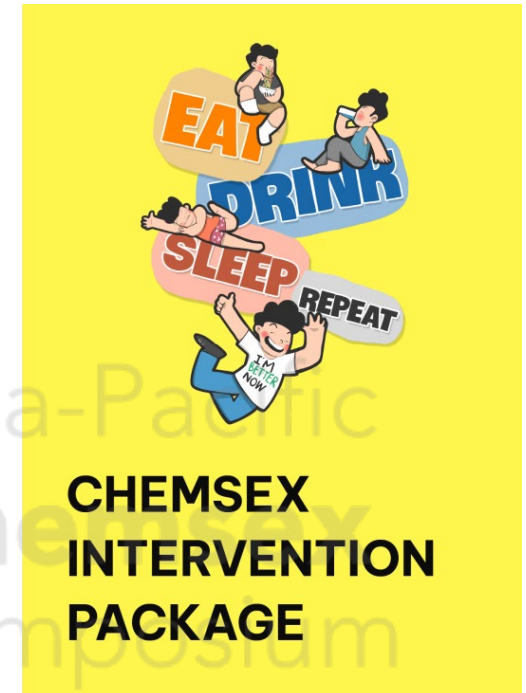
Training outreach workers (ORWs) in Vietnam and Southeast Asia, supported by Mainline International and CBOs across 7 cities.

Chemsex Intervention Package

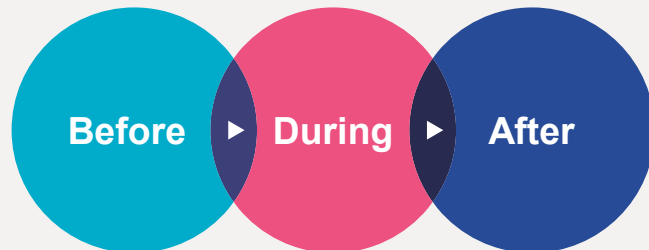
The following interventions are for outreach workers (ORWs) who offer advice to people who participate in chemsex. They are based on the harm reduction approach: they aim to promote the health and well-being of people who participate in chemsex. They focus on positive change and on working with people without judgement or requiring that they stop (or reduce) their drug use. These interventions do not seek to encourage risk behaviour, their intention is to provide clients with a knowledge base and to empower them with skills to promote their well-being.

Interventions are structured into categories of interventions that should be offered before a person attends a session, during the session, and after the person has left the session. These categories are split into subsections which describe, (in emboldened brackets), whether they are aimed at promoting the person's physical, mental, or sexual health.

ORWs can adapt the implementation of these interventions based on their characteristics/ personality, and the context, personality, and personal situation of their clients.



Chemsex Harm Reduction Interventions



Help clients to improve



Physical health



Mental health



Sexual health

Program reach and linkage in 2024



Online reach:

1,400



Trained outreach workers:

18



Direct Reach (in first 6 months):

575



HIV Test:

569/575



HIV+ & treatment support:

6



PrEP:

21



Harm reduction counselling:

194



Mental health counselling:

218



Mental health treatment:

12

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Successes:

Positive feedback on chemsex counseling, mental health and harm reduction practices, with ongoing peer support and sessions on PrEP/ART benefits.

Lessons learned

Strengths:



Peer-Led Approach:
Essential for trust-building in hard-to-reach populations.



Comprehensive Health Support:
Holistic care (mental, physical, sexual) fosters engagement and retention.

Challenges:



Stigma:
Persistent social stigma around chemsex limits outreach.



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Play It Safe:

Harm reduction and HIV prevention, care and treatment for communities who engage in Chemsex

Vichet Kem, Program Manager at Men's Health Cambodia (MHC)

