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SUMMARY

A qualitative scoping review of sexualised drug use (including Chemsex)

of men who have sex with men and transgender women in Asia

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A qualitative scoping review of sexualised drug use (including Chemsex) of men who have sex with men and transgender women in Asia

Research undertaken with support from UNAIDS.

The scoping review was conducted by **Jamee Newland PhD** (Kirby Institute for Infection and Immunity in Society, UNSW Sydney), and **Angela Kelly-Hanku,** Papua New Guinea Institute of Medical Research / Kirby Institute, University of New South Wales, Australia.

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INTRODUCTION

APCOM's 2018-2020 Strategy, TENACITY explicitly states that drug use is an issue that as an organisation we need to do more on, and this document summarizes a scoping review of sexualised drug-taking (SDT) for men who have sex with men (MSM) and transgender women.

The scoping review was undertaken in view of the public health concern that SDT among MSM not only results in dependency and poor mental health but also in a higher risk of unprotected sex that may increase HIV risk. Eight articles, published between January 2010 and December 2019 were used for the review. Countries covered are Bangladesh, Hong Kong, Malaysia, Singapore, Thailand, Philippines and Vietnam.

APCOM is grateful for the support from UNAIDS for this research that forms a body of evidence on HIV, MSM and transgender women who use amphetamine-type stimulants (ATS) for sexual purposes or who engage in 'chem sex' or 'high fun'.

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Asia region particularity

Reviewing SDT in Asia needs to take into consideration the diverse socio-cultural, institutional and legal systems that surround both drug use and sexuality. Large numbers of people who use drugs are still executed in China, Singapore, Malaysia, Indonesia and Vietnam. Drug users are victims of extrajudicial killings in the Philippines and the death penalty for drug use was recently introduced in Bangladesh.

Asia also differs from other parts of the world in terms of the HIV epidemic. There is a serious rise of HIV infections in the region and of all new infections in Asia-Pacific, 30 % occurred among MSM. HIV rates are also increasingly reported in younger MSM, aged 15-24 years.

Equally important is the acknowledgement and understanding of cultural norms and practices such as religious conservatism, as well as the existing punitive legal frameworks in the region.

DEFINITION

Sexualised drug-taking is increasingly recognized in Asia among gay men and MSM, men who sell sex (MSW) and transgender women (TGW). SDT is a practice in which intentional drug-taking occurs before or during sex, where drugs are used to facilitate, initiate, prolong, sustain and intensify pleasure. Particular risks of SDT relate to HIV transmission, increase in the number of sexual partners, unprotected anal (receptive and insertive) sex, transmission of hepatitis, syphilis, gonorrhoea and shigellosis. Additional concerns are psychosocial health problems, including substance abuse and addiction, mental health problems, negative effect in general life and even death.

With the exception of ice parties and sex parties in Thailand, all other studies focused exclusively on drug consumption before sex.

FINDINGS

People involved in SDT

SDT is reported among a wide range of people with experience of MSM, including gay men, bisexual men, MSW and TGW. Others involved are dealers, hosts and "ice tenders" who are mentioned in Thai ice parties.

MSM, gay men and bisexual men

The average age of those participating in studies was between 18 and 29 years. Hosts were sometimes reported over the age of 30.

The studies looked at a diverse group with, for example, 'feminized" and 'masculine' MSM often with lower education in Bangladesh, educated and fully employed gays in Malaysia, MSM and bisexual students in Singapore, MSW in the Philippines described as impoverished and with lower levels of education.

Transgender women

TGW were either under-represented or not reported in the studies; or analysis did not give insights into the specific issues and practices of TGW.

Sex workers and people engaged in transactional sex

Sex work and transactional sex were reported in six papers with reference to MSW and TGW selling sex participating in SDT. One study (Philippines) mentions 'clients', typically feminine in nature and, at times, pseudo-partners to the young MSWs. Transactional sex was used at Thai ice parties by 'young and beautiful MSM' who may be marketing their beauty to gain access to parties and free drugs. Young Singaporean gay, bisexual and MSM reportedly engaged in transactional sex in exchange for money or gifts, but it is not clear if those gifs included drugs.

Dealers, party hosts and 'ice tenders'

Dealers and party hosts in Thai ice parties are typically older than the MSM guests, while 'ice tenders' had a dedicated role including dealing, looking after the drug supply, general management of the parties and preparing the guests. Ice tenders did not always fully participate. In one of the Thai studies older MSM hosts recruited 'younger attractive' MSM via online platforms for private sex parties.

