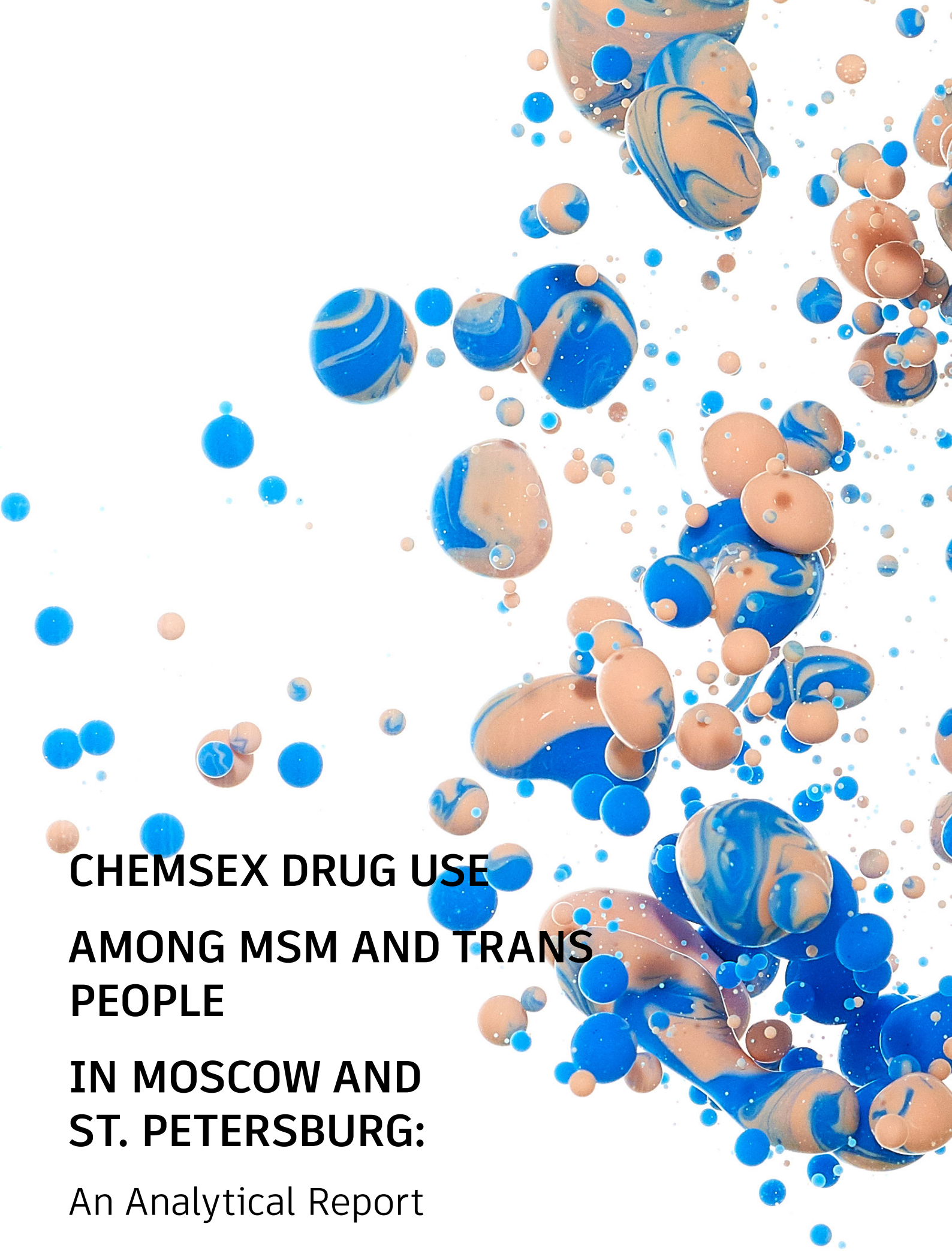

CHEMSEX DRUG USE AMONG MSM AND TRANS PEOPLE IN MOSCOW AND ST. PETERSBURG:

An Analytical Report

EXECUTIVE SUMMARY

The Chemsex Drug Use among MSM and Trans People in Moscow and St. Petersburg Research was conducted by a community-based organisation in 2020. The goal of the research was to identify the needs of MSM and trans people involved in chemsex. The study included both quantitative (the survey of 325 respondents) and qualitative (interviews with 16 people) components to reveal the complex nature of the chemsex problem within the communities of MSM and trans people.

The research showed that the needs and demands of these communities are on the borderline between the services rendered by organisations dealing with traditional harm reduction and HIV prevention strategies for MSM and trans people and LGBT organisations. But at the same time these communities fell out of scope of the activities of such organisations because, on the one hand, the community representatives were not motivated to seek help from such organisations and, on the other hand, the service organisations did not know how to work with these populations, what their needs were and how they should be satisfied.

The study showed that the target audience was poorly aware of risk reduction strategies of PS use, as well as risks of HIV and hepatitis B and C transmission. They also demonstrated low level of awareness of ARV therapy, PrEP and PEP and a high level of internalized homophobia and transphobia. One of the main psychological difficulties faced by MSM and trans people engaging in chemsex is that they did not have anybody to discuss their questions and problems with be it somebody who has had similar experience or professional (peer) counselors.

The obtained data served as a basis for recommendations that are intended to help the organisations to focus on the needs of the MSM and trans people involved in chemsex and satisfy them.

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1. TERMS AND ABBREVIATIONS

Amphetamine, methamphetamine (a type of amphetamine) is a stimulant drug. Causes a surge of energy, excitement, activity, sociability and impulsivity.

ARVs are a combination of antiretroviral drugs designed to suppress HIV in the body and prevent further HIV disease progression.

Sodium oxybate (GHB) is a drug that increases arousal, emotional sensitivity and empathy.

Viagra is the brand name for the medicine sildenafil used to treat erectile dysfunction.

STIs are sexually transmitted infections.

Ketamine is a dissociative drug. It can produce senses of euphoria and floating, a feeling of being detached from the body and mystical experiences, a complete absence of pain.

Cocaine produces a powerful stimulating effect on the central nervous system and euphoria.

Mephedrone is a stimulant drug. It can produce euphoria, increase locomotor activity, empathy for others, communication skills.

MSM are men who have sex with men.

A session is a continuous use of drugs for sex with one or more sexual partners.

Cialis is one of the brand names for tadalafil, which is used to treat erectile dysfunction.

Chemsex is the consumption of drugs to facilitate or enhance sexual activity.

Alpha-PVP (alpha-pyrrolidinopentiophenone) also known as Flakka, is a synthetic stimulant. When consumed, it acts as a norepinephrine-dopamine reuptake inhibitor. The effects are increased libido, agitation, talkativeness and sexual arousal.

MDMA is mostly known as Ecstasy. It enhances sensations and emotions, can produce the feelings of euphoria and empathy for people, reduce fear and anxiety. But it can also reinforce negative feelings.

PEP (post-exposure prophylaxis) is the short-term use of antiretroviral drugs after a possible HIV exposure.

PrEP is HIV pre-exposure prophylaxis. It is an HIV prevention method in which HIV negative people take ARV drugs daily in order to reduce the risk of getting HIV.

2C-B is a psychedelic drug. It can produce visual hallucinations and increased sympathy for others.

2. INTRODUCTION

CHEMSEX is a common practice among men who have sex with men (MSM) and trans people of having sex under the influence of drugs that enhance sex. According to the research, 19 to 42% of MSM and trans people are involved in chemsex, despite the fact that it may be associated with an increased risk of injury during sex as well as increased risk of acquiring HIV and other STIs[1].

Thus, the issue needs further and more profound research to identify appropriate strategies for supporting MSM and trans people involved in chemsex. Representatives of governmental and non-governmental organizations, healthcare professionals and civil society activists also need to be fully aware of this phenomenon. Today, MSM and trans people engaging in chemsex are subject to double or triple stigma based on substance use, sexual orientation and/or gender identity[2]. HIV-positive people belonging to this social group are also stigmatized because of their HIV status. Substances can serve as tools to cope with internalized homo- and/or trans-phobia, minority stress and the feeling of loneliness[3][4].

As part of this research of Moscow and St. Petersburg-based MSM and trans people involved in chemsex, we shall analyze the most up-to-date issues: how to reduce the risks associated with chemsex and where to get support if chemsex and/or drug use becomes problematic.

3. GOAL AND OBJECTIVES OF THE RESEARCH

3.1. Goal

To formulate up-to-date recommendations on how to support MSM and trans people involved in chemsex, based on the analysis of the challenges most often faced by this population.

3.2. Objectives

- To identify the risks faced by gay, bisexual, trans people and other MSM who regularly or occasionally have chemsex (at least 2 or 3 times a year) and live in Moscow or St. Petersburg.
- To outline the potential negative consequences of chemsex regarding the spread of HIV, viral hepatitis and other STIs.
- To identify and give a detailed description of the support gay, bisexual, trans people and other MSM involved in chemsex need.
- To determine the most convenient methods and tools (channels) for providing support and raising awareness.
- To develop guidelines for providing the most effective support, STIs prevention.

3.3. Methodology

For purposes of this research of chemsex behaviors among Moscow and St. Petersburg-based MSM and trans people, the following definition of chemsex is used: chemsex is the use of drugs before or during sexual events to facilitate, enhance, prolong or maintain the experience. Chemsex participants have expectations that the drugs will positively affect their sexual encounters[5]. The focus in this research is on sex under the influence of the following substances: amphetamine, sodium oxybate (GHB), ketamine, cocaine, mephedrone, alpha-PVP, MDMA (Ecstasy) and 2C-B.

1 Preliminary Results of the CIAR Chemsex Survey 2016. Sascha Milin Ingo Schäfer Discussion on substance use in MSM populations, German Federal Ministry of Health, Nov. 2016, Berlin.

2 D Stuart et al. ChemSex: data on recreational drug use and sexual behavior in men who have sex with men (MSM) from a busy sexual health clinic in London, UK. 15–th European AIDS Conference, Barcelona, abstract BPD2/8, 2015.

3 Bourne A., Reid D., Hickson F., Torres Rueda S., Weatherburn P. (2014). The Chemsex study: drug use in sexual settings among gay & bisexual men in Lambeth, Southwark & Lewisham. London: Sigma Research, London School of Hygiene & Tropical Medicine. www.sigmaresearch.org.uk/chemsex

4 Preliminary Results of the CIAR Chemsex Survey 2016. Sascha Milin Ingo Schäfer Discussion on substance use in MSM populations, German Federal Ministry of Health, Nov. 2016, Berlin.

5 S. Maxwell et al. International Journal of Drug Policy, Vol. 63 (2019), pp. 74—89.

A mixed research methodology was used to collect and analyze data on drug use for chemsex among MSM and trans people living in Moscow and St. Petersburg. "Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration[6]". In order to implement "mixed" research that combines qualitative and quantitative methods it is important to understand the nature, capabilities and limitations of each approach. For example, the main characteristics of traditional quantitative research are focus on deduction, theory/hypothesis validation, explanation, standardized data collection and statistical analysis. The main characteristics of traditional qualitative research are inductive logic, continuous search, exploration, hypothesizing/theorizing and the inseparability of data collection and analysis. The obvious advantage of mixed methods research is the mutual enrichment of cognitive possibilities, data and interpretations[7].

Mixed methods research offers several options for integrating qualitative and quantitative results. In this research, we apply the principle of "sequential contributions" enabling to form a chain of continuity between data: the results of one method will serve as input data for the next method. Many sociologists consider this method to be the most efficient approach to integrating qualitative and quantitative data[8].

It should be noted that the sample of respondents to the quantitative survey is not representative and cannot represent the entire population (in this case, all MSM and trans people who do chemsex and live in Moscow or the Moscow region, as well as in St. Petersburg or the Leningrad region). The sample representativeness could not be ensured due to the following limitations: timing and financial constraints on data collection; inaccessibility of the target audience due to the adopted homo- and transphobia, as well as legally supported homophobia; the complexity of the population of MSM and trans people consisting of people with different identities and sexual orientations, the degree of self-acceptance and other characteristics that shape their experience, all of which make it difficult to provide an appropriate "representation" of the population. The validity of this research methodology is maintained based on the validity of the measured characteristics of the target audience.