Pleasures, Policies, Possibilities

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MHC Project coverage



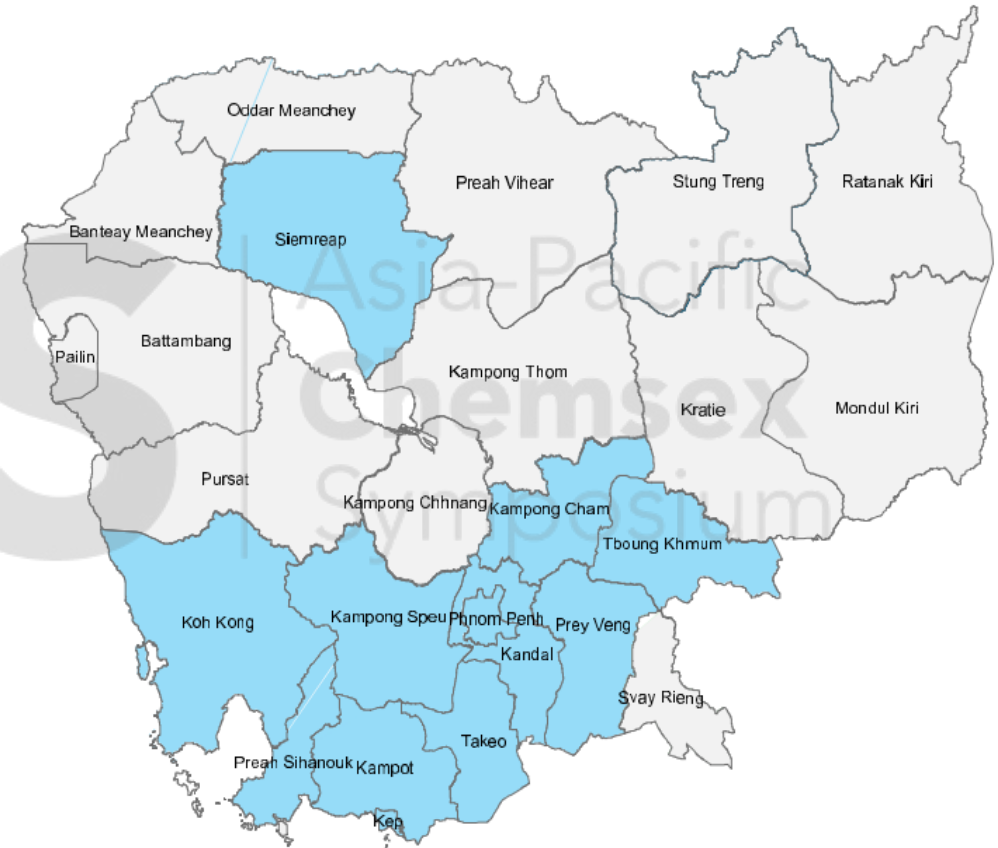
MSM:
34,609



TGW:
12,915



400
**MSM/TGW chemsex user pilot
intervention in Phnom Penh**

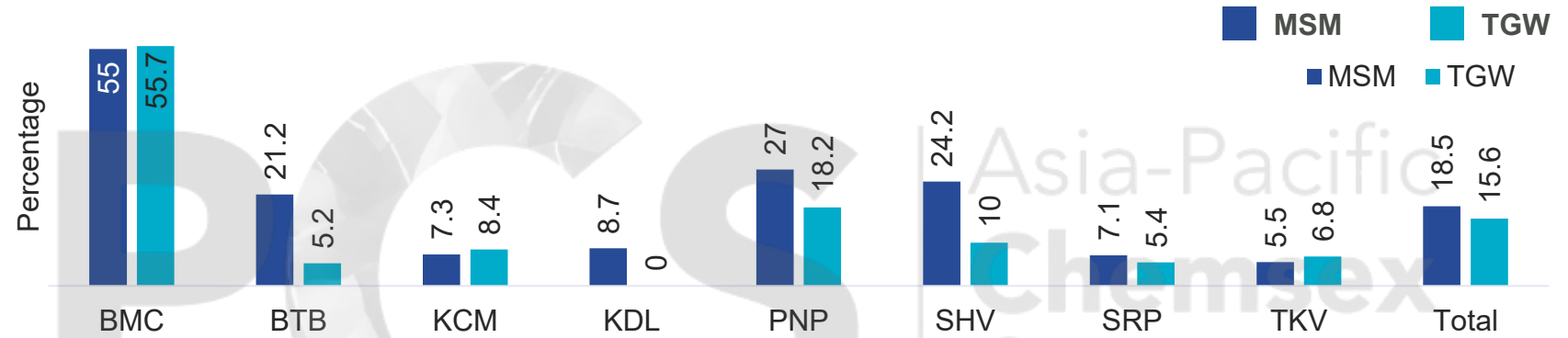


Who's using drugs and engaging in chemsex?

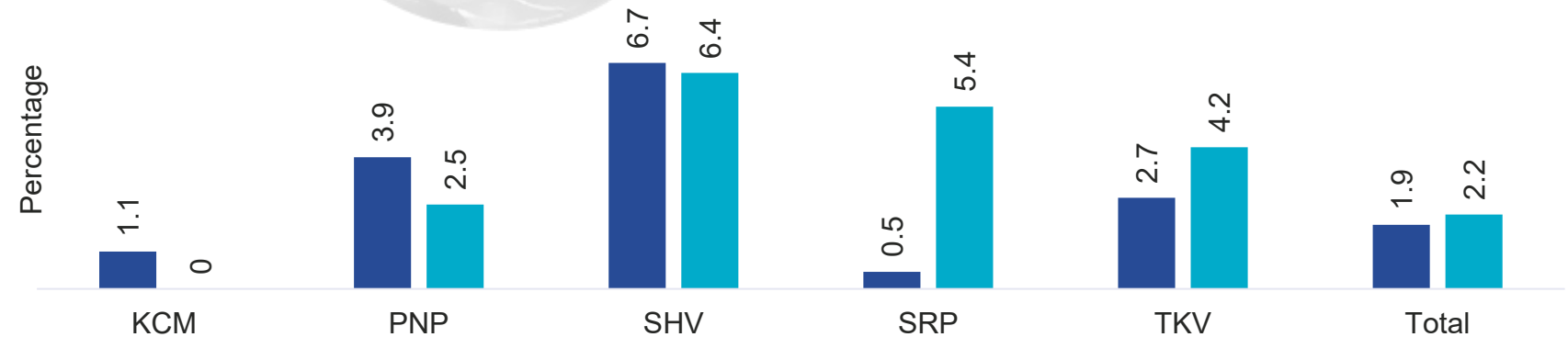
Finding from MSM/TGW IBBS 2023: Substance Use



