

# **A call to action for effective responses to problematic chemsex**

A position paper from organisers and participants of the  
2nd European Chemsex Forum  
Berlin, 22-24 March 2018

# Introduction

*“It is time to work together to find solutions to the chemsex crisis. We all have a duty to repair and an ethical responsibility to work towards change. We will provide our experience and passion, our knowledge, resources and cooperation. People impacted by and responding to chemsex need commitment, respect, funding and support.”<sup>1 2</sup>*

The 2nd European Chemsex Forum brought together 230 chemsex responders from 32 countries across Europe, Central Asia and the Caucasus regions for 3 days. They included people who engage in chemsex, community organisers, researchers, HIV and hepatitis clinicians, therapists, social workers, colleagues and friends. Our purpose was to quicken, expand and improve responses to chemsex harms across Europe. These harms include threats to the health, wellbeing, lives and legacies of people in our communities and cities.

The Forum [report](#) presents the event activities and the evaluation is available [here](#).

This position paper responds to issues that were discussed during the Forum, in the formal participant feedback survey and subsequent discussions amongst several Forum participants. As much as possible, we have kept our colleagues' comments intact. These are our own words...

1. After the 2nd European Chemsex Forum, the Forum secretariat sent a survey to participants: “What are, for you, the most important messages about problematic chemsex, sexual health or harm reduction? What are your most important learnings from the Forum?” All quotes in this document and much of the text are developed from that survey and subsequent dialogues with chemsex responders.

2. This position paper was developed by the Forum secretariat with Stephen Pelton as the lead writer. Page 15 lists those people who reviewed and commented on the position paper as it progressed. Thanks to All for your efforts. If you and/or your organisation would like to add your signature to this position paper please sign [here](#).

The European Chemsex Forum is a project, initiated by David Stuart and Ben Collins, and administered by the Forum secretariat, including ReShape and International HIV Partnerships (IHP) with the generous participation of chemsex responders around the world.

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## Sex and Drugs and Our Health

*“It is of utmost importance that we have hope and understanding and always maintain a positive attitude towards sex. It is often the lack of these that leads to finding sober sex difficult, encouraging the use of substances in the first place.”*

Gay men are no strangers to drugs. Many gay men use substances to improve, spice up or intensify their sex lives. Alcohol and drugs have been good fun, social lubricants and part of people’s coping strategies for generations of LGBTQ+ people. Bars, pubs and clubs and the alcohol and drugs consumed there have been a part of LGBTQ+ society since its inception. Yet, it is essential to state as we begin this paper, that alcohol and drug (substance) use amongst LGBTQ+ far exceeds the average—in response to and resulting from stigma, self-stigma, discrimination and other factors.

We think it’s important to acknowledge that problematic substance use is an issue demanding focussed attention in its own right. However, grouping together all MSM, LGBTQ+, or all people, who are having issues with substance use, while possibly meaning to provide a feeling of inclusion, does a disservice to the unique needs of each individual and/or population.

This paper states our views specific to chemsex and the gay environments from which it has arisen. We hope our paper leads to better understanding of chemsex and sexualised substance use in the context of LGBTQ+ communities.

The authors of this paper strongly ascribe to the notion of “the best sex with the least harm”.<sup>3</sup> We believe a holistic sexual health approach should be encouraged in order to enjoy one’s sex life with the least physical and psychological cost.

3. Bourne A, Hammond, G, Hickson F, et al. What constitutes the best sex life for gay and bisexual men? Implications for HIV prevention. BMC Public Health 2013;13:1083

## Chemsex

Not all sexualised substance use is chemsex.

Chemsex is a particular type of sexualised substance practice amongst gay and bisexual men, other men who have sex with men (MSM), and trans and non-binary people who participate in gay “hook-up culture”.<sup>4</sup> Chemsex connects uniquely to gay sex, in the context of how the enjoyment of gay sex has been affected by:

- Societal attitudes toward LGBTQ+ people and gay sex
- The trauma the HIV/AIDS epidemic has had on LGBTQ+ people and on gay sex
- Chronic bullying of LGBTQ+ people
- Both explicit and more covert peer pressure amongst gay men
- The importance of shared ritualised activities in a stigmatised group
- Community tensions about masc/fem behaviours (or self identities) particularly in regard to the enjoyment of sex and sexual fantasies
- Gay hook-up technologies and saunas
- The widespread availability of chems to gay men and trans and non-binary people via gay hook-up apps
- The reality that MSM, trans and non-binary people engaging in chemsex can also be sexworkers, racial and ethnic minorities, migrants and/or prisoners. They may also have mental health diagnoses, other addictive disorders, disabilities, be living with HIV and/or HCV, or out of the workforce.
- The current trauma of so many lost gay men, trans and non-binary people as a result of chemsex.