The sample population was selected randomly, based on the assumption that any representative of the target audience can be included in the sample with equal probability. In this case, the primary criteria for participating in the survey was belonging to a community of gay, bisexual or trans people involved in chemsex and living in Moscow or the Moscow region, as well as St. Petersburg or the Leningrad region. The sample respondents within this group were selected at random by distributing the online survey on the Guys PLUS web portal and in relevant groups in social media. The obtained quantitative information was processed in Excel.

In this research, the quantitative data collected through the questionnaire served as the basis for the format of the interview. Qualitative data collected through interviews helped to meet three objectives or challenges: Intelligence challenge: The qualitative method expands quantitative results by searching for explanations associated with unexpected or poorly understood quantitative data results. Analytical challenge: Qualitative research continues the goals of quantitative research by creating a deeper understanding of the structure of the underlying data. Illustrative challenge: Demonstration of the rationale for quantitative result – how and why such results were obtained.

In accordance with the methodology described above, we analyzed the data obtained through the questionnaire completed by 531 respondents living in Moscow and the Moscow region, as well as in St. Petersburg and the Leningrad region. The survey was aimed at gay and bisexual people, other MSM and trans people aged 18 and over

6 Burke J. R., Onwuegbuzie A. J. Mixed Methods Research: A Research Paradigm Whose Time Has Come // Educational Researcher, United States. — Washington, D. C.: SAGE Publications Inc, 2004. — Vol. 33 (7). — P. 14–26.

7 Burke J. R., Onwuegbuzie A. J. Mixed Methods Research: A Research Paradigm Whose Time Has Come // Educational Researcher, United States. — Washington, D. C.: SAGE Publications Inc, 2004. — Vol. 33 (7). — P. 14–26.

8 Morgan D. Integrating Qualitative and Quantitative Methods: A Pragmatic approach. — Thousand Oaks, CA: Sage Publications, 2013. — 288 p.

who are involved in chemsex. People who identify themselves differently, as well as those who do not use drugs and, accordingly, do not participate in chemsex, also took part in the survey. The responses of the people who do not meet the eligibility criteria (bi- or homosexuality and/or trans-identity, as well as demographic criteria such as being 18+ years old and living in St. Petersburg (or Leningrad region) or Moscow (or the Moscow region)) were then excluded from the collected data. The cleared data set used for analysis included 325 people. See detailed information on research participants by category in Section 3.6.

Based on the responses to the questionnaire, individual in-depth interviews with 12 respondents of the same target audience were conducted. Twelve people of those who participated in the quantitative survey, took part in individual in-depth interviews. They indicated their willingness to do so by checking the appropriate box in the questionnaire. The interviews intended to explore interviewees' personal experiences of drug use, chemsex and changes in their lives in connection with these behaviors. Interviewees were offered two online consultations with a qualified psychologist as compensation for participating in the research.

The collected data were compiled. The trend analysis based on the quantitative survey was supplemented and interpreted based on the personal experience of the interview respondents, offering potential (applicable in specific cases) explanations of the trends and making them more understandable for the research team and readers of this research.

The answers of the respondents are cited anonymously.

3.4. Ethical principles

The research team – consisting of the female author-consultant and interviewer-psychologist, as well as the project coordinator, who participated in coordinating every stage of the research and enrolling respondents – strictly adhered to the principles of confidentiality during data collection, processing and analysis. The quantitative questionnaire and the interview format were pre-mailed by current or former chemsex drug users to ensure that the questions asked were up-to-date and understandable.

The interviewees were informed of the study, its goals and objectives, principles of confidentiality and voluntary participation. All interviewees were informed that the data would be collected and held anonymously, they need not answer questions they considered to be too sensitive, and they could stop the interview at any time. Some interviews were audio recorded with the consent of the participants, and the audio files were deleted immediately after the interview had been transcribed. Interviewees who chose to submit the interview in writing were allowed to do so. The interviewees were also notified that their answers about chemsex experience could be used as anonymous quotations in the research report.

3.5. Subject of research

The research investigated the experiences and impacts of chemsex on the lives of MSM and trans people who engage in chemsex, the difficulties they face, as well as obstacles to accessing help and support and gaps in existing support programmes.

3.6. Research participants

The research involved gay and bisexual people, other MSM, as well as trans people who do chemsex, of whom:

72% identified themselves as gay or bisexual people;

6% – as non-binary people;

5% – as trans people;

17% checked the answer "other".

All participants were living in Moscow or the Moscow region (66%) and St. Petersburg or the Leningrad region (34%). The participants were aged between 18 and 74 years (61% being from 18 to 30 years old; 36% from 31 to 45 years old and 3% 46+ years old).

The research was based on the data collected from 325 respondents who said they used drugs systematically or occasionally (2-3 times a year or more).

3.7. Eligibility criteria

1. Self-identify as gay, bisexual, MSM, trans or non-binary people.
2. Live in Moscow / the Moscow region or in St. Petersburg / the Leningrad region.
3. Be 18+ years old.
4. Use drugs for sex on a regular basis (at least 2-3 times a year).

4. RELEVANCE OF THE RESEARCH

MSM and trans people who do chemsex may simultaneously belong to several at-risk populations with the following key factors: being gay and/or transgender, using drugs, being more likely to be involved in high-risk sexual behavior (unprotected group sex, etc.) due to self-stigmatization and/or frequent engagement in sexual intercourse under the influence of drugs[9].

Since 2013, when Article 6.21 of the Code of Administrative Offenses became law in the Russian Federation, criminalizing the so-called "propaganda of non-traditional sexual relationships among minors", the rights of LGBTQ+ community in Russia, including the rights to freedom of speech and peaceful assembly, have been legally limited. This law makes it impossible for the Russian government to develop any anti-discrimination legislation and, moreover, indicates that the federal authorities encourage general population to discriminate against LGBTQ+ people. In addition, Article 6.13 of the Code of Administrative Offenses of the Russian Federation prohibits "promoting or unlawful advertising of drugs, psychotropic substances, or precursors thereof, plants containing narcotics, or psychotropic substances, or precursors thereof and their parts containing narcotics, or psychotropic substances, or precursors thereof", which effectively limits the use of mass media and electronic or information and telecommunication networks, including the Internet, to raise awareness and reduce harm, and also significantly increases the risk of prosecution for the authors of such publications[10]. In this context, MSM and trans people involved in chemsex cannot get appropriate support from the government. Moreover the governmental policy also creates formidable barriers for the proper and comprehensive work of non-governmental organizations. In addition, Russia had the highest annual percent change in the HIV incidence of 13% between 2007 and 2017[11].

By the middle of 2019, the number of people living with HIV in the country was 1,041,040. St. Petersburg and the Moscow region are among the 23 most affected regions of the Russian Federation, with the incidence rate of 950.7 and 703.7 cases per 100,000 people respectively[12]. HIV infection is currently spreading fastest in the general population, outside of key populations. According to 2019 data, 59% of people were HIV-infected through heterosexual contacts and only 3% through homosexual contacts. However, the latter indicator can be significantly underestimated due to the homophobic situation in the country. It makes clients, unwilling to be stigmatized or judged, provide false information about the route of transmission. According

9 European Monitoring Center for Drugs and Drug Addiction (2017), Health and social responses to drug problems: a European guide, Luxembourg: Publications Office of the European Union.

10 Eurasian Harm Reduction Association. A review of legislative initiatives on the liability of drug-related advocacy (propaganda) in Russia, Ukraine, and Kazakhstan during the second half of 2019 and early 2020 and possible risks for social programmes aimed at working with people who use drugs. Posted on 2020-03-03. https://harmreductioneurasia.org/ru/iniciativa-o-propagande/

11 Abhishek Pandey, Alison P. Galvani. The global burden of HIV and prospects of control, The Lanset HIV, 2019.

12 HIV infection in the Russian Federation in the first half of 2019 rhttp://aids-centr.perm.ru/images/4/hiv_in_russia/hiv_in_rf_30.06.2019.pdf

to ECOM, 18% of MSM in Russia are HIV-positive[13]. Injecting drug use accounts for 37% of new HIV infections.

Early ARV treatment and access to treatment information are key factors in reducing the spread of HIV and improving the quality of life for HIV-positive people. It has been proven that early initiation of ARV treatment makes the viral load drop and become undetectable. People with undetectable viral loads cannot transmit HIV, even while practicing unprotected sex[14]. It's good practice to continue to use condoms, however, because ARV therapy does not protect against other STIs. For example, studies show that about 25% of HIV-positive people are co-infected with the hepatitis C virus[15].

Of the 5 main hepatitis viruses that cause acute and/or chronic infection, referred to as types A, B, C, D and E, chronic hepatitis B and C are responsible for approximately 98% of all deaths due to viral hepatitis in the European Region. About 170,000 people die from hepatitis B- and C-related causes each year.

Hepatitis B and C prevalence ranges from less than 0.5% in Western, Northern and Central Europe to 3–8% in Eastern Europe and Central Asia. Vaccination and timely testing are also the main methods of combating these diseases[16].

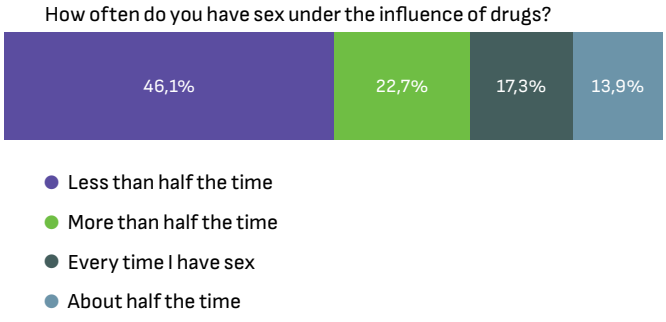
According to the World Health Organization, hepatitis A outbreaks in the European Region mostly affect MSM. WHO recommends vaccination against hepatitis A – especially to key populations – as the most effective prevention option. Use of hepatitis A vaccine should be recommended for pre- and post-exposure prophylaxis (e.g. for close contacts with acute cases of hepatitis A)[17].

The infections described above, as well as legal and social barriers to relevant support, such as medical care, professional psychological and peer counseling, among others, increase health risks for MSM and trans people who engage in chemsex. Lacking good research in Russia about these infections, it's difficult to provide care and support to key populations. This research is intended to fill in those gaps.

5. DATA ANALYSIS

5.1. Frequency and reasons for doing chemsex

People engaging in chemsex form a distinct group among drug users[18]. Sharing potential risks, difficulties and negative consequences experienced by many who use drugs for recreational purposes, people engaged in chemsex also face a number of specific challenges.



In chemsex, drug use is closely associated with increased sexual freedom and involvement

13 ECOM: Every fifth gay and bisexual man in Russia is HIV-positive. AIDS. CENTER. https://spid.center/ru/articles/1668

14 Undetectable = Untransmittable. St. Petersburg Center for Prevention and Control of AIDS and Infectious Diseases. http://www.hiv-spb.ru/news/neopredelyaemyij-ne-peredayushhij.html

15 Managing HIV/hepatitis C co-infection in the era of direct acting antivirals. Jürgen K, Rockstroh, Sanjay Bhagani, 2013, https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-234

16 Universal access to testing and treatment is key to eliminating viral hepatitis. WHO Regional Office for Europe. 26-07-2018. http://www.euro.who.int/ru/health-topics/communicable-diseases/hepatitis/news/news/2018/7/universal-access-to-testing-and-treatment-is-key-to-eliminate-viral-hepatitis

17 Hepatitis A outbreaks in European Region mostly affecting men who have sex with men. WHO Regional Office for Europe. 08-06-2017. http://www.euro.who.int/ru/health-topics/communicable-diseases/hepatitis/news/news/2017/06/hepatitis-a-outbreaks-in-european-region-mostly-affecting-men-who-have-sex-with-men

18 Chemsex. A Case Study of Drug-User phobia. Report of INPUD, 2019.

in a wider range of sexual behaviors. Thus, 56% of the respondents used drugs at least at every second sexual contact. 23% of them did so more than half the time, and 17% used drugs at every sexual encounter.

