

# ***‘Problematic’ chemsex: problematic for whom?***

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Asia-Pacific  
**Chemsex**  
Symposium

# Outline

1. What does the literature say is '*problematic*' chemsex?
2. '*Problematic*' chemsex in Asia Pacific
3. Views from community-based research from Thailand

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# Sexualised drug use vs chemsex



**Sexualised drug use (SDU)**

Using one or more of a wide range of **drugs before/during sex.**



**Chemsex (hi-fun)**

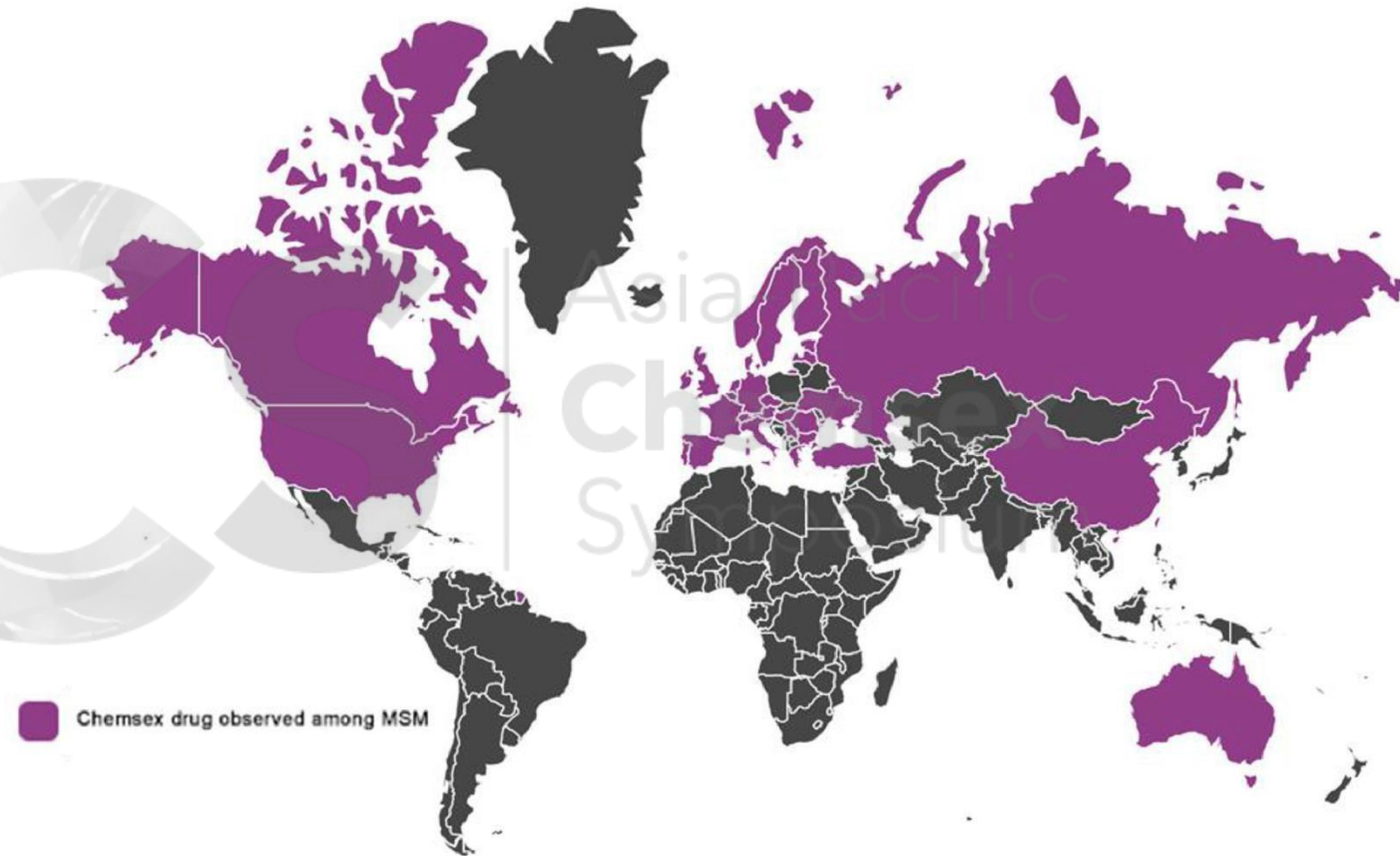
**Intentionally combining sex and drugs (e.g. methamphetamine GHB/GBL) to enhance intimacy and pleasure with 1+ other man, facilitated by technology and usually in a private setting.**

# 1. What does the literature say is *'problematic'* chemsex?

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# What is '*problematic*' chemsex?

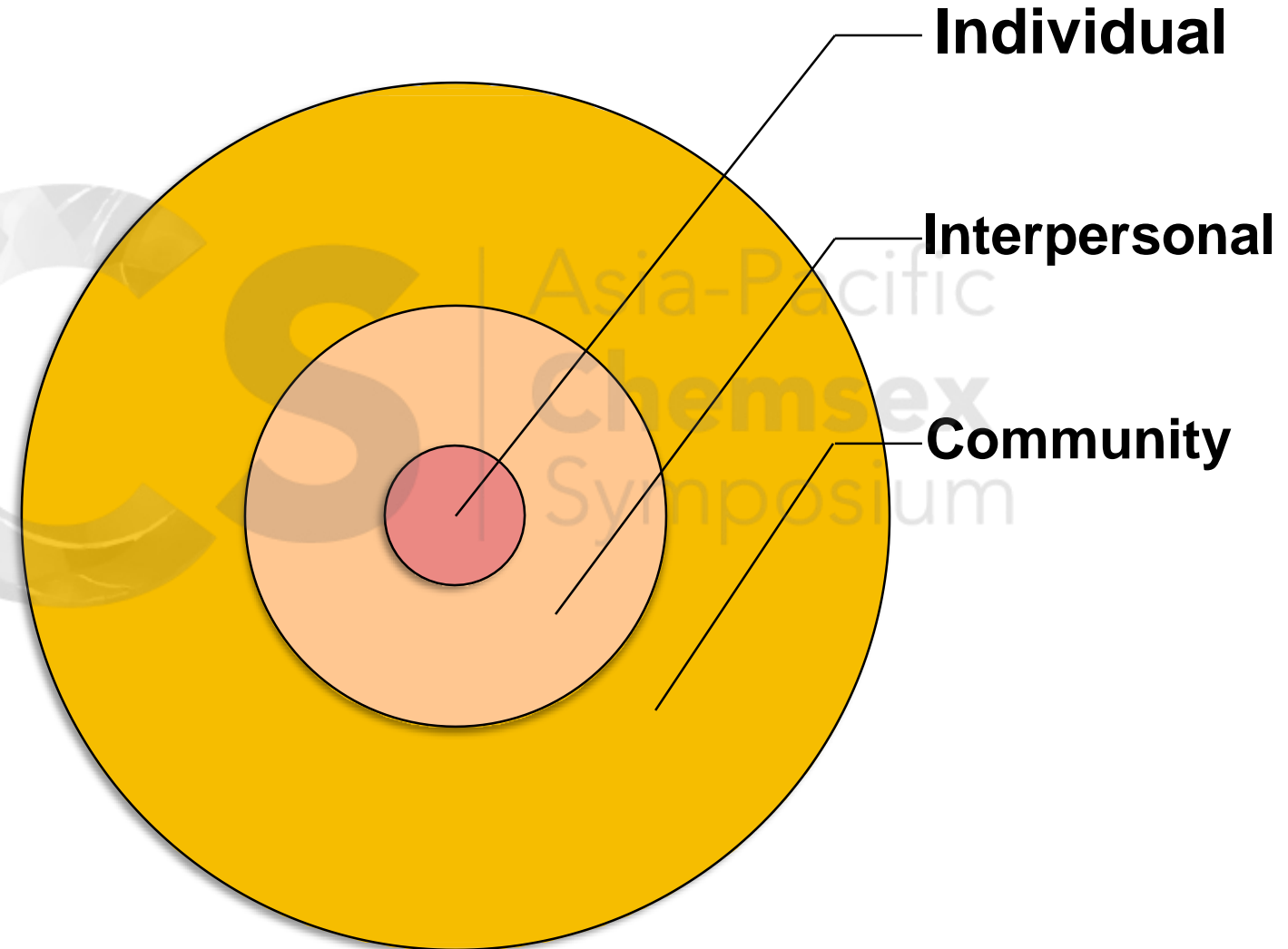
- No clear definition in literature, but usually focuses on chemsex that is **harmful** in some way
- Some measure or diagnose problematic chemsex using specific tools (e.g. severity of dependence scale)
- Research often grounded in 'risk paradigm' and focuses on harms related to HIV and sexual health, other harms (e.g. around mental health) sometimes less visible
- Much research ignores the importance of pleasure and the positive attributes of chemsex, and the varying impacts of drugs
- Academics, policy makers and service providers often define what is problematic without input from communities.