In chemsex, different classes of substances are combined with sex to varying effects. Powerful stimulants like crystal methamphetamine and mephedrone, other stimulants like cocaine, and more recently other cathinones, are used by gay men and trans and non-binary people in the context of gay hook-up culture. Use of these stimulants plus sildenafil (Viagra) can result in long sex sessions with greatly increased high-risk sexual behaviour.

GHB/GBL is a depressant also commonly associated with chemsex. GHB/GBL is often used to ‘get into the mood’ before or to ‘mellow out’ after the speedy charge of crystal meth and other stimulants.

The power of the experience, the intensity and addictiveness of these particular substances, and the complexity of the emotional and social factors involved, can lead to problematic conditions and behaviours.

*“Surely gay culture is not just something depressing? It’s also about self-discovery, adventure, relating to a group of peers, having meaningful relations, reaching out to others in order to lift each other up and having all sorts of primal instincts satisfied.”*

4. A hookup culture is one that accepts and encourages casual sexual encounters, including one night stands and other related activity, without necessarily including emotional bonding or long-term commitment. [https://en.wikipedia.org/wiki/Hookup\\_culture#CITEREFFreitas2013](https://en.wikipedia.org/wiki/Hookup_culture#CITEREFFreitas2013)

## Problematic chemsex

Not all chemsex is problematic.

Though all chemsex carries the risk of harm, often this harm is minor, and users judge it worth the cost of the positive experiences they have. Some people may not experience harm at all. But there is a particular set of skills required to manage chemsex with less harm. This involves harm reduction, boundaries to protect one's life from detrimental consequences, an ability to self care and to care for others, and an appreciation of sober life and sober recreational activities. Through learning and using these skills, some gay men can manage chemsex recreationally and in ways that minimise harms.

For some, chemsex enhances the things they like, both physically and emotionally, about sex and intimacy. The sense of instant emotional connection can be very attractive. Substances can also remove barriers and provide increased capability to have sex. Substances can remove cultural, religious and psychological inhibitions. Chemsex can promise sexual and emotional connection through disinhibition as a route out of loneliness and emptiness.

Chemsex can be a straightforward behaviour amongst peers; some of whom have the skills or self care to manage the risks. For others, it's more complicated.

The *problematic* chemsex experience can be driven by intersecting factors including adverse childhood experiences,<sup>5</sup> peer pressure, and the overwhelming fear, stigma and discrimination too commonly associated with LGBTQ+ history, in general, and HIV/AIDS, in particular. These factors can induce a syndemic<sup>6</sup> of problems involving loneliness, depression, social anxiety and sexual and/or emotional inhibition.

Chemsex harms are increasing in gay and other MSM populations in WHO European cities.<sup>7</sup> People who engage in chemsex can lose friends, family ties, jobs and homes. Long sessions can involve multiple partners and risky behaviours, sometimes resulting in physical and/or emotional trauma. Lack of sleep and lack of self care are mentally and physically punishing.

In some cases, the use of GHB/GBL can lead to unconsciousness and death. People have experienced sexual assault, physical abuse and/or rape. Chemsex participants' capacity to consent may diminish during sexual activities.

Chemsex is associated with a rise in HIV, hepatitis and STI transmissions as well as addictive practices, depression, psychosis, criminal activity and death from overdose or suicide, particularly when involving the use of crystal meth and the injecting of substances.<sup>8</sup>

5. About the CDC-Kaiser ACE Study <https://www.cdc.gov/violenceprevention/cestudy/about.html>

6. Syndemics are a "network of health problems," especially ones that share common social underpinnings and cause an increased public health burden on a community. An example of a syndemic is the linkage between the ready availability of snack foods, low socioeconomic status, sedentary lifestyle, overeating, obesity, and an increased risk of diabetes mellitus and coronary artery disease." Medical Dictionary, © 2009 Farlex and Partners

7. Knoops L, Bakker I, van Bodegom R, et al. Tina & Slammen: MSM, crystal meth and intravenous drug use in a sexual setting. Amsterdam: Mainline, Soa Aids Nederland, 2015

8. <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:43428/bin2e2f9e4f-29fa-4b6f-a845-d5443da230c8>

## Responding to chemsex

While there are some brilliant examples of chemsex initiatives, there has been uneven response across WHO Europe. Due to the stigmatised and often hidden nature of chemsex activities, many organisations have yet to even recognise its presence in their communities. Response can be hindered by lack of information and lack of resources.