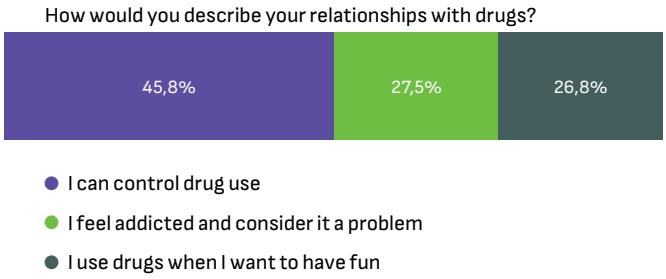
The most popular chemsex drugs in the world are methamphetamine, mephedrone, cocaine and ketamine. All these substances, except for ketamine (an anaesthetic and psychedelic), produce a stimulating effect – speeding up the heart rate, increasing blood pressure and causing euphoria. Methamphetamine, mephedrone and some others also increase empathy and sexual arousal[19].

The most common drugs used for chemsex by survey participants were:

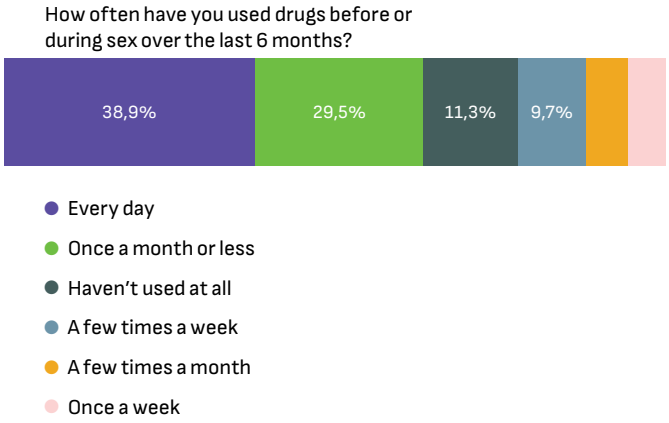
- Amphetamine – 38%.
- MDMA (ecstasy) – 35%.
- Sodium oxybate- 25%.
- Mephedrone – 68%.
- Cocaine – 16%.
- Methamphetamine – 14%.
- Alpha-PVP – 13%.
- 2C-B – 9%.

Nearly 46% of respondents believed that they had control over their drug use, almost 27% used drugs when they wanted to have a good time, and almost 27% said they felt addicted and understood that drugs had become a problem.

More than half of the respondents (54%) used drugs for sex at least several times a month. 10% of them used drugs once a week and 11% several times a week. 3% of the respondents used drugs every day. More than a third of the survey participants (39%) used drugs for sex once a month or less. 7% had not used drugs in the last 6 months.



The people we interviewed said that the main reasons for engaging in chemsex were the feeling of freedom and empathy, the ability to loosen up, the desire for intense feelings, the inability to achieve the same level of sympathy and intimacy without drugs. Many people saw drugs as a tool to overcome embarrassment and complexes.



"...I might seem chatty but I'm actually very shy. Well. Chemsex makes me free of any embarrassment, I don't feel ashamed and can do whatever comes to mind."[20]

"...I liked the person more. And I could loosen up myself."[21]

"... Stress, being in a minority, sometimes feeling somehow inferior, the fear of having sex and being rejected by the partner, for example, because I'm transgender. Such things. And you get rid of tension and barriers – both your own and your partner's."[22]

"... I can't find the right person in terms of relationships, I have problems with this, because the drug makes me love the person at this very moment and at this very minute. [...] And I adore every cell, every centi-

19 The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark Lewisham. Sigma Research, London School of Hygiene & Tropical Medicine. March 2014.

20 Interview 4.

21 Interview 1.

22 Interview 5.

meter of whoever is next to me. When I'm sober, I'm in love with the same old crush, and I can't fall in love with anybody else."[23]

Most of the respondents tended to use drugs when they were going to have sex – 54%. A third of the respondents (33%) used drugs when they were going to a sex party, and 16% – when they felt sexual arousal. About a quarter of the respondents were more inclined to use drugs when they went to party and celebrate or when they went clubbing – 26% and 25%, respectively. 18% of people used drugs as a treat. Only 13% of the respondents reported that they were more likely to use drugs when they drank alcohol.

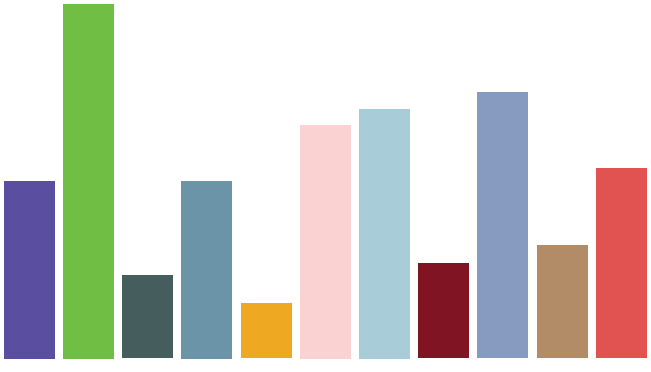
About a third of the respondents also used drugs in stressful situations and when they felt sad and lacked intimacy – 32% and 31%, respectively. Only 8% of people said they were more likely to use drugs after a fight with family members, friends or partners.

Almost a quarter of the respondents (25%) used drugs whenever they wanted to, regardless of the circumstances.

In the research, the most common drugs for chemsex were stimulants and psychedelics, especially the ones that produced empathogenic effect.

Chemsex drugs were taken either immediately preceding or during a sexual session, most often several times, depending on the substance and the duration of the session.

When are you most likely to use drugs?



- I take drugs whenever I want to regardless of the circumstances
- After a fight with my friend/partner/family
- When I'm going to have sex
- When I'm sexually aroused
- When I feel I deserve a treat
- When I'm invited to a sex party
- When/after I go to a club
- When I drink alcohol
- When I feel sad and lack intimacy
- Whenever I feel like celebrating
- When I'm stressed

In many cases, the use of drugs for sex was a way to explore their inner self, their desires, as well as a way to overcome psychological barriers and try the things that, for some reason, were considered taboo in society or for that particular person.

"You feel free, no strings attached, you can try a whole bunch of anything in sex and understand if you like it or not. ... I didn't understand this thrill of sex in general."[24]

"... When completely sober, it's very hard for some guys to bottom. Because they were brought up differently. They have a program inserted in their heads that they are men."[25]

"...The first thing you need is to gain new experience, because of euphorics, it happens very quickly, all the barriers just tumble down. And it's very easy to make new contacts. And as for homosexual sex – yes, without the substances, I would hardly be able to take chances, carry out my fantasies."[26]

"...or to feel more natural having sex, have the courage to do something you are too ashamed to do in your normal state, something you think is unacceptable or even prohibited. This is usually most evident and felt in guys from the South. Their upbringing is really strict in terms of norms and morals. The childhood and adolescence they spent in their homeland impose severe restrictions and prohibitions on them, but if they have it inside, if it's their nature and, for example, they feel gay, then after they break free, being an adult already, like coming to a big city or simply leaving the place where everybody knows them, where they have family and friends... The man might want to grab everything he was dreaming and fantasizing of when he was jerking off, but all the barriers and prohibitions and taboos imposed over the years by both his upbringing and the envi-

23 Interview 3.
24 Interview 2.
25 Interview 1.
26 Interview 6.

ronment don't let him do it. And for them using drugs is exactly the key to get rid of barriers and prohibitions."[27]

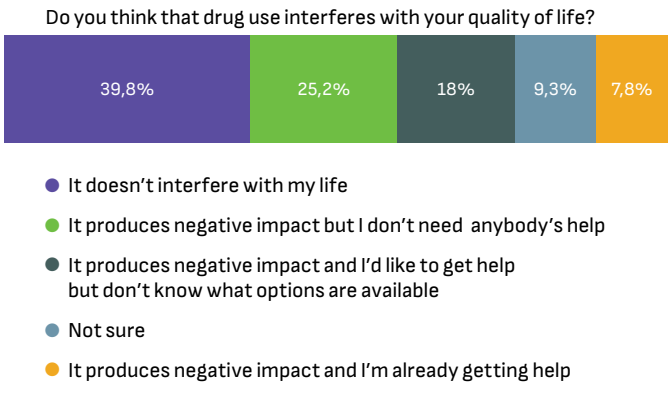
Section Conclusion

Thus, this research demonstrates that the majority in this study, (56%) of MSM and trans people who live in Moscow (Moscow region) or St. Petersburg (Leningrad region) and have chemsex, used drugs at least at every second sexual encounter, which may indicate low satisfaction with substance-free sex among this group. This assumption will be analyzed in Section 5.4: Sexual satisfaction and chemsex.

Many MSM and trans people living in Moscow (Moscow region) or St. Petersburg (Leningrad region) used drugs for sex primarily to overcome internal homo- and/or transphobia, insecurity and self-doubt, and to feel more relaxed and laid back in sex and other communication with their partners. The most commonly used drug for chemsex was mephedrone.

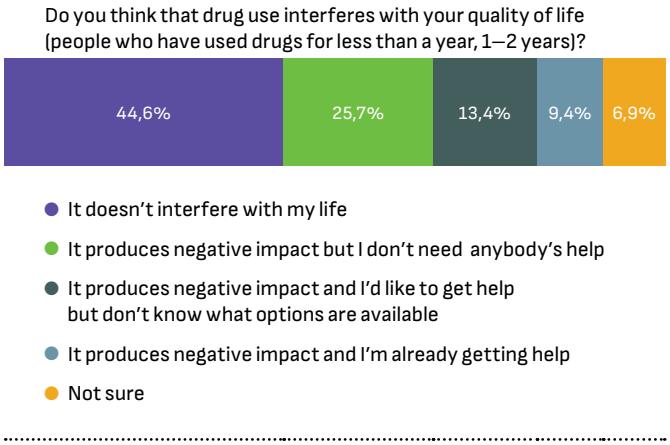
5.2. Drug use and satisfaction with the quality of life

According to the survey, about half of the respondents (51%) engaging in chemsex believed that drugs produced negative impact on their quality of life: 25% believed they did not need help, 18% felt the need for help, but did not know how to get it, and 8% were already getting the help they need. The proportion of people who found that their drug use interfered with their normal life and wanted to get help, but didn't know what options were available, varied depending on the duration of their drug use. 9% were not sure about the answer.



25% of the people who started using drugs less than a year before or had been using them for 1-2 years wanted to get help and support and needed information about the available options. Also, a larger proportion of people (13%) were not sure what to answer.

The other group includes respondents who had been using drugs for two or more years. Only 13% of them said they needed help and information to overcome the negative consequences of their drug use. Also, this group had a slightly higher percentage of people who already received the help they needed: 9% versus 5% in the group of people who used drugs for less than two years.

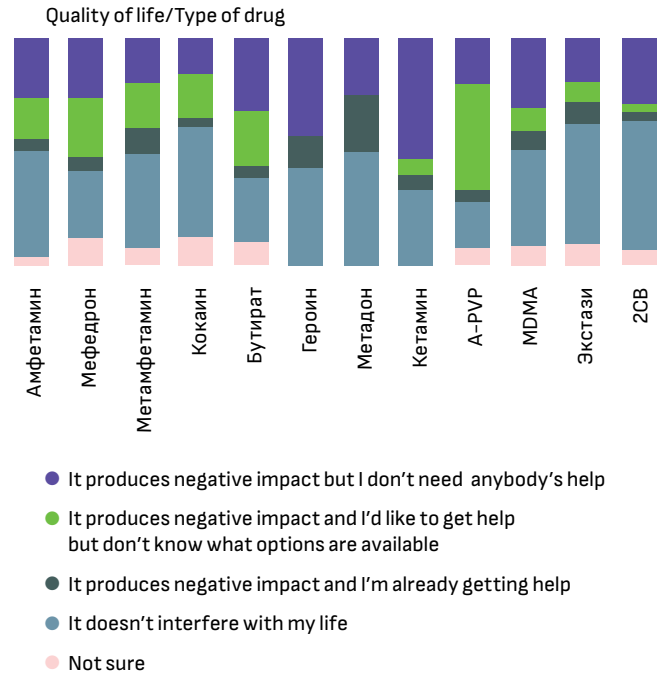


Thus, people who use drugs for an extended period of time more often already had access to information and support aimed at harm reduction. At the same time, the percentage of people who already received help remained low: only 9% versus the total 49% of the respondents who report they

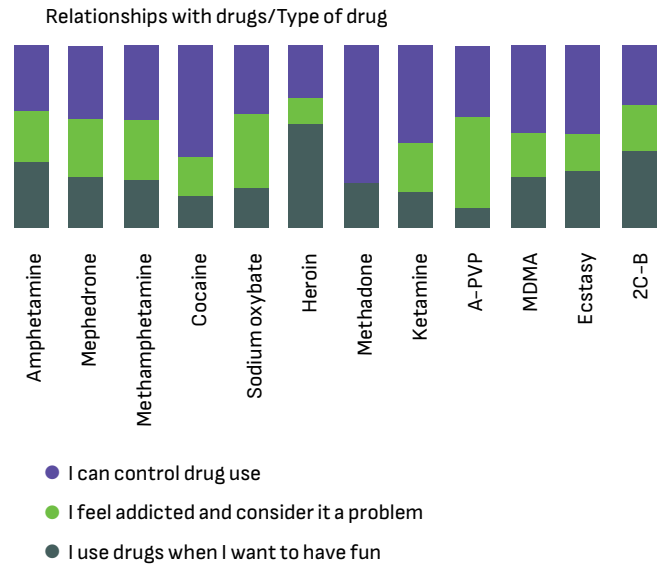
27 Interview 7.

had been taking these drugs for more than two years and said that their drug use had a negative impact on their quality of life.