**Figure:** Map of quantitative studies reporting chemsex health outcomes among GBMSM (Hibbert et al 2021).

# ‘*Problematic*’ to whom?

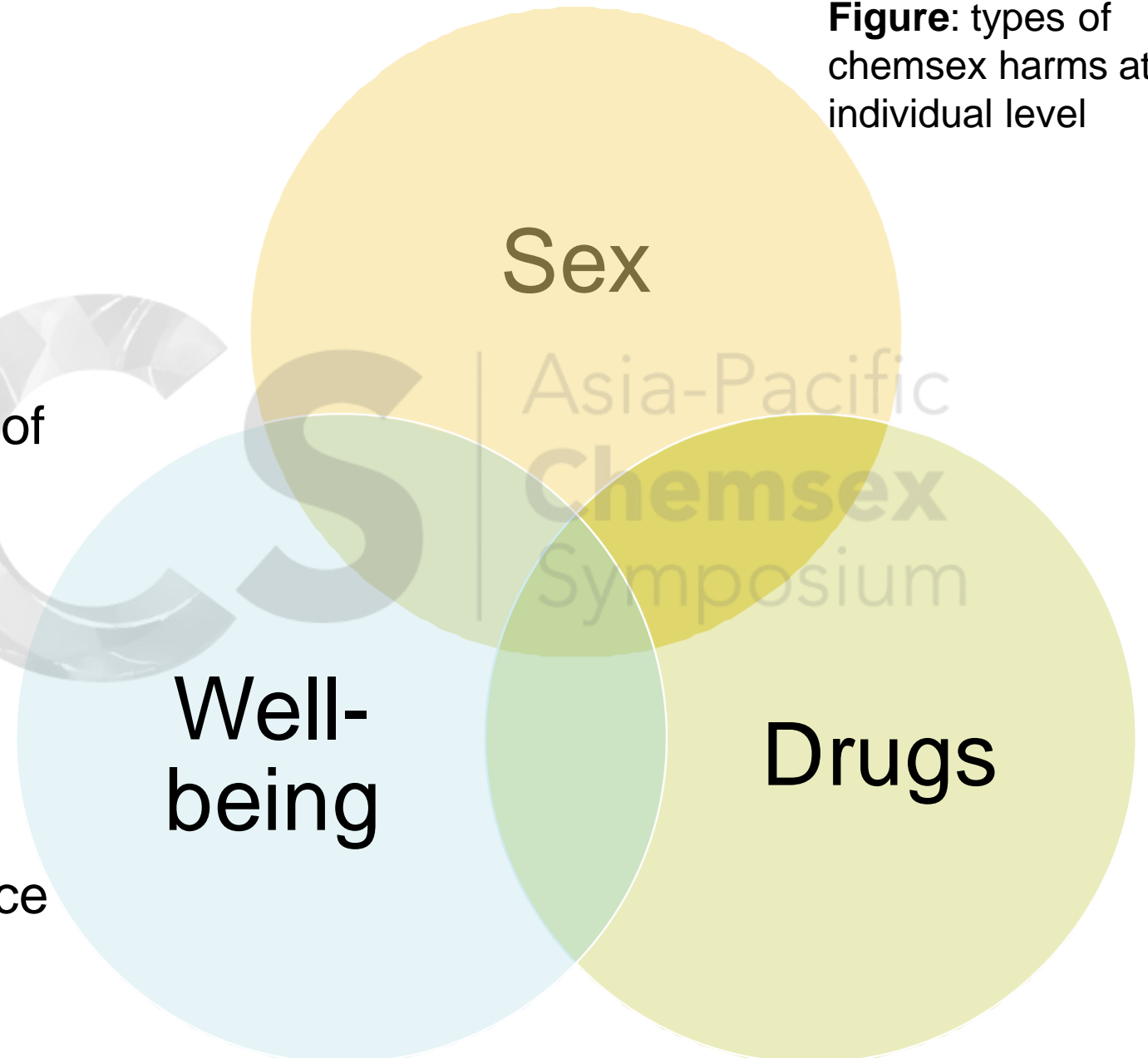
- Whether or how chemsex is ‘*problematic*’ is often a matter of perspective.
- Chemsex can be seen as ‘*problematic*’ at various levels, including individual, interpersonal and community level
- Stakeholders can have different views about what constitutes ‘*problematic*’ aspects of chemsex based on their roles and priorities



# Individual level

- Focus on harms arising from sex, drug use or to well-being
- The most substantial harms get perhaps disproportionate amount of attention
- Most services globally focus on addressing individual harms

**Stakeholders concerned:** Sexual health service providers, AOD service providers, community-based organisations, social researchers



**Figure:** types of chemsex harms at the individual level



# Interpersonal level

- Focus on impacts of social norms, power imbalances and GBMSM cultures
- Issues around links between coercive sex and drugs, potential for interpersonal violence and risk environments generally