In other cases, we are seeing a pattern of non-response which ignores, denies or trivialises the known experiences and problems of people engaged in chemsex. This is neglectful and needs to be challenged.

Community discussions and dialogues stimulated by issues raised by chemsex will inevitably involve passionate opinions about sex positivity, differing approaches seeking to support people who use drugs, or contrary attitudes toward sexual health and/or HIV prevention. It is important that as these discussions and dialogues happen, we remain mindful of the passion driving our differences and that we frame these discussions with kindness and respect.

*“Some organisations lack empathy with gay men who have lost control of their substance use. The same organisations sometimes lack understanding towards gay men who have chosen abstinence to survive.”*

From our own lived experience and work on this issue, we have identified loneliness and feelings of emptiness as key driving factors for continued engagement in chemsex despite experiences of harm. Awareness and acceptance of this loneliness and emptiness also offer pathways for community engagement which may prevent people from voyaging further into problematic chemsex.

It's important to state that abstinence and harm reduction are not polar opposites. Ultimately, the individual impacted by problematic chemsex should be encouraged to make their own decisions with the counsel of their peers and health supporters.

*“Both harm reduction and abstinence are viable approaches to problematic use; services need to be able to value and offer both.”*

We have become chemsex responders because problematic chemsex is demanding our attention. People who are having problems with chemsex must be recognised and respected.

While we are responding to problematic chemsex, we are mindful of other campaigns for improved sexual health, mental health and social wellbeing including PrEP access and combination prevention for HIV and HCV. Like these campaigns, ours demands a holistic, intersectional approach that combines an understanding of science, psychology, stigma, cultural trends and the history of gay life. Perhaps the most essential ingredients to bring to this approach are understanding and empathy.

## Next steps

Key chemsex responders and stakeholders, ourselves included, have an ethical responsibility to bring light, hope, understanding and effective strategies to our work to ensure that chemsex response initiatives have the resources and funding they need to address the problems in their own communities. We have a duty to be empathic; we have the duty of repair.

Below you will see many specific demands compiled from the survey of Forum participants. It is just a start. We will work widely, across WHO Europe, with chemsex responders to refine these needs, share ideas and continue to develop more effective responses.

### We ask you to:

- Do something. Don't wait for someone else to be the chemsex responder your community needs.
- Work with other chemsex responders.

- If you are not already a member, subscribe to European Chemsex Forum's groups.io by sending an email to: [main+subscribe@ChemSex.groups.io](mailto:main+subscribe@ChemSex.groups.io). Invite other chemsex responders to subscribe.
  - Review the resources there in "Files" and "Databases". What can you add?
  - Share chemsex news and information on the groups. io. People want to know what you're doing.

- This document is in English. We encourage you to translate it to your language for easier reading in your location. Discuss it with your colleagues and let us know your thoughts.

Through our joint efforts, chemsex responders reclaim both the power of the [Denver Principles](#) and the [GIPA Principles](#), as restated in the 2017 [Paris Community Declaration](#) and the motto contained therein: "Nothing about us without us."

We insist the Denver Principles and GIPA principles be honoured in light of the evolving chemsex crisis. This can only be done by integrating people who engage in chemsex and chemsex responders into decision making, research, treatment and care, policymaking, funding schemes and their implementation.

We are essential agents in understanding the drivers of the chemsex crisis and have done extremely valuable work already. We will be equally essential in creating and implementing effective solutions.

Finally, we affirm that every single one of us has the right to pursue sexual pleasure and individual expression, free from distortion created by sexism, racism, stigma and self-stigma, societal homophobia and the complex legacy of the AIDS epidemic.

### Our goals:

- The best sex and intimacy with the least harm.
- Sexual health, mental health and social wellbeing for all.

# The 3rd European Chemsex Forum will take place in Paris in November 2019

Between now and then, we need action.