Alpha-PVP, ketamine and mephedrone users were most likely to report that drug use had a negative impact on their quality of life. Of these, alpha-PVP users (including those who took this drug along with other drugs) were significantly more likely than others to have said that they wanted to get help but were not aware of the available options.



The respondents who used alpha-PVP, sodium oxybate, mephedrone and methamphetamine (including those using these drugs with other drugs) were significantly more likely to have reported that they felt addicted.



Section Conclusion

The survey shows that people who used drugs for 1–2 years were more likely to have an unmet need for harm reduction information and services than those who used drugs for two or more years (25% versus 13%). The proportion of the respondents who had already received help remained low in both groups: 5% and 9%, respectively, versus 55% and 49% of those who thought that drug use had a negative impact on their quality of life. Thus, both people who had been using drugs for sex for a long time (two or more years) and those who had a shorter history of drug use (1-2 years) needed additional information about available, up-to-date support tailored to their needs.

In addition, the survey showed that dissatisfaction with quality of life was associated with the use of specific drugs. Namely, the respondents who used alpha-PVP, ketamine and mephedrone were more likely than others to indicate that drug use had a negative impact on their quality of life and also felt that they needed help more often than others.

It is important to note that the data collected for this research were not intended for the analysis of the impact of specific drugs on the lives and experiences of the respondents. But as part of the research, we can check an assumption in further research: some drugs, namely alpha-PVP, sodium oxybate, mephedrone and methamphetamine, have a particularly detrimental effect on the quality of life of the target group, and they also become addictive more often than other drugs.

5.3. Consequences of chemsex

The respondents reported a complete or partial loss of control over what was happening during chemsex sessions, which multiplied the risks of getting into a life or health threatening situation. Many interviewees confirmed that under the influence of substances they agreed to do things that they found unacceptable in ordinary life. After that they felt regret, they hated themselves and didn't want to remember what had happened.

"...I wake up, open my eyes and realize I did something last night, like, something I would never do in normal life. This could

be, like, unprotected sex; like some partner I'd never want to have anything to do with; like some actions or words or deeds or whatever."[28]

"...Well, it's like you drop your guard a bit. After all, when you go to this gay party, at somebody's place, you don't really feel like remembering all the partners afterwards, I mean, speaking aesthetically."[29]

"...I had those red flags, which, say, I shouldn't... If I break it, overstep this red flag or knock it down – it's a sign for me to pause and think. And in mid-July 2018, there was this party at my place, where four out of five flags were completely destroyed. Well. And I got hep C as a result."[30]

"...it's so filthy for me, say, having sex in a bathroom of a night club. Awful! Well. I'd never do this if I were sober."[31]

The survey showed that 35% of the MSM and trans-people involved in chemsex were in a life or health threatening situation at least once.

The most common risks are:

- Overdosing – 49%.
- Psychosis – 52%.
- Failure to use condoms – 61%.
- Intimate partner violence – 32%.
- Problems with police – 26%.
- Blackmailing – 19%.
- Anal sphincter damage or rupture – 15%.
- Robbery – 13%.

At the same time, when they called the police or ambulance to get help, they often feared disclosing the true nature of their problem, the reason for injury or threats. They had to lie which made it difficult to get proper help.

"...There was also this situation once, when a guy almost broke my head. He first came to my place once for sex, then, in about a week, he came again to rob me, I guess. He knew the process of using; he used drugs, too. He was just inhaling, not injecting. And when he came to me the second time, he thought he could rob my place. He was almost begging me to come. When I turned my back on him, he hit me with something heavy. I thought I'd black out and that he could steal anything he wanted. But I didn't fall and didn't black out; I was awake. And he ran away. He almost broke my head! I had a hole this big in my head. When the ambulance came, they said I probably didn't need to go to hospital, no need to for stitches, everything's going to be fine. I had to lie to the doctors, too, that a shelf that had fallen down on me and so on."[32]

Section Conclusion

In this research half of the respondents reported they, at least once, experienced an overdose or psychosis because of drugs used for sex - 49% and 52%, respectively. The respondents reported they were also exposed to other risks indirectly associated with chemsex. The failure to use condoms, intimate partner violence, blackmailing and problems with police were very common among the respondents. Considering that the high level of internalized homo- and/or transphobia and the social stigmatization of drug use result in double stigmatization, compounding that with minority stress and legalised discrimination of LGBTQ people and drug users, it is understandably extremely hard for these populations to receive proper help.

5.4. Sexual satisfaction and chemsex

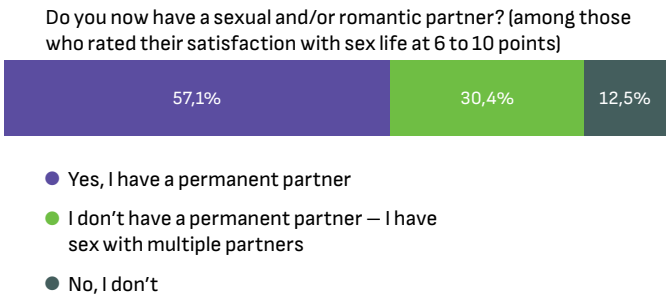
As part of this section, we checked the following assumption: having a permanent sexual and/or romantic partner is associated with higher satisfaction with the quality of sexual life, as well as less frequent engagement in chemsex.

The survey participants rated their satisfaction with their sexual life on a ten-point scale, where 1 was "totally dissatisfied" and 10 was "completely satisfied". As a result, 43% of the respondents rated their satisfaction with sex life from 1 to 5 points (from "totally dissat-

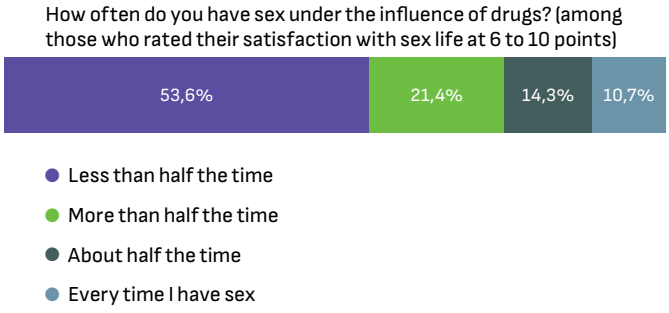
28 Interview 4.
29 Interview 6.
30 Interview 2.
31 Interview 1.
32 Interview 4.

isfied" to "somewhat dissatisfied"), and 60% at 6 points or more (from "rather satisfied" to "completely satisfied").

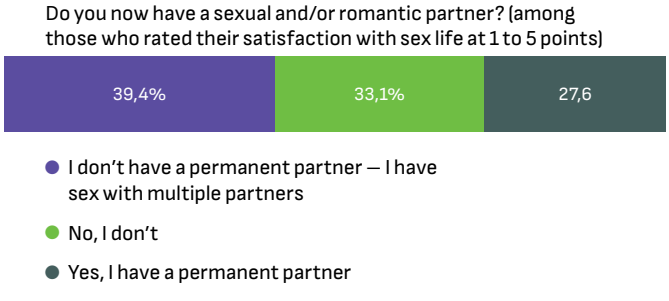
57% of the respondents who were rather satisfied with their sexual life (they rated their satisfaction from 6 to 10 points) had a permanent partner. Just under a third of the respondents (30%) had sex with multiple partners, and 13% did not have any permanent partner(s).



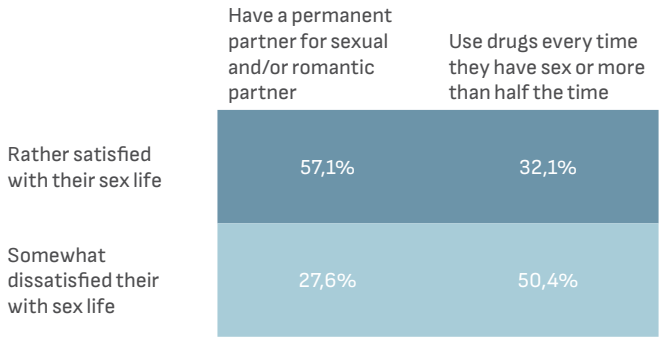
Of the respondents who rated their sex life from 6 to 10 points, 11% used drugs at every sexual encounter, and 21% used drugs in more than half of their encounters, while 14% used drugs in half of their encounters, and 54% in less than half of their encounters.



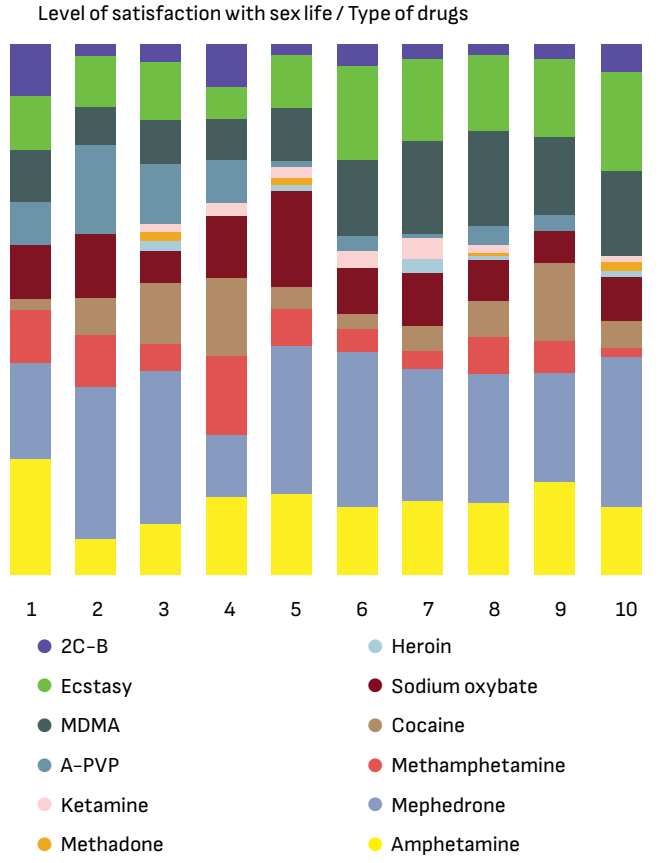
The majority (39%) of those who rated their sexual life in the range from 1 to 5 have sex with multiple partners, 34% did not have partner(s), and 28% had a permanent partner for sexual and/or romantic relationships.



About a quarter of the survey participants who were somewhat dissatisfied with their sex life used drugs every time they had sex or more often than half of the time: 26% and 24%, respectively. 13% of respondents from this group used drugs in about half of their sexual encounters, and 36% in less than half of their encounters.



The respondents who used alpha-PVP were significantly less satisfied with their sexual life as compared to those who did not use alpha-PVP. The overwhelming proportion of alpha-PVP users (including those who use it along with other drugs) rated the quality of their sexual life from 1 to 4 on the ten-point scale.