**Stakeholders concerned:** Community-based organisations, social researchers

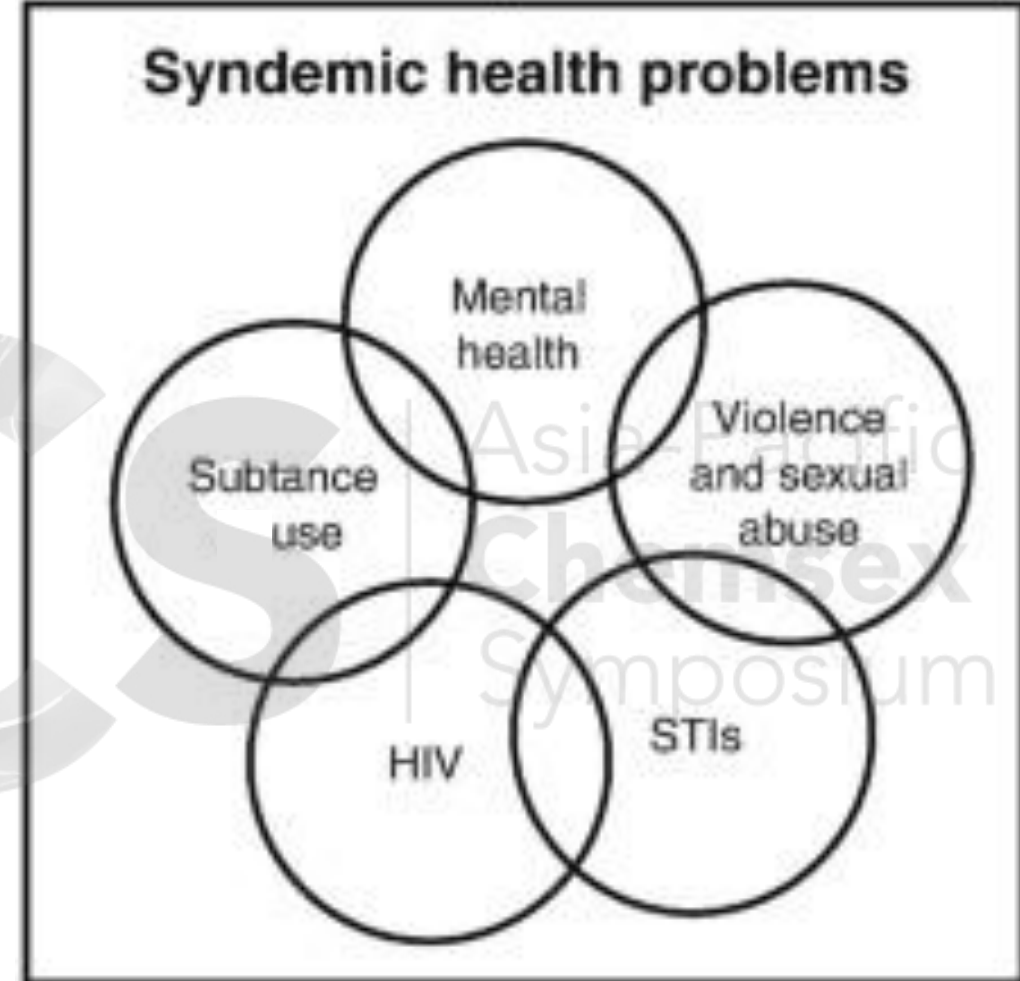




# Community level

- Can/does chemsex impact the health of the entire community?
- Concern about syndemics of substance use, poor mental and sexual health

**Stakeholders concerned:** Policy makers, public health practitioners and epidemiologists



**Figure:** biosocial drivers of the HIV syndemic among GBMSM (Abdurrahman et al 2021).

# Critiquing '*problematic*' chemsex

- Need to move beyond the 'risk paradigm' and understand chemsex in a more multifaceted way
- Must understand that chemsex has a role in sustaining queer culture, especially in countries where LGBTQ+ spaces are under threat

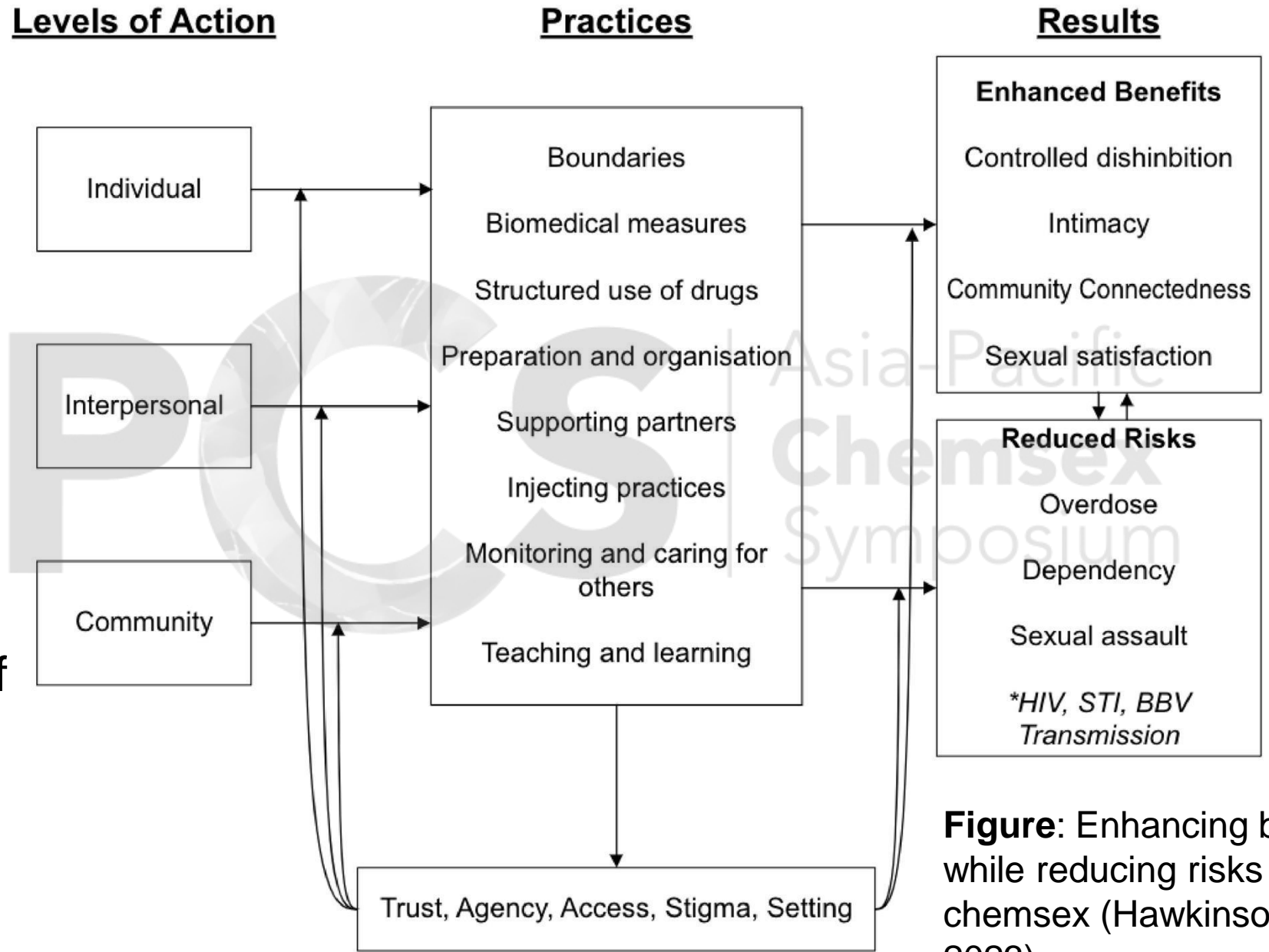
*Special Issue Article: Chemsex Cultures*

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**Chemsex cultures:  
Subcultural reproduction  
and queer survival**

# Chemsex and agency

Individuals often have sophisticated strategies to enhance benefits and reduce problematic aspects of chemsex