Experience of drug use



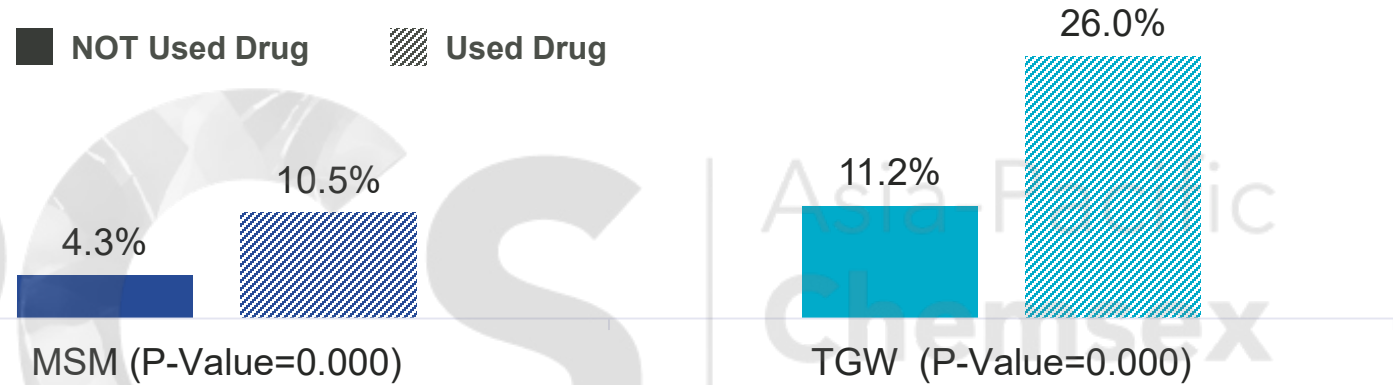
Experience of Chemsex



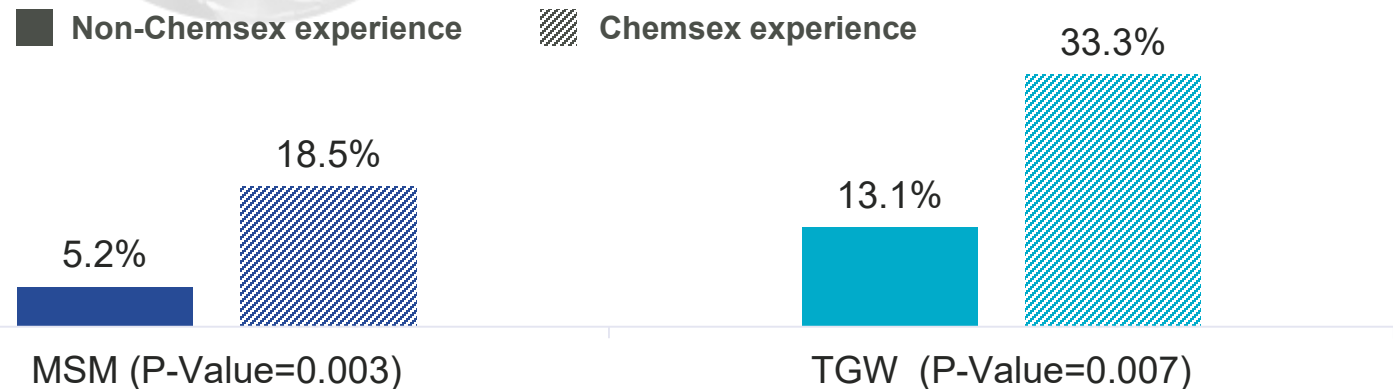
MSM/TGW IBBS 2023: HIV prevalence among drug users and chemsex participants



