Young and High: A Rising Reality

A qualitative analysis of drug use among young gay, bisexual and MSM in sexualized settings in Bangkok, Hanoi and Jakarta

Youth Voices Count

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Information in this discussion paper has been gathered through an online survey conducted in 4 languages in three cities in the region; Bangkok, Ho Chi Min and Jakarta. 9 key informant interviews were also conducted to gather data. The information was gathered from young people between the age of 18 – 30 who are self-identified as gay, bisexual men or MSM and who have consensually disclosed their use of drugs in sexualized settings.

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Content

1. Introduction

Research from across the world indicates that men who have sex with men are more likely to utilize illicit drugs than the general population (for review see Bourne, 2012). The higher levels of drug use have typically been attributed to the fact that the majority of commercial spaces that men who have sex with men occupy are those in which alcohol is served and drugs are available, or has been associated with a higher likelihood of stressful life events (such as 'coming out' receiving a HIV diagnosis or hostile reactions from family or community), which drugs help to alleviate.

The Asia MSM Internet Sex Survey, published in 2011, revealed that among 10,618 respondents, ecstasy (8.1%) was the most prevalent stimulant drug used, followed by crystal meth (4.0%); while Viagra (7.9%), poppers (6.1%), and Ketamine (5.3%) were the most prevalent non-stimulant drugs (Wei et al, 2011). The survey also revealed that men who have sex with men living with HIV reported much higher levels of individual drug use and poly-drug use compared to HIV-negative/unknown men who have sex with men. This finding is consistent with those found among men who have sex with men in the West that stimulant drug use, notably methamphetamine, is more prevalent among men living with HIV (Melendez-Torres & Bourne, 2016).

While most studies until around 2010 had documented high rates of cocaine and ecstasy use (so called 'club drugs') among men who have sex with men, an increasing number of studies in countries around the world are noting a rise in what have been termed 'new psychoactive substances'. The use of amphetamine-type stimulants increased from 3.6% in 2003 to 17.5% in 2005, and to 20.8% in 2007 in Thailand among men who have sex with men. High rates of amphetamine-type stimulant use have also been reported among men who have sex with men in parts of Asia, including Indonesia (15.0%), Malaysia (23.9%), Thailand (32.0%), and China (13.3%) (Lim, Guadamuz & Altice, 2013).

The use of methamphetamine (ice), ketamine (k), gamma hydroxy butyrate (GHB), gamma butyrolactone (GBL) and other stimulant drugs are becoming increasingly prevalent among gay men and men who have sex with men communities which is usually called as "chem-sex" in a western context[1] and referred to as "high-fun" in the East Asia especially in major cities such as

[1] G.J. Melendez-Torresa and Adam Bourneb, 2016, Illicit drug use and its association with sexual risk behaviour among MSM: more questions than answers?, http://sti.bmj.com/ on April 11, 2017

Bangkok, Chang Mai, Jakarta, Ho Chi Min, Hanoi, Manila and Kuala Lumpur. Intravenous injecting is becoming a frequent practice among men who have sex with men who use drugs as oppose to smoking according to anecdotal data.

The anecdotal data also reveals that “high fun” among young men who have sex with men between the ages of 18 -30 is steadily increasing. Drug use (methamphetamines) in sexual contexts among young men who have sex with men is facilitated by number of reasons including issues with accepting one’s sexuality and sexual expression, concerns with sexual practices, depression and anxiety and etc. However behavioral data on drug use among young men who have sex with men in the region is virtually non-existing. This lack of data has a vital impact on developing and implementing interventions that are specific to young men who have sex with men who use drugs.

2. Key findings

1. Psychosocial issues are affecting young gay, bisexual and MSM motivating drug use as a coping mechanism

One of the key reasons for increasing drug use among young gay, bisexual and MSM is their inability to cope with psychosocial issues surrounding them. These issues are due to discriminating legal and policy environments, stigmatizing cultural values with regard to sexual orientation and same sex relationships and lack of psychosocial support for sexual minorities. Drug use is perceived as a solution to “run away” from the realities. Lack of support systems for young gay, bisexual and MSM to face such situations and also lack of information on inter-personal relationships as individuals from sexual minorities further complicates the situation. A traditional approach to HIV response only with safe sex and condom promotion does not help the situation as it does not look at the various dynamics and reasons that lead to drug use among these communities such as the need to feel belonged, self-stigma, proving love and trust and etc.