**Figure:** Enhancing benefits while reducing risks of chemsex (Hawkinson et al 2023)

## 2. '*Problematic*' chemsex in Asia Pacific



# Impact of context

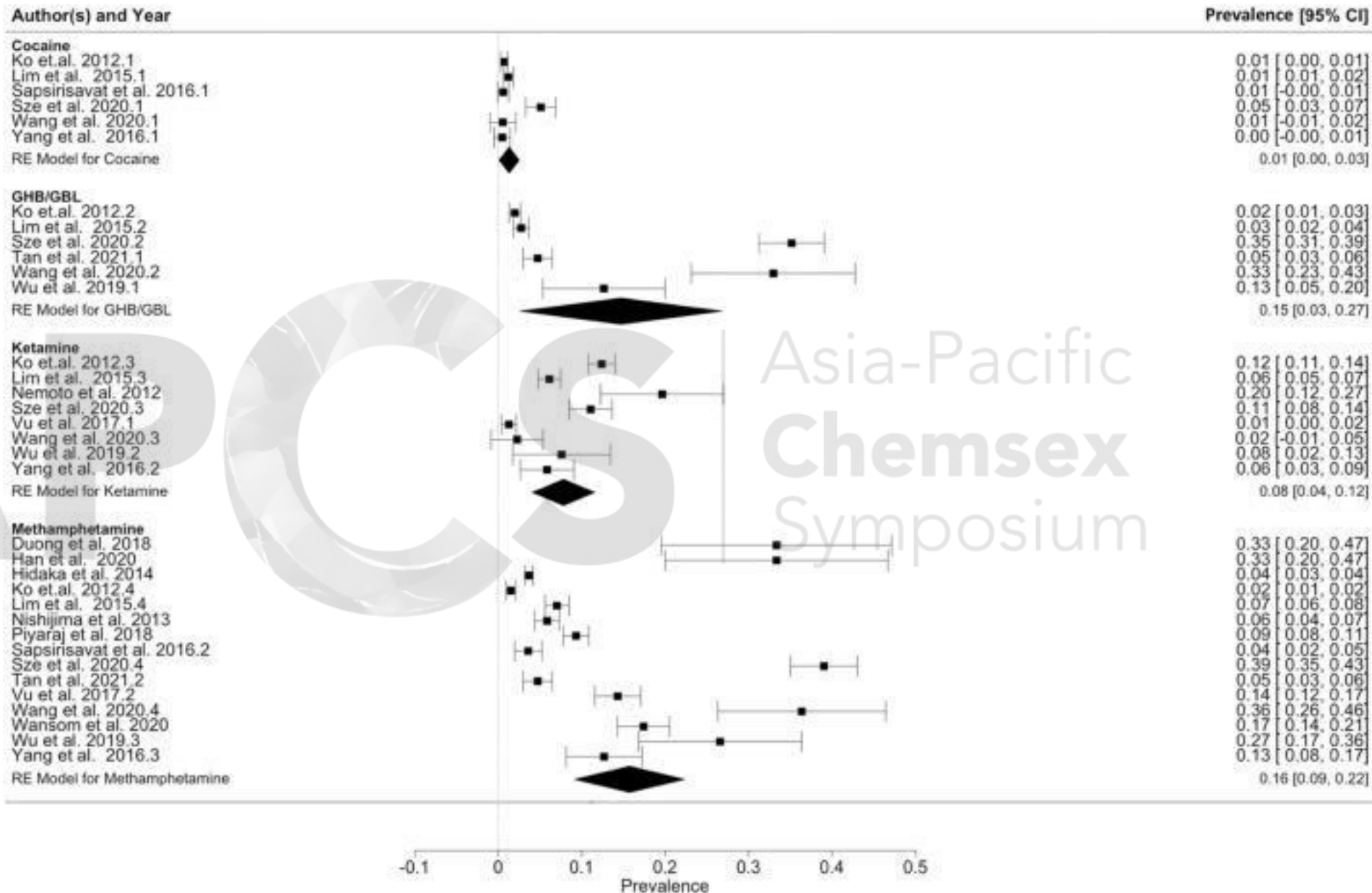
- Chemsex in Asia Pacific profoundly shaped by social, cultural, economic and political forces
- Must understand potentially '*problematic*' chemsex within the unique contexts of the region
- Variation from other settings especially around social and cultural influences, drug markets and criminalisation



**Figure:** LGBT equality index Asia Pacific (equalindex.com)

# Drug markets

- Types of drugs, costs and availability differ from other regions
- Shapes how chemsex is practiced, and potential harms arising



**Figure:** most common drugs involved in chemsex in Asia (Wang et al 2023).



# Economic and political environment

- Criminalisation of people who use drugs a key contributor to harm in many countries in Asia Pacific
- Harm reduction sometimes constrained by political and economic agendas of governments and donors
- Can make very comprehensive chemsex support challenging to develop

*When you're talking about key populations [...] and then adding in a complexity of condomless sex that involves drug use, it is difficult for some stakeholders, even where they want to be more progressive. I think there is still a reluctance or a moral struggle there, but I do think that there are increasing conversations about it [...] I think that those arguments can be made as a public health issue. (Key informant, policy organisation)*

**Figure:** Quote from key informant on barriers to chemsex intervention development in Thailand (Witzel et al, 2023)



# Sexual harms

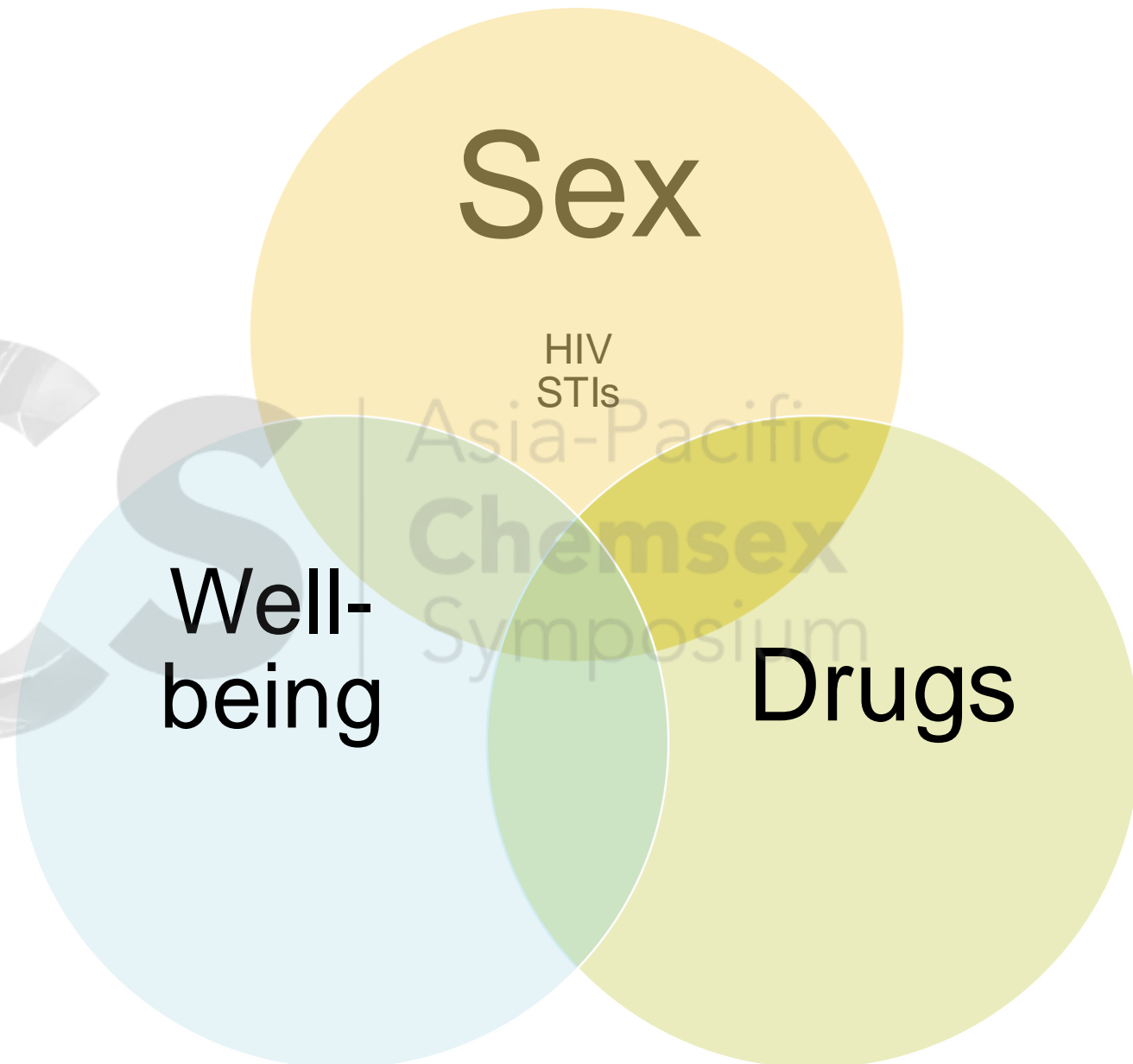
Systematic review of sexualised drug use in South and East Asia found:

- Associations between SDU and condomless anal intercourse
- Increased engagement among GBMSM living with HIV
- BUT this may be the point: people often have chemsex because they don't want to use condoms and might engage to avoid stigma around HIV

Longitudinal research (China and Thailand) found HIV incidence between 13.1-16.2 per 100 person-years among those engaged in chemsex