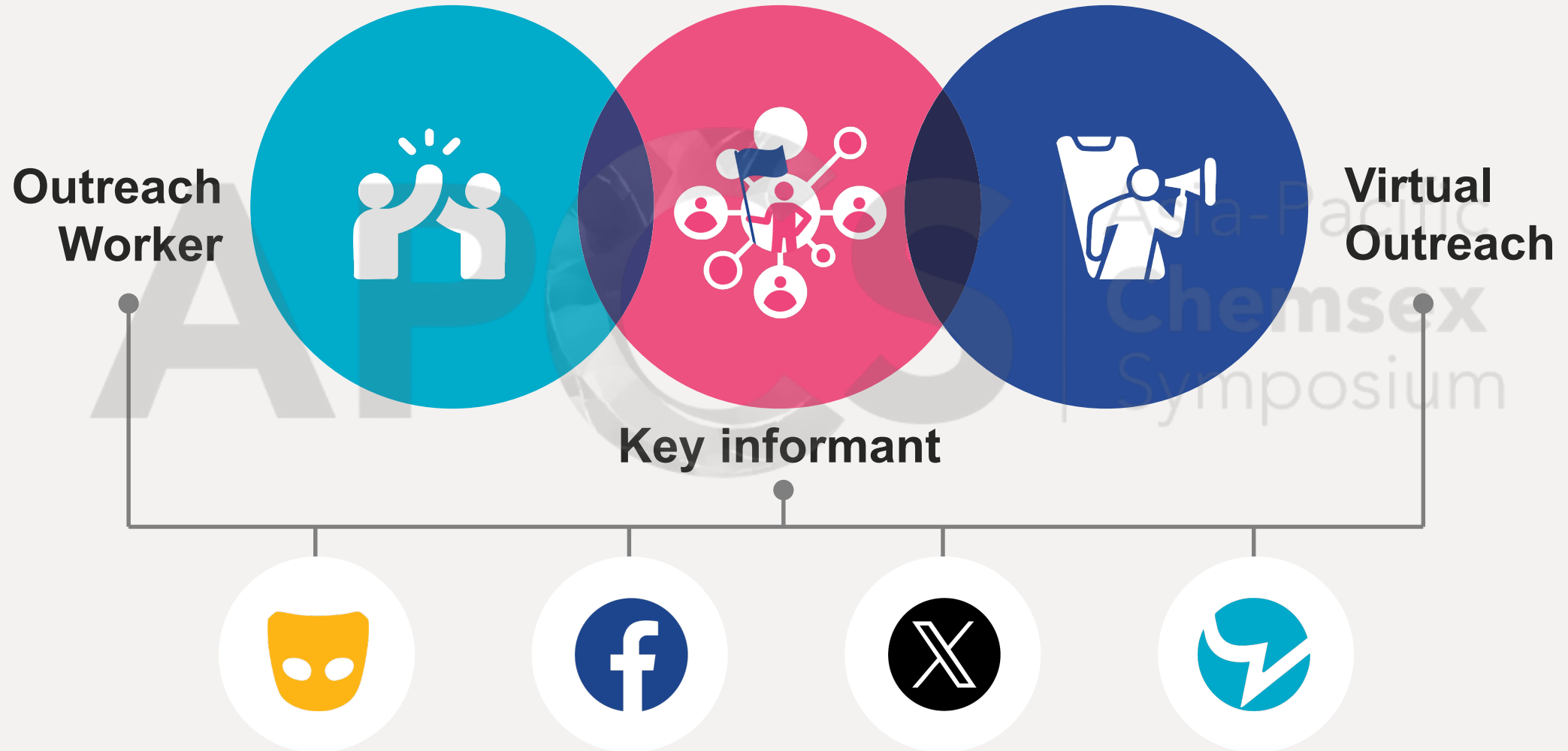
HIV Prevalence among drug user



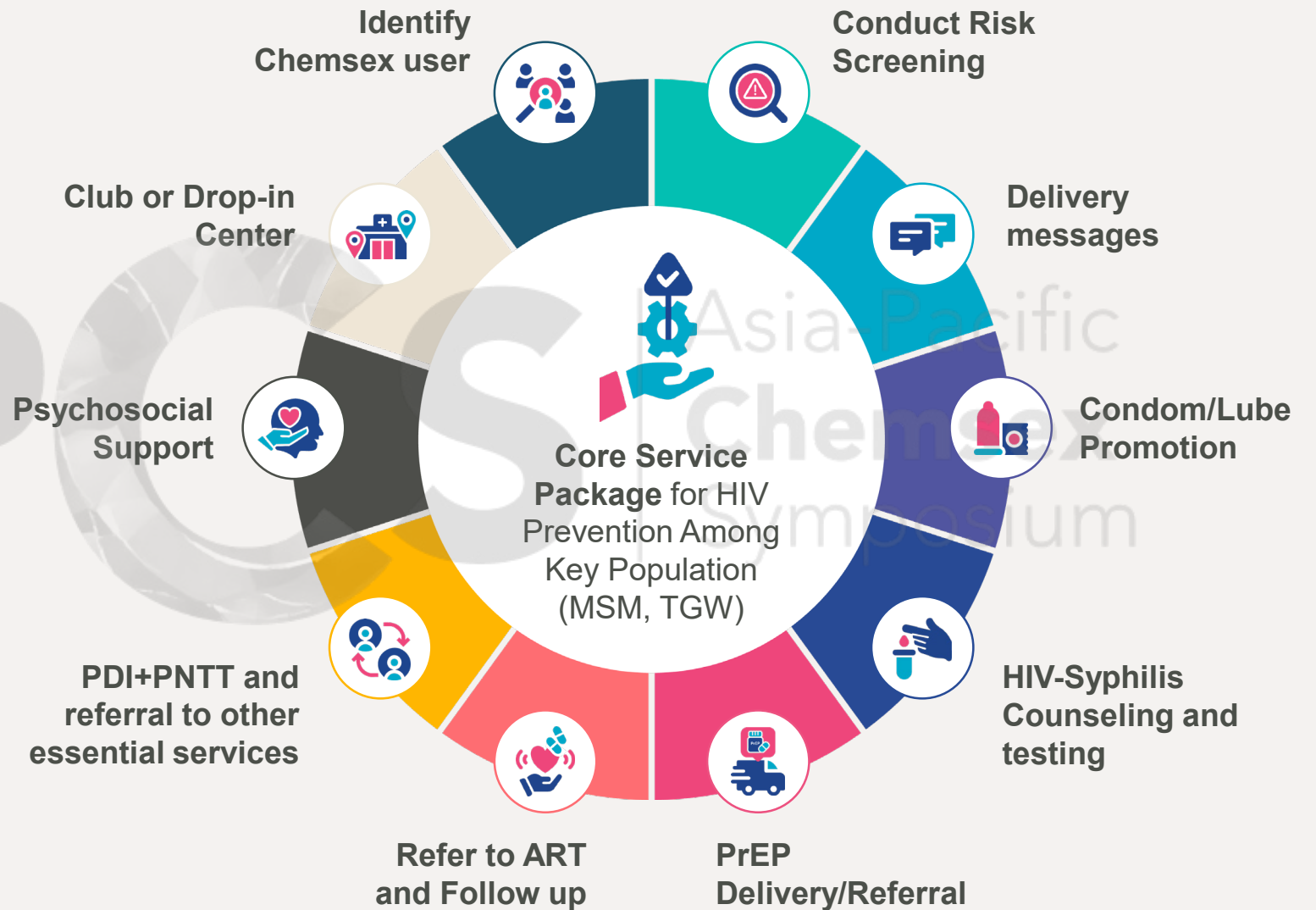
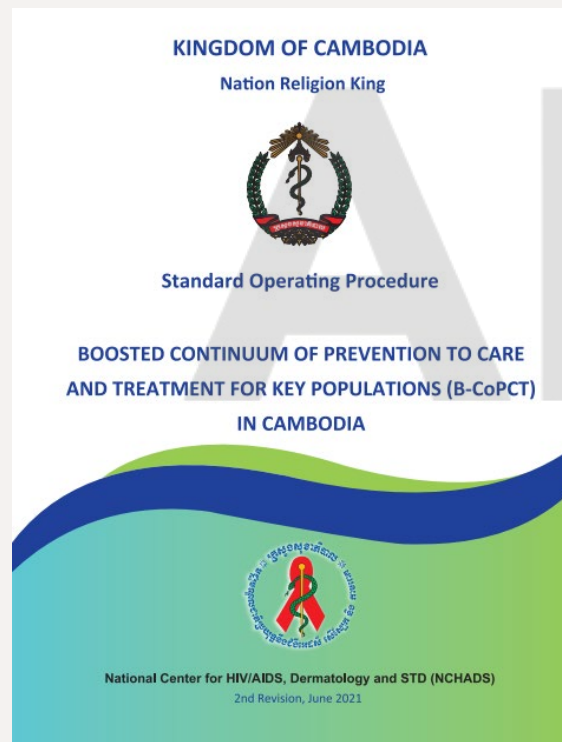
HIV Prevalence among respondent experience with Chemsex