Section Conclusion

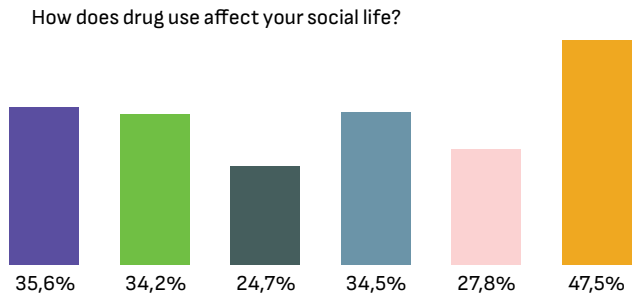
Thus, the survey shows that having a permanent partner for sexual and/or romantic relationships may be associated with higher satisfaction with the quality of their sex life, as well as with proportionately more frequent sex without drugs.

In addition, quantitative data showed that dissatisfaction with sexual life could be associated with the use of specific drugs, or, on the contrary: the respondents who were more or less satisfied with their sexual life, due to other factors, tended to use other drugs for chemsex. The use of alpha-PVP was notably more frequent among those who were somewhat dissatisfied with their sex life.

Satisfaction with sexual life is an important part of satisfaction with the quality of life in general. Taking into account the fact that the section on satisfaction with quality of life (5.2) also showed that alpha-PVP use produced negative effect, we would recommend conducting research to examine the impact of specific drugs on the life quality of MSM and trans people involved in chemsex, and the impact of alpha-PVP on their experience and quality of life in particular.

5.5. Impact on social life

About a third of the respondents (35%) reported that drug use helped them find new friends and sexual partners. More than a third of the respondents (36%) were concerned about having people with substance use disorder in their immediate circle. Among the main negative consequences of drug use, the respondents noted, was the deterioration in relations with family and friends (28%).



"You feel too exhausted to do anything whatsoever. So, you grow dull and stupid – because you are too tired to read, you can't talk to friends right and proper. You have no interest in talking to them. You're worn out."[33]

More than a third of the survey respondents (34%) reported that sometimes, due to drug use, they had to skip work or school or cancel other things. This was also reported by the interviewees.

"Yes, it affected my work like, say, I was lying, I was sometimes missing deadlines, taking sick leaves, somehow, somewhere, something, yes".[34]

28% of the respondents report deterioration in their financial situation due to drug use.

"It was already like a warning sign - I took the apartment money, which I would never take, because it's my dough to pay for the apartment. And I took the money from this emergency stash."[35]

"After I started using, I kept on losing my jobs. And they told me the reason was that people couldn't work with me."[36]

"But not very long ago, less than a month ago, I suddenly found myself acting strange at my workplace. [...] I talked to my boss, and he said that he would relieve me of my duties where I have to deal with people. And this was a very strong shake-up for me, I realized that I was losing about two-thirds of my income."[37]

Almost half of the respondents (48%) reported that drug use does not affect their social life significantly (sometimes along with other answers). This indicator may confirm the data of the Global Commission on Drug

33 Interview 1.
34 Interview 2.
35 Interview 3.
36 Interview 4.
37 Interview 7.

Policy that drug use does not always interfere with normal life[38]. On the other hand, since the answer "[drug use] does not produce any significant impact [on my social life]" was chosen, and not other answer options, one might question if respondents might have chosen this answer to reduce personal anxiety about their drug use or out of a subconscious desire not to see their drug use as a problem.

Section Conclusions

Thus, the main social consequences faced by MSM and trans people involved in chemsex were problems with work and school, as well as a dramatic change in their social circles: they separated from their usual social circles and find new friends and partners, including those who use drugs. That may cause anxiety and concern in the respondents.

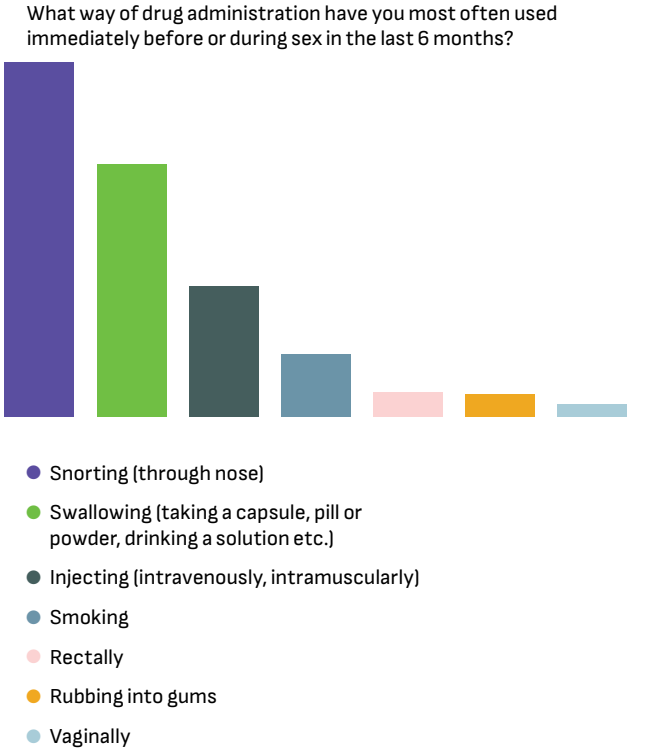
The fact that almost half of the respondents note that drug use does not significantly affect their social life could indicate that not all drug use is problematic, or that drug use can lead to a range of medical and/or social problems that may not appear directly related.

5.6. Injection drug use

People who inject drugs (intravenously or intramuscularly) are a particularly vulnerable population, which is associated not only with a high risk of infection transmission, including HIV, but also with additional stigmatization, including stigmatization from those people who engage in chemsex. Thus, injecting drug users face additional stigma, which makes them more reluctant to seek help and support and, as a result, they have even fewer chances to receive help and support.

"...we keep on, and if you use, say, syringes, then you've got to keep absolutely quiet about it, you go and use somewhere else, hiding in toilets, bathrooms, so that no one knows. Because people start to: a) judge you hard and b) fear you, like, 'look, he's a drug addict'. Like, 'oh, we're just fooling around here a bit, having a little fun – but these injectors are real drug addicts'. They start to judge you and treat you with hostility."[39]

For 27% of the survey participants, injecting is the main way or one of the ways of using drugs along with smoking or nasal, oral and rectal use.



Many of the interviewees who used or had used drugs expressed moderately or severely negative attitudes towards injecting drug users.

"...Well, for me a needle is something nasty; I will never deal with it. And once I was talking to this guy, and he was like: 'I've tried it, 'cause my friend told me that it's more fun!' And I'm like: 'You are such a moron! I mean, somebody just told you – and you went out and did it?'"[40]

"...I can even say that I'm now avoiding users, especially people who inject. I've seen enough of this, it's just awful." [41]

"I've never injected; it's a matter of principle. I'm dead against it and I try hard not to hang out with people who inject."[42]

38 Global Commission on Drug Policy, The world drug PERCEPTION problem. 2017 Report: https://www.globalcommissionondrugs.org/wp-content/uploads/2018/04/GCDP-Report-2017_Perceptions-RUSSIAN.pdf

39 Interview 7.

40 Interview 3.

41 Interview 4.

42 Interview 8.

"Well, now, just recently, in the last six months, maybe a little longer, in the last 8 to 9 months, I realized that I'd entered a very hard, very difficult period, because I tried injecting drugs, and this dramatically, completely changed my feelings and needs and goals. And in this recent period of my life, I understand that I'm strongly addicted."[43]

For some respondents, injecting drug use became acceptable gradually, as they were hanging out with people who inject drugs, or because other ways of drug use were fraught with difficulties. Some respondents also said that intramuscular injection is more acceptable for them than intravenous injection.

"...I was on vasoconstrictor drops for seven or eight years. Naturally, all the snorting was just making things worse. And of course, on the fifth day, my nose was completely dead. I couldn't unblock it no matter what I did. And this guy told me that, well, there is another way. And this was my first time. To say that I felt the difference – I can't say that. Then I was told that you can inject into a muscle. That is, you don't inject into a vein, but into a muscle. And when I found out that you can also inject into a muscle, it changed everything – I could save my nose! Well, I mean, I was happy. Only from this point of view. I would never inject if it wasn't for my nose."[44]

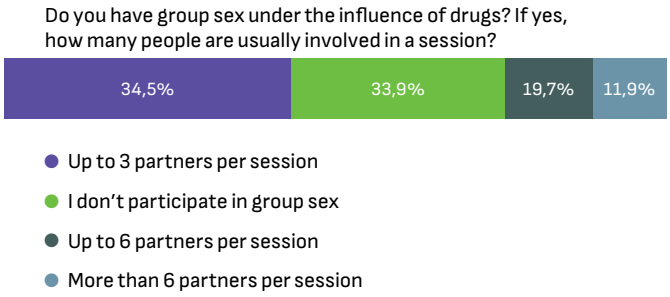
"I'm strongly against [intravenous injecting], because at least at such parties, when everybody is already high...with shaking hands ... But I can inject intramuscularly. But, given my empathy, when I see them helping a guy to find a vein, needle it, all these things – well, this makes me cringe."[45]

The collected data demonstrate that MSM and trans people who inject drugs for sex often face condemnation from both MSM and trans people who did chemsex but used drugs in other ways (smoking or nasal, oral or rectal use). When governmental organizations fail to provide appropriate help and support and the resources of non-governmental organizations are limited, stigmatization on several grounds and the lack of community support can become key mental and physical factors in a person's ability to seek help and support.

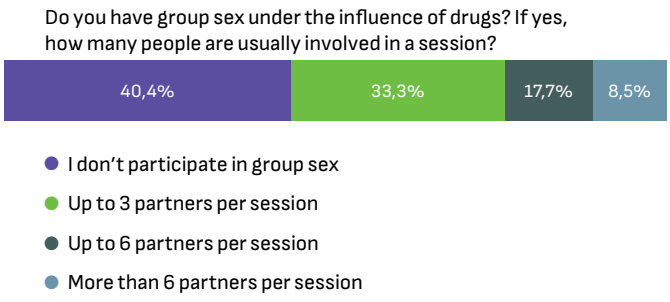
In addition, injecting drug use was most common among the respondents who had ceased to get satisfaction from drug use in other ways over time, which indicates the need to raise awareness about reducing the risks of drug use, namely, about dosage regulation, safe injections and substance compatibility.

5.7. Sex parties and group sex

Chemsex is often associated with group and/or unprotected sex[46]. More than half of the research participants (66%) were involved in group chemsex. For 34% of the respondents, a session usually involved up to 3 partners, for 20% up to 6 partners, for 13% more than 6 partners.



This research did not show that respondents with a regular sexual or romantic partner were significantly less or more likely to engage in group chemsex: 44% of the survey participants had a regular partner for sexual or romantic relationships. More than half of them (60%) did group chemsex: 56% of them had sessions with 3 partners, 30% had sex in groups of up to 6 participants, 14% participated in chemsex sessions with 6 or more partners.



43 Interview 7.

44 Interview 2.

45 Interview 9.

46 Alliance.Global Public Organization. ANALYTICAL REPORT based on the results of the study «Chemsex and Drug Use Among MSM in Kyiv: New Challenges». 2017.

"The first thing you need is to gain new experience, because of euphorics, it happens very quickly, all the barriers just tumble down. And it's very easy to make new contacts."[47]

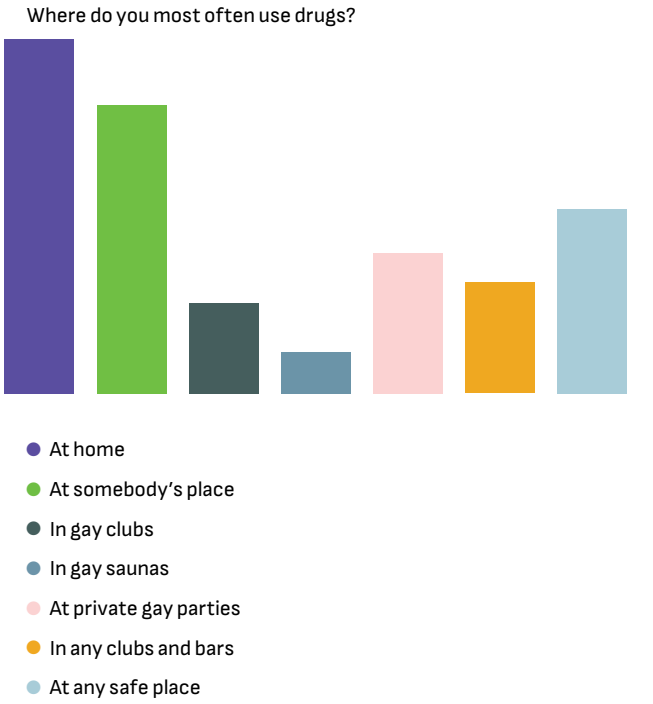
Chemsex can also be associated with so-called "party drugs", and first time using drugs and doing chemsex often happens at parties, in gay clubs, at closed parties or in gay sex clubs – that is, in places full of potential partners.