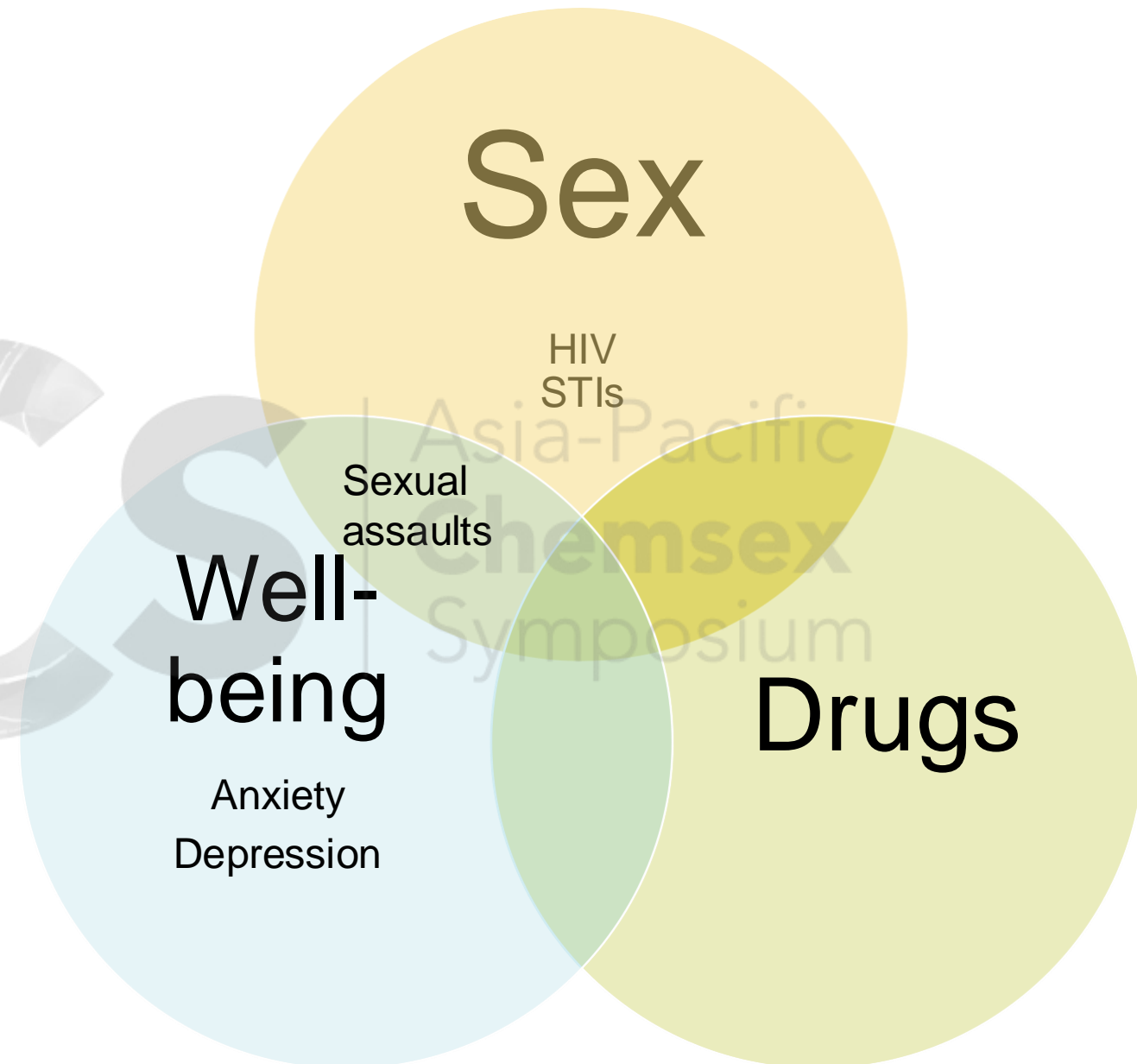
PrEP/HIV treatment adherence issues

- Not clear if clinically relevant



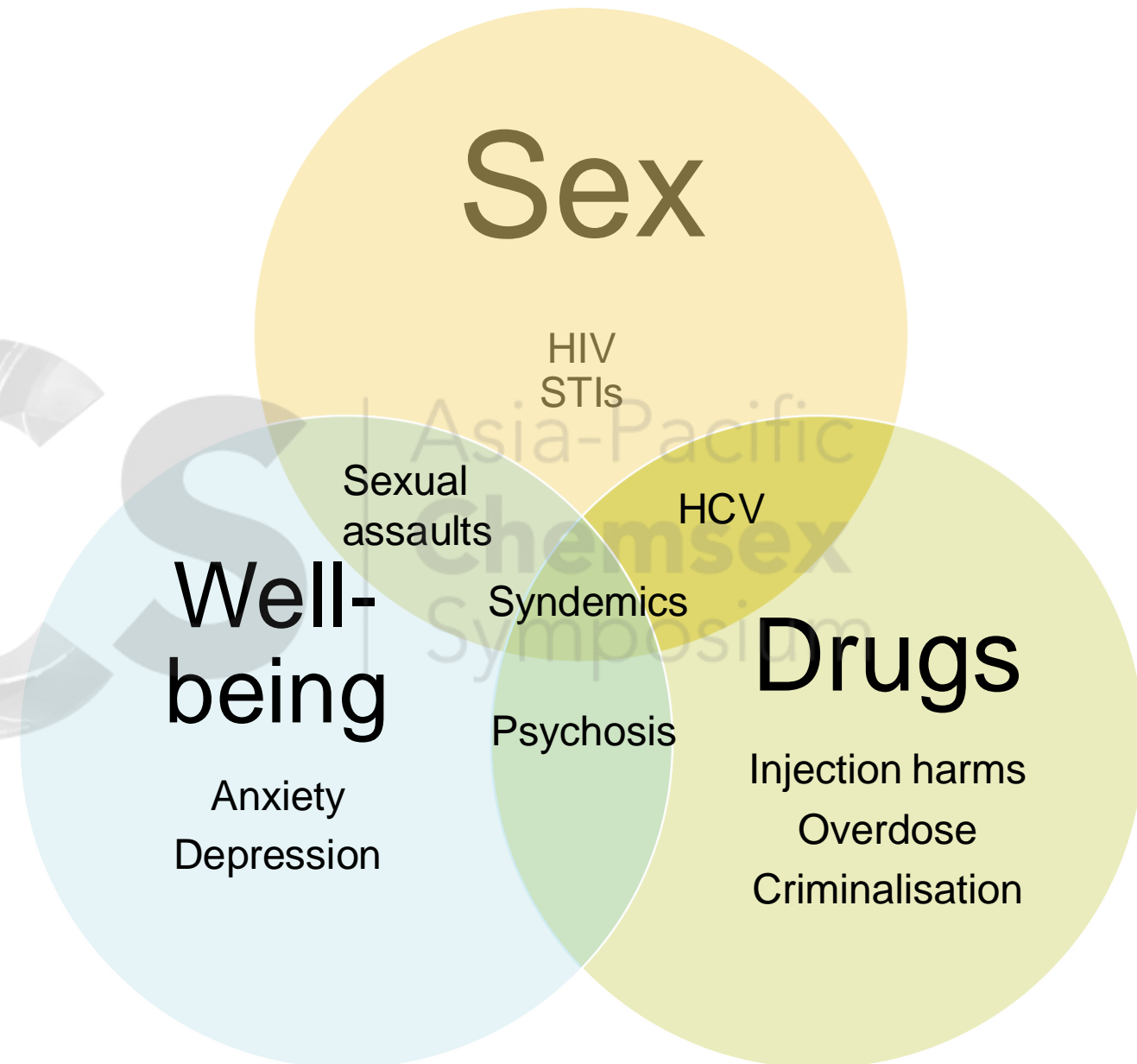
# Well-being harms

- Chemsex associated with poorer mental health outcomes in Hong Kong, Malaysia, Singapore, Taiwan & Thailand
- Often associated with methamphetamine use
- Growing acknowledgment of potential issues around coercive sex and assault



# Drug harms

- Criminalisation of GBMSM engaged in chemsex a critical issue in region
- Overdose a concern, especially around GHB/GBL
- Psychosis from very extended sessions
  - Methamphetamine most implicated
- Hepatitis C from sex and/or drug consumption practices

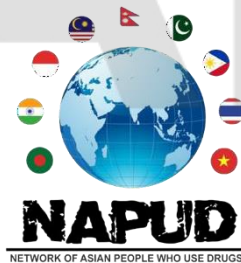


### 3. Views from community-based research in Thailand



# Locally grounded, transnationally queer

Six-year co-production research programme exploring sexualised drug use among GBMSM (cis and trans) in Thailand