Our approach

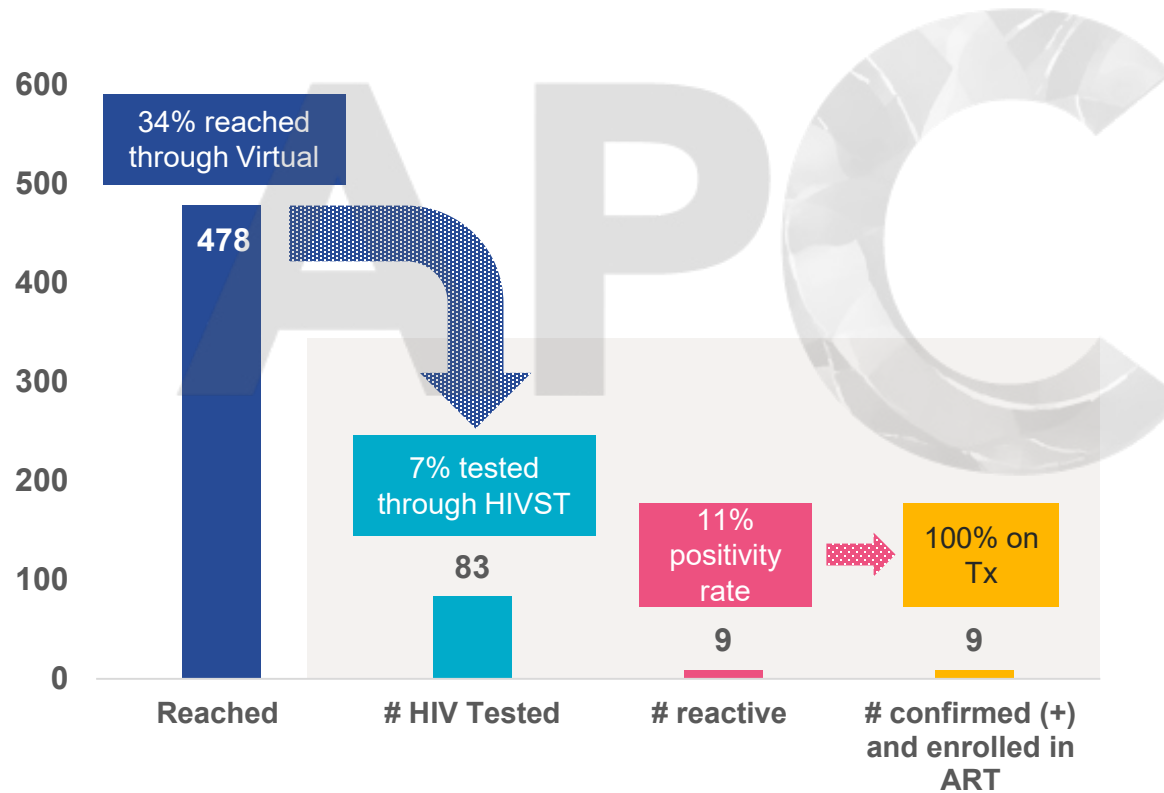


HIV Prevention Core Services

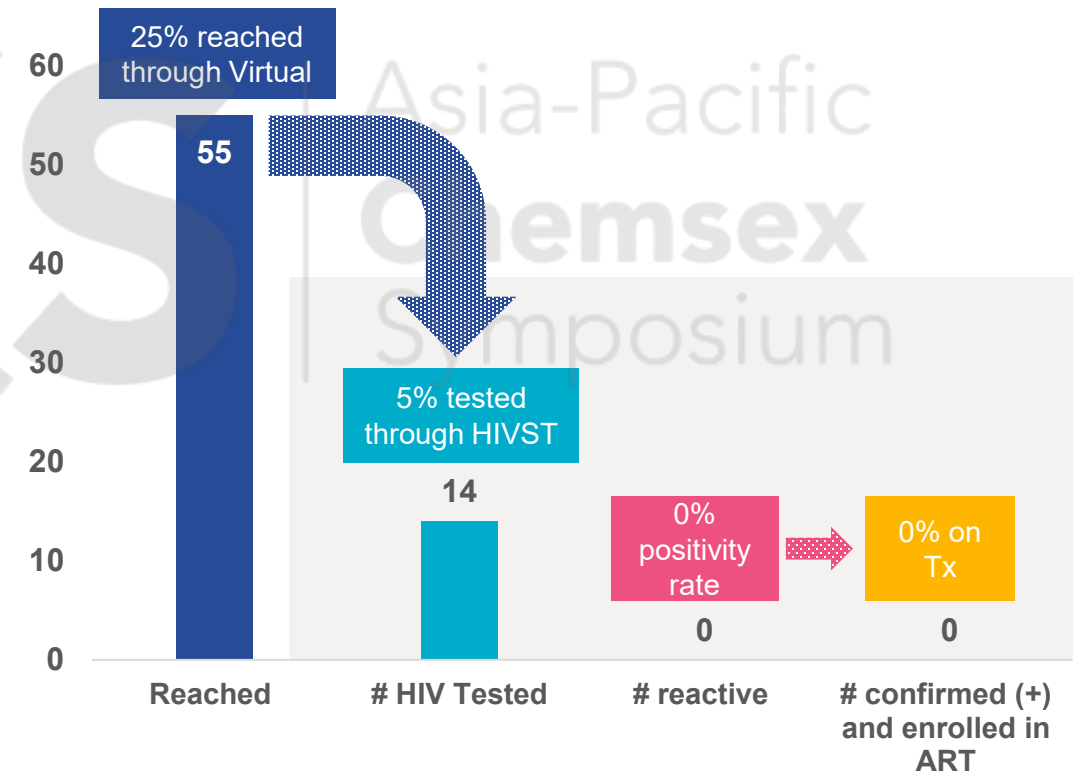


Result from Q1-Q3 2024

Number of MSM Chemsex users reach by HIV Prevention Program