Here are the demands of participants attending the 2nd Forum

## 1. Policy makers—including health, sexual health and drugs policy makers, government officials and political parties—we need:

Sexual and mental health services encouraging safer substance use with tailored harm reduction which addresses problematic chemsex use, addiction and related conditions.

Research and data on the chemsex situation in our regions. Chemsex responders need support to raise awareness and reduce stigma.

*“Remember that chemsex will not go away if we don’t talk about it. It has deep cultural roots that can’t be resolved overnight. But we must act quickly before more people are lost. Every person who engages in chemsex has to know where they can get help, advice and support.”*

### Issues that need action:

#### Stigma

Every single one of us has the right to access the best care and support. View people not as subcategories but as whole beings.

*“Make policy that works towards the destigmatisation of chemsex participants, HIV and other infections, and LGBTQ+ in everyday life.”*

*“It is dangerous to sensationalise chemsex practices and their location in gay history through poorly informed media reporting about ‘sex fiends’ and ‘killer drugs’.”*

#### Crime and harm

*“We need to put people’s lives before ideology - no one should be put off calling an ambulance for someone out of fear that they themselves might get into trouble with the law.”*

Drugs policy and chemsex response cannot be addressed separately. Prohibition of recreational substances has greater negative than positive effects for individuals and society. Decriminalise drugs so consumers will feel at less legal risk for using them and will more readily seek help. Review how policing powers classify and treat people in chemsex cases. Work with people who engage in chemsex and chemsex responders to address chemsex related crime, harm and self harm. Work with police to create codes of conduct which do not further endanger the lives of chemsex participants. Do not use chemsex as an instrument to wage the war on drugs. Create facilities for free testing of the quality of substances.



## Policy

*“Portugal’s ground-breaking drugs policy rests on three pillars: one, that there’s no such thing as a soft or hard drug, only healthy and unhealthy relationships with substances; two, that an individual’s unhealthy relationship with substances often conceals frayed relationships with loved ones, with the world around them, and with themselves; and three, that the eradication of all drugs is an impossible goal.”*

Put problematic chemsex on the agenda of mental health, sexual health and all primary health care services. Stop cuts to LGBTQ+, substance treatment and sexual health services and revive funding to public health.

Include chemsex in the national drug strategy in every country. Learn from the evidence-based policies and measures placed into practice by countries like Portugal. Include LGBTQ+ groups in decision making about drugs policy.

*“No city can hope to effectively address their HIV epidemic without providing culturally competent and effective chemsex support. Chemsex should be considered a public health priority for its links to the prevalence of HIV/HCV and other sexually transmitted infections, depression, addiction, suicide and sexual assault.”*

## Integrated services/treatment

*“Chemsex is something that is often interlinked with other sexual and mental health issues. We need integrated approaches between different health care services, including HIV/sexual health, psychology, drug and addiction services and harm reduction.”*

There should be services without barriers for chemsex participants. Treatment services should encompass all approaches including harm reduction, abstinence, PrEP and/or PEP, detox programmes, etc. Treatment programmes may have to adapt to locations and approaches preferred by MSM e.g. through LGBTQ+ community settings or accessed via sexual health/HIV clinics, wherever possible.

## Society

Chemsex affects the very fabric of our society. We need to protect and foster our safe places where queer society and culture flourish

*“Our cities need non judgemental, sexual health clinics and open safe spaces—like community centres, bars, clubs and saunas—where we can gather to have open dialogue about our issues. These must not be shut down or muted through lack of funding or prohibition.”*

## 2. Health experts and providers—including community advocates, health workers, service providers, clinicians, HIV and HCV specialists—we need you to:

### Ask questions

What do you know about your patients/clients' substance use and sexual practices? Are their mental and physical lives being impacted by their social environment?

For assessment and care planning, it's important to follow established clinical guidelines where they exist. For example, in the UK, the document "Drug misuse and dependence: UK guidelines on clinical management" has comprehensive guidance content.