Types of drugs, consumption methods and frequency of drug use

Crystal Methamphetamine

Crystal meth is commonly used in SDT. Studies report intranasal administration and smoking (Bangladesh), water pipes or injection (MSM in Malaysia). Crystal meth is reportedly the primary drug for MSM, TGW and MSW in Vietnam (mainly inhaled through a glass jar and funnel), MSM in Thailand (sometimes in combination with Viagra), gay men in Hong Kong, MSW in the Philippines and gay, bisexual and MSM in Singapore. The Thailand study reported sourcing of drugs from university peers, casual sex partners, older MSM and hosts at high parties and through law officers at clubs.

Other drugs

A whole variety of other drugs was reported such as heroin (smoked or injected), ecstasy (tablet or liquid form), ketamine (snorted through a bank note), cannabis, poly drug (two or more drugs combined), alkyl nitrites or 'poppers', gamma hydroxybutyric acid (g water or gina), Cialis and Viagra and other phosphodiesterase (PDE)-5 inhibitors (for example black ant pills). The availability and frequency of use of those drugs differ from country to country. Lately there has been a shift from drugs such as ecstasy, ketamine, Viagra and poppers to crystal methamphetamine.

Settings and technology as a facilitator

SDT takes place in private and safe social spaces such as clubs, hotels, homes and professional (sex-working) environments. Private spaces for SDT are required in view of the legal consequences, zero tolerance policy on drugs and also criminalisation of male-to-male sex.

Social media and mobile apps play an important role for meeting and initiating SDT and are used to meet casual and multiple sex partners, as well as group sex partners. Guests can be identified through 'hook-up' websites and often coded language is used because of the negative social and legal environments.

Motivations for sexualised drug-taking

Enhanced and extended sexual gratification and pleasure

SDT is described as the setting for providing and enhancing sexual pleasure and action with (beautiful) men. Other motivations mentioned were intensified sexual gratification, heightened sexual pleasure, prolonged sexual activities by postponing ejaculation and making painless anal sex possible. Extended and enhanced sex activities over longer periods (possibly for several hours or days) associated with crystal meth and use of drugs in sex work so that sex workers could increase performance or have sex with several clients were also reported.

Freedom and confidence to explore sexual fantasies

SDT was described as reducing shyness and increasing confidence regarding sexual fantasies and changing sex roles. SDT would enable exploration of other sexual practices that would not be possible without the drugs such as group sex, outdoor sex and marathon sex, special requests from clients (spanking, hitting, being disciplined), participating in anal sex by those who prefer sex with women and thinking of clients as belonging to another gender which would be less threatening to the masculinity of the MSW.

Pride, empowerment, beauty and social power

Drug use was reported as a means to restore pride and empowerment, enhancing the feelings of masculinity or femininity for feminised MSM and to increase the capacity to serve multiple partners each night. Drugs were also used to release stress arising from stigma as a result from a sexual minority status.

Drugs could be used as a weight-control and skin whitening substance all influenced by motivation for beauty and status. In particular in the Thai MSM community, those using crystal meth are perceived as more beautiful, well connected and belonging to an elite social network of MSM.

Other motivations for SDT were the possibility to get free drugs (when participating in sex parties), party hosts using drugs to have sex, drug use to relax and socialize; and giving the ability to sex workers to have sex with a client to whom they are not attracted. Drug use could be seen as part of the identity of the gay community and a social mechanism to bond with other MSM.

Health and psycho-social impacts of sexualised drug-taking

Drug use as a coping mechanism

Taking drugs often provides a mental escape from feelings of shame, guilt, sadness and stress. Drug use was reported as a coping mechanism for emotional pains or a coping strategy in the face of criminalisation of same sex relations, to deal with negative views from family, religion and society.

Psycho-social, mental and physical health impact

While studies highlight positive mental health impacts of SDT, such as coping with stigma and coping with minority status; there is a potential for poor mental health outcomes, such as paranoia, depression, hallucinations and suicidal thoughts.

Physical health issues associated with long-term use of crystal meth could be tooth decay, blurred vision, insomnia, weight loss, heart palpitations, memory lapses, erectile dysfunction, cramps and shaking.

MSM reported several psycho-social problems such as poor performance at school, loss of employment, challenges in maintaining relationships, addiction, overdose, becoming aggressive and violent; and economic problems related to the use of expensive drugs.