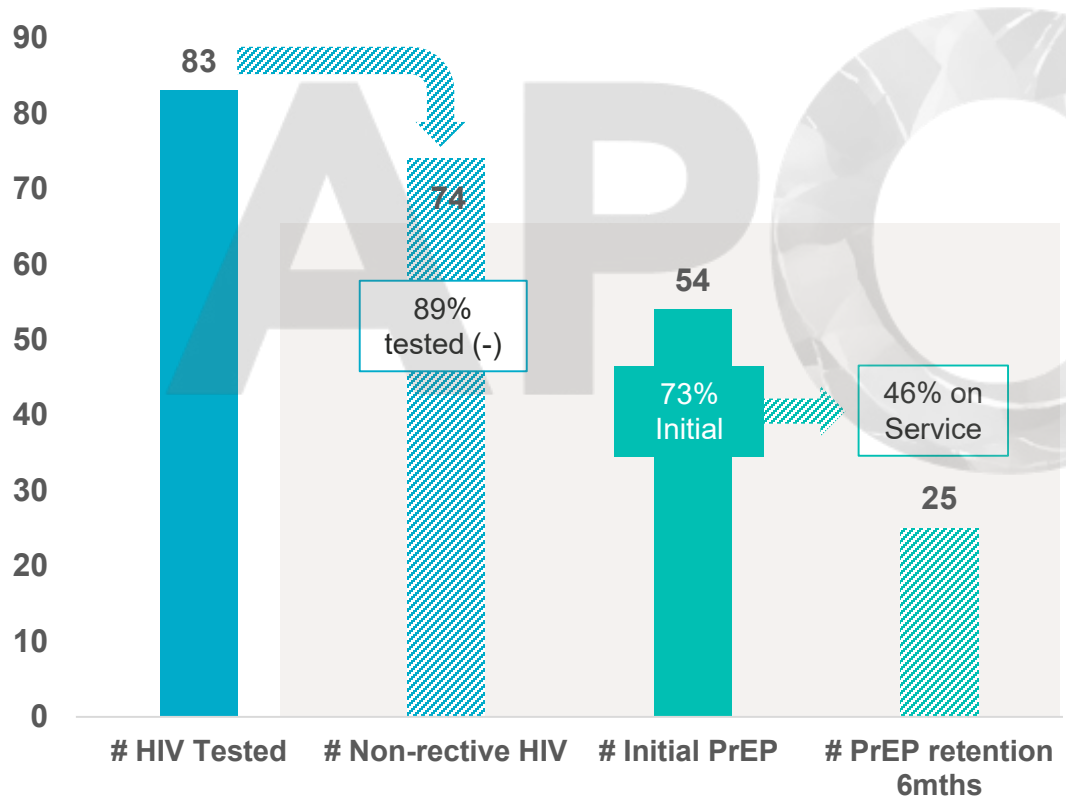
Number of TGW Chemsex users reach by HIV Prevention Program



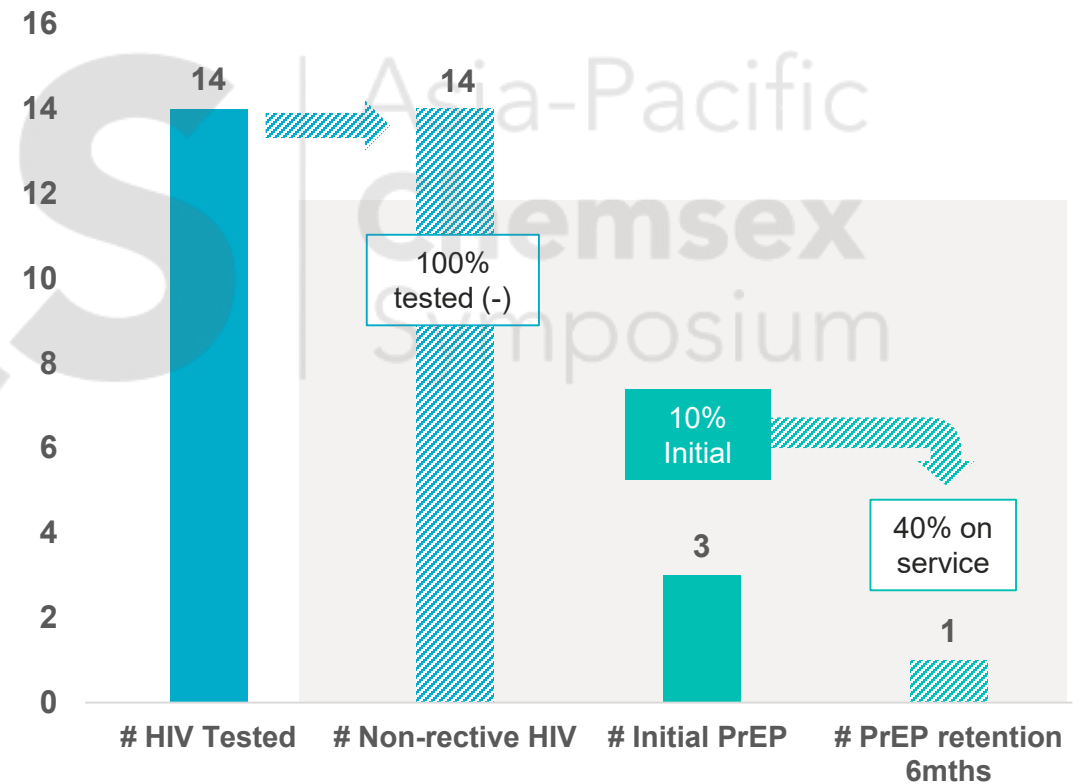
■ Reached ■ HIV Tested ■ Reacted ■ Confirmed (+) and enrolled in ART