2. Stigma and discrimination within the community impede health seeking behavior

The gay, bisexual and MSM community, despite a 35-year HIV response, still perpetuate significant stigma and discrimination towards HV and people living with HIV. Living with HIV appears to be a sure exit from the community and young people are afraid that this means a sure rejection from possible sex partners. Such attitudes discourage young gay, bisexual and MSM to seek health seeking behavior even if they are aware of the importance of such.

3. Condoms are still perceived to be interrupting pleasure

Despite numerous awareness programs, young gay, bisexual and MSM who use drugs consider condoms to deprive sexual pleasure. Even though condoms are being provided free of charge, or the individuals concerned have access to condoms, they are not used consistently and correctly owing to the need to gain more pleasure and feel more intimate. This phenomenon is more prominent on a sex on drugs instance where neither party is concerned of condom use as mentioned by the informants.

4. There is no use of new prevention mechanism and no access to them

The respondents and informants are not aware of new prevention mechanisms such as PrEP or do not have access to such prevention mechanisms. This is alarming as they do not also use condoms and are therefore short of any other prevention mechanism. Multiple partners is a common occurrence and the lack of prevention mechanisms then can lead to further increase of sexual risk and HIV/ STI transmission.

5. Stigma and discrimination at health care setting prevent young gay, bisexual and MSM who use drugs accessing sexual health services

young gay, bisexual and MSM who use drugs consider existing health care settings to be stigmatizing and discriminating of them as individuals who engage in same-sex behavior as well as drug use. They also believe that the health care service providers may not have adequate sensitivity to provide them stigma and discrimination free services.

6. young gay, bisexual and MSM who use drugs are not aware of available services both government provided and non-governmental organizations provided for harm reduction or controlling drug use

As reveled in the survey results very clearly, young gay, bisexual and MSM who use drugs are not aware of existing harm reduction services. Hence they do not have access to services even if they want to give up or control drug use. This could lead to use of drugs over time resulting in drug dependence. Access to harm reduction will empower these individuals not only to use drugs safely but also to avoid sexual risk taking behaviors.

3. Purpose of the study

The purpose of this study was to collect data on the "high-fun" realities of young gay, bisexual men and other young men who have sex with men in three major cities in the region; Bangkok, Hanoi and Jakarta. The cities were selected depending on available data on drug use.

This is a qualitative study undertaken by Youth Voices Count as a regional network and serves the purpose of collection of data to inform future interventions and advocacy of YVC on and for young gay, bisexual men and other young men who have sex with men who use drugs in sexualized settings. This study is by no means a scientific study of this phenomenon.

As a regional network of young LGBTQ+ people in Asia and the Pacific, YVC believes that evolving realties such as "high-fun" especially among young gay, bi men and other young men who have sex with men should be an integral part of our advocacy and interventions. This belief is to ensure that we as a regional network embrace the very communities that we work with and serve while addressing the emerging issues.

Young people across the HIV response, irrespective of identities or behavior patterns have been left behind. Over 2000 young people are infected with HIV every day which accounts to over one third of all new HIV infections a day. HIV prevalence among those who are between 15 – 24 is on the increase in Asia and the Pacific region with countries such as China, Thailand, India, Indonesia, Philippines and Myanmar accounting to an HIV prevalence of over 5% among young key populations.

Discussions on “high-fun” in many contexts is considered controversial as it relates to two “criminalized” activities; same sex sexual activities and drugs are criminalized in many countries in the region. Other related aspects of high fun including “increased” sexual pleasure, prolonged sexual activities, sex with multiple partners in a group or “orgys”, sexual adventure taking and etc. has also contribute to consider “high-fun” as a controversial topic.

4. Data collection Methodology

A mixed method of examining and describing the personal and social context of sexualized drug use, through key informer interviews, simultaneously accompanied by an online survey was used to collect data.

The inclusion criteria for respondents of both KIIs and the online survey were,

- Identify as gay, bisexual or men who have sex with men
- Between the ages of 18-30
- Use of drugs in sexual contexts within the previous 12 months
- Live in one of the selected 3 cities

5. Key Informant Interviews

YVC focal points in the three selected cities; Bangkok, Hanoi and Jakarta conducted key informant interviews with a minimum of 3 young men who have sex with men who use drugs in each city (n=9). These in depth interviews focused on areas including but not limited to motivations for sexualized drug use, social settings where sexualized drug use occur, social networking for sexualized drug use and harm reduction requirements.

6. On line survey

The online survey was specifically disseminated in the three cities through online mediums mainly Facebook. The survey was designed to be short and crisp in order to encourage online

user participation. The survey was available in four languages including Bahas Indonesia, English, Thai and Vietnamese.