Sexual risk taking, HIV and STIs and harm reduction

Condom use

MSM using crystal meth reported having unprotected sex including sex with multiple partners. Sex without condom was often influenced by beliefs that anal sex did not transmit HIV because sex was where a man inserted a penis into a vagina, that a one sex episode has low HIV risk, only multiple sex partners at the same time increase HIV risk, HIV cannot be transmitted without ejaculation and young and clean MSM cannot be infected. Sex without condom was also influenced by carelessness, curiosity, overwhelming sexual desire and also the fact that, for some, sex without a condom was seen as the social norm and would be seen as a manifestation of sexual freedom or because of difficulties maintaining erections when using methamphetamine. Limited availability of condoms and lubricants in public areas would be another reason for sex without condoms.

HIV and other STIs

While there was no clear reporting on the HIV status of participants, self-reported HIV status suggests 30% of the MSM in Malaysia and 70% of the bisexual and MSM in Singapore participating in SDT were HIV positive. Some studies showed that HIV positive MSM were also diagnosed with sexually transmitted infections, but with no clear reports on what those STIs were. MSM reported lack of testing, lack of HIV related harm reduction programmes, in particular PrEP (Pre-Exposure Prophylaxis).

Influence and power

SDT can create a situation of power and pressure from others. For example, hosts of sex parties are in control and decide on who will or will not participate or be invited back, younger MSM are pressured to take drugs by their partners, withdrawal of drugs may result in less influence or power, or drug use would make MSW less selective about their clients. Sometimes clients provided financial support and would give emotional and practical support to the MSW. Power may be a result from social connections, money and protection and financial support for younger MSM.

Health seeking behaviour and harm reduction

MSM reported existing drug laws, shame and stigma, familial and social sigma and traditional knowledge that does not correspond to medical knowledge as the main reason for not having discussions about their sexualised drug use with care workers and their social networks.

Harm reduction services are often absent or limited and not necessarily appropriate programmes for Asian MSM and TGW. One concern is the current inability for care workers to address drugs and sex issues simultaneously in harm reduction programmes.

RECOMMENDATIONS

- SDT-specific harm reduction needs are to be taken into account at the local, national and international levels in order to ensure that SDT can be done more safely by sexually diverse men and gender minorities.
- Harm reduction for MSW also needs to expanded.
- SDT should be understood as a social phenomenon and a more holistic examination of the types of drugs is required.
- It is critical to raise awareness of drug use through venue-based harm reduction programmes and education of younger MSM, paying specific attention to "socio-cultural" realities and power relations in MSW settings.
- There is need for international policy to acknowledge the interplay between sex and drugs in gender and sexuality diverse populations and for the need for key advocates to work to change the understandings of and positions of members states, both within global health and harm reduction frameworks.
- Whilst the harms from drug use need to be addressed, attention must also be paid to issues of shame and stigma that could influence drug use and sexual practices.
- Consider the use of technology and social media based harm reduction given the importance of this medium in SDT settings in Asia.
- Local peer-driven harm reduction programmes, particularly those with community-led content and design, may be more likely to reach MSM in Asia;
- There is a need to better understand and acknowledge the religious and legal environments surrounding both drug use and sexuality in Asia.
- Better insight into the social context of drug use, such as sourcing, preparation and consumption is required.
- Expand research on SDT in other countries where there is no research occurring, and in transgender population.

APCOM Taking Forward

Research is clear on the data gaps, and whilst we need more data, there are also different levels of work that APCOM must continue to do with regards to Chemsex:

- Evidence building on MSM who use drugs – we must work with our country partners to generate evidence from the community and ensures up-to-date information around drug use and trends (for example on use of GHB/ GBL)
- Establish a platform accessible to MSM who use drugs 'chemsex' to provide 'safer sex' information and 'first aid' guidance for emergency cases;
- Strengthen capacity and enable local CBOs to provide first aid response to emergencies during SDT to minimise harm or risks;
- Reaching and linking MSM who use drugs 'chemsex' to HIV services – providing information and targeted messaging and bringing clients to safe, friendly HIV services
- Capacity building on SDT-related information for country partners and key population communities at the country level to amplify noise and ensure common understanding.
- Creating partnership with intersectional stakeholders, including private sectors, to optimize response towards SDT.
- Advocacy for integration of harm reduction services for MSM who use drugs
- Advocacy for psycho-social and mental health support as part of the package of intervention
- Continue advocacy for the decriminalisation of drug use, sex work, homosexuality as this restricts access to services

APCOM must work in collaboration with multiple agencies, community networks and community-based organisations, as well as government and research institutions in order to ensure that information, and services are adapted to the needs of our community.

We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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