Result from Q1-Q3 2024

Number of MSM Chemsex users non-reactive HIV enroll PrEP

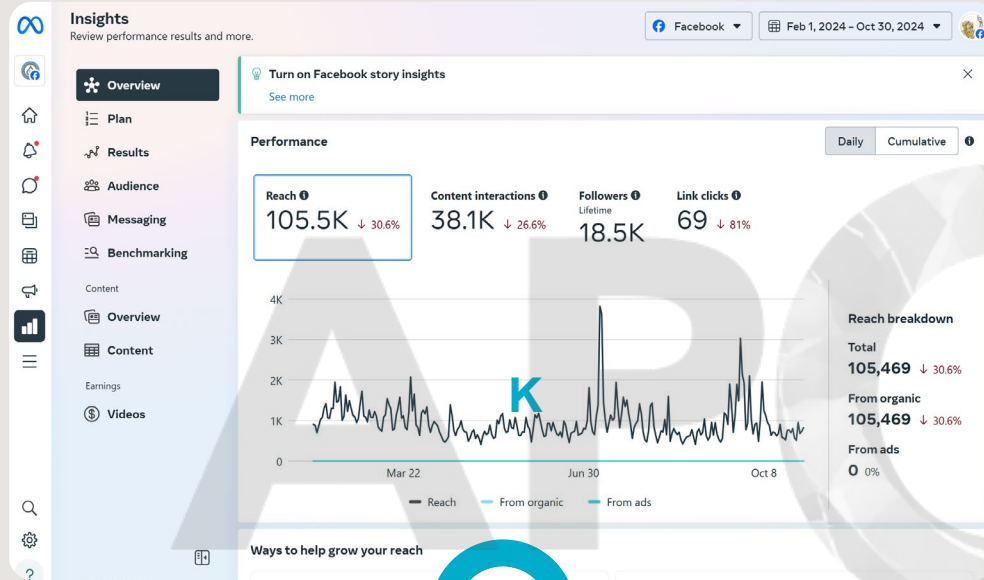


Number of TGW Chemsex users non-reactive HIV enroll PrEP



■ # HIV Tested ■ # Non-reactive HIV ■ # Initial PrEP ■ # PrEP retention 6m

Social media platform reach

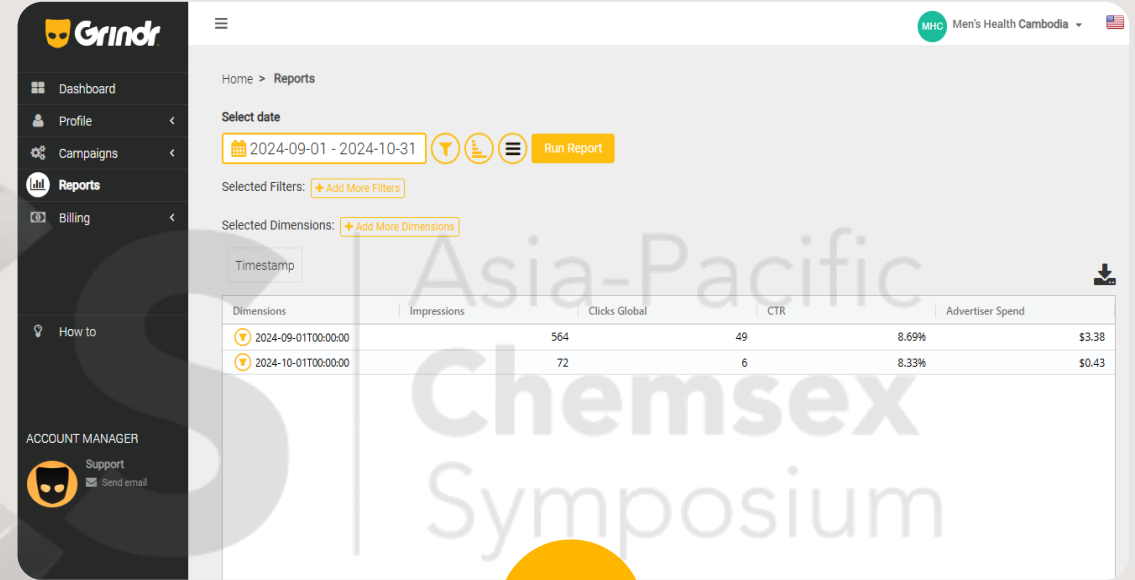


Reach
105.5K

Content interaction
38.1K

Followers
18.5K

Link Clicks
69

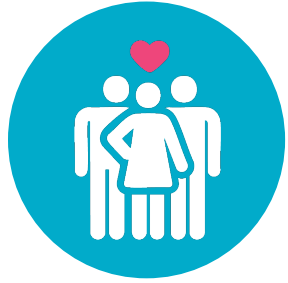


Ads
2

Impressions
636

Click
55

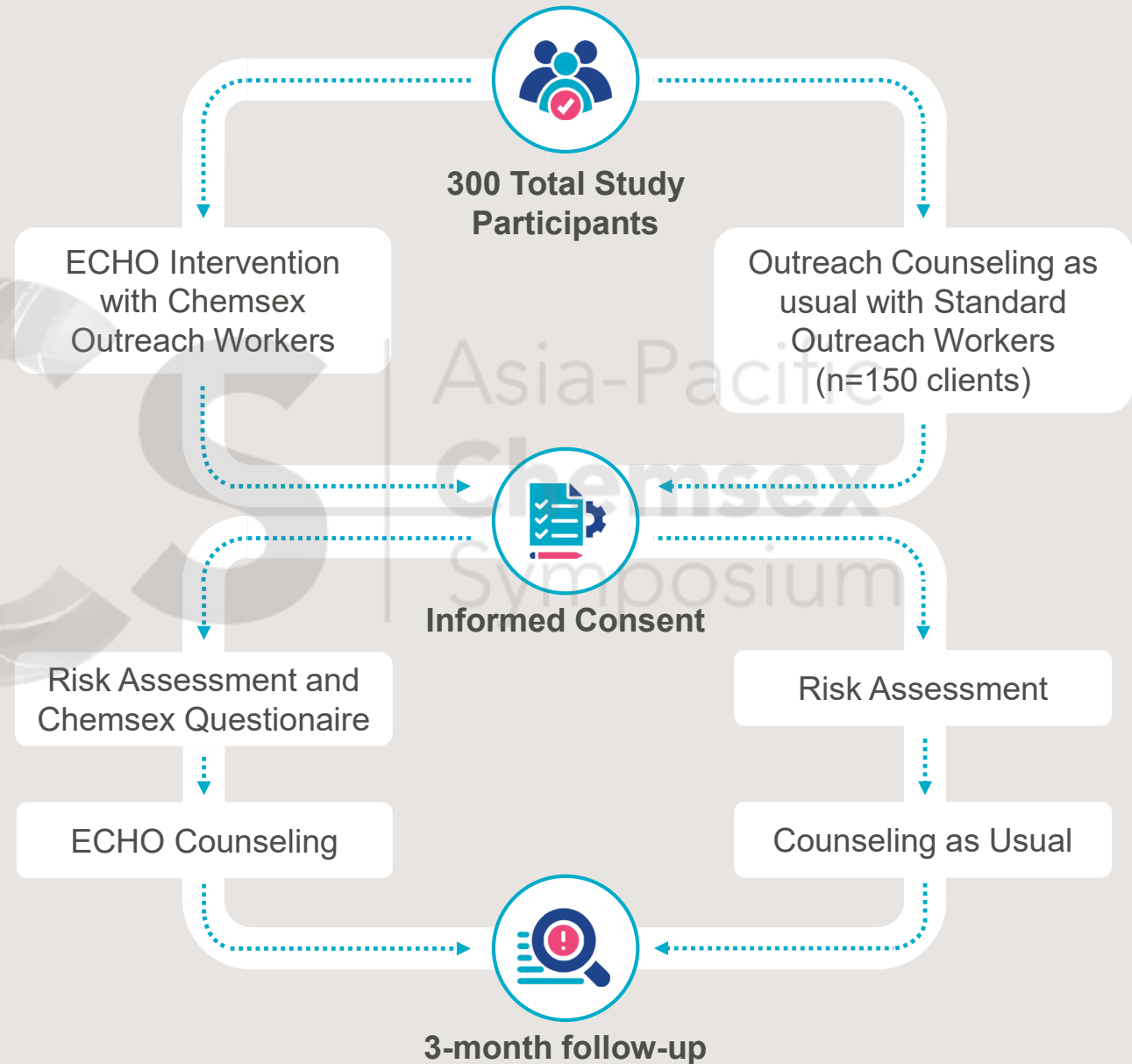
CTR%
17%



ECHO intervention: Play It Safe!

ECHO trained outreach staff assess client chemsex use and ask client to reflect on a recent chemsex experience. Participants explore cognitive, emotional, and behavioral factors contributing to behaviors leading to elevated HIV risk. OW and client together identify strategies to reduce HIV and STI risk during sex in the future, e.g., PrEP, abstaining from stimulant use, partner reduction, etc

The ECHO intervention for Chemsex users:



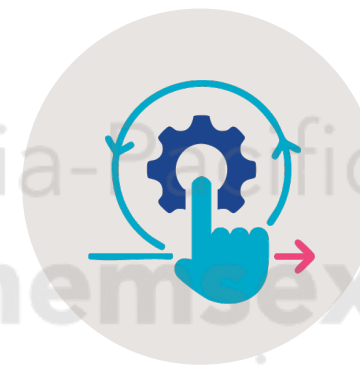
Next Steps



**Conduct skill building
training to OW on Echo
Adaptation tool**



**Finalize the protocol and
submit to National Ethics
Committee**



**Implement the
Echo intervention
tools**

Challenges



The majority of Chemsex users do not use condoms during sex



Chemsex users afraid when the outreach workers approach them to access health services



High levels of stigma and discrimination remain among chemsex users and friends



Illicit drug use is illegal and treatment mandatory if caught



When using drugs or under the influence of drugs, chemsex users are difficult to reach



Outreach workers are fearful and feel unsafe when meeting chemsex users while injecting and involved in group sex



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Chemsex programming plans in Nepal

Simran Sherchan, National Program Coordinator
Federation of Sexual & Gender Minorities, Nepal
(FSGMN)

6-7 November 2024 | Bangkok, Thailand

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Background on chemsex for Nepal

- MSM and TG key informants reporting "high fun"; Some users of social media ask potential partners if they want "high fun"
- No data as yet on extent of use
- Very little knowledge among providers what chemsex is
- Some chemsex drugs are not just for pleasure in Nepal but to handle stigma and discrimination against sex work
- Interventions should be catered to diverse contexts and not in a one-size-fits-all approach

Nepal's first assessment on chem sex conducted by Blue Diamond Society (BDS)

Study focuses on chem sex among MSM and TG populations in Nepal

14 districts were covered including Kathmandu

Study population: 400 MSM and TG in Nepal (to be analyzed separately)

Formal analysis in process

FSGMN and BDS plans following study