In total 57 responses were collected. 7 responses were removed from the analysis as the respondents were either above 30 years of age or because the respondents identified as biologically female and their gender as woman. 50 responses were analyzed for the study. The median age of the respondents was 23 (23.18 years); the lowest being 16 years and the highest being 30 years. 29 respondents were from Hanoi, Vietnam, 5 respondents were from Jakarta, Indonesia and 16 were from Bangkok, Thailand.

7. The survey results

7.1. The demographics

49 participants identified male as their assigned sex at birth and 1 participant identified as female for assigned sex and birth. Only 39 participants identified male/ man as their gender identity. 8 respondents identified as “non-binary”, 2 identified as “other” and one identified as a “transman”. 41 respondents identified as gay, 5 as MSM and 4 as bisexual. 49 participants mentioned that in the last 12 months they had sexual relations with “men”. Only 1 participant mentioned that sexual relations were with “transmen”. 29 respondents out of the 50 answered the question on highest education qualification. 11 respondents mentioned that they have a high school education qualification, 16 mentioned they have university degree level education qualifications and 2 respondents mentioned that they have masters level education qualification.

The median age of key informant interviews was 22.6 years. All informants self-identified male/man as their gender and gay as their sexual orientation. All informants confirmed that they have had sexual relations with other males in the last 12 months. 1 informant mentioned grade 6 as highest education qualification, another 1 mentioned undergraduates, 4 informants mentioned “high school” as the highest education qualification, 2 mentioned bachelors and 1 mentioned masters. The key informants were living in Bangkok, Hanoi and Jakarta as of the time of interviews. 4 of the informants were engaged in sex work on a full time or part time basis. 1 informant was unemployed at the time of the interviews. 2 informants were working at restaurants or coffee shops and 2 other informants had fulltime jobs.

7.2. Condom use and HIV testing

Out of all 50 respondents only 21 responded to the question on condom use at the last sex act. Out of these 21 respondents only 13 said yes to condom use at the last sex. 6 said no to condom use at the last sex act and 3 said not sure. 19 respondents out of the 21 respondents who answered to the question on condom use at last sex act also said no to use of PrEP as an additional prevention mechanism. Among the 50 respondents only 2 said they are using PrEP as an additional prevention mechanism.

Among the 50 respondents 23 said yes to ever having a HIV test. 7 said no and 20 did not respond. Among those who have ever had a HIV test, 14 said they are negative, 7 said they are living with HIV and 2 said they are not sure about their status. Among the 14 respondents who answered negative, 2 mentioned that they tested negative within the last 7 days, 3 mentioned within the last 4 weeks, 6 mentioned within the last 6 months, 3 mentioned within the last 12 months and 1 mentioned before 5 years.

Form the 9 key informants, 7 respondents mentioned that they did not use condoms during the last act of anal sex and the reasons vary from client demand to acquiring more pleasure. This phenomenon will be discussed further in the discussion paper. 2 respondents mentioned that they use condoms during anal sex consistently.

7.3. Drug use in sexualized settings

Out of the 50 respondents, 13 respondents said yes to using any kind of drugs or stimulants to increase pleasure during sex in the last 6 months. Among the 13 respondents 7 said they are using Crystal methamphetamine or “Ice”, 3 said they are using gamma butyrolactone or “GBL”, 2 said they are using Poppers and 1 respondent said he is using cannabis and aphrodisiac. All 13 respondents mentioned that they do not inject any of the drugs.

Out of the 13 respondents 6 said that the duration of sexual activity on drugs is more than three hours, 3 mentioned its more than six hours, 2 mentioned its more than twelve hours and 2 mentioned its more than one day.

Among the 13 respondents only 2 respondents mentioned yes to discussing the HIV status with the partner before having sex on drugs in the past six months, 11 participants mentioned no.

Among the 13 respondents only 2 said that they have informed or would inform their sexual health service providers about their drug use. The remaining 11 said no to informing their sexual health doctor about their drug use.

Amongst the 13, 4 respondents mentioned that they are very confident about finding information about side effects of the drugs they use, 4 mentioned that they are only confident and 5 mentioned that they are not sure.

Out of the 13 respondents, 2 said they needed medical attention during the "coming down" period of the effects of the drugs, 6 said not sure and 5 said no in the last 6 months.

Out of the 13, 4 said that there are no services in their country or city that they can access if they wanted to give up or control their drug use, 5 said there may be, 2 said they don't know and 2 said that there are such services in their country or city.