"This [group chemsex] was in Barcelona in 2012 at some huge club party. And I don't remember, to be honest, what inspired me to even buy this thing."[48]

"After I left school, yes. Before I went to college, when life was free-and-easy. So, this was when I started to go to clubs, hanging out with new people, this was when I started using, too."[49]

About a third of the respondents (31%) used drugs on Saturday nights when they were on their own. 20% of the respondents were most likely to use on the weekend, on a Friday or Saturday night, before going to a club, 13% while drinking with friends. However, it is also important to note that drug use was not exclusively related to entertainment: 43% of the respondents reported that they take drugs any day, and 32%on any day when they were going to have sex.

With the widespread use of the Internet and dating apps (Tinder, Grindr, Hornet, etc.), the search for sexual partners has mostly moved online. Many users in the survey considered this method to be most effective and suitable especially for those who live in large cities[50]. This option makes it unnecessary to visit gay clubs, gay saunas or other commercial gay venues. Thus, 70% of the survey respondents used drugs at home, and 55% at somebody's place.



The survey also confirmed that gay, bisexual and other MSM often used drugs for chemsex in commercial venues: gay clubs, gay saunas, private gay parties or any clubs and bars, accessing these venues to search for one or more partners for chemsex.

"...We came to this club, and I felt strong sexual desire. I was ready to go for absolutely anybody. This was really out of the blue... They told me it was a bonus for me, that it happens when you take speed, say, with about twenty percent of people. So, it all started with this sexual desire, because I realized that

47 Interview 6.

48 Interview 8.

49 Interview 7.

50 The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham. Published by Sigma Research, London School of Hygiene & Tropical Medicine. March 2014, p. 36.

I can use it at some sex party, where it is always difficult for me to relax, but at the same time it was always interesting for me."[51]

Studies show that group chemsex among MSM increases the risk of unprotected penetrative sex (without a condom): 40% of the respondents reported using condoms less than half of the time they had sex, 10% did not use a condom at all[52], while 51% of MSM respondents reported that their last penetrative sexual encounter was part of group sex[53]. Thus, the larger the number of partners participating in a group chemsex session greater is the risk of HIV and other STI transmission.

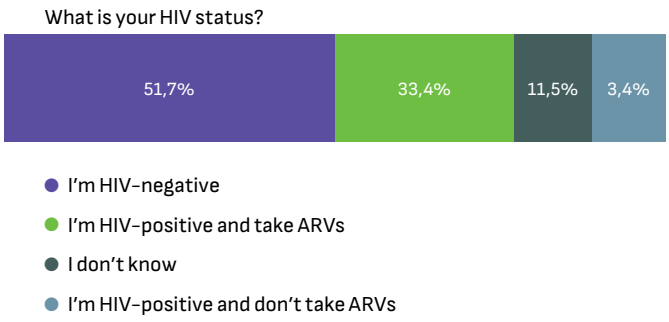
"I've had all kinds of diseases. I mean, hep C, and I also had hep A before the drugs... a year before that. There was an epidemic in Moscow. Then there was syphilis at the beginning of the year. That is health, of course."[54]

"I don't have any consequences. Well, apart from the fact that I've had unprotected contacts a couple of times because of the drugs. [...] Plus, at my last encounter... I think I had a slight injury. I don't think I would have had it if we were in a normal state of mind."[55]

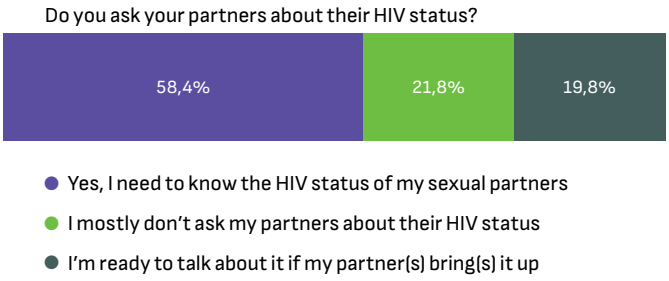
Thus, this research shows that two-thirds (66%) of the respondents engage in group chemsex, which increases the risks of HIV and other STI transmission in proportion to the frequency of unprotected group sexual sessions and the number of partners per session.

5.8. Chemsex, HIV and hepatitis

Slightly over a half of the respondents in this survey (52%) were HIV-negative, while 33% were HIV-positive and were taking ARVs and 3% were HIV-positive but not taking ARVs. Another 12% were unaware of their HIV status.



More than 22% of the respondents did not ask their sexual partners about their HIV status, and 20% were ready to discuss this question if the partner brings it up. 58% consider this information important and ask their potential partners about their HIV status.



Being unaware of the risks of HIV transmission or contraction, coupled with being unwilling to discuss HIV status with potential partners, can pose a serious health threat. Moreover, the same behavior is demonstrated by the interviewed HIV-positive MSM and trans-people, as well as the respondents who did not know their HIV status. 54% of the HIV-positive respondents did not take ARVs, and the respondents unaware of their HIV status (i.e. potentially HIV-positive people who were not taking ARVs) usually did not start talking about their HIV status, and only 20% were ready to talk about it if the conversation was initiated by the partner.

Only 37% of the respondents were vaccinated against hepatitis A and B. 31% knew that they should be vaccinated but did not know

51 Interview 5.

52 D Stuart et al. ChemSex: data on recreational drug use and sexual behavior in men who have sex with men (MSM) from a busy sexual health clinic in London, UK. 15-th European AIDS Conference, Barcelona, abstract BPD2/8, 2015.

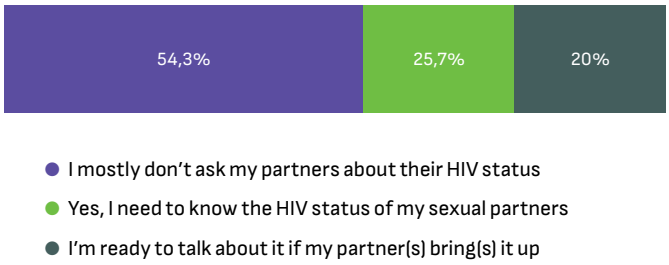
53 Alliance.Global Public Organization. ANALYTICAL REPORT based on the results of the study «Chemsex and Drug Use Among MSM in Kyiv: New Challenges». 2017.

54 Interview 2.

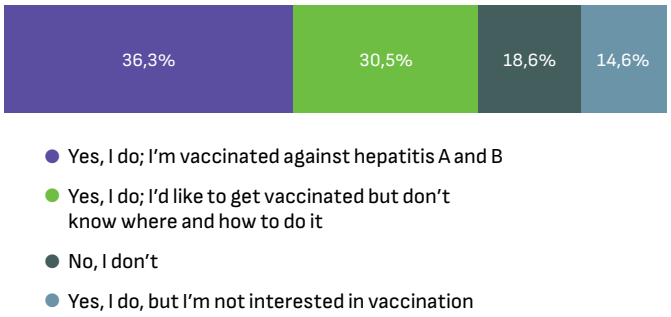
55 Interview 5.

where and how to do it. 19% did not know about vaccination and another 15% knew about vaccination, but for some reason were not interested.

Do you ask your partners about their HIV status? (among HIV-positive respondents who do not take ARVs or those who do not know their status)



Do you know that vaccination against hepatitis A and B is available?



Section Conclusion

MSM and trans people who engaged in chemsex in this research had several increased risks including HIV and hepatitis A and B infection.

The research showed low levels of awareness about the risks of HIV transmission or contraction among the respondents, including those who are HIV-positive, along with a reluctance to discuss their HIV status with potential partners.

In addition, only about a third of the respondents were vaccinated against hepatitis A and B.

Being unaware of the risks of HIV transmission or contraction, coupled with being unwilling to discuss HIV status with potential partners, can pose a serious health threat. Moreover, the same behavior is demonstrated by the interviewed HIV-positive MSM and trans-people, as well as the respondents who did not know their HIV status. An additional risk is posed by the lack of awareness and the resulting reluctance to get vaccinated against hepatitis A and B. Also, hepatitis B can be asymptomatic and is transmitted not only sexually, but also through saliva, blood, during injections or tattooing; which significantly increases the risks of transmission.

Thus, it is necessary to raise awareness among MSM and trans people about the risks of HIV transmission or contraction and about the availability of ARV therapy. In addition, it is necessary to raise awareness of the risks of hepatitis A and B transmission or contraction, as well as the need and availability of vaccination. Key populations also need professional psychological counseling and support to develop a strategy for discussing their HIV status and other STIs with sexual partners.

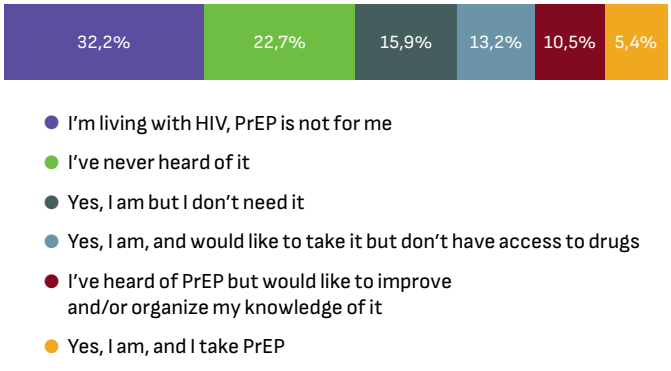
5.9. Pre-exposure prophylaxis for HIV

Oral pre-exposure prophylaxis for HIV (or PrEP) refers to the use of antiretroviral drugs by HIV-negative people to prevent HIV infection. PrEP is recommended by the World Health Organization as a highly effective measure to prevent HIV infection.

In addition, according to the guidelines of US Centers for Disease Control and Prevention (CDC), PrEP helps to prevent HIV infection when sharing needles to inject drugs. The guidelines also indicate that a daily PrEP regimen is advised for HIV negative injecting drug users[56].

Only 5% of the survey participants were taking PrEP. 13% would have liked to take PrEP but did not have access to PrEP. 11% were aware of pre-exposure prophylaxis and would like to know more. 16% were aware of this method, but did not see the need to use it. 23% had never heard of PrEP.

Are you aware of pre-exposure prophylaxis for HIV (PrEP)?



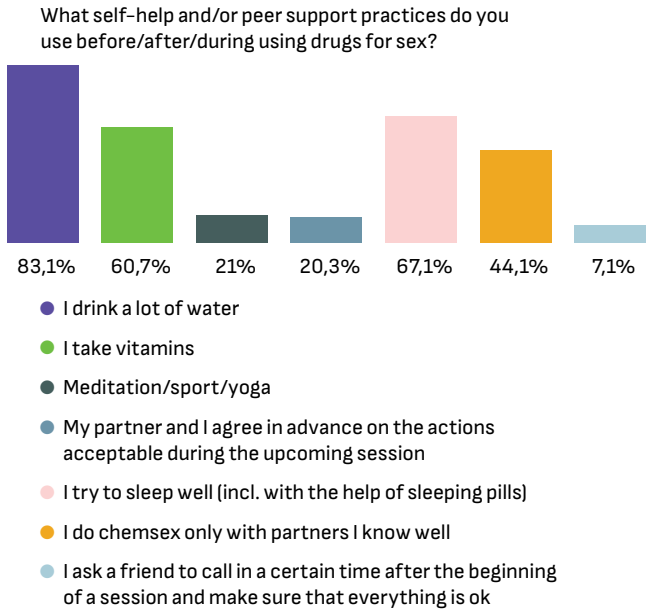
56 SafePrEP. Taking PrEP and injecting drugs, 31-03-2020. https://prep.love/priem-prep-i-inekcionnye-narkotiki

This study demonstrates that MSM and trans people who engaged in chemsex lacked information about the effectiveness of PrEP and, thus, lacked motivation to take this drug. It is necessary to raise awareness of MSM and trans people about PrEP and promote it as an effective, safe and affordable method to reduce the risk of HIV infection.