- FSGMN/BDS plan to use study results for **advocacy and action** planning among stakeholders as there is a complete gap on interventions to address chem sex so far
- Partners will review the existing Nepal National HIV Strategic Plan to recommend comprehensive harm reduction programming for chemsex users, e.g. PrEP, ART, but also **overdose prevention, mental health counseling**
- Special need to address **stigma and discrimination** against sex workers and drug use



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Study on sexual risks and challenges of HIV prevention among people using synthetic and new psychoactive substances in Kyrgyzstan, Kazakhstan and Tajikistan

Nazik Abylgazieva, consultant
Attika, Kyrgyzstan

Study methods and results

Methods:

Individual semi-structured interviews and group discussions with 53 individuals using synthetic new psychoactive substances (SNPS), 14 are living with HIV: Kyrgyzstan -3 , Tajikistan- 5, and Kazakhstan - 6.

Brief results:



Drug use

In all three countries, participants inject drugs, but in Kazakhstan and Kyrgyzstan, smoking and sniffing are the most common methods of use.



Sexual behavior

- Increased energy, mood stabilization, and physical well-being after taking substances. In Kazakhstan and Kyrgyzstan, many participants reported increased sexual activity and euphoria, especially in the first months of use.
- Some LGBT representatives reported having had group sex; among them, there were those who said they did not engage in “sober” sex.
- A decrease in the frequency of condom use under the influence of substances.
- Females more frequently reported a lack of desire to engage in sex while using NPS

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Study results (continued)



Law enforcement:

People using SNPS often have extremely negative experiences with law enforcement agencies.



Service use:

- People taking SNPS are well informed about harm reduction programs
- People who use NPS are best informed about PrEP in Kazakhstan and Kyrgyzstan.
- Almost all respondents with poor adherence to ART or who interrupted treatment confirmed that NPS use affects adherence to ART.

Service design recommendations

1 The basic principles on which the design of HIV services for people who use synthetic new psychoactive substances should be based are:



anonymity and confidentiality



gender equality



absence of stigma and discrimination



a peer-to-peer approach



2 Need for training of peer consultants and social workers on the following:



Mental health support



HIV testing, PrEP



Digital safety



Overdose prevention and care

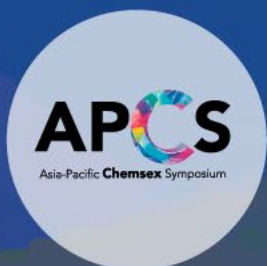


Legal literacy



Expansion of harm reduction package

THANK YOU FOR YOUR
ATTENTION



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