Out of the 13 respondents, 5 said that they know of organizations that they can access to get support to give up or control their drug use, 5 said they don't know, 2 said there may be and 1 said that there are no such organization that they can seek support from.

8. Drug use among young gay, bisexual and MSM – qualitative survey results

Among the 50 respondents, 13 said that in the last six months they have used drugs or any stimulant to increase pleasure during sex; that is 26% from the respondent sample. The media age of all those who reported drug use in the last six months is 23.8 years. Although many studies have confirmed that gay, bisexual and other men who have sex with men use drugs with greater prevalence than the general population, evidence is of variable quality and a sampling frame is difficult to establish[2]. Scientific studies on drug use among gay, bisexual and other men who have sex with men in sexualized contexts is virtually non-existing in the region. Even though "increased pleasure", feeling of "euphoria" and "relaxation" is usually associated to drug use by those who use drugs, studies in to motivation for drug use reveal a different truth.[3]

[2] Current Opinion in Infectious Diseases: February 2016 - Volume 29 - Issue 1 - p 58–63, Illicit drug use and its association with sexual risk behaviour among MSM: more questions than answers?

[3] Substance use by same sex attracted young people: Prevalence,perceptions and homophobiaJOHN KELLY1, CASSANDRA DAVIS1& CARLA SCHLESINGER

Among the 13 respondents 7 (53%) said they are using Crystal methamphetamine or “Ice”, 3 (23%) said they are using gamma butyrolactone or “GBL”, 2 (15%) said they are using Poppers and 1 (7%) respondent said he is using cannabis and aphrodisiac. All 13 respondents mentioned that they do not inject any of the drugs. Out of the 13 respondents, 12 said that they are using gay dating apps to find sexual partners for sex on drugs. 1 participant did not respond to the question on where do you find partners for sex on drugs. 5 respondents answered “very easy” to finding partners on gay dating apps for sex on drugs. 3 said its “easy” and 3 said it’s “not sure or neutral”.

Amongst the 13 respondents, 5 (38%) said no to using condoms during the last sex act, 7 (53%) said yes and 1 (7%) person said not sure. 9 (69%) respondents said yes to ever having a HIV test, 2 (15%) said no and 2 (15%) respondents didn’t answer the question. Out of the 13 men 4 (30%) said they are living with HIV, 3 (13%) respondent did not answer the question and 1 (7%) person said don’t know. 5 (38%) respondents said they are negative. Among the 4 respondents who are living with HIV 2 respondents said they did not use condoms during the last time they had sex. The survey did not include any questions on treatment or viral load suppression. 1 respondent was not sure whether a condom was used during last sex act and was not sure about the HIV status. 2 other respondents also mentioned that they did not use condoms during the last time they had sex and have not been to HIV testing.

Among the 13 respondents 11 mentioned that they have not mentioned their drug use to sexual health service providers or other medical service providers. Only 2 have mentioned their drug use to medical service providers. When asked about their confidence in finding information on the side effects of the drugs they use, 4 respondents mentioned that they are very confident, 4 mentioned that they are confident and 5 mentioned that they are not sure.

4 respondents mentioned that there are no services available in their countries or cities if they want to receive support either to control their drug use or stop their drug use. 5 said that there may be and 3 said they don’t know. Only 1 respondent mentioned that there are such services. When asked about availability of any organizations that they could access to get support to either control their drug use or stop their drug use, 5 respondent mentioned yes, 2 said there may be, 5 said they don’t know and one said no such organization are available.

7 key informants mentioned that they are or have been using crystal methamphetamine or “Ice” to engage in high fun. 1 respondent mentioned using “Shabu”, type of methamphetamine and one respondent mentioned poppers. Combined drug use was relatively low among the key informants though alcohol use including beer was mentioned in several occasions. None of the

key informants have disclosed their drug use to medical professionals or accessed services of non-governmental organizations especially with regard to drug use. Except for 1, all other key informants mentioned of accessing HIV testing in the last 6 months. However, provided their low condom use, this self-claim is problematic.