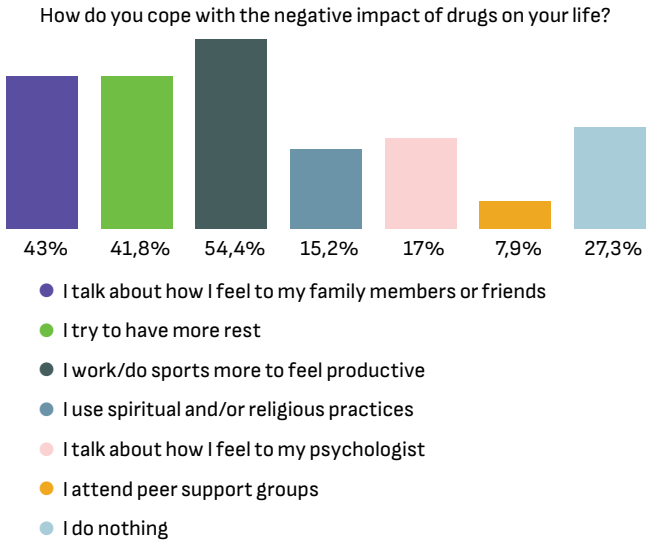
5.10. Self-help and peer support practices and demand for assistance

MSM and trans people involved in chemsex are often deprived of support from family and friends, with whom they are unwilling or afraid to discuss topics of sexual orientation, gender identity and/or drug use.

In this context, self-help and peer support practices become especially relevant. 83% of the respondents tried to drink more water when they used drugs for chemsex, 61% took vitamins, 67% tried to sleep well (including with the help of sleeping pills), and 21% took up sports, meditation or yoga. 44% had sex only with well-known partners, and 20% chose to agree in advance on the actions acceptable during the upcoming session. Also, 7% of the respondents asked a friend to call at a certain time after the beginning of a session to make sure everything was ok.



To cope with the negative effects of drugs, the majority of the respondents tried to spend more time working or doing sports in order to feel productive (55%). They also talked about how they felt to their family members or friends (43%) or a psychologist (17%). Only 8% attended support groups, which can partly be explained by the low number of specialized support groups for MSM and trans people (or LGBTQ people) involved in chemsex. 42% of respondents tried to have more rest. Another 27% did not do anything special about it.



In addition, gay or bisexual people, other MSM and trans people who fully or partially kept their sexual orientation and/or gender identity secret (57% of respondents) may have been limited in their options to receive help and support if the applicable services cannot ensure confidentiality and anonymity, which should also be considered when designing support programmes.

Among the survey participants, less than half (43%) could easily disclose their sexual orientation and/or gender identity to unfamiliar people. 45% shared this information with a few loved ones. 13% of the respondents discussed their sexual orientation and/or gender identity only with their intimate partners.

"...Out of loneliness, I guess. Because I was alone, I didn't have a boyfriend. Well, it somehow happened that you, being gay in Russia, unfortunately... Although I guess

my situation is not that difficult, but still, if you are gay in Russia, then it is very difficult for you to socialize, having all your problems."[57]

"It is easier to talk about drug use because there are users in any company – be they colleagues at work or the LGBT community. For example, a lot of people sometimes smoke pot or tried it once, so you can talk about it to almost everyone except for your parents. At the same time, these same people can be really homophobic."[58]

Gay and bisexual people, other MSM and trans people who engage in chemsex may be excluded from LGBTQ+ communities by people who condemn drug use. Thus, MSM and trans people involved in chemsex may find themselves excluded from "their own" communities, forming new separate communities.

"Well, even in all sorts of posts in dating groups some of them write: "Strictly no drug users", and all that."[59]

"...So, I somehow knew from friends and other people I know that they were using, and it was easy for me to open up to them. Or there are special chat groups that are kind of clubby. where people are likely to use. In general, in our community, which is even more isolated than the gay one, the majority of people do drugs."[60]

"... Also, those of them who are not HIV-infected don't want to have anything to do with the HIV-infected ones. Well, there is a certain percentage of those who will, and those who won't. That is, the percentage of people is even less. And then, if you say that you are a drug user, especially injecting drugs, then he will definitely not want to hook up. So, it all comes down to the fact that you've got to care for yourself."[61]

Many of the people we interviewed confirmed that it was very difficult for them to find information due to the illicit nature of chemsex today. The main sources of information were usually other drug users or acquaintances involved in chemsex. In addition, the respondents report that there was hardly any information about support groups and other options where MSM and trans people involved in chemsex could get help. It means that the level of awareness of the existing services was rather low.

"...There is this guy I talk to quite a lot, and he also uses drugs, and we mostly talk and share on this topic – it's even like a kind of peer support in a sense, you know. I mean, he's the one I can talk to about it. He shared some really useful information and important stories that stopped me from doing things."[62]

"... Because you've got to look really hard for these groups on chemsex, that is, you may be totally unaware that they even exist. [...] So, if there were some kind of awareness, if there were a kind of advertising campaign, if someone knew that it is there and it is available on click."[63]

Contacting governmental or non-governmental centers and services often does not bring the desired result due to the fact that the employees of such facilities are not qualified in chemsex issues and cannot provide quality support.

"...I don't understand what's next, why. I went to a psychotherapist who works at the AIDS Center, by the way. His services are free of charge, he basically didn't even listen to me much, he just gave me a prescription for pills right away. [...] My life has improved, but the situation has not changed. I've been to peer support groups, to Narcotics Anonymous. Well, I went to NA and I realized I'm actually not addicted. I mean, I hear these stories of people who go running for a dose first thing in the morning. I realized that this is still not my story."[64]

Many people also avoid seeking help at such groups for fear of stigma, judgment and criticism.

57 Interview 1.
58 Interview 8.
59 Interview 2.
60 Interview 4.
61 Interview 4.
62 Interview 2.
63 Interview 1.
64 Interview 6.

"...if we're talking about a medical doctor. No, because there is a risk of being judged, which is certainly... Support without judgment. This is a psychologist, right?"[65]

Sometimes social isolation and loneliness are exacerbated by the fact that people who decide to stop using drugs have to change their social circle almost completely. They can move, change their phone number, delete their profile in social media, avoid contacts with the company or people who use drugs. And if a person is not supported by family or friends and does not have any trusting relationships, they may have to deal with their problems alone.

"...Some of these habits are replaced by others over time, and when you come back – somehow your social contacts forget a bit about you. You also forget about them. Well, yeah, that helped a lot. Or you can just isolate yourself, change the phone number, or turn it off for a while. But this is still some kind of a temporary measure, because you start feeling lonely."[66]

"...I would love to, but there's simply no one to talk to, like, literally no one. There are people who use, and I say, they are all so pleased and happy."[67]

Thus, many respondents, describing the help they would like to get, often talked about human interaction, about a safe environment where they could speak out without any fear of being misunderstood or judged, where they could be distracted and relax, talk to people and form a new circle of friends. This is especially true for those who started using drugs and got addicted to chemsex mostly out of loneliness, social isolation, a reserved nature, difficulties in finding a partner and building relationships with people.

"...I think it would be great to have not an organisation, not a group, but a place where you would feel at home, among friends, where you could come and tell everything, and they would support you... Well, to feel some kind of love, not just a cold report of what you need to do – 'have some water, take vitamins, and you will feel better, and also tell us...'. I don't know. Like where you'd be hugged and patted, something like that. A power place full of people."[68]

"...The best support is communication and joint leisure time with former users without drugs. I think some kind of team games, something aimed at socialization would be just fine. Acquisition of communication skills. Psychologists and sexologists would help to deal with complexes and fears, to make a person free without the help of substances. In this case, drugs act as a pair of crutches."[69]

Out of fear of judgment and lack of trust in the existing care systems, many people consider talking to former chemsex drug users to be the most appropriate form of assistance, because they believe that only someone with a similar experience can empathize with them. Peer-to-peer counseling is often used in working with stigmatized populations. People are much more likely to trust information they receive from a "peer" than from official sources.

"...I think that in any case they should be people who learnt everything the hard way, from their own experience. They know how it feels and what it's like. They should not be doctors who know that 'drugs are bad and we will help you, but we've never been there'."[70]

"I just need a close friend with whom I'd like to talk, because I can't talk about such things either in the group or with those in the programme. Well. And this should not be a psychologist, I guess. Honestly, I don't even know who this person I'd like to talk to could be. I can only say that this person should have a similar experience. Peer-to-peer. As clichéd as it may sound."[71]

The drawback of peer-to-peer counseling may be the fact that counselors having practical, personal experience may not always be professionals. Therefore, it is extremely important to ensure regular trainings for such counselors. The peer-to-peer system can also be supplemented by the work of professional social workers, psychologists or doctors

65 Interview 2.
66 Interview 6.
67 Interview 4.
68 Interview 3.
69 Interview 8.
70 Interview 3.
71 Interview 10.

for the client to receive verified information, as well as inspiration and support from a peer counselors.

In addition to peer-to-peer counseling, some of the respondents report that they could potentially benefit from a mentoring system. It is important for them to be counseled not only by a person with similar experience, but also by someone who can stay in touch and has authority to give advice and guidance in crisis situations.

"...Somebody, care, attention, someone who is ready to stand by you when you want to relapse, and you just need help and support."[72]

"...Well, like, at critical moments, first of all, because I see it as something that could save me. A mentor like that. Yes, this is probably not the most self-sustained and independent position."[73]

Many of the survey participants avoided attending governmental healthcare facilities, and some chose not to attend private clinics and community organizations either for fear of being judged by doctors or other staff. At the same time, some respondents needed medical assistance and were ready to seek it if they were confident that doctors could treat them with loyalty, competence and understanding. They wanted to see doctors or psychiatrists/psychotherapists as people who can be trusted.

Studies also show that if healthcare workers use colloquial and understandable terms to denote drugs, ways of use and sexual practices MSM feel more encouraged to talk openly about their problems, drugs and sex[74]. The use of familiar vocabulary probably demonstrates that the doctor is familiar with the topic and context. Such a doctor is more likely to be non-judgmental and trustworthy.

"...Well, because if somebody doesn't judge you there aren't any barriers between you. You see, if somebody judges you, you've got to create a barrier to protect yourself. And when they don't attack you, but say that there can be some solutions, you start thinking, 'Why not?'." [75]

The most preferred ways for survey participants to obtain information about safer drug use were:

- Most of the respondents (81%) named a closed online group (for example, in Telegram) as the most convenient way to get support. The survey participants noted that online communication can guarantee anonymity to some extent, and the Telegram messenger was associated by many with a certain level of personal data protection
- 39% wanted to obtain information through a website;
- 52% would have sought information from an NGO with its qualified helpers, peer counselors and social workers, 28% of whom emphasized the importance of peer counseling;
- 18% would call a hotline or helpline;
- 22% wanted to consult friendly specialists in a private clinic;
- And only 5% wanted to turn to a governmental healthcare facility for this purpose.

Section Conclusion

The results of this research demonstrate high demand among the key populations for assistance that can be provided anonymously and without preplanning (a closed online group or a website, help lines). The data also show that qualified specialists working in NGOs should be accessible, and especially peer consultants. The latter suggests the necessity for community capacity building in order to enable MSM and trans people who engage in chemsex (or used to engage in chemsex) to get meaningfully engaged in counseling clients. The data also show an extremely low level of trust in governmental healthcare facilities, which is in line with the barriers described in Section 4 "Relevance of the research". In the case of the Russian Federation, trust

72 Interview 5.

73 Interview 1.

74 ECOM. ChemSex and hepatitis C: a guide for healthcare providers, 2014 http://mv.ecuo.org/wp-content/uploads/sites/4/2019/03/ChemSex-Hep-C-roche_ru.pdf

75 Interview 1.

in governmental facilities can only be enhanced after significant legislative changes in favour of supporting LGBT people, HIV-positive people and drug users.

In addition, because of the high level of homo-, bi- and/or trans-phobia, both internal and external, MSM and trans people are reluctant to seek help and, accordingly, have even fewer chances to get it. This is especially true for services that, for some reason, cannot be provided anonymously and confidentially, which is typical for healthcare facilities funded through national healthcare insurance.