Formative research

Years 1-2

- Systematic map
- Focus groups and interviews

Substantive enquiry

Years 2-5

- Online cohort
- Nested qualitative sub-study

Synthesis

Years 5-6

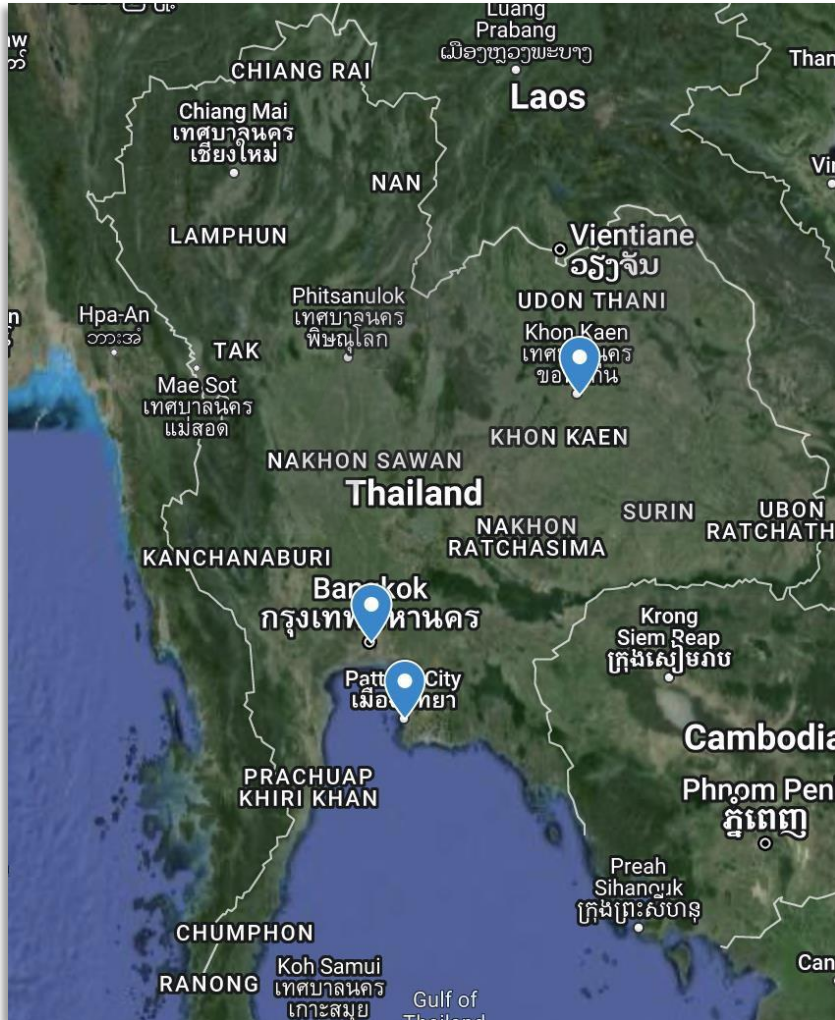
- Care framework co-development groups

# Aim

To explore chemsex benefits and challenges and how these shape ideas of potentially '*problematic*' chemsex

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# Formative research methods



## Focus groups and in-depth interviews with GBMSM (n=30) engaged in chemsex/SDU in Thailand

- Data collection in Bangkok, Pattaya and Khon Kaen
- Study sites selected based on diversity of gay scene, tourism density and HIV prevalence
- Recruitment through community organisations
- Thematic framework analysis



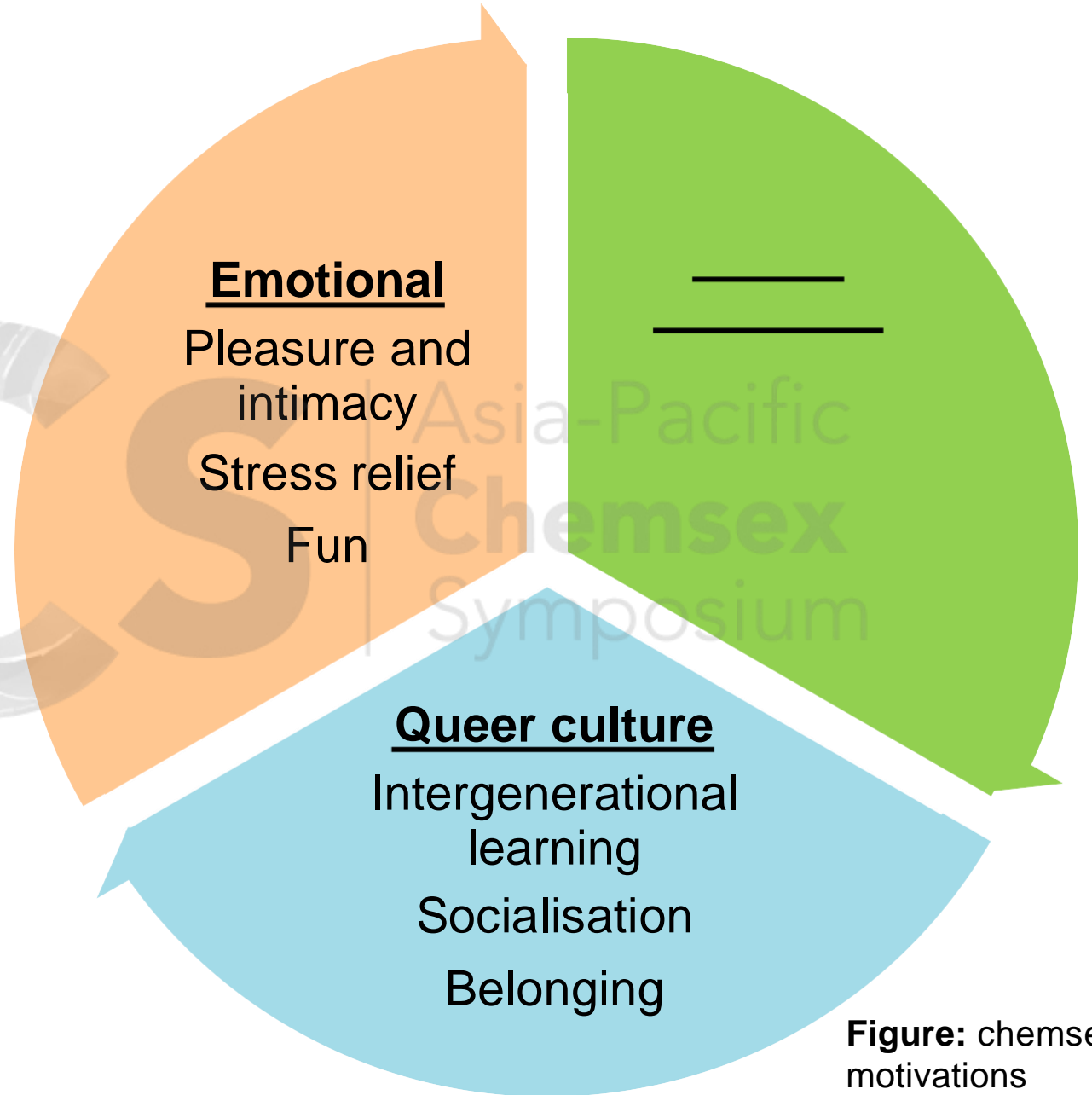
# Results

- Five focus groups (3 Thai, 2 English) with 24 GBMSM in Bangkok, Khon Kaen and Pattaya
- Six in-depth interviews (4 Thai, 2 English) in Bangkok and Khon Kaen

<b>Age</b>	<b>n=30</b>
18-25	1
26-35	16
36-45	12
46+	1
<b>Sexual orientation</b>	
Gay	25
Bisexual	5
<b>HIV status</b>	
Negative	6
Negative taking PrEP	9
Diagnosed with HIV	10
Prefer not to say	5
<b>Educational qualification</b>	
High	18
Medium	3
Low	9
<b>Location</b>	
Bangkok	12
Khon Kaen	9
Pattaya	9