9. High-Fun, a rising reality – Discussion and Analysis

There is less studies, research and literature on the drug use among gay, bisexual and MSM in sexualized contexts owing to legal environments and cultural perceptions of same-sex behavior and drug use.[4] However, the available research especially on alcohol use among gay, bisexual and MSM populations contribute to prove a theory of alcohol and "club drug" use is connected with increase unprotected anal sex.[5] Provided the health related complications as a byproduct of drug use among gay, bisexual and MSM communities, it is crucial that such phenomenon is studied in depth in order to understand the dynamics within such behavior to design targeted interventions. This discussion will analyze the data collected from the online survey and the key informant interviews under three main titles; reasons to initiate and motivations to continue, drugs and risk taking behavior, side effects and seeking medical help. The discussion will then be followed by a recommendations.

9.1. Reasons to initiate and motivations to continue

Drawing from Adam Bourne and Peter Weatherburn, more specifically form their paper titled "Substance use among men who have sex with men: patterns, motivations, impacts and intervention development need", this discussion paper will attempt to analyze reasons and motivations to initiate and continue drug use by gay, bisexual and MSM individuals under three key categories; use to enhance a sense of belonging; use to aid coping with everyday problems; and use to enhance pleasure.[6]

[4] G.J. Melendez-Torresa and Adam Bourneb, 2016, Illicit drug use and its association with sexual risk behaviour among MSM: more questions than answers?, http://sti.bmj.com/ on April 11, 2017

[5] Boone MR, Cook SH, Wilson P. Substance use and sexual risk behavior in HIV-positive men who have sex with men: an episode-level analysis. AIDS Behav 2013; 17:1883 – 1887.

[6] Adam Bourne, Peter Weatherburn, 2017, Substance use among men who have sex with men: patterns, motivations, impacts and intervention development need, http://sti.bmj.com/ on April 11, 2017

"Sense of belonging" in this context refer to the need to feel accepted and being part of a group. The sentiment appears to be triggered by feelings of loneliness, family rejection, stigma and discrimination and also in the context of relationships and separations. With a direct linkage to "sense of belonging" the category of "use to aid coping with everyday problems" refers to using the drugs to avoid every day harsh realities which mainly include yet again rejections, self-stigma, family issues or issues with occupation such as sex work. The third category "used to enhance pleasure" is a tricky area to discuss. It is being mentioned as the first reason to use drugs by the informants but appears to be a side effect of a solution to a larger problem. In any case it refers to the use of drugs to enhance sexual pleasure.

9.1.1. Use to enhance a sense of belonging

An exhaustive list of reasons contributes to create a sense of loss, isolation and a loss of belongingness among young gay, bisexual and MSM. They face stigma, discrimination, physical and sexual violence and abuse as a result of existing laws, policies and cultural values in the Asian region which ultimately result in heightened sense of "self-stigma".[7] These experiences then lead to a need to feel belonged and accepted by any one through any means.

The data collected through key informant interviews shows that almost all the informants are suffering from this phenomenon. Many of them are either separated from their families as a result of their sexual orientation, as a result of family complications such as separation or divorce of parents or as a result of the need to generate an income for families. Two broader thematic areas come out of the analysis; the need to socialize and the need to be in love and in relationships. These two broader areas could be identified as solutions the informants have identified or rather using to overcome the lack of belongingness. Use of drugs then seem to facilitate the exercise of these two solutions.

Key informants mentioned that they have been compelled to use drugs because they wanted to socialize with their new-found friends especially during "partying" or clubbing". These platforms are then recognized as the places to socialize and the culture of alcohol and drug taking in these platforms normalizes the use of alcohol or drug use as the means of socializing thereby contributing to extensive use of alcohol and drugs. [8]

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[7] Youth Voices Count, Hidden Dimension; Experience of self-stigma among young men who have sex with men and young transgender women & the linkages to HIV in Asia and the Pacific, 2009

[8] Keogh P, Reid D, Bourne A, et al. Wasted opportunities: problematic alcohol and drug use among gay men and bisexual men. London: Sigma Research, 2009

"…because I was curious. I was also thinking that using drugs is the way to socialize more with my friends and other people at the club" (20, Jakarata, Indonesia)

The second broader key area is to be in love and in relationship. Most key informants mentioned that drugs have become by default the means to fall in love, feel loved and be in love. One informant in particular mentioned that he used drugs initially because he did not want to lose his partner and was afraid that his partner would not have sex with him if he refuses to use drugs. For most informants the initial drug use has been with an intimate partner or a group of friends and has been triggered by the need to feel belonged or cared for. However, these feelings cannot be understood in isolation without looking at the use of drugs in order to aid coping with everyday problems.