*"What's important in addressing chemsex is that these clinical guidelines are interpreted with the cultural competency and knowledge of the context in which use occurs and about LGBTQ+ people's lives and health inequalities. Combining this knowledge with existing evaluated clinical guidelines is vital. BASHH and BHIVA also have guidance for assessing in sexual health contexts, which are similarly adaptable with cultural competence by healthcare staff who have existing assessment skills.*

*In training we find it useful to stress that people already working in these fields will have skills they can utilise, and it's not all reinventing the wheel."*<sup>9</sup>

### Understand

Educate yourself on chemsex and the substances involved. Seek out specialised training to address the complexities of chemsex behaviours. Do not stigmatise people who engage in it. Educate yourself about harm reduction and safer practices. Not all substance users face addiction issues; not all treatment begins and ends with abstinence. Listen and learn from people with lived experience.

*"Chemsex is an activity requiring the support of social workers, psychologists, educators and doctors specifically prepared for the job. See David Stuart's online [Chemsex Care Plan](#)."*

### Communicate

*"Every client needs to feel free to speak without fear."*

Approach patients/clients in an open and curious way. Be vocal about topics like intimacy, shame and sexuality. Make your service more inclusive and be aware of LGBTQ+ issues and lifestyles. Don't judge the actions of others against your own moral values and belief systems. Beware of internalised sexism, homophobia, transphobia and racism within yourself and your own organisations.

### Collaborate

*"Forget barriers between systems and work together to understand the chemsex phenomenon and why it is so gripping for so many. There is no one solution. The way out is through many intervention strategies – people working in tandem."*

Work together — there is no one solution. We need to address our communities as well as individuals. Network and be open to new therapeutic approaches. Support a comprehensive database where everyone working with chemsex participants submits information about their organisations' programmes and findings.

9. <https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

### 3. Therapists—including peer counsellors, addictologists and sexual health advisers—we need you to:

#### Learn

*“Don’t let your own story get in the way: attend to the individual in front of you.”*

To some this may be a statement of the obvious, but we hear deep dissatisfaction from chemsex participants about some of their therapists: Go deeper. Be patient. Get informed about the world of chemsex. ‘Stay awake’ and ‘Don’t get stuck on auto pilot’.

Educate yourself on the issues faced by the LGBTQ+ community. Understand stigma, self-stigma, fear of sex and fear of HIV and HCV. Be open supportive and challenging. Understanding self harm is key to promoting harm reduction. Loneliness and emptiness are of central importance.

*“Abstinence is the answer for some, but not the answer for everybody.”*

*“These are human issues, not just gay issues.”*

#### Communicate

Interact with people who use substances in a non-judgmental way. Work with each client within their ability. Encourage people who want to talk but are still hesitant.

#### Collaborate

*“Let’s pool all our approaches and resources to create a chemsex textbook which addresses harm reduction, abstinence, CBT, EFT, ACT, Gestalt, stress management, artistic and somatic approaches. This textbook would enable practitioners to offer clients the most appropriate treatment straight away.”*

Be motivated to build alliances, not protective of your own turf. Champion peer-led organisations as they provide invaluable services. Create services that work in complement to those already existing at other organisations. Bear in mind and in practice the work we chemsex responders have already done. Build more networks between community workers and therapists.

## 4. Researchers, we need:

### Data

*“Do not use data to create bias; do not use chemsex to wage the war on drugs. We need an objective database of chemsex prevalence and treatment strategies.”*

Without data much of the problem stays hidden. We need data from hospitals, GPs, gay doctors, gay counselling centres, clubs, etc on chemsex usage, harms (hospital stays, abusive behaviours, deaths) and recovery statistics. Involve chemsex participants and responders at the earliest stages of your research. Tap into data from peer-lead, community-based organisations, those who have direct interaction with chemsex participants. Study the efficacy of both harm reduction and abstinence programmes. Be decent and respectful of sources.

### Understanding

We need understanding as well as statistics. Capture individuals’ narratives and the facts about what substances they are using. Present your findings in a balanced way with bias neither for nor against the client. Focus on the positives as well as negatives.

### Collaboration

Cooperate and prepare strategies based on varied approaches and good practice. Build social networks with other researchers. Work together and share results freely. Be open to new approaches and therapies.

## 5. Funders, we need:

### Funding for chemsex response

Invest in prevention, treatment and harm reduction. We need funding to collect data, organise trainings, raise awareness, launch testing campaigns and to create safe spaces. This will save money and resource in the longer term.

Speak to the community to really understand who and what you are funding.

*“We need funding because problematic chemsex will not go away anytime soon.”*

### Commitment over time

Make our work sustainable by funding over time.