# Motivations

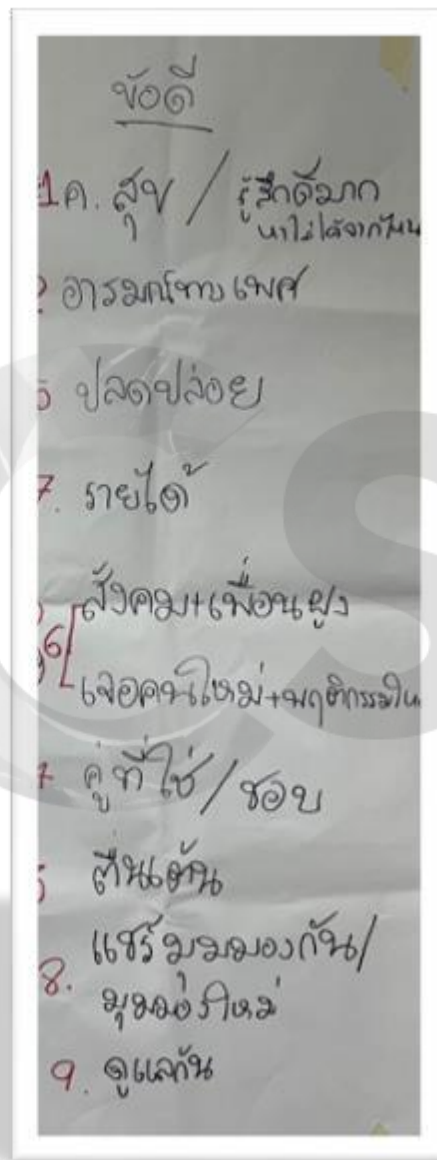
Chemsex has unique motivations for those who participate



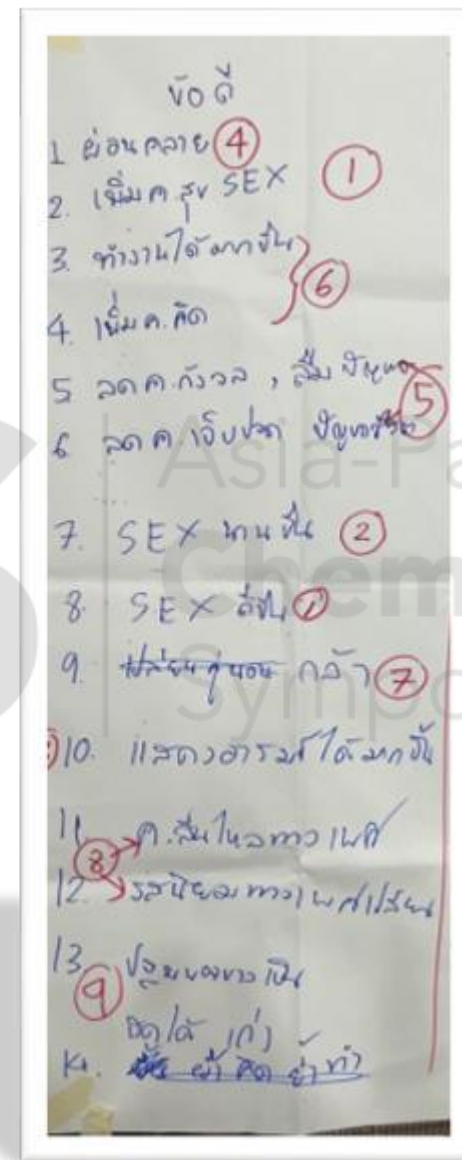
**Figure:** chemsex motivations

# Chemsex benefits

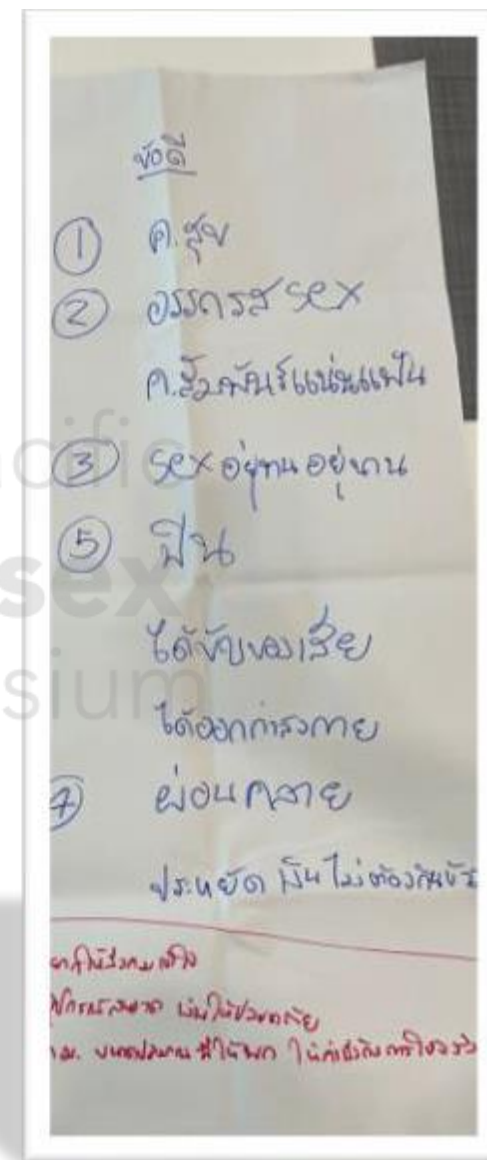
- Fun and socialisation
- Safe environments to explore new things
- Emotional expression, improved well-being and happiness
- Sexual adventure
- Engagement in sexual health
- Mutual care