"…because I liked him and wanted to have sex with him which was the most important thing. I feared that if I didn't agree (to use drugs), he will refuse to have sex with me. " (21, Hanoi, Vietnam)

9.1.2. Use to aid coping with everyday problems

The influence of drugs to cope with personal issues resulted by social or inter-personal reasons have been cited by all the participants as one of the main reasons to initiate drug use and to continue the practice. Available research also shows that one of the reasons to use alcohol or drugs is to use it as a coping mechanism to address negative thoughts and associations and this phenomenon is generally described as an aid to coping with adverse life events or perceived personal inadequacies.[9]

Relationship issues, breakups and love failures was one of the reasons mentioned by some of the key informants as a motivation to initiate using drugs. Inter-personal relationship remains a vast unaddressed issue among young LGBTIQ communities. Comprehensive Sexuality Education is a

[9] Carver CS, Scheier MF, Weintraub JK. Assessing coping strategies: a theoretically based approach. J Pers Soc Psychol 1989;56:267–83

rare commodity for young people let alone Comprehensive Sexuality Education that also reflects on sexual orientation and gender identities and inter-personal relationships. Young people hardly have access to information on relationships, power dynamics within relationships and access to recourse person to acquire such information. As a result, young LGBTIQ people suffer with lack of information and awareness to initiate and continue meaningful inter-personal relationships. Stress and anxiety resulted from such experience, according to the informants, leads to coping solutions such as drugs because of their temporary effect on forgetting the reality.

"It happen that time when I was heartbroken. I couldn't sleep. So the friends invite me to join them. Then after that that I started using crystal meth with sex" (25, Bangkok, Thailand)

One of the informants specifically referred to the incident of family violence resulted by the disclosure of his sexual orientation as the main reason leading to initiate drug use. Many of the informants used the term "stress" to refer to the result of a range of socio-economic hardships that they are facing. These included issues related to sex work, family complications such as separation from family and family violence, feeling of isolation because of stigma and discrimination from society. The feeling of stress then motivates them to use drugs in combination with sex as a quick solution to address the problem. The use of drugs therefore has been claimed to relive them from stress and facilitate relaxation.

"I am using ice some time, 1-2 times per week, I can control it, I only use when I feel sad or want to have sex" (19, Hanoi, Vietnam)

"I still remember, when my parents found out I am gay because they saw my messages with my partners. They were angry and beat me, then I ran away from home and stayed at a friend's home, we had high-fun and I felt very comfortable, I didn't remember any sadness" (21, Hanoi, Vietnam)

Use of drugs to boost confidence in sexual activities was another key reason cited by informants, especially those who were engaged in full time or part time sex work. Recent studies have also found that MSM usually consider drugs to facilitate sexual-confidence and overcoming issues such as body image and concerns relating to sexual performance.[10] The reflections on the confidence in the setting of sex work also implied that that the informants were less confident because their profession is stigmatized by the society even though this assumption was not explicitly mentioned by them. The ability to engage in long hours of sex work or massage therapy and the demand of the clients at the provision of more financial rewards were also mentioned as motivations to initiate and continue drug use. This brings in to notice the need to provide special attention to sex workers who use drugs and the monitory advantages could be identified as a major reason to initiate and continue drug use irrespective of its repercussions especially in a sex work context.

"I found that it's also increasing my confidence while servicing my clients and creating longer durations for sexual activities" (20, Jakarata, Indonesia)

9.1.3. Use to enhance pleasure

Another explanation that could be provided to describe the relationship between drug use and sexual behavior is the use of drugs to enhance sexual pleasure. [11] However, there is only a limited literature on the pleasure of using drugs or alcohol and most of the literature focuses on the motivation of using drugs or alcohol in sexualized settings.[12] In analyzing the data of the key informants of this study it is hard to claim that the initiation of drug use was mainly due to the pleasure factor of the drugs. However, it could be safely claimed that it is one of the key reasons for continuation of drug use among others. All informants mentioned that initiation of their drug use is mainly due to reasons such as overcoming loneliness and stress, gaining confidence or the need to be in a relationship. None of them cited "wanting to have more pleasure" as a main reason to initiate drug use.

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[10] Bourne A, Reid D, Hickson F, et al. The Chemsex study: drug use in sexual settings among gay and bisexual men in Lambeth. Southwark and Lewisham. London: Sigma Research, London School of Hygiene and Tropical Medicine; 2014

[11] Kalichman SC, Rompa D. Sexual sensation seeking and sexual compulsivity scales: validity, and predicting HIV risk behavior. J Pers Assess 1995; 65:586 – 601

[12] Weatherburn P, Hickson F, Reid D, et al. Motivations and values associated with chemsex among gay men in South London. Sex Transm Infect 2016;doi:10.1136/ sextrans-2016-052695

However, in explaining their experience in drug use, all the informants have mentioned that sex while on drugs is pleasurable than sex without drugs. Drugs such as Crystal methamphetamine, mephedrone, GHB, GBL in addition to having simulant properties also commonly have the effect of increasing sexual arousal.[13] Even though none of the informants explicitly mentioned that their use of drugs as a strategic approach to achieving sexual goals[14], their explanation of the experiences however implies such.