### Diversified funding

*“Problematic chemsex is at a crisis point. It is going to get worse before it gets better. Funding will save lives! Choose organisations that really do what they say they do. By funding large or untested organisations, you may only get paper reporting, not action.”*

Be willing to fund arts as well as sciences. Support visionary ideas. Support programmes that turn data into action.

## 6. As individuals, groups and communities—we need to:

### Advocate and collaborate

*“LGBTQ+ organisations play a vital part in solving problematic chemsex challenges. We need to set a broader health and justice agenda to help the communities that are on the frontlines when it comes to problematic chemsex use.”*

The actions called for above will only be effective if they are well designed and implemented. Work with all stakeholders to ensure best responses to chemsex. Chemsex is an LGBTQ+, HIV, HCV, sexual and mental health issue. Are your local community-based organisations responding effectively? If not, we have a responsibility to hold them to account.

*“We need to treat chemsex as a condition of loneliness, low self esteem, disempowerment, fear and lack of community cohesion. We need to be a community of kindness and empathy, who love and support each other. Always be a creatively kind, yet critical friend. Engage in self care. Be realistic. Let’s reclaim boldness, courage, care and honour as integral to the fabric of our communities.”*

The 2nd Chemsex Forum in Berlin was a profound, yet difficult learning experience for us. It was a breakthrough to focus so clearly on the loneliness in our communities. It was inspiring to see so many taking up the challenge to respond creatively and wholeheartedly. Yet the scope of the denial and indifference by some to problematic chemsex and its harms was, for many of us, a rude awakening.

*“Is the situation that hopeless? Apparently not: Hundreds of people travelled to Berlin discuss the dark sides of substance use in gay culture and the difficulties in delivering services on their own turf.”*

The Forum has inspired this position paper and with it we commit ourselves to doing the best we can do. Community care is essential. In taking care of ourselves, we take care of each other. In taking care of each other, we care for ourselves.

### We need to:

- Start from anywhere
- Do something instead of nothing
- Be vigilant
- Speak to loneliness
- Create safe spaces
- Listen
- Be kind
- Remain open and flexible
- Stop condemning
- Be leaders
- Ask for help
- Stay united and stand together
- Stop spreading gossip
- Foster peer-to-peer support
- Beware explicit or covert peer pressure
- Beware stigmatisation
- Beware internalised sexism, homophobia, transphobia and racism
- Ask questions
- Reclaim our agency
- Never give up
- Act now
- Be empathic. Be inclusive.
- Flourish and thrive
- Stay alive
  
- Nothing about us without us.

## List of Resources

- [European ChemSex Forum groups.io](mailto:main@ChemSex.groups.io)  
This link opens an email. You can put your name and email address in the subject line and you will receive an automated invitation to join the Forum [groups.io](mailto:main@ChemSex.groups.io).
- [David Stuart's Chemsex Care Plan](#)
- The NEPTUNE Clinical Guidance has information about managing the acute and chronic harms of club drugs and other new psychoactive substances (NPS) and includes the chemsex substances. It's the first clinical guidance to focus on these: <http://neptune-clinical-guidance.co.uk/>
- There's also an LGBTQ+ supplement: <http://neptune-clinical-guidance.co.uk/wp-content/uploads/2016/02/neptune-club-drug-use-among-lgbt-people.pdf>
- London Friend's Out Of Your Mind has guidance to improve substance treatment services for LGBTQ+ people and includes guidance to address chemsex. Much is transferrable to other sectors. <http://londonfriend.org.uk/outofyourmind>
- The Chemsex Study has the main report and several other supplementary reports: <http://sigmaresearch.org.uk/projects/item/project59>
- Public Health England's chemsex briefing is useful: <http://londonfriend.org.uk/wp-content/uploads/2015/11/phe-substance-misuse-services-for-msm-involved-in-chemsex.pdf>
- Public Health England's "Promoting the health and wellbeing of gay, bisexual and other men who have sex with men" collates evidence of health inequalities across the life course and is useful background knowledge of the issues MSM may have faced more generally that have impacted on their problematic chemsex: <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-gay-bisexual-and-other-men-who-have-sex-with-men>
- What else? Please share your resources, data, news and information at [main@ChemSex.groups.io](mailto:main@ChemSex.groups.io)

Thank you to ALL chemsex responders for your contributions to this document.

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If you and/or your organisation would like to add your signature to this position paper please sign [here](#)