Khon Kaen



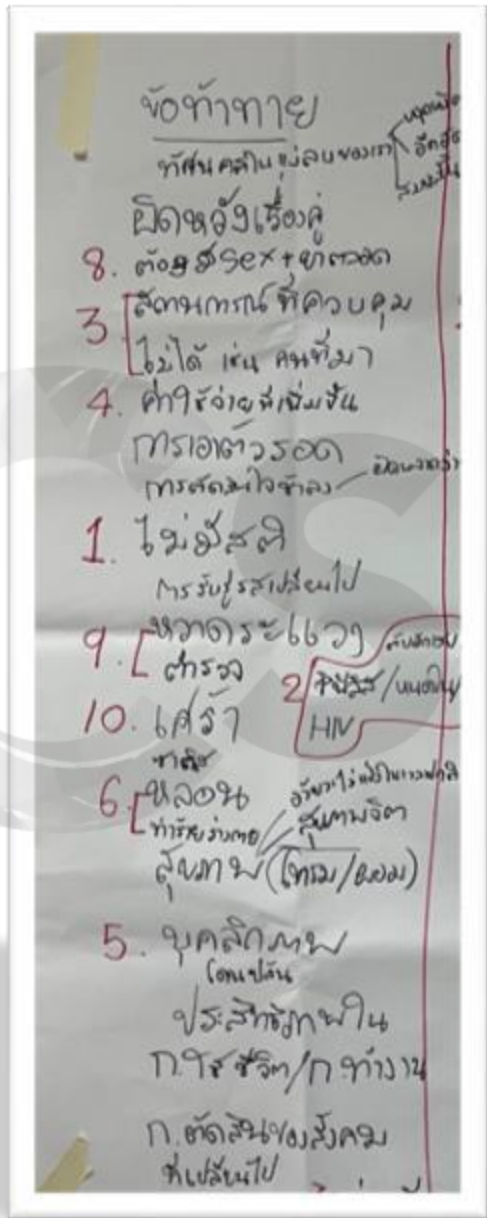
Pattaya



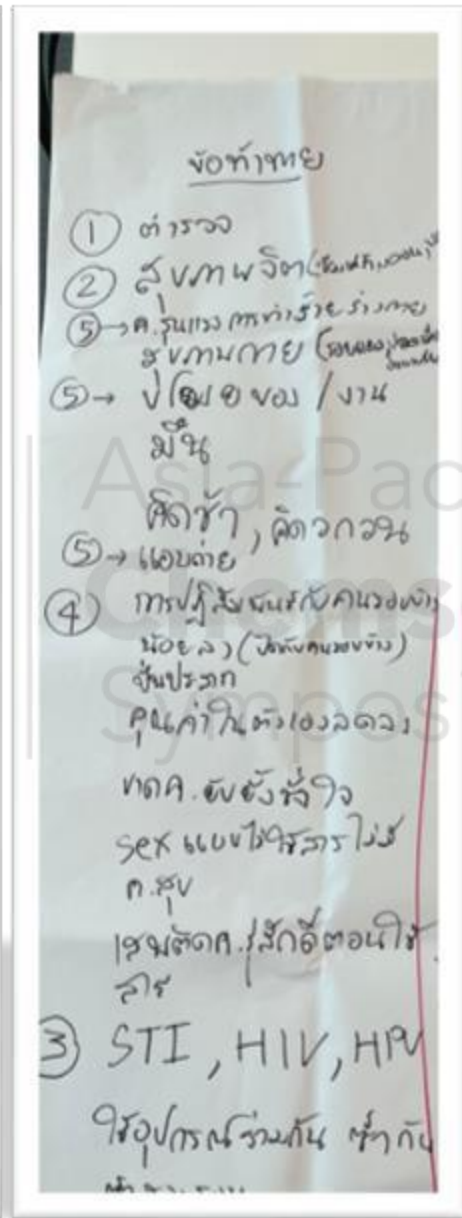
Bangkok

# Chemsex challenges

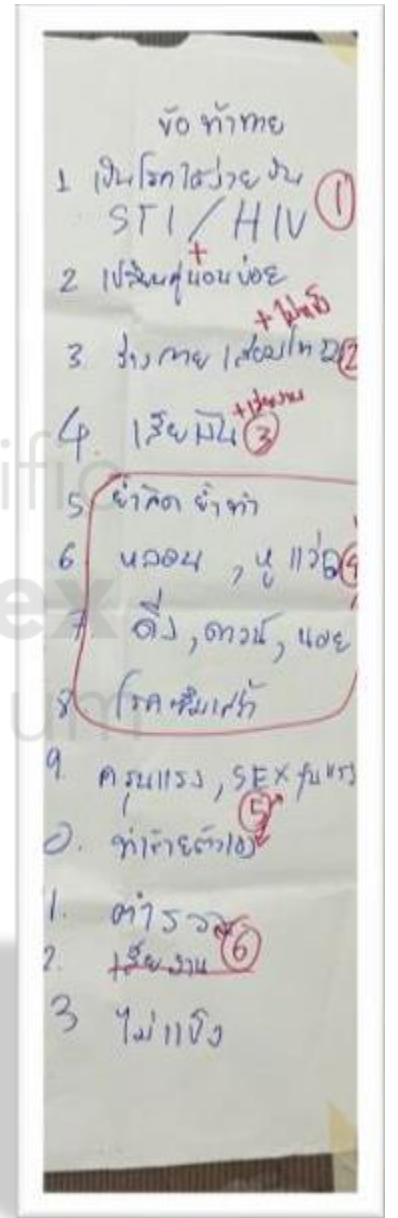
- Police and criminalisation
- Violence/robbery from partners
- Difficulties with sober sex
- Anxiety and depression
- Psychosis
- Addiction
- Isolation
- Non-consensual sex, including non-consensual video recording
- HIV & STIs



Khon Kaen



Pattaya



Bangkok

# 'Problematic' chemsex

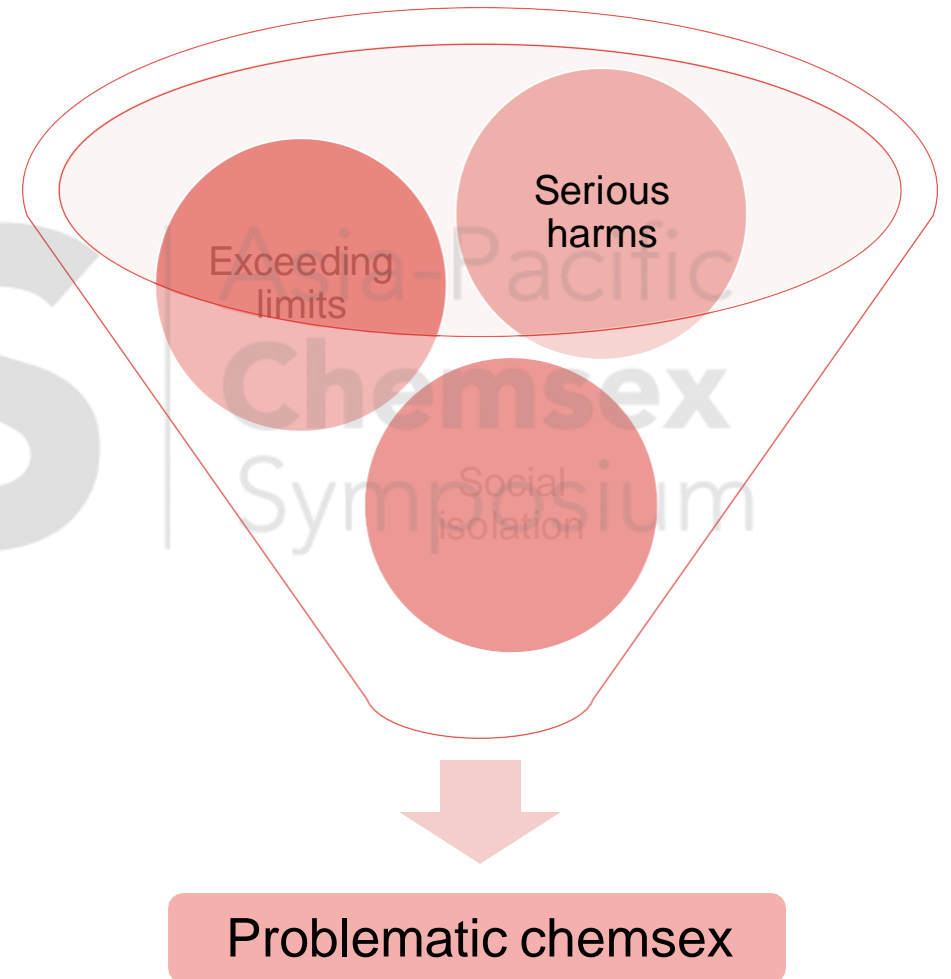
Chemsex begins to be seen as problematic by GBMSM when it involves a loss of control over some aspect of life or experiencing a very serious harm.

## Problematic use

- Increasing chemsex frequency beyond preferences
- Own drug taking limits exceeded regularly
- Sustained deterioration in mental health
- Isolation, relationship and/or employment impacts

## Serious harms

- Police involvement (arrest)
- Sexual assault, violence and coercion





# Implications for stakeholders

- AOD practitioners can support individuals to stay within their preferred drug taking limits.
- Sexual health practitioners can harness strongly supportive environment for health promotion.
- Public health practitioners and policy makers can encourage the development of holistic risk mitigation strategies reducing multiple potential harms
- All should account for importance of pleasure and the positive attributes of chemsex



**Figure:** potential chemsex risk mitigation strategies (Khan et al 2022)

# Conclusions

- Whether/how chemsex is '*problematic*' is a matter of perspective
- Different individuals and stakeholders have different priorities/views
- Moving beyond the 'risk paradigm' allows us to consider benefits and harms with more nuance.
- Chemsex harms are shaped by context, should understand problematic chemsex in a similar way
- Involving communities in defining problematic chemsex is critical for understanding priorities and developing effective interventions

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***Locally grounded, transnational queer team***

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**Mahidol University:** Worawalan Waratworawan, Nattharat Samoh, Thomas Guadamuz

**UCL:** Alison J Rodger

**La Trobe:** Adam Bourne

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**HON:** Thissadee Sawangying and Ratchayapornthawee Thanawattewakul

**Act Team:** Pongsri Bootsan and Ittiphol Chaicharoen

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