"I have to say it is the best feeling of sex I have ever had. I feel better, sensitive and high, we had sex for over one hour and I didn't feel hurt. I don't know how to explain but it is very tempting, like you want to try more and more" (21, Hanoi, Vietnam)

"with ice I can reach maximum satisfaction, not like when I am having sex without drugs" (20, Jakarta, Indonesia)

However, some of the informants also specifically commented on the temporality of the pleasure factor created by drugs. They have compared the pleasure with the side effects in attempt to evaluate the opportunity cost of using drugs for sex. In the interviews of the informants there were implicit references to drug dependency for sex and sexual pleasure proving the fact that over time they struggle to have sex without using drugs, indicating a psychological dependency and a wider dissatisfaction with their sexual lives. [15]

[13] Adam Bourne, Peter Weatherburn, 2017, Substance use among men who have sex with men: patterns, motivations, impacts and intervention development need, http://sti.bmj.com/ on April 11, 2017

[14] G.J. Melendez-Torresa and Adam Bourneb, 2016, Illicit drug use and its association with sexual risk behaviour among MSM: more questions than answers?, http://sti.bmj.com/ on April 11, 2017

[15] Bourne A, Reid D, Hickson F, et al. 'Chemsex' and harm reduction need among gay men in South London. Int J Drug Policy 2015;26:1171–6.

9.2. Drugs, risk taking behaviors and side effects

Available data and research provide evidence to claim that alcohol abuse and drug use is linked with risk taking behavior. Most recent studies claim that MSM who have reported recent heavy alcohol use have also reported sexual risk taking in the same time period.[16] Several psychosocial hypothesis relates substances use and risky sex. Condomless anal intercourse is particularly strongly correlated with alcohol use disorder (a clinical term determined by the Diagnostic and Statistical Manual of Mental Disorders).[17] One such theory is the myopia theory which suggests that the effect of substance use on cognitive functioning and the ability to foresee longer term consequences is what increases the odds of risky behaviors.[18] However, such a theory does not entirely explain why substance or drug use is linked with risk taking behavior. There are many other reasons such as mentioned above which leads to and contribute to risk taking sexual behavior while on drugs.

The sexual risk taking in this context mainly refers to condomless anal sex. Amongst the 13 respondents who reported drug use in the survey, 5 (38%) said no to using condoms during the last sex act, 7 (53%) said yes and 1 (7%) person said not sure. 7 of the key informants reported condomless anal intercourse while on drugs. There were two main reasons for condomless sex while on drugs. The informants who engaged in sex work mentioned that based on the client's request and on the condition of more financial rewards the condoms were removed from the sex act. The other informants who did not report sex work mentioned that condoms were mainly not used based on the "feeling of pleasure". However, even though it is not representative, one of the informants who reported sex work and association with NGOs mentioned that condom use is necessary and he is not afraid to decline clients if they refuse to use condoms. This could be used to showcase the empowerment of sex workers in protecting their health as a result of targeted interventions.

"I remember a half and a half. We have used condoms sometime, but when I am high I can't remember exactly, and I also don't like condom use feeling, it hurts, and not real feeling of sex" (19, Hanoi, Vietnam)

[16] Woolf SE, Maisto SA. Alcohol use and risk of HIV infection among men who have sex with men. AIDS Behav 2009;13:757–82

[17] Adam Bourne, Peter Weatherburn, 2017, Substance use among men who have sex with men: patterns, motivations, impacts and intervention development need, http://sti.bmj.com/ on April 11, 2017

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“If the client says let’s not use condoms, then I agree because it is fun with drugs and I get more money” (23, Bangkok Thailand)

Another phenomenon revealed from the informant interviews is the power dynamics among young MSM and their older sex partners in condom negotiations while having sex on drugs. Many young MSM with no financial resources to pay for drugs loses power to negotiate condoms if they are provided with a venue and drugs by an older sex partner. This gravely puts the sexual health of the young person at risk and involuntarily makes the young person comply with sexual risk taking behaviors. As revealed in other studies, multiple partners were always associated with sex on drug events.