The respondents reported that it was difficult to obtain information useful for people involved in chemsex. This, in turn, resulted in the reality that the main sources of information are other drug users or acquaintances also involved in chemsex. Besides, MSM and trans people engaging in chemsex need even more particular and, accordingly, less accessible information. That is why they are hardly aware of the existing services and support options.

The respondents in this research – MSM and trans people involved in chemsex – reported a high level of social isolation and feelings of loneliness, which were only exacerbated when they attempted to quit drugs, because those attempts were often accompanied by a complete change in social circle.

To cope with the negative impact of drugs on their lives, the respondents tried to feel more productive, devoting more time to work or sports, and also discuss how they felt with family members, friends or a psychologist, which again indicated the need for psychological support

6. CONCLUSIONS AND RECOMMENDATIONS

This research demonstrates that MSM and trans people living in Moscow (Moscow region) or St. Petersburg (Leningrad region) use drugs for sex primarily to overcome internal homo- and/or transphobia, insecurity and self-doubt, as well as to feel more relaxed and laid back in sex and other communication with their partners. The most commonly used drug for chemsex is mephedrone.

The majority of representatives of the target group in this research use drugs at least during every second sexual encounter, which may indicate low satisfaction with sex without substances in this community. Having a permanent partner for sexual and/or romantic relationships may be associated with higher satisfaction with the quality of sexual life, as well as with proportionately more frequent sex without drugs.

The impact of drug use on quality of life and dependence

The respondents who used alpha-PVP, sodium oxybate, mephedrone and methamphetamine (including the use of these drugs along with other drugs) were significantly more likely than others to report that they felt addicted. In addition, this research shows that satisfaction with sexual life may be associated with the use of specific drugs. The use of alpha-PVP was significantly more frequent among those who were less satisfied with their sex life. Moreover, the respondents who used alpha-PVP, as well as ketamine and mephedrone, were significantly more likely to report that drug use affected their quality of life and increased the demand for help.

It is important to note that the data collected for this research are limited and not intended for the analysis of the impact of specific drugs on the lives and experiences of the respondents. *But as part of the research we can make an assumption for further research: some drugs, namely alpha-PVP, sodium oxybate, mephedrone and methamphetamine, have a particularly detrimental effect on the quality of life of the target group, and they also become addictive more often than other drugs.*

Social consequences of drug use

The main social consequences faced by MSM and trans people engaged in chemsex were problems with work and school, as well as a dramatic change in social circles: they separate from their usual social circle and find new friends and partners, including those who use drugs.

On the other hand, this research confirms the assumption of the Global Commission

on Drug Policy that not all drug use is problematic – half of the respondents said that drug use does not significantly affect their social life.

Psychological difficulties, awareness level and support options

One of the main psychological difficulties faced by MSM and trans people engaging in chemsex is that they did not have anybody to discuss their questions and problems with. Respondents needed to discuss their concerns with somebody who has had similar experience and/or relevant qualifications. The results of this research demonstrate high demand among MSM and trans people involved in chemsex for help and information that can be provided anonymously and without preplanning. Closed online groups, websites and help lines can meet this demand.

The respondents demonstrate a low level of awareness of the existing services and support options and report low availability of information that can be useful for MSM and trans people involved in chemsex. MSM and trans people involved in chemsex also report a high level of social isolation and a feeling of loneliness, which indicate the need for psychological support.

The research shows that the respondents would like to receive support or information from people who have similar experiences. It means that there is a need for capacity building of gay, bisexual and trans communities who are or were involved in chemsex in order to empower peer counselors and to promote and ensure a high quality of such counseling. The main criteria should be understanding the client's experience and non-judgmental attitudes that MSM and trans people involved in chemsex do not often encounter in their daily life. In addition, there is an urgent need for counseling specifically designed for MSM and trans people involved in chemsex.

This research shows that most respondents found it easier to discuss their drug use than to talk about their sexuality and/or gender identity. MSM and trans people who attended Narcotics Anonymous report that they could not fully relate to other members of this group and the difficulties they faced. This was partially due to the reality that for a large number of respondents drug use was primarily associated with self-expression in sex. In such non-specialized groups, chemsexers cannot always talk about their problems and get support without risk. Due to stigma and discrimination, MSM and trans people involved in chemsex may also feel uncomfortable when seeking for help at facilities that render HIV-related services.

Taking into consideration the legislative and social environment in the Russian Federation, peer-to-peer counseling, as well as other NGO-based counseling services, is a way to partially replace healthcare services that should be provided by governmental facilities, and to provide an opportunity to receive support and raise their awareness for those who cannot or will not contact governmental facilities because of their low level of trust in them. At the same time, there is also an urgent need to sensitize endocrinologists, gynecologists, proctologists, psychiatrists and other doctors to the needs of MSM and trans people involved in chemsex.

Some of the most important criteria for obtaining support or services are anonymity and data protection. This is the reason why MSM and trans people engaged in chemsex prefer not to use the services of governmental healthcare facilities. Many respondents think that a Telegram chat group could work as a convenient support tool for them.

Thus, when providing help and support to chemsexers the following issues should be considered.

Access to information:

- Set up a website, a regular website feature and/or a Telegram channel to ensure that information on chemsex risk reduction for MSM and trans people is provided quickly and anonymously
- Provide and facilitate access to information on relatively safer doses and compatibility of drugs (with drugs, alcohol, medicines), which are most often used for chemsex
- Provide information on risk reduction for injecting drug use and on the support available to MSM and trans people who inject drugs for chemsex (use of personal and disposable syringes, availability

of qualified psychological support, "follow-up" calls from family members or friends, etc.)

- Map and disseminate information about chem-friendly specialists and clinics where advice or medical help, including emergency aid, can be sought.

HIV and hepatitis:

- Provide information about and promote PrEP as an effective, safe and affordable way to reduce the risk of HIV infection
- Recommend and provide access to regular and anonymous testing for HIV and hepatitis B and C
- Provide information on ARV treatment options, as well as map and inform about chem-friendly clinics and AIDS Centres
- Compile and distribute a list of contacts of healthcare facilities and private clinics with chem-friendly specialists that provide access to testing and help
- Provide support to MSM and trans people who have recently learned about their HIV status or are experiencing difficulties in accepting it, by offering psychological counseling: face-to-face consultations, support groups, professional online counseling and peer-to-peer counseling.

Psychological support:

- Production and distribution of guidance manuals for professionals providing psychological support to MSM and trans people involved in chemsex, with recommendations that meet the needs of these key populations
- Organize outreach and training activities for social workers, peer counselors, volunteers and mentors in order to improve their understanding of the specific problems faced by MSM and trans people engaging in chemsex
- Use terms and vocabulary familiar to MSM and trans people involved in chemsex when interacting with them in order to increase their level of trust of care providers and improve the quality of dialogue
- Establish an anonymous offline and online peer-to-peer counseling and mentoring system.

7. REFERENCES

Perm Regional Governmental Healthcare Center for Prevention and Control of AIDS and Infectious Diseases. «HIV infection in the Russian Federation in the first half of 2019» 2019: http://aids-centr.perm.ru/images/4/hiv_in_russia/hiv_in_rf_30.06.2019.pdf

Global Commission on Drug Policy The world drug PERCEPTION problem. 2017: https://www.globalcommissionondrugs.org/wp-content/uploads/2018/04/GCDP-Report-2017_Perceptions-RUSSIAN.pdf

Eurasian Harm Reduction Association. «A review of legislative initiatives on the liability of drug-related advocacy (propaganda) in Russia, Ukraine, and Kazakhstan during the second half of 2019 and early 2020 and possible risks for social programmes aimed at working with people who use drugs». 2020: https://harmreductioneurasia.org/ru/iniciativa-o-propagande/

European Monitoring Center for Drugs and Drug Addiction. Health and social responses to drug problems: a European guide. 2017. Luxembourg: Publications Office of the European Union.

WHO Regional Office for Europe. «Hepatitis A outbreaks in European Region mostly affecting men who have sex with men». 2017: http://www.euro.who.int/ru/health-topics/communicable-diseases/hepatitis/news/news/2017/06/hepatitis-a-outbreaks-in-european-region-mostly-affecting-men-who-have-sex-with-men

WHO Regional Office for Europe. Universal access to testing and treatment is key to eliminating viral hepatitis. 2018: http://www.euro.who.int/ru/health-topics/communicable-diseases/hepatitis/news/news/2018/7/universal-access-to-testing-and-treatment-is-key-to-eliminate-viral-hepatitis

ECOM. ChemSex and hepatitis C: a guide for healthcare providers. 2014: http://mv.ecuo.org/wp-content/uploads/sites/4/2019/03/ChemSex-Hep-C-roche_ru.pdf

Maxwell, S, Shahmanesh, M, Gafos, M. Chemsex behaviours among men who have sex with men: A systematic review of the literature, International Journal of Drug Policy. 2019. No. 63, pp. 74–89.

Alliance.Global Public Organization. ANALYTICAL REPORT based on the results of the study "Chemsex and Drug Use Among MSM in Kyiv: New Challenges". 2017.

E.V. Polukhina, D.V. Prosyanyuk. Mixed Methods Research: Integrating Quantitative and Qualitative Approaches. 2015. Social Science Moscow Annual Book, No.5, 2015, pp.309-318.

St. Petersburg Center for Prevention and Control of AIDS and Infectious Diseases. Undetectable = Untransmittable. 2017: http://www.hiv-spb.ru/news/neopredelyaemyij-ne-peredayushhij.html

AIDS.CENTER. ECOM: Every fifth gay and bisexual man in Russia is HIV-positive. 2017: https://spid.center/ru/articles/1668/

Safe PrEP. Taking PrEP and injecting drugs. 2020: https://prep.love/priem-prep-i-inekcionnye-narkotiki/

Bourne A., Reid D., Hickson F., Torres Rueda S. and Weatherburn P. «The Chemsex study: drug use in sexual settings among gay & bisexual men in Lambeth, Southwark & Lewisham». London: Sigma Research, London School of Hygiene & Tropical Medicine. 2019: www.sigmaresearch.org.uk/chemsex

Burke J. R. and Onwuegbuzie A. J. «Mixed methods research: A research paradigm whose time has come». Educational Researcher, United States. Washington, D. C.: SAGE Publications Inc. 2004. Vol. 33 (7), pp. 14–26.

Drückler S., van Rooijen M. S. and de Vries H. J. C. «The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark Lewisham». Sigma Research, London School of Hygiene & Tropical Medicine. 2014. Vol. 45 (5), pp. 325-331: https://journals.lww.com/stdjournal/Fulltext/2018/05000/Chemsex_Among_Men_Who_Have_Sex_With_Men__a.8.aspx

INPUD. Chemsex. A Case Study of Drug-Userphobia. 2019: https://www.inpud.net/sites/default/files/000441_INP_Chemsex_online_0.pdf

Milin S. and Schäfer I. «Discussion on substance use in MSM populations». German Federal Ministry of Health. 2016.

Morgan D. «Integrating qualitative and quantitative methods: A Pragmatic approach». Thousand Oaks, C A: Sage Publications. 2013.

Pandey A. and Galvani A.P. «The global burden of HIV and prospects of control». The Lanset. 2019. Vol 6 (12): https://www.thelancet.com/action/showPdf?pii=S2352-3018%2819%2930230-9

Rockstroh J. K. and Bhagani S.: «Managing HIV/hepatitis C co-infection in the era of direct acting antivirals». BMC Medicine. 2013: https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-11-234

Stuart D., Nwokolo N., McOwan A., Bracchi M. and Boffito M. «ChemSex: data on recreational drug use and sexual behavior in men who have sex with men (MSM) from a busy sexual health clinic in London, UK». 15-th European AIDS Conference, Barcelona, abstract BPD2/8. 2015.

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Phoenix PLUS ANPO

Phoenix PLUS Socially Oriented Autonomous Non-Profit Organization for the Promotion of Preventive and General Public Health Care (Phoenix PLUS ANPO) was established by HIV-positive activists in 2006. The mission of our organisation is to develop and support social services for key populations (MSM, SW, IDU), help to reduce stigma and discrimination as the main obstacle towards care and prevention services and improve human rights in the field of HIV/AIDS.