“Sometime, I thought I should protect myself, but you know in the real situation you can’t control it. Sometime we don’t have enough condom, or people who paid for ice, they don’t want to use, or you forgot condom or top puts condom out during sex” (19, Hanoi, Vietnam)

Most of the key informants mentioned that they have got tested for HIV during last six months. However, this does not compliment the survey results in which majority of the respondents who reported using drugs mentioned that they have either not tested for HIV or do not know their status. Provided the attitude to condom use among the informants, it is likely that they may not seek medical care or HIV testing. One informant in fact mentioned,

“I am scared of HIV, sometime I feel sick, or some acne appear on my skin but I wouldn’t dare to check. I think even I got HIV, I can live funny life if I don’t know about it, then I die” (19, Hanoi, Vietnam)

Provided the scale of this study, it is difficult to develop any relation between educational level, employment status and safe sex behavior and HIV testing. However, informants who reported sex work appear to have knowledge on the importance of condom use even though they do not

consistently use condoms. This could be attributed to awareness program carried out by non-governmental organizations and groups targeting sex workers.

9.3. Side effects and seeking medical help

Majority of the survey respondents mentioned that they are either very confident or confident about the side effects of the drug use. The similar sentiments could be seen in the responses of the key informants. The majority of the informants only mentioned tiredness, feeling weak, inability to take food and sleeplessness as the side effects they experience after using drugs. Only one respondents reported seeking medical help to address side effects in the survey whereas none of the key informants mentioned seeking medical support. The informants mentioned drinking milk, forceful intake of food and sleep as remedies for addressing side effects. Some of the respondents also mentioned pre planning sex on drug sessions in order to include a rest day to overcome side effects.

"… I felt very thirsty, and my body was tired, so I didn't want to do anything, Also I was hungry but cannot eat, I still tried to eat food. All foods were dry like garbage, so it was hard to eat" (19, Hanoi, Vietnam)

It was apparent in the survey and in the informant interviews that the respondents were not aware of the side effects and were also not aware of any resources or services that they could access to seek medical support or information on side effects of the drugs. The informants also mentioned that they do not mention their drug use to doctors when they access services which was a similar finding in the survey. Among the 13 respondents who reported using drugs in the survey, only 2 said that they have informed or would inform their sexual health service providers about their drug use. The remaining 11 said no to informing their sexual health doctor about their drug use.

The main reason provided by the informants to not mention their drug use to doctors is the already existing stigma and discrimination about same sex behavior. Stigma and discrimination was also brought up as barrier to access HIV testing. It was mentioned that in order to avoid any stigmatization from the community, they do not access HIV testing since then they would not know whether they are living with HIV or not.

"If you talk about HIV, that means you are worried about it, so people will be curious or stigmatize you and you can't find a sex partner" (26, Bangkok, Thailand)

10. Recommendations

1. Integrate addressing mental health issue among young gay, bisexual and MSM in particular and of young LGBTQ+ people in general in to the HIV response as an essential element of a comprehensive package.

    a. Raise awareness among sexual health service providers on the impact of mental health issues on young people and the reciprocity of mental health issues on drug use and HIV vulnerability.
    b. Train sexual health care providers to provide services to young gay, bisexual and other young men who have sex with men who use drugs in relation to HIV vulnerability and drug use.

2. Integrate harm reduction services or referrals to harm reduction services in to youth friendly sexual health care services.

3. Increase awareness among young gay, bisexual and other young men who have sex with men in particular and young LGBT communities in general on available harm reduction services at country level.

    a. Initiate partnerships among organizations and network of people who use drugs and gay, MSM, transgender and LGBTQ organization for joint advocacy on harm reduction services

b. Develop regional campaigns in partnership with organizations and network of people who use drugs and gay, MSM, transgender and LGBTQ organization for joint advocacy on harm reduction services towards regional agencies and stake holders.

4. Advocate with national and regional stake holders in PrEP advocacy, rollout and implementation to dedicate special focus and priority to young gay, bisexual and other young men who have sex with men who use drugs in sexualized settings.

5. Explore possibilities of imparting knowledge on safe drug use, managing side effects and seeking medical support when required to young gay bisexual and other young men who have sex with men who used drugs in sexualizes settings.

6. Collaborate with other stake holders engaged in law and policy advocacy on drug use in the region to highlight the additional vulnerabilities of young gay bisexual and other young men who have sex with men who used drugs in sexualizes settings.

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